



INCLUSIVE EDUCATION FOR **CHILDREN WITH SPECIAL EDUCATIONAL NEEDS IN ALBANIA**



Save the Children



Best Practices
Tirana, 2017

INCLUSIVE EDUCATION FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS IN ALBANIA BEST PRACTICES

Expert
Merita PONI

Tirana, 2017

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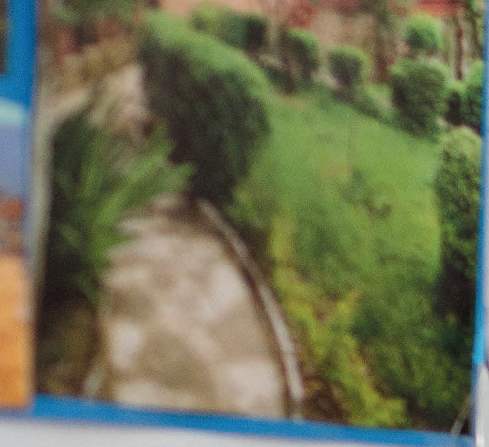
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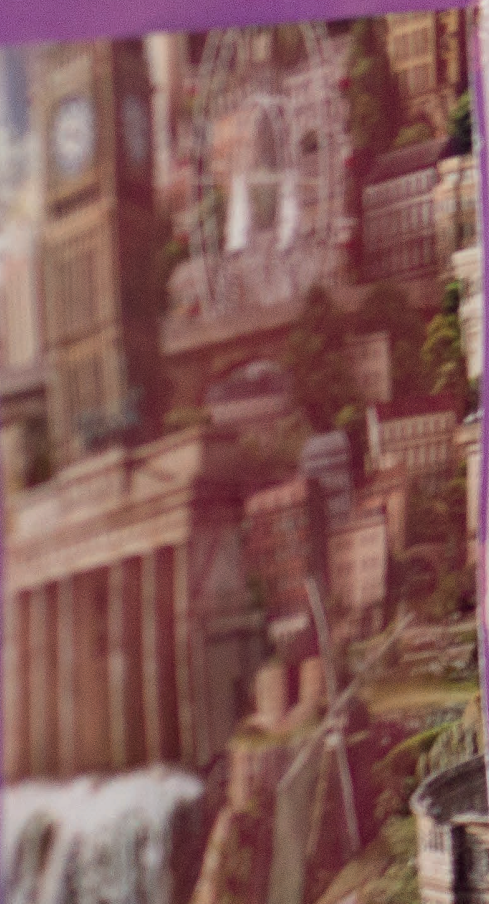
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LIST OF ACRONYMS

CBS Community Based Services
CBR Community Based Rehabilitation
CSO Civil Society Organisation
CwD Children with Disability
EFA Education for All
EMIS Education Management Information Systems
EU European Union
GoA Government of Albania
ICF International Classification of Functionalities and Diseases
IE Inclusive Education
IEP Individual Education Plan
MoES Ministry of Education and Sport
MoH Ministry of Health
MoI Ministry of Interior
MoSWY Ministry of Social Welfare and Youth
NGO Non-Governmental Organisations
PwD Person with Disabilities
RED/EO Regional Education Directories/Education Offices
SDG Sustainable Development Goals
SP Supportive Teacher
UN United Nations
UNCRC United Nations Convention on the Rights of the Child
UNCRPD United Nations Convention on the Rights of Persons with Disabilities
UNESCO United Nation Educational Scientific and Cultural Organisation
WHO World Health Organisation



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EXECUTIVE SUMMARY

Albania has made remarkable progress regarding legislation and policies for Inclusive Education and is developing positive practices in cooperation with non-government parties. The primary and secondary legislation is being implemented, and an infrastructure of laws implementation is still being worked out. The Law on Pre-University Education approved in 2012, the Normative Provisions of 2013 and the Strategy of Pre- University Education 2014-2020 compose the policy framework of Inclusive Education. The law on Accessibility and Inclusion of PwD and National Disability and Action Plan 2015-2020 add to the Inclusive Education policy and reinforce the government commitment to achieving Inclusive Education in mainstream education. However, policies and laws implementation is questionable and requires an in-depth analysis. According to recent data, 30% of children with disabilities of 6-18 years old are out of school.

The annual budget allocation to education of CwD is 1.2%. In the target regions of the project, namely: Burrel, Peshkopi, Durrës, Elbasan, Korça, Vlorë and Gjirokastra, only 15% of CwD that attend primary school have a supportive teacher and only 6.5% of them have been assessed by the RED/EO multidisciplinary commissions¹. Schools and kindergartens are inaccessible due to infrastructural barriers and lack of didactic materials adapted to their needs. Public institutions at community level lack cooperation which leads to a shortage of rehabilitation services at community level. Public health, social and educational services do not cooperate on institutional basis for a multidisciplinary professional assessment of CwD based on bio-psychosocial model. Parents are reluctant to expose their children to the community, out of fear of stigma and bullying.

To contribute to the promotion of Inclusive Education in Albania, during 2014-2017, Save the Children has carried out the project “Inclusive Education for children with special educational needs in Albania” in cooperation with the local NGO MEDPAK. The project aimed at improving policy and practice in Inclusive Education by cooperating with stakeholders that work for education. Owing to project implementation, 28 public educational institutions, in particular 14 kindergartens and 14 schools, have been supported to develop Inclusive Education practices. The project developed identification, assessment and support mechanisms for inclusive education. A database has been set up to be used by educational institutions to identify and follow the educational progress of children with special educational needs.

The project trained 84 members of RED/EO multidisciplinary commissions on ICF-CY and 577 teachers and 132 supportive teachers on inclusive didactics. As a result, 401 CwD have been included into regular education system and 100% of them have been assessed by RED/EO commissions and supported by school commissions through an IEP. A package of instruments for assessing neurodevelopmental problems of 5-10 year old pupils based on international evaluation standards and IEP model and guidelines are available for RED/EO and school commissions. More than 70% of target institutions reconstructed by the project are fully accessible with ramps and refurbished interiors. With the support of Bologna University, the Universities of Korça and Elbasan have revised their curricula on education and designed a master programme for teachers with a minor profile in supportive teacher. The awareness-raising campaigns have reached an audience of 7000 children and 4700 parents in six regions.

SECTION I: RATIONALE OF THE STUDY

Purpose of the study

The purpose of this study is to provide an overview of the best practices in Inclusive Education, aiming to inform stakeholders on the current status of Inclusive Education in Albania, explore the contextual factors which affect implementation of inclusive practices, and provide recommendations of practical steps for improving Inclusive Education programmes in the country. Inclusive Education is not a short-time programme; it is a process and takes time to be implemented. Inclusive Education is the best alternative for all children, whilst for children with disabilities and learning difficulties it is a necessity. It brings them to the common setting of learning with other children and boosts their academic results, social skills and self-confidence (Save the Children, 2010). In Albania, policies and legislation on Inclusive Education have made significant progress. Currently, Save the Children is investing in policy and legislation implementation by supporting inclusive practices. The local NGO, MEDPAK, has mobilised parents to voice their concerns about children's schooling in regular schools.

This study presents the best practices achieved by the project “Inclusive Education of the children with special educational needs in Albania” financed by the Italian Agency of Cooperation for Development, implemented by Save the Children in partnership with MEDPAK Association and in collaboration with Ministry of Education and Sport during 2014-2017. It explores the good practices in three directions: (i) access of children with special educational needs in regular education; (ii) quality of Inclusive Education in public educational institutions (schools & kindergartens); (iii) participation of community members and local authority in the promotion of inclusive practices in schools and community.

Access to education explains the practices established to increase access to regular system, such as: early identification, school registration, school attendance, school retention, reduction of drop-outs and removal of architectural barriers from kindergartens and schools. The practices about the quality of education provide information on: assessment procedures, IEP, support learning at school, teachers professional development, pre-service teacher training, provision of supportive teacher, school self-evaluation on the pillars of index for inclusion, role of special schools and curriculum development. Community participation provides practices on cooperation of schools with stakeholders at community level, such as: parents, local institutions, CSOs and service providers. They inform on community engagement in outreaching public awareness-raising campaigns, community based services that support inclusion, relation to school services, and inclusion in community life.

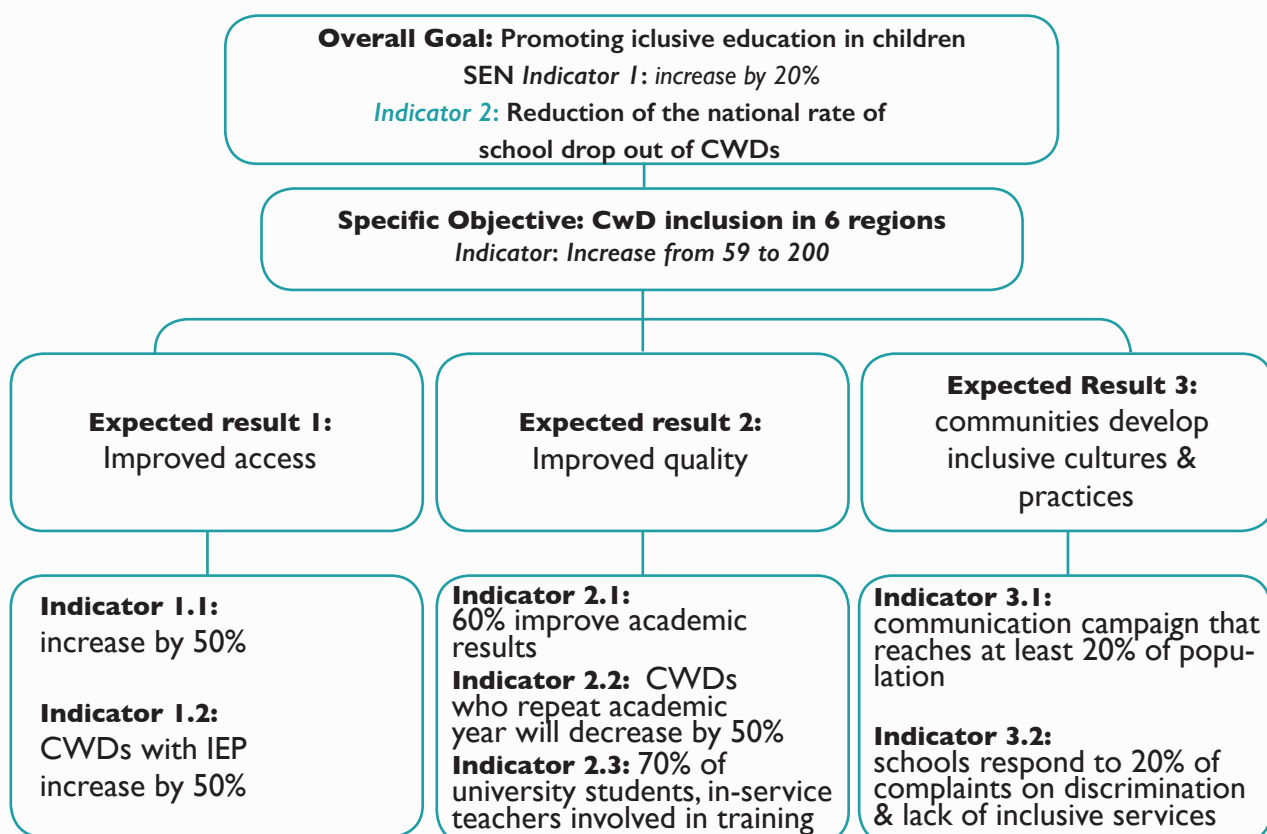
Inclusive practices are developed at school and community level. Policies and legislation on education of children with special educational needs, developed by MoES are under implementation phase. At the local level, cooperation among stakeholders has widened access of CwD to mainstream education. The new practices in Inclusive Education need to be endorsed and replicated by MoES nationwide. Inclusive Education policies have a solid foundation to lay on the already existing good practices.

Summary of findings

There is a wealth of good practices in Inclusive Education at different levels of policy and practice. At **policy level**, Albania has already incorporated international standards on education, including UNCRC and UNCRPD. The international EFA and SDG guidelines guide the country's policymaking process on education. Furthermore, membership to the Council of Europe and aspiration to join EU has driven the government to adapt legislation and policies with those of European countries. The policy and legislation framework provide a framework for Inclusive Education that paves the path towards inclusion. However, the gap between policies and practice is large enough. Inclusive Education programme is hampered by shortage of funds. Despite difficulties, efforts for development of inclusive practices are promising. Progress depends on concerted interventions taken by government and local institutions.

Access of CwD to regular education system has increased due to cooperation between schools and local actors. The identification of CwD is carried out by schools and RED/EO psychosocial service that cooperate with municipal agencies, health services, and social service. Schools identify children with special educational needs when they go to be enrolled for the first time at school. Teachers inform the school principal on CwD and the latter sends the documentation to RED/EO Commission for assessment. Information on the number of CwD in the regular education system is inserted to a database that provides accurate statistics for schools. Access has increased by removing architectural barriers of school's infrastructure: 21 institutions are accessible due to investment on infrastructure. Inclusive practices at pre-primary and primary levels of education contribute to early identification, intervention and access of CwD to regular education system. Inclusion at early childhood increases social adjustment and learning attainment. Parents have supported these initiatives. Access to higher post-compulsory education levels remains limited as high schools lack professional capacity and experience with IEP.

Provision of **quality education** begins with the assessment procedure of the RED/EO multidisciplinary commissions. The project has developed the assessment skills of multidisciplinary



commissions. Disability is assessed through the ICF instrument. RED/EO commissions provide recommendations to schools. Assessment with ICF instrument is an important mechanism for inclusion, as it takes into account the student's functional difficulties which may affect the student's abilities for learning. The school principal sets up the school commission for CwD and appoints the members. The RED/EO commissions recommend the need of an IEP for each CwD, whereas the school commission designs it together with teachers (primary, subject and supportive teacher) and school psychosocial team (which heads the commission), which is a document approved by school principal. Parents participate in IEP compilation, as well. IEP is the main mechanism for the provision of adapted curriculum to CwD. IEP has objectives on learning and socialisation. It is provided at the beginning of the school year, and assessed at the end of each semester. Teachers are trained on disability and other special educational needs, such as learning difficulties. They identify the learning difficulties with different instruments learnt during training sessions, such as observation and use of check-lists. Teacher professional training on Inclusive education is provided by Korça and Elbasan University centres. Pre-service teacher training programmes have been updated and contain modules on inclusive pedagogy. The new master programme in teaching at the University of Korça has a minor profile on supportive teacher. School principals are trained to use the index for inclusion for the self-evaluation of schools and to draw school inclusive policies/plans/measures incorporated at the mid-term school plans, approved by RED/EO. Regular schools have established contacts with special schools to promote inclusive practices. Supportive teachers observe special education practice in special schools and pre-service teacher students do internships in special schools to gain practical experience of theory. In relation to quality of education the project has contributed to the improvement of teaching methods and pedagogical skills of in-service teachers. School principals have been assisted to develop school policies with regard to Inclusive Education and have dedicated space, time, human and material resources to it. Faculties of Education have been assisted to embrace the Inclusive Education philosophy for all their programmes and developing new courses with special focus on the issues related to inclusion of CwD. The faculty staff has been trained to revise and adapt the curriculum both in pre-service and in-service teacher's education.

The **community participation** has increased due to a multitude of local initiatives of Inclusive Education. Parents have played a decisive role on Inclusive Education at policymaking and practical level. They have given an impetus to the programmes of Inclusive Education and are advocating for children rights to education. Schools have carried out awareness-raising activities for promoting inclusive education. Students have been very active in outreach and public awareness-raising campaigns for Inclusive Education, as well as local services and CSOs have set up community-based services for CwD and linked them with schools. The project has carried out many awareness-raising activities to raise awareness of the community on CwD rights. The interventions have contributed to the reduction of the level of stigma, discrimination and bullying toward CwD. Furthermore, the project has worked to protect children with special educational needs, who are at risk of marginalisation and social exclusion, by cooperating with other stakeholders at community level, such as CPU, social services, health services and civil society. Inclusion of these children in the system of education is a precursory step towards further inclusion into society.

¹Save the Children, 2017, press notification given at international conference on inclusive education held in 29 May 2017, in Tirana

²The term disability in the project refers to the definition of National Strategy for Persons with Disabilities 2004-20015: Persons with disabilities include those, whose physical, mental, intellectual or sensory impairments, compared with the typical age, last longer than six months and which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. This definition is compatible with UNCRPD and WHO definition of disability.

³The project makes reference to the National Strategy of People with Disabilities 2005-2015

⁴The Law on Pre-University Education 2012 and the By-Laws (the secondary legislation, especially Normative Provisions of 2013)

Project Background

Introduction

The project “Inclusive Education for children with special educational needs in Albania” was implemented in 28 pre-university public educational institutions and in 2 Faculties of Education the Universities of Elbasan and Korça. The project’s overall goal was to promote Inclusive Education of children with disabilities², as foreseen by National Strategy for People with Disabilities³ and the by national legislation on pre-university education⁴. The project has brought significant change regarding access, quality of education and community participation for inclusive education. The project interventions have contributed to the capacity building of key actors of education: policy-makers at central and local level, education professionals (teachers and psychosocial service providers) and parents. At the policy level, the Regional Education Directories have been empowered to implement inclusive education.

Overall Goal is: Promoting Inclusive Education for children with special educational needs in Albania, at community and institutional level, as foreseen by the National Strategy for Persons with Disabilities, and by the national legislation on pre-university education. The indicator is that by the end of the project, the number of children with special educational needs⁵ (SEN) enrolled in mainstream primary schools will increase by 20% in at least 6 regions of Albania and the national rate of school dropout⁶ of children with disabilities will be reduced by the end of project, in 2017.

Purpose is: Contributing to the inclusion of children with disabilities⁷ and learning difficulties of school and pre-school age in 6 regions of Albania. The indicator for the accomplishment of the purpose is that the number of children with disabilities who are enrolled to, attend mainstream schools, and progress in the target schools will increase from 59 to 200 by the end of the project, in 2017.

Expected results are: improved access, quality education and community participation.

The 1st result: Improved access of children with disabilities and learning difficulties to primary schools and kindergartens in 6 regions of Albania, is measured through 2 indicators: (1) By the end of the project, the number of children with disabilities and learning difficulties who complete kindergarten and are enrolled to primary schools will be increased by 50% in the areas covered by the project; and (2) the number of CwDs who benefit from Individual Education Plans (IEP)⁸ in the target schools will be increased by 50%.

The 2nd result: Improved quality of Inclusive Education in primary schools and kindergartens in 6 regions of Albania, measured through 3 indicators: (1) By the end of the project, 60% of the children with SEN included in the target schools will improve their academic results thanks to the implementation of IEPs; (2) The number of CwDs and children with learning difficulties who repeat the academic year will decrease by 50% in target schools by the end of the project completion; and (3) 70% of the university students and in-service teachers involved in the training activities of the project will build on their skills and apply inclusive teaching methods, such as peer-tutoring, cooperative learning, group work, IEPs.

The 3rd result: Local communities and institutions are aware and willing to work together to develop inclusive cultures and practices in schools and in the society, measured based on 2 indicators: (1) awareness of the right of CwDs and children with learning difficulties to education is increased thanks to a communication campaign that reaches at least 20% of the Albanian population in the areas covered by the project; and (2) by the end of the project, target schools will take concrete to respond to at least 20% of the complaints received in relation to discriminatory behaviours or lack of inclusive services for CwDs.

Methodology

The research gathered data on good practices established by the projects in three areas: access of CwD in mainstream education; provision of quality education; and community participation for the promotion of inclusive practice. In response to the purpose and aim of the research, the key research questions include:

- Has the project managed to enable schools and kindergartens (both henceforth referred to as ‘institutions’) to respond to the special educational needs of children with disabilities/SEN in their local communities, and provide access and quality education?
- Has the project managed to enable institutions to support all disabled/SEN students’ participation in meaningful learning opportunities to reach their full potential and social inclusion?
- Which are the positive outcomes of these projects?
- What have been the barriers to project implementation?
- What lessons can be drawn from both positive examples and current barriers, to support further improvement of the quality of education for children with disabilities?

Key sub-questions for the investigation were linked to the overall project aims and operational parameters focusing on the following questions related to programme results:

• Institutional culture

- Has the institution developed an open admission policy foreseeing access for all children with disabilities/SEN?
- Are attitudes of teachers, parents and school governors open to accepting and providing quality education for all children with disabilities/SEN?

• Institutional policy

- Has the institution developed a policy for ensuring inclusion of all children with disabilities/SEN?
- Has the institution developed a policy for assessment of all children’s specific learning needs?
- Has the institution developed a policy for ensuring adequate and appropriate support to all children with disabilities/SEN?

• Institutional practice

- Are assessment strategies effective to identify specific learning needs and children’s strengths?
- Are teaching strategies adapted to the needs of all learners with disabilities/SEN?
- Are teachers adequately trained to support all children with disabilities/SEN in class?

Study sampling

The sample was selected in consultation with project team and MEDPAK facilitators. The study collected qualitative data on several subsets of samples, as follows:

- a) MoES specialists;
- b) RED/EO representatives: directors, curriculum specialist, psychosocial service, members of multidisciplinary assessment commissions;
- c) School and kindergartens staff: school principals, members of the school commissions for children with disabilities, teachers of primary and preschool education, subject teachers, class teachers, supportive teachers, coordinator teacher of student government, school psychosocial service;
- d) Parents of CwD and their organisations/groups;

- e) Students: students with disabilities and learning difficulties, peers, students' council;
- f) Local stakeholders: municipal representatives, social service specialists, CPU, social service providers, NGOs, health service, elected officials;
- g) University staff of faculty of Education: faculty staff of Korça University "Fan Noli";
- h) Project team: project managers, MEDPAK facilitators.

The sample was highly representative as the research covered all the regions, urban and rural areas, kindergartens and schools. The sample included 17 institutions: 7 kindergartens and 10 schools. The selection of sample considered the balance of geographical representations of institutions, according to the project target division in urban and rural areas: 11 institutions were chosen in urban areas and 6 in rural areas (the list of visited educational institutions is in Annex).

Instruments

For the purpose of this study the following instruments have been used:

1) Interviews: The interview guide contained questions on: professional capacities, work and cooperation experiences, areas for improvement of current practices, existing referral mechanisms, and cooperation with parents and the local community. The purpose of the interview guide was to examine the existing support services and referral mechanisms of relevant institutions and their professionals: **2) Focus groups:** The focus group methodology was used to gain deeper understanding of the cooperation mechanisms of different institutions, CSOs, and of their capacities to provide support to children with disabilities;

3) Observation: the observation took place in classrooms and school activities to understand the functioning of IEP and the level of socialisation of CwD with their peers;

4) Desk review such as analysis of legislations, policies, reports and statistics on Inclusive Education produced by official entities, and publications/reports of Save the Children on Inclusive Education.

Procedure

The data collection took place in March-May 2017. Observation, interviews and focus groups were organised in 17 target institutions. In order to ensure data accuracy the questions were tailored to the subset of participants, as following:

Interview questions for school/kindergarten principal:

- number of children with disabilities attending school/kindergarten;
- role of principal in the process of inclusive education;
- implementation of legal provisions and policy guidelines on education;
- professional development of teachers and staff training;
- cooperation with community stakeholders;
- problems and barriers towards inclusion and potential solutions.

Focus group questions for RED/EO multidisciplinary assessment commission members:

- procedures of identification and assessment;
- commission role for Inclusive Education practice;
- provision of in-school and out-school support;
- professional training of the commission members;
- issues related to the implementation of recommendations;
- cooperation with community stakeholders;
- issues to be resolved;

Focus groups questions for CwD school commission members:

- identification and assessment of the educational needs of CwD;
- provision of an IEP: to whom is it provided?
- application of the core curriculum;
- commission team work and division of tasks;
- cooperation between the class teacher and supportive teacher
- cooperation with parents;
- problems to quality education and solutions;

Focus groups questions for students

(the focus group discussion began with a warm up session focusing on questions about what do they like in school or do not like, how do they want the school to be like, etc.)

- what do you know about inclusive education;
- is your class/school inclusive;
- what do you think about the education of peers with special educational needs;
- how do you help them;
- how do you promote inclusive values;
- problems towards inclusion.

Focus group questions for parents:

- satisfaction with the level of school inclusion;
- appropriateness of teaching methods;
- appropriateness of curriculum;
- parental support for the IEP;
- participation in school commission for CwD;
- monitoring school service;
- level of knowledge about laws and strategies on inclusive education;
- cooperation with school staff (principal and teachers);
- cooperation among them for advocacy actions;
- cooperation with community stakeholders;
- obstacles to inclusion and recommendations for removal.

Interview questions for local authorities:

- cooperation with schools;
- support to inclusive practices at school and community level;
- CBS and CBR in community to support inclusion of CwD;
- Ways to support Inclusive Education in kindergartens and schools;
- Problems and solutions.

Interview questions for ministry specialists:

- Implementation of laws and strategies on education;
- Role of ministry in promoting Inclusive Education;
- School policies support for Inclusive Education;
- Current positive practices of Inclusive Education;
- Teacher professional development for Inclusive Education;
- Statistics on students with special educational needs;
- Problems towards Inclusive Education and possible solutions.

Interview questions for CBS providers:

- Profile of service and beneficiaries;
- Areas of activities and typology of services;
- Relation of activity to Inclusive Education;

- Cooperation with schools/parents and community stakeholders;
- Recommendations for improvement.

Interview questions for university staff:

- Role of university in preparing professionals for Inclusive Education;
- Programmes at bachelor and master level on Inclusive Education;
- Initial training of pre-service teachers and Inclusive Education formation;
- In-service teachers training on Inclusive Education;
- Training of professionals of early childhood development and inclusion;
- Cooperation between faculties/departments of education;
- Cooperation with MoES agencies for programmes accreditation;
- Problems towards Inclusive Education and recommendations for solutions.

Document review

The document review process sheds light on the current situation in relation to the status and education of children with disabilities/SEN; details around Save the Children's Education programme and its implementation; baseline information and initial outcomes. Documents reviewed include the following:

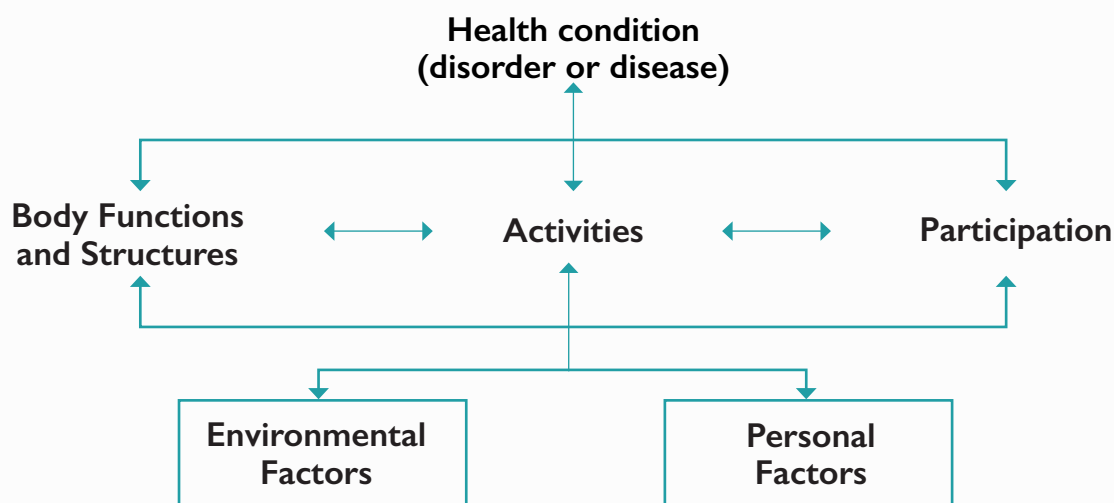
- International and national standards on Inclusive Education, laws, policies, official reports, and government programmes.
- Available baseline data and annual re-assessment reports documenting the programme's progress and preliminary outcomes;
- A review of publications on Inclusive Education;
- Reports on status of education for children with disabilities/SEN with respect to placement, quality, resource provisioning, out-of-school children, etc.
- Information which included data on: children with disabilities/SEN – location, ages, school placement (kindergarten, primary, family status, type, degree and severity of disabilities);

Data Analysis

A content analysis was used to divide the data into context emerging themes. The data were grouped to be analysed quantitatively. Thematic analysis was used to process the emerged thematic units into narrower categories. Initial data gathered in each region was processed to be grouped into three topics: access, quality and participation.

- 1) The categories for **access** include: CwD identification, school enrolment, school attendance, school retention/drop-out; removal of architectural/infrastructural barriers.
- 2) The categories for **quality education** include: provision of education for CwD in regular schools, teacher capacity for detection and assessment of learning needs, developing IEP, CwD assessment by RED/EO commission and school commission; in-service teacher professional development and pre-teacher training on Inclusive Education.
- 3) The categories on **community participation** include topics on: school cooperation with parents and community stakeholders; students' activities to counter discrimination and bullying on the grounds of disability; awareness-raising school activities; and local actors' engagement in Inclusive Education.

Fig. 1. Interactions between the components of ICF



⁵According to OECD, the three categories identified as having Special Educational Needs (SEN) are: a) disability (due to organic causes), b) difficulties (emotional and behavioural difficulties and specific learning disorders), c) disadvantages (due to problematic socio-economic and cultural situations). In this text, when referring to children with SEN, we mean both children with disabilities and those with learning difficulties.

⁶Equal to 7%, according to the report of the Ministry of Education and Science, "0 Drop-Out - Report 2011".

⁷Art. I CRPD: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others".

⁸IEP is the acronym used and stands for Individual Education Plan

⁹UNESCO (2005) Guidelines for Inclusion: Ensuring Access to Education for All Children, Author, 7, place de Fontenoy, 75352 Paris 07 SP, France, <http://unesdoc.unesco.org/images/0014/001402/140224e.pdf>

¹⁰UNESCO (1990) The World Declaration of Education for All, Framework for Action to Meet Basic Learning Needs, adopted by the World Conference on Education for All, Jomtien, Thailand, <http://unesdoc.unesco.org/images/0012/001275/127583e.pdf>

¹¹UNESCO (2005) Guidelines for Inclusion: Ensuring Access to Education for All Children

SECTION II: THEORETICAL OVERVIEW OF INCLUSIVE EDUCATION

Definitions of Inclusive Education

Inclusive Education is a global agenda that has gained support in many countries. UNESCO defines Inclusive Education **as a process** of addressing and responding to the diversity of needs of all learners (UNESCO, 2005)⁹. Inclusion of all learners is ensured through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. Inclusive Education involves changes and modifications in content, approaches, structures and strategies of education. Inclusive Education shares the vision that the education should cover all children of the appropriate age range. It conveys the conviction that it is the responsibility of the **regular education system** to educate all children without discrimination. Providing “**Education for All**” means ensuring that all children have access to basic education of good quality (UNESCO “The World Declaration of Education for All” 1990)¹⁰. Education for all (EFA) implies creating an environment in schools and in basic education programmes in which children are both able and enabled to learn. Such an environment must be inclusive, effective, friendly and welcoming with children, healthy and protective and gender sensitive. The development of such child friendly learning environments is an essential part of the overall efforts by countries around the world to increase access to, and improve the quality of their schools (UNESCO, 2005). EFA argues that regular schools with an inclusive orientation are: “...the most effective means of combating discriminatory attitudes, building an inclusive society and achieving education for all”. Therefore, the move towards inclusion is not simply a technical or organisational change, but also a movement with a clear philosophy. It is important to highlight that EFA does not automatically imply inclusion.

Properly understood inclusion is precisely about reforming schools and ensuring that every child receives **quality** and appropriate education within these schools. UNESCO provides three justifications why Inclusive Education is the best alternative: First, there is an educational justification: the requirement for inclusive schools to educate all children together means that they have to develop ways of teaching that respond to individual differences, and from which benefit all children. Second, there is a social justification: inclusive schools are able to change attitudes toward diversity by educating all children together, and form the baseline for a just and non-discriminatory society. Thirdly, there is an economic justification: it is less costly to establish and maintain schools that educate all children together than to set up a complex system of different types of schools specializing in different groups of children¹¹. Access to universal education is a prerequisite for inclusive education, but solely access does not suffice. To achieve Inclusive Education objective, besides access to education, children have to learn in common settings, because learning from peers is equally important to their education as is learning from teachers and books. As per UNESCO Guidelines for Inclusion:

“The fundamental principle of EFA is that all children should have the opportunity to **learn**, while the fundamental principle of Inclusive Education is that all children should have the opportunity to **learn together**”. However, Inclusive Education is not restricted only to provision and placement, but expands those boundaries. Outcomes of Inclusive Education are equally important, as they inform about the quality of learning¹². Although Inclusive Education is the best alternative for all, it is

¹²Save the Children (2010) A school for all: Lessons Learnt from Regular Schools implementing Inclusive Education in Albania, Authored by Poni, M., Ndrio, M., Koka, Z., Xhamo, M., and Goci, R., Cela, R, <https://albania.savethechildren.net/sites/albania.savethechildren.net/files/library/A%20School%20for%20All.pdf>

¹³Idem

¹⁴UNCRPD (2006) and CRC (1989) provide a framework for a rights-based approach to education for all children.

¹⁵UN, the Universal Declaration of Human Rights (1948) Article 26: “‘Everyone has the right to education... Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Education shall be directed to the full development of human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.’”, http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

a necessity for children with disabilities and learning difficulties. It brings them to the common setting of learning with other children and boosts their academic results, social skills and self-confidence. Inclusion emphasizes the provision of opportunities for equal participation of persons with disabilities (physical, social and/or emotional), whenever possible into general education, but leaves open the possibility of personal choice and options for special assistance and facilities for those who need it.

Inclusion is “rights-based” rather than “needs-based” driven. Focusing on a ‘needs-based’ model of disability, which uses remediation and compensatory approaches, fails to increase the capacity or capability of schools and education systems¹³. The “rights-based”¹⁴ model of disability focuses on the full development of the human personality and on the strengthening of respect for human rights and fundamental freedoms¹⁵. It orients education to promote mutual understanding, tolerance and friendship. The “rights-based” model makes use of non-discriminatory approaches to education that lead to the fullest possible social integration of learners with disabilities¹⁶. Therefore, Inclusive Education offers the best educational opportunities for them¹⁷.

Broader meaning of Inclusive Education

Although Inclusive Education is usually meant as education of learners with disabilities and learning difficulties in regular schools, the meaning of Inclusive Education is broader. As per the definition of UNESCO (2009): “Inclusive Education is a process that involves the transformation of schools and other centers of learning to cater for all children’. However, looking at inclusion as a generic frame, the definition of UNESCO may overlook the specific needs of children with disabilities whose interests are capital in inclusive education. Social model drained the spirit of the UN Convention on the Rights of People with Disabilities (UNCRPD, 2006)¹⁸ where Inclusive Education is seen as prerequisite to social inclusion and it should be provided within the general educational system (Article 24 on Education). As per the definition of UNCRPD, the main outcomes of Inclusive Education are: (i) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity; (ii) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; (iii) enabling persons with disabilities to participate effectively in a free society (Article 24).

Such a definition implies some necessary steps, such as embracing diversity of all learners, improving policies and practice, widening access to education for excluded and marginalized children to mainstream education and applying a shared curriculum of culture. Based on this definition, it follows that inclusion is called to challenge segregated special education for people with disabilities by promoting a child-centred rather than a professional-oriented education. Instead of fitting children to the existing forms of special education, inclusion urges that the educational system should fit to children’s needs. The aspiration for inclusion in education derives from the social model of disability that discredited the exclusionary practice of segregation established by the psycho-medical model whose legacy had negative impact upon the life of people with disabilities. The inclusion principle in education concerns first of all children with disabilities who face much resistance to be included in mainstream education. Inclusive Education intends to create a “school for all”. Characteristics of “a school for all” include

¹⁶UN, the United Nations Convention the Rights of the Child, CRC (1989), Article 23: that children with disabilities should have: “effective access to and receive education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.”, <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

¹⁷UN, United Nations Convention on the Rights of Persons with Disabilities UNCRPD (2006), Article 24 states that inclusive education offers the best educational opportunities for learners with disabilities. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

¹⁸Albania ratified UNCRPD in 2012.

¹⁹Save the Children (2002) Schools for All Including disabled children in education, http://www.savethechildren.org.uk/sites/default/files/docs/schools_for_all_1.pdf

exercising flexibility with regard to the individual pupils' capabilities and placing their needs and interests at the core. The school for all is therefore a coherent, but differentiated learning environment, where real participation and fellowship are experienced and actively promoted. The development of children can best take place in an environment where self-esteem and positive conception of oneself are strong. Placing the pupils with disabilities and learning difficulties at the centre implies a dual benefit for them: they will receive due support to learn, and hence they will learn with other children. Furthermore, the presence of them in regular schools engages pupils supporting one another and develops pupils' social competence and solidarity. Learning with children with disabilities and learning difficulties, peers become aware not only of their difficulties, but of their abilities and strengths. Moreover, in an inclusive environment, children learn to perceive differences as opportunities for learning.

Inclusive Education has three main components: access, quality and community participation (Save the Children, 2002¹⁹; USAID, 2016)²⁰. In countries with scarce resources, Inclusive Education has been developed by using cost-effective measures, such as: (a) train-the-trainer models for professional development; (b) connecting university students in pre-service training institutions with schools for their practical experiences; (c) converting special needs education schools into resource centres to provide expertise and support to clusters of general education schools; (d) capacity building of parents and linking with community resources; and (e) utilizing children themselves in peer programmes.

SEN and Models of Disability

Inclusive Education has become a global agenda (Pijl, Meijer & Hegarty, 1997). As a result of the Inclusive Education policy more children with disabilities are being educated in mainstream schools. The policy is imposing a radical change to the general education system trying to adapt it to the diversity of learners. Innovative policies are often followed by resistance as they imply a changing of the status-quo and traditional values (Ainscow, Farrell & Tweddle, 2000). The change implies transformation of teachers' attitudes towards children with disabilities as potential learners in mainstream schools.

The educational direction for children with disabilities changed from special into integrated education, by 1970, after since the adversary effects of special educational practice into the socialization and achievements of children with disabilities were observed. Special education came firstly under critique of scholars with disabilities based on social model of disability which was created by UPIAS (1976). The social model held the psycho-medical model responsible for drawing division boundaries between people into normal and abnormal, valued and devalued, educable and uneducable, special and typical that resulted into exclusion of people with disabilities from society (Barnes, 1990; Barnes 2007; Deal, 2007; Finkelstein, 2002; Oliver, 1986; Wolfensberger, 1996). By locating the problem inside the person and pathologising the difference, under the guise of care, the medical model expelled people with disabilities out of the collective space (Armstrong, Armstrong & Barton, 2000) and confined them in segregated institutions for rehabilitation and education where control over life was lost and dependency were taught (French and Swain, 2004). The social model considers disability and labels associated with them as historical social constructions and not inherent qualities of a person. The social model challenged the ideology of medical model which under benevolent intentions, indeed added to the stigma and produced social disabilism (Oliver, 1992; Priestley, 1998; Thomas, 2004). Social model influenced a lot the shift of disability paradigm and inclusive education. However it has been criticised for disembodiment of disability (Shakespeare & Watson, 2002; Beckett, 2006) which may have a negative impact on the needs-based support strategies.

Another critique comes from critical sociology which revealed the political dimension of oppressive

²⁰USAID (2010) Best Practices in Inclusive Education for Children with Disabilities: Applications for Programme Design, Author: Lyn Losert, http://pdf.usaid.gov/pdf_docs/PA00HPH4.pdf

nature of special education. Challenging special education on the ethical grounds, sociologists questioned the 'egalitarian' philosophy and benevolent pedagogy of special education (Tomlinson, 1982; Barton, 1988; Barton, 1996; Barton 2006). The notions of deficit, sub-normality, and special needs came under critique as prejudices that reduced people with disabilities capacity on what they cannot rather on what they can do. Additionally, schooling plays a significant distributive role in reproduction of economic, cultural and social inequalities (Barton, 2005) and special education through the process of exclusion has reinforced inequity for children with special needs. Sociological perspective has played an important role in discovering the underpinning philosophy of special education and the economic, political, and social interests associated with it, however it does not help classroom teaching strategy (Clogh & Corbett, 2001).

In education the psycho-medical paradigm has been replaced by the interactive paradigm (Clark, Dyson, Millward & Skidmore, 1995) considering both, the child needs and the educational circumstances, important for integration. Although integration has been a better practice compared to segregated education, the problem of quality of education and friendship of integrated children has been persistent. The integration practice showed that children were physically present, but did not participate emotionally or socially to the group of peers. Rather than affective belonging to the school community, the integration of children with disabilities resulted in a location shift from special to regular schooling. Therefore, to avoid the negative impact of integration, another concept emerged: Inclusion, which meant a 'true integration' (Farrell, 2001:7) where children belong and learn together.

ICF²¹ builds a multi-perspective approach to the classification of functioning and disability as an interactive and evolutionary process (WHO, 2004). There is a growing realization that, for the majority of students, the environment plays a significant role in disabling these students. The new International Classification of Functioning and Disability (ICF) developed by the World Health Organisation (WHO) organises disability along two dimensions: (i) functioning and disability (including body functions/structures and activities/participation in society); (ii) and contextual factors (environmental and personal). This definition shifts the focus from disability as an innate deficit to disability as constructed through the interaction between the individual and the environment. This conceptual model of disability encourages focus on kinds and levels of interventions appropriate to the disablement needs of individuals within specific contexts, and is consistent with the social model of disability that is upheld by disability rights organisations and many disabled people.

From Special to Inclusive Education

The origins of inclusion as it is known today are found in Special Education. The development of the field of special education has involved a series of stages during which education systems have explored different ways of responding to children with disabilities, and to students who experience difficulties in learning (UNESCO, 2005). In some cases, Special education has been provided as a supplement to general education provision; in other cases it has been entirely separated. In recent years, the appropriateness of separate education systems has been challenged, both from a human rights perspective and from the point of view of effectiveness.

The current debate and contemporary research inform that inclusion practice is strongly influenced by the school culture mirrored at the teaching philosophy²² (Jordan, A., Shwatz, E. & Mc Ghie-Richmond, D., 2009; Forlin, C., Earle, C., Loreman, T. & Sharma, U., 2011). By shaping the pedagogy and didactic methodology the teaching philosophy creates the conditions for an inclusive culture in formal educational

²¹ World Health organisation (2004) ICF, International classification of functioning, disability and health: children & youth version (ICF-CY), Author, http://apps.who.int/iris/bitstream/10665/43737/1/9789241547321_eng.pdf

²² Forlin, C., Earle, C., Loreman, T. & Sharma, U. (2011) The Sentiments, Attitudes and Concerns about Inclusive Education Revised (SACIE-R) Scale for Measuring Pre-Service Teachers' Perceptions about Inclusion. *Exceptionality Education International*, 21(3), 50-65; Jordan, A., Shwatz, E. & Mc Ghie-Richmond, D., (2009) Preparing teachers for inclusive classrooms, *Teaching and Teacher Education*, 25(4), 535-542

settings. Teachers are seen as agents of social change and key to inclusion (Fullan, M., 2007)²³.

The school culture is conveyed to children by educational professionals, especially teachers that are the most influential actors in creating an inclusive environment due to direct contact with students. Although the ethical grounds of inclusion are largely shared by teachers, evidence from research indicates that the implementation is facing resistance and is creating contradictory feelings and views among them. Amongst other barriers, teachers' attitudes are considered to be the most difficult ones. A compelling body of research demonstrates that teachers hold negative attitudes towards implementing inclusion and do not see inclusion as a principle that should be followed (Wisner & Mazurek, 2005). Several studies have revealed that negative attitudes of teachers and adults (parents and other family members) are the major barrier to inclusion; children do not have prejudices unless adults show them (Avramidis, E., Bayliss, Ph. & Burden, R., 2000).

However, attitudes are not inflexible and may change as a result of interaction with children with disabilities (Forlin, 2010). The positive attitudes are strong predictors for Inclusive Education (Avramidis, Bylis & Burden, 2000). Nevertheless, review of literature shows greater evidence of positive attitudes towards ideology of inclusion, but no evidence of total inclusion in educational provision (Avramidis & Norwich, 2002). The inclusion policy places a huge responsibility on teachers as far as implementation is concerned, meaning that teachers do not only have to accept the ethics of inclusion, but have to make it a reality in their classroom, and for teachers having not experienced working with children with disabilities the policy pressure may bring about tensions. In a study of educational practitioners attitudes towards inclusion, in USA, UK and the Netherlands, Norwich (2008) discovered that the policy tension created dilemmatic positions among them, especially to practitioners in the Netherlands who confirmed to recognize limits to inclusion and the gap between ideas and practice of inclusion, especially for the placement of children with severe disabilities.

Inclusion today is a rights-based approach that allows children to attend mainstream school and be fully included in its academic and social process (Mittler, 2000). Since 1990, many scholars share the idea of Inclusive Education (Ainscow, 1991; Allan, 1999; Booth, 1999; Clough & Corbett, 2000; Dyson, 1990; Slee, 2001). Thus, introducing inclusion as a guiding principle has implications for teachers' attitudes. Shared values make cooperation possible, just as lack of them makes it difficult for people to work together. However, when common values lack, common interests, which are precursors to values, may substitute them and in daily life are often a significant driving force. Changes in attitudes involve significant changes in conceptions and role behaviour. Among other factors, this is why change is so difficult to be achieved. Thus, it is the regular teacher who has the utmost responsibility for the pupils and their day-to-day learning. Nevertheless, it is the responsibility of the Ministry of Education to ensure that school-accessible and child-centred programmes are elaborated, implemented and evaluated. The outcome of such programmes and the results of their evaluation will facilitate new incentives and ideas for teaching.

Despite the high profile that is given to the subject, the whole issue of inclusion remains extremely contentious and there is a whole range of contradictory views and practices (Farrell, 2001; Mittler, 2000; Ainscow, 1999). Although the term allows for different definitions, many authors agree that inclusion is a process, not a single movement or ideology (Clough and Corbett, 2001). Inclusive Education is about participation of all children and young people and reducing exclusion from culture, curricula and communities of learning (Barton, 1985; Barton, 2005; Booth, 1999; Clough & Corbett, 2001). Inclusion seems to be less concerned with supposed needs rather than rights (Thomas & Loxley, 2007). However, the rights-based perspective may sound naive, unless followed by an adequate support for children in the mainstream schools (Ainscow, Farrell & Tweddle, 2000). This concern reflects the needs-based approach that argues for a specific support to the child based on his/her impairment. The dichotomy between the rights-based and needs-based approaches over

inclusion and exclusion is an artificial concern because both contribute to inclusion when advocating for social justice, democracy equality, and the right to be the same and different (Ravet, 2011).

Moreover, Inclusive Education is foremost an ethical issue, otherwise it can be reduced to a technical issue (Allan, 1996; Lunt and Norwich, 1999; Armstrong et al, 2000). Measuring learning output only through indicators of quantitative assessment, such as numeracy and literacy limits Inclusive Education into a technical issue. This is how school assessment works. Most assessments fail to measure emotional growth of learners or their development in terms of values and attitudes, generally agreed-upon indicators of quality of learning processes and the environment. Furthermore, there is a risk that assessment of learning only describes outputs or aspects of learning that are relatively easy to measure and ignore aspects that are more important, but difficult to measure. Numeracy and literacy skills are often measured, which is not the case of social skills and the societal impact of education. The focus must be placed on supporting education and teachers' education aligned to inclusive approaches to support societal development, thereby ensuring that each citizen is able to participate effectively in society (UNESCO, 2009).

Inclusive Education Framework

Inclusive Education is an education system that accepts all children equally and provides them with the best quality education possible. Although all children from vulnerable social groups have specific needs to be addressed by inclusive education, children with disabilities and learning difficulties have more. Disability is the main category of special needs. Therefore, Inclusive Education promotes the process of including children with special needs (who are disabled or otherwise disadvantaged) into the regular education system where they should join their peers in a learning process that is most conducive to their needs (USAID, 2010)²⁴. Inclusive Education is defined as a strategy for addressing and responding to the diverse needs of all learners by increasing participation in learning and reducing exclusion within and from education. Since 2004, educational policies are being oriented by Inclusive Education Framework which is a conceptual guide to Inclusive Education Development²⁵. The framework may be used as a conceptual map for educational planning and evaluation in concert with instruments, such as the Index for Inclusion²⁶.

²³For a more complete list on literature please refer to bibliography.

²⁴USAID (2010) Best Practices in Inclusive Education for Children with Disabilities: Applications for Programme Design, Author: Lyn Losert, http://pdf.usaid.gov/pdf_docs/PA00HPH4.pdf

²⁵EFA 2004 WB ICF 2004 Inclusive Education: An EFA Strategy for All Children, Susan J. Peters, WORLD BANK, file:///D:/Save%20the%20Children/literature/EFA%20WB%202004%20InclusiveEdu_efa_strategy_for_children.pdf

²⁶EFA 2004 WB ICF 2004 Inclusive Education: An EFA Strategy for All Children, Susan J. Peters, WORLD BANK, file:///D:/Save%20the%20Children/literature/EFA%20WB%202004%20InclusiveEdu_efa_strategy_for_children.pdf

SECTION III: LEGAL AND POLICY FRAMEWORK

Current situation

Since 2005, the Albania government has adopted the National Strategy on Education, pledged to achieve Education for All (EFA) by 2015, aiming at providing to all children full access into a quality education (MoES, 2004). 'Education for All' is one of the targets in establishing societal cohesion and stability, and it is also perceived as a prerequisite for: (i) the development of equal opportunities; (ii) education for democracy; (iii) social inclusion; and (iv) inclusive education. Whilst EFA is concerned with the nature and purpose of schooling for all children, practical issues of how education system is going to address the individual needs and differences of children with special education needs are being addressed through inclusionary practices. Among other interventions, the government has outlined as a priority the rights-based reform of educational policies to prevent marginalization of excluded groups, including children with special needs (MoE, 2012).

Inclusive Education was indorsed by the National Strategy on Pre-University Education (2004-2015) and the Law on Pre-university Education (2012). Until 2000, the discourse on IE was confined to SEN, and access of children with disabilities in regular schools was limited. Inclusive Education concept was not explicitly mentioned in the National Strategy for Education 2004-2015. In response to EU accession requirements, MoES drafted a 2009-2013 Action Plan to address access to education for marginalized groups of children (those who drop-out, children suffering from blood feud, children with disabilities, Roma/Egyptian children, children having no birth certificate). This plan provided access to schools rather than quality education. MoE officials as well as LEA specialists' understanding is that integration is equal to inclusion. In addition, inclusion is considered merely with the enrolment in mainstream settings and education provisions do not need to differ from the one provided for other children. Disability has been perceived as a medical issue.

Due to this, education system lacks provisions and mechanisms to offer educational support in accordance with CWD educational needs. There are not reliable data on the number of children with special education needs in the country. The existing data on disability are based on a medical way of identification. Schools are lacking capacities to accommodate CwD. Teachers lack knowledge on IE issues and on manner of dealing and responding to class diversity and individual children's needs; there are no mechanisms in place to identify children's special education needs either. There are few supportive teachers in the regular education system. There are no support and rehabilitation services for CwD in the schools to meet their needs, and special schools are supposed to offer the best education for CwD. Children with disabilities have low enrolment rates, whilst high drop-out rates. Most of them do not attend school, as there are no support services to promote their inclusion.

The Law of Pre-University Education, approved in 2012 reflected the policy requirements and standards of international conventions²⁷. The concept of Inclusive Education is expressed in the Law of Pre-University Education as it is defined by UNESCO (2005): (i) Inclusion is a process; (ii) Inclusion is concerned with the identification and removal of barriers; (iii) Inclusion is about the presence, participation and achievement of all students; (iv) Inclusion involves a particular emphasis on those groups of learners who may be at risk of marginalization, exclusion or under-achievement. Such a definition implies some necessary steps, such as embracing diversity of all learners, improving policies and practice, widening access to education to excluded and marginalized

²⁷Constitution of 1998 provides the right to Education for All regardless of the social background; the United Nations Convention of the Rights of Child, ratified in 1992 highlights the right to be educated in the community; The United Convention on the Rights of People with Disabilities ratified in 2012 recognizes Inclusive Education as a prerequisite for social inclusion; the National Education Strategy for 2004-2015 focused on decentralization of educational sector; the Strategy for Education for All of 2004 to achieve EFA by 2015; the National Strategy for Children articulated the right for quality education without discrimination; National Strategy on People with Disabilities 2005-2015 promoted the right to mainstream education for all children with disabilities.

children into mainstream education and applying a shared curriculum of culture. The Law on Pre-University Education reflects the UNCRPD principles which state that children with disabilities should be schooled within the general education system (Article 24 on Education)²⁸. The inclusion principle in education concerns first of all children with disabilities who face much resistance to be included in mainstream education. Though being important for paving the path for Inclusive Education, policy alone cannot transform the system of education into a more inclusive one. Other factors, such as teachers and peers' attitudes towards inclusion are equally important. The reform initiatives in the education sector require substantial efforts from national stakeholders for further development of a teaching and learning system which is based on innovative practices (Sultana, 2008). MoES is increasingly recognizing the role of teachers for inclusive education. The Institute for Educational Development, a MoES agency, is designing programmes for professional development of teachers in cooperation with civil society partners and international expertise. The NGOs are creating and strengthening inclusive educational practice through development projects.

Although education is a basic human right, still this right is not yet respected for all children with disabilities. The reasons are both cultural and resource. Parents are putting a lot of pressure to provide children with disability access in mainstreamed general education, but educational professionals are confused about the benefits of regular education for learners with disabilities. Besides attitudes, there is a myriad of problems in education provision to children with disabilities in Albania, such as: invisibility of children with severe disabilities in education, crowded ill-equipped mainstream schools, rigid undifferentiated curriculum and teachers' undeveloped professional skills in working with children with special educational needs. The number of children with disabilities is uncertain and record keeping is unreliable (Radoman et al, 2006). There is very little in the way of catering for the special needs of around 12,000 children with disabilities with the state offering services to only 9.5% of them in residential care institutions, day care centres or specialised schools (UNICEF, 2010).

Children benefiting from special education are mostly with hearing and vision impairment, while, children with very severe disabilities and those with significant disabilities are invisible and receive no education services at all. Albania is still a fragile economy challenged by poverty and shortage of steady economic resources (WB, 2007). For a country in difficult economic circumstances building new schools, especially separate special schools, is unlikely to happen, even if desirable. Special education sector is small and underdeveloped, represented by a total of eight special elementary schools and seven special classes incorporated to four regular elementary schools, and six smaller institutions providing residential care to 235 institutionalized children. Albania has to make significant progress to achieve the educational standards of the EU countries, which the country aspires to join. The low public expenditure on education manifests itself not only through the scarcities of material conditions of schools and unaddressed inequalities between children, but in professional development of teachers as well, whose education needs a radical change.

Important responsibility for Inclusive Education is placed on teachers' agency. Teachers are amongst the most determinant factors for translating the educational policies into practice. Considering that the policy is strongly recommending Inclusive Education as a priority, and that teachers are the front-line professionals who are called to apply it, it is necessary to prepare teachers for inclusive education. Inclusion is an ethical issue imbued with social justice; therefore it depends on teachers' attitudes and professionalism to make inclusion a reality. Educational professionals are considered to have a central role in exclusion/inclusion of people with disabilities. As front-line educational professionals, teachers' attitudes are crucial for inclusion. Teacher attitudes and tolerance are the vehicles for the

²⁸As per definition the main outcomes of Inclusive Education are: (i) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity; (ii) The development of personality, talents and creativity, as well as mental and physical abilities, to their fullest potential; (iii) enabling persons with disabilities to participate effectively in a free society (Article 24).

construction of an inclusive school and a participatory society. Their perceptions are important in shaping the attitudes of students and community, which in turn influence the access and quality of education. Inclusion implies identifying strategies for overcoming or eliminating the barriers to full participation for individuals and groups which experience discrimination, marginalization and exclusion or which are particularly vulnerable.

Teachers' beliefs shape their pedagogical practice, thus if mainstream teachers undertake inclusion as an ethical project, much of the oppression against disabled students in schools would be removed (Allan, 2005). Inclusive Education is a philosophy of embracing all children diversity and responding to their needs in regular schooling. The ideals of Inclusive Education are being shared by policy-makers and education professionals, but when it comes to the practicing of the ideals, the situation is not that uniform. Although Inclusive Education policy is global, the practice of including all children in regular schools is diverse and influenced by local circumstances (material and human resources, and funds). In Western countries, the first attempts to define Inclusive Education begun in 1970s as a critique of segregated special education need (SEN) that was the norm for two centuries in Europe.

The locus of critique became the psycho-medical approach of disability that brought about the adversary result of social exclusion of people with disabilities. The aspiration for Inclusive Education derived from the social model of disability that discredited the exclusionary practice of segregation created by the psycho-medical model, whose legacy had negative impact upon the life of people with disabilities. The critique of SEN, especially by disability studies (social model) and critical sociology (in USA and UK), produced an association of Inclusive Education with SEN, hence providing the basis for the education of children with disabilities in regular settings. The consideration of Inclusive Education as addressing primarily (and often only) the special needs of children with disabilities, has continued for a long period of time, until after '90s, when it became clear that IE is a wider agenda of including all children in school and providing quality education to all, including children with disabilities.

In Albania the concept of Inclusive Education for children with disabilities has not followed the same path as in other countries of Europe or North America. When Western countries started to criticize the segregated special education, Albania began to build the special education system for children with disabilities²⁹. Albania has a short history of special education, which explains why Inclusive Education discourse gained importance only recently. The concept was imported from abroad and was not a genuine outcome of the in-country movement for inclusion. The ethos of inclusion and human rights is imposed from international policies through adhering process of Albania into international treaties, such as UN, Council of Europe and candidacy for membership in European Union. On the one hand, the imported policy of Inclusive Education has a positive impact on domestic policy, but on the other hand it is not fully adapted by professionals who have to practise it.

Teachers may be very positive to the idea of inclusion, but they need to develop a sense of ownership in order to be able to implement it. Since Inclusive Education has not become a massive education yet, there is a huge interest in realising what the conditions for its implementation are. The initiatives of Inclusive Education are mainly developed by civil society³⁰, with support from international community, anticipating to be spread into educational system as standards of Inclusive Education. The Ministry of Education and Sport (MoES) has been planning reforms towards Inclusive Education since 2008, based on commitments undertaken under various strategies and success of NGOs projects (Ikononi et al., 2010)³¹

International Standards

Albania has a solid legal and policy framework on education, which reflects the international standards on education. As a signatory of international conventions, Albania is called to apply them in the domestic legislation³². The application of the Universal Declaration on Human Rights and international human rights conventions provides the basis for protection of human rights regardless of disability, because everyone is entitled to enjoy all human rights without discrimination³³, and everyone is entitled to equality before the law and the equal legal protection without any such discrimination³⁴. The protection of people with disabilities does not require the creation of new rights or special rights for PwD people. Rather, it requires the enforcement of the universally applicable guarantee of non-discrimination for the enjoyment of all rights. Albania is at an important milestone in the integration process to the European Union and in this respect the legislation is reviewed to best match the international standards on democratic principles of equality between citizens and respect for human rights. Albania is adapting its laws to a number of EU legislative acts.

²⁹The institutionalized treatment of children with disabilities began as early as 1963 with the establishment of the Institute for Blind and Deaf Students. Later on, after the 1970s, in the cities where there were psychiatric hospitals, the first schools for students with mild mental retardation were opened. World Vision (2012) *The right to inclusive education for children with disabilities: Analysis of the history of educational development of children with disabilities in Albania during 1945-2011: Assessing factors that contribute to the practical implementation of inclusive education*, http://wvi.org/sites/default/files/Raport_Rajonal_I_Eng_Web.pdf

³⁰Save the Children and World Vision are crucial actors in the domain of Inclusive Education, together with domestic other NGOs, such as MEDPAK and Help the Life.

³¹Ikonomi, E., Musai, B., Sotirofski, K. (2010) *Mapping policies and practices for the preparation of teachers for inclusive education in contexts of social and cultural diversity: Albania Country Report*. Working Document, European Training Foundation (ETF); [http://www.etf.europa.eu/webatt.nsf/0/C12578310056925B-C125772E0029DDCE/\\$file/NOTE85SAXQ.pdf](http://www.etf.europa.eu/webatt.nsf/0/C12578310056925B-C125772E0029DDCE/$file/NOTE85SAXQ.pdf)

³²According to Article 122 of the Constitution, any ratified international agreement constitutes part of the internal legal system after its publication in the Official Journal, and it is applied directly, unless it is not self-executed, and its implementation requires the adoption of a law. Furthermore, according to paragraph 2 of Article 122 of the Constitution, an international agreement ratified by law has supremacy over national laws that do not comply with it. Additionally, regarding signed international acts, the Albanian state at the time of their signing has made a commitment to its policies and legislation in the relevant field, from the moment of signing and ratification until it is aligned, or adapted with the provisions of the act signed.

³³UDHR, art 2; ICERD, art 5; ICCPR, art 2(1); ICESCR, art 2(2); CEDAW, art 3; CAT, art 1(1); CRC, art 2; ICRMW, art 1(1); CRPD

³⁴UDHR, art 7; ICCPR, art 26.

³⁵Council of Europe Disability Action Plan (2006-2015), <https://rm.coe.int/16806fe7d4>

Albania as a member state of the Council of Europe, is taking measures for the implementation of the Recommendation Rec (2006)5 of the Committee of Ministers for the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe (2006-2015)³⁶ and the Recommendation CM/Rec(2012)13, of the Committee of Ministers to member States on ensuring quality education. Among all the international standards, the standards of UNCRC³⁷ and UNCRPD³⁸ are the leading guidelines of the domestic policy on Inclusive Education of children with disabilities in Albania. The European Convention on Human Rights³⁹, the European Social Charter⁴⁰ and other relevant European legal standards are keys to the Albanian legislation on children rights and institutional response to child protection. The United Nations Convention on the Rights of the Child (UNCRC)⁴¹ is the most important part of the legislation on child rights. The Convention's provisions require the establishment of legal, institutional, social and economic conditions to guarantee children full enjoyment and exercise of their rights. UNCRC includes a number of articles that entrench children's right to education. The Convention requires state parties to provide children with appropriate and accessible education to the highest level (Article 28), and to ensure that school curricula promote respect for human rights of all peoples and for the child's cultural and national identity (Article 29).

Domestic Legislation and Policy Framework

The fundamentals of the legal and policy framework of Inclusive Education are: the Law on Pre-University Education 2012⁴², the Law on Inclusion and Accessibility of PwD 2014⁴³, the National Strategy on Pre-University Education 2016-2020⁴⁴ and the Disability Action Plan 2016-2020⁴⁵.

Constitution

On the top of the domestic legislation stands the constitution. Human rights are protected in the Constitution which states that "human rights and freedoms are indivisible, inalienable, and inviolable" (Article 15/1). Constitution protects human rights from violations of public service, including education. The institutions of education are legally compelled to respect students' rights and promote them in practice (Article 15/2)⁴⁶. The constitution guarantees the principles of equality and non-discrimination for all (Article 18). Students shall not be discriminated against for reasons, such as gender, race, religion, ethnicity, language, political, religious or philosophical beliefs, economic condition, **education**, social status, or parentage. Children enjoy special protection from the state and are protected from violence (Article 54). The right to education is constitutional, as everyone is entitled to mandatory education and to the comprehensive high school public education (Article 57).

The constitution provides additional protection to children with disabilities, through social objectives, by which the state assumes the responsibility: (i) to guarantee education and qualification of children and young people, according to their abilities; (ii) to provide care and help for persons with disabilities; and (iii) to provide health rehabilitation, special education, integration and improvement of their living conditions (Article 59). The Constitution has established the institution of People's Advocate (alias Ombudsman) to oversee the realization of human rights in practice (Article 60)⁴⁷. Ombudsman is an independent institution which investigates violations of human rights in public institutions⁴⁸. In Albania, National Human Rights Institutions (NHRI) of People's Advocate and the Commissioner for Protection from Discrimination⁴⁹ guarantee the principles of equality and

³⁶Council of Europe (2012) Recommendation CM/Rec(2012)13, of the Committee of Ministers to member States on ensuring quality education (Adopted by the Committee of Ministers on 12 December 2012 at the 1158th meeting of the Ministers' Deputies)

³⁷Albania ratified UNCRC in 1992, UNCRC text: <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

³⁸Albania ratified UNCRPD in 2012, UNCRPD text: http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

³⁹ECHR, http://www.echr.coe.int/Documents/Convention_ENG.pdf, Albania ratified ECHR on 02/10/1996, https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/005/signatures?p_auth=uOk7LS05

⁴⁰Albania ratified the Revised Social Charter in 2002, <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016805ac1a3>

non-discrimination⁵⁰. The Law on Protection from Discrimination regulates the implementation of and respect for the principle of equality in relation to gender, race, colour, ethnicity, language, gender identity, sexual orientation, political, religious or philosophical beliefs, economic, education or social situation, pregnancy, parentage, parental responsibility, age, family or marital condition, civil status, residence, health status, genetic predispositions, disability, affiliation with a particular group or any other reason (Article 2). According to the Law everyone is protected from discrimination. School discrimination, either from students towards each other or from teachers is prohibited⁵¹.

Law on Pre-University Education

The Law on Pre-University Education of 2012 is the main legal document on children's education in Albania. The Law aims to educate everyone⁵² without discrimination⁵³. The pre-university education system promotes human rights, in general and child rights, in particular, as the child interest overrides in any case. Students are protected from every act that causes discrimination, violence, maltreatment and moral damage⁵⁴. Pursuant to the Law "On Pre-University Education", the school provides psychosocial services⁵⁵. Almost in all schools the collegial bodies are established⁵⁶: School Board, Parents Council, Pedagogical Council, Students' Government and Discipline Council, but their functioning remains a continuous challenge⁵⁷.

Regarding Inclusive Education the law states that it should lead to the full development of physical and intellectual potential of the CwD (Article 6):

1. "Education institutions provide inclusive education" (point 4);
2. "The right to quality education and equal opportunities are offered to every student" (point 5);
3. "CwD receive special care" (point 6)

The law dedicates a whole chapter to Inclusive Education for CwD (Chapter XI), which contains three articles, (63, 64, and 65).

⁴¹UNCRC, <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

⁴²Law on Pre-University Education, Official Journal, <http://www.arsimi.gov.al/files/userfiles/arkiva/dok-0029.pdf>

⁴³Law on Inclusion and Accessibility of PwD 2014, Official Journal, http://www.qbz.gov.al/botime/fletore_zyrtare/2014/PDF-2014/135-2014.pdf

⁴⁴National Strategy on Development of the Pre-University Education 2016-2020, Official Journal, <http://www.arsimi.gov.al/allarsimi/shkolla/strategjia-e-zhvillimit-te-arsimit-parauniversitar-2014-2020>

⁴⁵http://www.qbz.gov.al/botime/fletore_zyrtare/2016/PDF-2016/124-2016.pdf

⁴⁶Constitution of the Republic of Albania, Article 15/2: "The organs of public power, in fulfilment of their duties, shall respect the fundamental rights and freedoms, as well as contribute to their realization", <https://www.parlament.al/wp-content/uploads/2015/10/kushtetuta-perditesuar-1.pdf>

⁴⁷Constitution of the Republic of Albania, CHAPTER VI—PEOPLE'S ADVOCATE

Article 60: "1. The People's Advocate defends the rights, freedoms and legitimate interests of individuals from unlawful or improper action or failure to act of the public administration organs. 2. The People's Advocate is independent in the exercise of his duties".

⁴⁸People's Advocate legal and institutional functioning is regulated by the Law on People's Advocate, Law No. 8454, last amended by Law No. 155/2014, date 27.11.2014, <http://www.avokatipopullit.gov.al/sq/ligji-p%C3%ABr-avokatin-e-popullit-0>

⁴⁹Law on Protection from Discrimination, No. 10221, date 4.2.2010, Official Journal, <http://kmd.al/skedaret/1442237534-1308053956-Ligji%20per%20mbrojtjen%20nga%20diskriminimi.pdf>

⁵⁰NHRIs are elected by the Parliament and provide annual and specific reports on human rights situation and antidiscrimination. They conduct investigation in two ways: either through complaints from victims or through ex-officio investigation of their own initiative.

⁵¹CPD has conducted investigation within the school system about the level of school discrimination and has drafted a special report on discrimination of students in schools of 6 regions. According to this report 17 % of students and 6 % of teachers reported cases of discrimination at school. Commissioner on the Protection from Discrimination (2014b) Discrimination in Education (Komisioneri per Mbrojtjen nga Diskriminimi; Diskriminimi në arsim në këndvështrimin e Komisionerit për Mbrojtjen nga Diskriminimi), <http://kmd.al/skedaret/1443012429-Diskriminimi%20ne%20arsim%20ne%20kendveshtrimin%20e%20Komisionerit%20per%20Mbrojtjen%20nga%20Diskriminimi.pdf>

⁵²Article 3: "The education system aims to provide education to everyone". EFA is explicitly stated in this Article.

⁵³Article 5: "The Law prohibits the discrimination at school on the grounds of gender, race, colour, ethnicity, language, political, religious or philosophical beliefs, economic, education or social situation, age, residence, disability, and any other reason mentioned by legislation."

⁵⁴Article 6: "Child's interests override; education system protects and promotes children rights; children are protected from any form of discrimination, violence and bullying."

⁵⁵Article 20 on Psycho-social service in Education Institutions: "Local Education Authorities provide psychosocial services for children. The service assess the cases of the students with psycho-social needs and designs intervention programmes"; Order No. 344, dated 19.08.2013 "On establishing the Psychosocial Service Unit" strengthens and reorients the functioning of this service.

⁵⁶inspected by IKAP in 2013

⁵⁷Lack of cooperation proves the lack of the proper functioning of educational institutions.

Article 63 foresees the principles of education for CwD. It states that CwD education aims at full intellectual and physical development of CwD potential, and contributes to their social inclusion and later to labour market participation. Special education is temporary, while education of CwD in regular schools is a priority. While letting open the possibility for special education, the law defines that special education is only a transitory measure that should help shift to **regular education**, because it is the latter that ensures inclusion. CwD with visual and hearing impairments have the right to be taught and communicate in Brail and Sign Language. This means that regular schools should provide assistance⁵⁸ in sign language and texts in Brail or digitalized one.

Article 64 is about transition of CwD from primary education level to the middle level. It states that the education system ensures that learners with disabilities/difficulties attend the regular middle school and special school. The special needs are assessed by assessment commissions which are set-up by Local Education Authorities (LEA, usually known as RED/EO) and composed of: a doctor, a psychologist, a teacher and a specialist for CwD. The commission is set up by LEA upon parental or school principal request. Following the assessment, the commission provides recommendations on regular or special education. The choice upon education falls on parents; they decide where to send their child, either in regular or special schools. Access of CwD to education is a responsibility of MoES, implemented by LEAs. The Law provides in-home education for children that cannot attend school. LEAs decide upon home education, after the child undergoes assessment.

Article 65 is about the Individual Education Plan (IEP) for CwD in regular schools. It states that CwD are supported with an IEP which is built from regular subject programmes adapted to the special educational needs (SEN). In regular schools, IEPs are designated by the school commission composed of several teachers from different disciplines and from the school psychologist. Parents participate in IEP design process, as well. Teacher assistant and rehabilitation and other specialised services are provided to CwD in regular schools⁵⁹. This article reflects the principle of student-centred education and child-oriented special services. Supportive teachers are trained to work with SEN children in the classroom and with other educational activities. According to the law, the local government authorities (municipalities) should provide physical access to all regular schools and pre-school institutions. The standards of accessibility are monitored by MoES⁶⁰.

Normative Provisions

The Normative Provisions on Pre-University Education provide the legal basis for implementation of the Law on re-University Education. They were adopted by MoES in 2013, a year after the approval of the Law by the Parliament. The provisions cover the whole range of pre-university education from kindergarten to high school. They contain the most comprehensive measures for Inclusive Education at any stage of education.

Route to compulsory education

The Provisions give a specific consideration to preschool education, paying attention to early inclusion before the age of 6, when most of child development occurs. The child's educational special needs are assessed in the kindergarten. The preschool teacher assesses the overall development of the child and evaluates the child's progress in several development areas (cognition, emotions, motor skills and behaviour) once in three months (per trimester). Since that early age, a close cooperation is built between teachers and parents to help the child with the homework⁶¹.

The educational needs of children with learning difficulties are taken into consideration at both

⁵⁸From 2017, 122 teachers, two per each municipality, will be trained to communicate in sign language and texts in Brail/digital version will be prepared by 2020, as foreseen by the National Action Plan on Disability 2016-2020.

⁵⁹Starting from 2017-2020, 24 specialists of rehabilitation services (physiotherapists and SEN specialists) will be trained to work as trainers of trainers for rehab and SEN in regular schools, as foreseen by the National Action Plan on Disability 2016-2020.

compulsory and elective curriculum. Core subjects and optional subjects are adapted to the learning skills of the child to maximise his/her learning outcomes. For children with learning difficulties, the complementary teaching support, called reinforcement hours, is provided⁶². These reinforcement hours strengthen the learning skills and address the learning needs of child. The reinforcement is based on common (core subjects) curriculum and is part of teaching norm.

The compulsory education starts at the age of 6, when the child is enrolled to education system⁶³. The responsible institution for the first enrolment⁶⁴ is the local educational authority (LEA⁶⁵), which compiles the lists of school-age children in the territory of its jurisdiction. In April, LEAs receive the primary lists from the health centres and civil census bureau, and in May, LEAs send the list to all schools to begin the identification and the first registration of school-age children. In September, LEAs receive the enrolment lists from schools and verify the non-registered children, and send it to the area police officer and local administrator for address identification. By mid-October, LEA sends the list of located children to schools for contact and enrolment. For identification of non-registered children LEA cooperates with the local NGOs that work in the area and with the CPU (municipal child protection unit).

The special educational needs are addressed in regular school through several ways⁶⁶. The class teacher defines along with parents the support needed for child's learning needs, the learning reinforcement work and Individual Education Plan (IEP). The school principal and the class teacher provide class work support to the child, engaging Supportive Teacher (ST), parents (as volunteers) and students' government. In order to evaluate the learning outcomes, the school organises monthly meetings with teachers of 1st, 2nd and 3rd grades who brief on child progress, measured against the plan objectives. Tests about child learning progress are conducted 3 times a year to evaluate the pitfalls and success in basic knowledge in literacy and numeracy⁶⁷. Children are assessed for academic achievements and progress in general skills and behaviour⁶⁸.

During the compulsory education, students with learning difficulties are supported with an IEP. After completion of compulsory education (which lasts from 1st-9th grades) students with learning difficulties continue attending high school (upper middle level, 10th-12th grade⁶⁹). ST is provided for students with learning difficulties on the basis of educational needs, by the school principal. STs collaborate with subject teachers to maximise the learning outcomes. Students may complain about violations of their rights, discrimination and bullying in school in writing. The schools should have internal policy rules for the functioning and for different domains.

Law on Inclusion and Accessibility of PwD

The Law on Inclusion and Accessibility of PwD proclaims inclusion as the ultimate goal of the human rights enjoyment of PwD. It states equal opportunities and personal choice as basic conditions for PwD to be included into mainstream society. PwD have the right of autonomy and self-decision upon their life and are fully entitled to independent living with due support. The Law aims to protect and provide access of PwD to human rights and to facilitate their full participation in social and economic

⁶⁰According to the National Action Plan on Disability 2016-2020, by 2020 all education institutions will be accessible.

⁶¹Chapter I, Article 1.4 and 1.5.

⁶²Reinforcement is explained in the Annex 1 of the Provisions.

⁶³Chapter IV, Article 12.

⁶⁴First time enrolment starts the last 2 weeks of June and lasts until 1st day of school. The needed documents for registration are: birth certificate, vaccination report, oculist check-up visit, residential address, and kindergarten attendance paper.

⁶⁵LEAs are of two types, Regional called Regional Education Directorates (RED) and Local called Education Bureaus (EB); REDs operate at regional level covering one to several municipalities, while EB cover the municipal territory.

⁶⁶Article 15

⁶⁷Education State Inspectorate (ISHA) inspects the students' achievements and if the practice is positive ISHA recommends it to LEA in order to promote it.

⁶⁸The Education Development Institute (IZHA) provides the evaluation forms to schools.

⁶⁹Chapter VI, Gymnasium, Articles 38-4.

life, on equal footing with others. It defines the responsibilities of institutions (public and private) to remove barriers against inclusion and to provide opportunities for participation and independent living (Article 5, Chapter II). According to the law, it is a state policy responsibility to provide access of PwD to all life domains. In the field of education this means that state policy should provide education in regular schools within the community. Removal of physical barriers is considered a precondition for access to environment and services⁷⁰. This implies that all educational institutions, public and private ones, should be free of barriers.

The law regulates the procedure of disability assessment (bio-psychosocial model) and defines the needs-based support for PwD as a precondition for participation (Chapter III). The assessment includes the level of disability, the needs and the level of support needed to conduct an independent living. Disability is assessed by a multidisciplinary team which recommends adjustments to the environment, the support services and the assistive devices. The commission is set by MoSWY and works based on ICF/WHO standards of disability assessment.

For its implementation at national level, the law has foreseen the set-up of the National Council on Disability⁷¹ (NCD) which recommends: (i) services and programmes oriented to PwD inclusion; and (ii) legal improvements for a better protection and promotion of PwD human rights. Central and local public institutions are legally responsible to implement the law, in cooperation with MoWY, which is the central coordinating institution concerning disability. The disability is not an exclusivity of MoWY, the implementation of legal and institutional measures is based on cross-sector cooperation. In each ministry and local government unit (LGU) a disability focal point (DFP) should be appointed, who is a civil servant mandated to monitor the implementation of law and policies on disability.

Given the importance of this law in protecting the PwD human rights, the law grants responsibility for monitoring of its implementation and compliance with UNCRPD to the National Human Rights Institutions (NHRI) of People's Advocate⁷² and the Commissioner on Protection from Discrimination⁷³. They are vested with the power to conduct investigation for human rights violations and discrimination of PwD.

⁷⁰Article 11/2: "The institutions take the measures to remove all environmental and infrastructural barriers in the provision of public services".

⁷¹NCD is composed of 17 members, 10 ministers, 5 DPOS (Disabled People Organisations, organisations of and lead by PwD) and 2 NGOs (working for the rights of PwD).

⁷²Article 16/1: "Peoples' Advocate monitors the implementation of the Law in compliance with UNCRPD and the Law on People's Advocate No. 8454, date 4.2.1999"

⁷³Article 16/2: "Commissioner on Protection from Discrimination monitors the implementation of the Law in compliance with UNCRPD and the Law No. 10221, date 4.2.2010"

⁷⁴MoES groups the disabilities in four categories: intellectual, physical, sensorial (visual and speech-hearing impairments) and behavioural (autism spectrum disorders (ASD) and attention deficit and hyperactivity disorders ADHD), source: World Vision (2014) Teacher Manual for Inclusive Education, Jam mes Jush, Authors: Kulla, F., Ndrion, M., Remacka, L., http://www.arsimi.gov.al/files/userfiles/parauniversitar/afesi_e_kufizuar_Manuali_web_ok.pdf

⁷⁵The disadvantaged children are from different social backgrounds: children with disabilities, ROMA children, and children in street situation, children on the move, children from poor families, children without parental care, or neglected and abused children.

⁷⁶CwD frequently abandon school, although they can attend both regular and special education. The problem lies with regular schools that manifest a discriminatory attitude towards access of CwD in regular system and ineffective teaching methods. Source: MoES (2015) Guidelines on school drop-out prevention, in the frame of the initiative "Every child in school" http://www.arsimi.gov.al/files/userfiles/statistika/Udhezues_M4M_dhe_U3M_Redaktuar_12Shkurt2016.pdf

⁷⁷For children living 2 kilometres far from school, the law ensures the right to transport.

⁷⁸Children who are not enrolled to school or have dropped out school are at great risk of abandoning school forever, and to prevent the permanent abandonment of school, MoES has offered the programme "The second chance". Roma children have been the main beneficiaries of that programme.

⁷⁹In 2014, Commissioner on the Protection from Discrimination found out that 17 % of students reported cases of discrimination in school; Source: Commissioner on the Protection from Discrimination (2014) <http://kmd.al/skedaret/1443012429-Diskriminimi%20ne%20arsim%20ne%20kendveshtrimin%20e%20Komisionerit%20per%20Mbrojtjen%20nga%20Diskriminimi.pdf>

The National Strategy for Education Development 2014-2020

In 2014, GoA approved the strategy on the Development of the Pre-University Education 2014-2020, which aims to improve the access and quality of education in Albania. The Strategy considers the cooperation with stakeholders working on Inclusive Education as a crucial element for education of CwD⁷⁴. Save the Children Project on Inclusive Education of CwD 2014-2017 is considered as an important milestone in building Inclusive Education foundations in Albania. The strategy provides the guiding principle of Inclusive Education which is: ensuring access to equal opportunities for quality education without discrimination. The strategy sets clear deadlines for inclusive education: (i) by 2017 all regular schools will have psychosocial services; (ii) by 2019 Inclusive Education for CwD will be functional in compulsory education level (from 1st to 9th grade); and by 2020 all education institutions will have rehabilitation services for CwD. The strategy has grouped the activities for Inclusive Education in cluster B, which is about access to quality education (subfields **B4-B8** are specifically related to Inclusive Education).

The activities of subfield **B4** address the CwD education in compulsory education. Besides access to regular schools, the strategy intends to reduce the drop-out rate of disadvantaged children⁷⁵, to which CwD figure is on the first line⁷⁶. Among identified problems for school drop-out are ineffective teaching methods and discriminatory attitudes towards educability of CwD in the regular system. For CwD from rural areas, transport is an additional reason for drop-out. The strategy states that transport should be provided to all disadvantaged children from rural areas to ensure education in regular schools⁷⁷. For children that have not been enrolled to school, the strategy foresees specific school programmes to help them catch up with the pace of peers and to avoid drop-out⁷⁸. Of a great concern are discrimination⁷⁹, bullying⁸⁰ and violence⁸¹ from peers to peers in regular schools⁸⁴, which has compelled MoES to spell out the need for measures to prevent and address them⁸². Antidiscrimination awareness campaigns should be organised in each school to prevent discrimination and violence against CwD.

The activities of subfield **B5** apply the philosophy of Inclusive Education. The most important strategic step towards implementation of the Inclusive Education philosophy is the creation of inclusive communities inside the educational institutions. Teachers and students must embrace diversity and welcome all learners, despite disadvantages or disabilities. In order for schools to apply Inclusive Education principles, it is necessary that schools promote the values of social inclusion and solidarity which means a cultural change within the schools. The culture of inclusion must be created and uphold by the school community (teachers, students and parents). School culture is an essential factor towards inclusion. Besides culture, the strategy considers the design and application of Inclusive Education policies as the second step towards inclusion. Schools must adopt friendly policies towards CwD. The next step is the improvement of school curriculum which should promote learners diversity and remove barriers towards participation of CwD in education. Furthermore, schools have to develop inclusive practices, especially through child-friendly pedagogy and provision of support teaching.

The activities under the subfield **B6** are connected to the creation of schools as community centres⁸³. The aim of these activities is to bridge the gap of cooperation between schools and community, and expand school activities beyond the institution of education. The invitation of community to participate in school activities contributes to the strengthening of ties between school and community. Moreover, this cooperation will contribute to the strengthening of the democratic citizenship and will increase community participation in education.

⁸⁰20% of the Albanian students at all levels of pre-university education from 4-12 grades are involved in the phenomenon of bullying, source: Council of Europe (2017) Findings from the national survey "Bullying and Extremism in Education System in Albania", <https://rm.coe.int/168070c3be>

⁸¹The 2007 study on violence against children in school, commissioned by Save the Children Albania, found out that both physical violence and bullying were pervasive forms of violence amongst children in schools. Source: Kamel, Hania (2007) Violence against children at school, Save the Children Albania, <https://albania.savethechildren.net/sites/albania.savethechildren.net/files/library/Violence%20Against%20Children%20in%20Schools.pdf>; another study of Save the Children Albania in 2015 found that violence in schools is a matter of considerable concern, Christopher Cuninghame, Elda Hallkaj, 2015, Child Rights Situation Analysis 2012-2015, Save the Children, TIRANA, https://resourcecentre.savethechildren.net/sites/default/files/documents/save_the_children_-_low_res.pdf

The activities of subfield **B7** address the provision of rehabilitation and support services for CwD in regular schools. The strategy states that MoES is responsible for providing full access to CwD in regular schools and keep school retention rate. For an effective teaching of CwD in regular schools, the strategy foresees that teachers are trained on inclusive education. Furthermore, special schools are going to be transformed in resource centres for regular schools teachers training on inclusive education. In addition, the strategy states that supportive teachers will be provided to CwD to facilitate the learning process and participation in school activities.

Supportive teachers will be trained for SEN and disability. To help education of CwD according to their needs, the strategy provides the application of an IEP by the school's psychosocial service. Additionally, the strategy heralds the set up of the multidisciplinary assessment commissions that will recommend the specific steps for the education of CwD and will monitor their progress. The cooperation between health, education and social care sectors is necessary to make the multidisciplinary commissions functional. Another measure towards effective inclusion of CwD in regular schools is the provision of rehabilitation and special education service in the school. The professional standards of rehab and SEN services are set up by MoES while the service is provided at municipal level. Local government units will improve physical access to all education system.

The activities of subfield **B8** discuss about the provision of security at schools⁸⁴. These activities aim to create a safe school environment free of violence. The strategy urges teachers to be trained on identifying signs of violence and child abuse and in conflict-management. In order to reduce violence among students (bullying), the strategy recommends that schools should undertake information about consequences of violence and take measures to prevent violence. Moreover, the strategy urges the creation of violence reporting mechanisms, victims' protection and redress, and set up of referral systems for both victims and aggressors. Campaigns against violence in schools are strongly recommended by the strategy.

National Disability Action Plan 2016-2020

The Disability Action Plan 2016-2020⁸⁵ addresses among other issues, the right of children with disabilities to education. The Plan promotes the principles of Inclusive Education for CwD stressing equality of opportunities and non-discrimination as the basic principles for access in education. The Plan promotes the twin-track approach for the education of CwD: maximizing access in mainstream education and minimising the segregation in special education. In relation to education, the plan foresees the taking of several measures that contribute to the access and quality education for CwD. Inclusion of CwD in regular schools is related to the teachers' capacity of working with the special educational needs of the child, which means that teachers of regular schools should be prepared for inclusion. Access to education requires removal of barriers from environment, information and curriculum, which compels regular schools to take measures to adapt the school environment and education curriculum (didactic materials and books) to make them accessible. CwD should have equal access to learning, as their peers, meaning that they are not discriminated against and enjoy full participation in class activities. Access to classroom and extra-curricular activities should go hand in hand in order to give to CwD the sense of belonging to the community of children. Special psychosocial care and rehabilitation services should be provided in regular educational institutions, to maximize the level of autonomy and prevent drop-out. Access and quality depend on cooperation of LEAs, schools, children and parents. Schooling is the path towards labour market, and CwD need support and mentoring to make the transition from education to employment, which means that mentor supported employment should be a possibility for them to move to independent living. The progress of CwD needs a constant monitoring, coordination and evaluation from those who are involved with the inclusion plans (e.i. Individual Education Plan).

The Plan builds on the achievements of previous National Strategy on People with Disability 2005-2015. The National Study of Save the Children in 2016 on the “Prevalence of Disability for Children” found out that one in 10 children in Albania, or around 10%, have at least a higher level of difficulty in functionality and development⁸⁶. The data from the previous strategy indicate that the number of CwD in schools in 2015 increased with 33%, compared to 2005, the period before the strategy implementation⁸⁷. The 2011 Census reported that 55.6% of PwD over 15 years old had finished compulsory education, while there were no data for PwD education under 15 (INSTAT, 2011)⁸⁸. The percentage of graduated PwD (having finished university) was 3.3%. As shown by statistics the number of CwD is increasing each year. During the academic year 2015-2016 there were 3998 CwD in schools (regular and special ones)⁸⁹.

The leading responsible institution for Inclusive Education is the Ministry of Education and Sport (MoES), which coordinates the work for inclusion of CwD in schools with other institutions as well, such as depending agencies of MoSWY (State Social Service) and MoH (Health Departments at local level). This cooperation makes possible the identification of CwD and their enrolment in schools. Although the Law on Pre-University provides the right to education in home for children that cannot attend school, home-education is not provided because further guidelines are missing.

The measures of Inclusive Education foreseen in the action plan need to be standing by a solid infrastructure. The foundations of Inclusive Education for CwD are: teachers, adapted curriculum and infrastructure. Supportive teacher is already a recognised education professional, introduced to many schools⁹⁰. Supportive teachers in the primary education system are usually the general teachers whose teaching norm was reduced because of changes to curriculum. Those teachers were asked to work for CwD in regular schools and 65% of them responded positively to the call of MoES for supportive teachers in 2014. However, the need for supportive teachers is imperative⁹¹. Supportive teachers are trained in special schools to work after in regular schools. Teachers of special schools are general teachers as well, but with a long experience in disability and special educational needs. They could work as supportive teachers in schools, but the position of supportive teachers is lower than special education teacher, and the special schools teacher do not accept a lower status⁹². The curriculum learning materials including books in Braille or in digital version are not yet produced, but the plan

⁸²Pursuant to Ministry of Education and Science Regulation No. 8373 dated 26/11/2006, the annual and monthly plans of regional education directorates, education offices and schools foresee the planning and conducting of activities addressing problems of domestic violence, violence at school and in the community.

⁸³Schools are becoming community centers to serve to a broad spectrum of community issues related to social cohesion and stability. At present, only 140 schools are transformed into Community Center Schools (CCS), and by the end of 2020 all schools will become CCS. Markja, A., Mastori, E., Sina, I. (2014) Udhëzues për shkollat qendër komunitare (Guidelines on Schools Community Centers), IZHA: Tirana: <http://myschool.al/resources/programmee/doc2.pdf>

⁸⁴In 2015, pursuant to the Strategy on Pre-University Education 2014-2020, MoES adopted the Counter Violence Plan of Action for Schools 2015-2016.

⁸⁵Disability Action Plan 2016-2020, Official Journal, http://www.qbz.gov.al/botime/fletore_zyrtare/2016/PDF-2016/124-2016.pdf

⁸⁶Save the Children (2016) Prevalence of Disability for Children, <https://albania.savethechildren.net/news/national-study-prevalence-disability-for-children>;

⁸⁷MoSWY (2015) Report to UN on PwD situation in Albania, referring to the article 35 of UNCRPD.

⁸⁸INSTAT (2011) Census of Population 2010 Albania, <http://www.instat.gov.al/all/census/census-2011.aspx>

⁸⁹MoES (2015) Guidelines on school drop-out prevention, in the frame of the initiative “Every child in school” http://www.arsimi.gov.al/files/userfiles/statistika/Udhëzues_M4M_dhe_U3M_Redaktuar_12Shkurt2016.pdf

⁹⁰MoES Guidelines No. 38, date 7.10.2014, “On the criteria for supportive teachers for CwD in public institutions of pre-university education”. The guidelines are not obligatory for non-public or private schools.

⁹¹In 2015, 3200 CwD in need of supportive teacher were attending regular schools

⁹²Special education teachers’ opinion expressed during interviews with them.

considers this a priority, to give all children with learning needs equal access to learning process. In many schools the physical infrastructure is inaccessible. The Analytical Study of Save the Children⁹³ conducted in 2013 found that 35% of kindergartens and compulsory schools (9-year-school) were without basic standards of physical access for CwD⁹⁴.

In-service and pre-service teacher training programmes have had insufficient information and knowledge on disability and special educational needs, which explains why teachers are not capable of working with CwD in the classroom. The lack of professional skills and professional development programmes in disability and Inclusive Education makes teachers reluctant to work with CwD. In such conditions, some parents opt for special schools rather than for regular schools. Moreover, the transition of CwD from one level of education to the next one is difficult. Since application of Inclusive Education initiatives, only few CwD have succeeded to make the transition from compulsory education (9-year-school) to high middle school (K10-11)⁹⁵.

CwD in residential care are entitled to education as well, but the level of education is more in the frame of residential care rather than proper education. There are 26 social care services in Albania, out of which 12 are residential care institutions and 14 day care centres⁹⁶. The residential care institutions provide education, rehabilitation and self-care training to PwD younger than 25 years old, but the institutions have older PwD who have lost family ties. PwD use day care centres more than residential care institutions (in 2015, 1050 CwD and 387 adults were placed in day care). The huge gap of community based services (CBS) states that the community inclusion of PwD is impossible. Procurement of social services provision is not allowed by law, which hampers CSOs to apply for public funds to build CBS. Due to lack of social services at community level, the institutionalization of PwD is still a reality. More than 100 people with intellectual disabilities, who have lost family ties, are currently living in psychiatric hospitals, because there is no supported living or shelter in community, and there are no services to integrate them in community life. There are parents who opt for institutional care because of the unaffordable cost of private care, and lack of public community care. The Law on PwD Inclusion and Accessibility 2014 promotes inclusion in society and independent living through support services in community, personal assistance, aid technology devices and accessible environment and services, but the law implementation lags behind the proclaimed aims. Procedural and financial support is not yet provided.

Disability will be assessed by a multidisciplinary approach based on WHO bio-psychosocial model⁹⁷. This assessment will radicalise the existing way of assessment which is purely medical. The bio-psychosocial model takes in consideration the interrelation of impairment with environmental factors, in order to design the due support for PwD, while the medical assessment considers mainly the impairment and disability. Currently, CwD are sent for assessment to the specialised health care by the family doctor or primary health service⁹⁸. The municipal administrator of social assistance and the Child Protection Unit (CPU) specialist can refer the child for special assessment, as well, but they lack capacity and time to follow the individual cases.

Sometimes they inform the parents to send their children to the medical commission of disability assessment (KMCAP). Teachers can refer CwD for medical assessment, by informing their parents, but teachers join to the cases only when children are enrolled at school. Even in health sector, the rehabilitation and treatment services for PwD are very limited, in number and typology. School alone cannot address issues related to health care and rehabilitation services which are necessary to maintain the optimal functionality. Therefore, health care system needs a radical reform with regard to disability starting from assessment to rehabilitation. The plan has foreseen the construction of a National Rehabilitation Centre; along with local rehabilitation centres to prevent disability and to design out-reach support at community level. Besides CBR system, health professionals will be trained to prevent and address health disabling factors and to contribute to further inclusion of CwD in community life.

The Plan has drawn two objectives for **inclusive education**: (i) improve quality through teacher capacity; and (ii) transform special schools into resource centres. The first objective has been achieved through several measures. The primordial step is to set up the multidisciplinary commissions responsible for assessment of special educational needs of CwD. The next step is the provision of Supportive Teacher service in all regular schools. Supportive teachers have to work with class teachers to support CwD learning and socialization. Didactic materials are needed to work with CwD in classroom and independently. The individual follow-up of learning outcomes ensures that the child is making progress in regular education system. The second objective intends to use special schools expertise in regular schools. The quality of Inclusive Education depends on teachers' professionalism. Supportive teachers and regular teachers can benefit a lot from the special schools expertise and can be trained by special school teachers to work with CwD in classroom.

Although the most of the time, CwD stay in school, they have another life post-school, the life in neighbourhood community. They need support after school as well, in order to be able to join the community life with peers. Because inclusion goes beyond school, the plan has foreseen the setting up of the community based social services (CBS) which can enable CwD stay and participate in community life. To the current situation, the main service providers at community level have been the parent NGOs, with financial support of foreign donors. The legal procedures on private provision of social services for non-state operators are not yet in place, which is the main cause of the absence of the community based rehabilitation (CBR). Since 2005, the Law and the Strategy on Social Services have been proclaiming the deinstitutionalization of disability as the social services reform priority, but the community services are not yet established, so the reform is unimplemented.

The transition from school to labour market is another issue that the plan intends to address. The supported employment for the young PwD who finish school is the best way to increase their participation in the labour market and towards economic self-sufficiency. The employment offices do not provide mentorship and are not linked with the education system to facilitate transition of young people to the labour market. Schools are not equipped with mentorship guidance for employment of young people finishing high school or university. The private sector is not involved in relationship with schools and employment offices. In general there is a high rate of youth unemployment in Albania⁹⁹.

⁹³Save the Children (2013) Inclusive Education in Albania: Analytical Study, <https://albania.savethechildren.net/sites/albania.savethechildren.net/files/library/Inclusive%20Education%20in%20Albania%20-%20Analytic%20Study.pdf>

⁹⁴The reconstruction of schools is a municipal responsibility, while the standards of hygiene and accessibility are inspected by MoES.

⁹⁵The first steps towards inclusive education were undertaken by local organisation MEDPAK in Librazhd in 2002, and soon after by international organisation Save the Children and World Vision.

⁹⁶The residential centres are located in Tirana, Durrës, Shkoder, Berat, Vlore, Korça and Poliçan (Poliçan is only for elderly care).

⁹⁷WHO bio-psycho-social model is based on ICF (International Classification of Functioning, Disability and Health), https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf

⁹⁸There is a protocol for family doctors on how to refer CwD to the special assessment.

⁹⁹The participation of youth population aged 15-29 years old in labour market for 2016 was 45.2%, while 55.8% were unemployed. There are no data on employment of young people with disabilities, source: INSTAT (2016) Labour Force Survey, <http://www.instat.gov.al/all/themes/tregu-i-pun%C3%ABs.aspx?tab=tabs-5>

Inclusive Education aims to contribute to the main goal of the Plan which is social inclusion of the CwD in community. It will be implemented along with other measures that promote inclusion, such as: removal of barriers that prevent access to information, environment and services and provision of community-based services, including community based rehabilitation (CBR). While Inclusive Education and social inclusion are permanent goals, the plan sets forth deadlines for implementation of fundamentals of inclusion. As clearly stated in the Plan, inclusion starts at an early age, prior to school enrolment. Therefore as a first step towards access, the Plan foresees transformation of the disability assessment from purely medical model to a holistic bio-psychosocial model until 2020.

This assessment will pave the path for a rights-based and needs-based support for CwD. It will contribute to the access of CwD to early childhood development care (ECDC) and continuous support at other levels of education. Besides assessment, the application of universal design is another condition to provide full access to community life and participation. By 2020, the plan foresees that every public institution, including educational institutions, will be accessible for PwD. To facilitate the life in community for CwD, a close cooperation between local institutions, Civil Society Organisations' (CSOs) and central institutions is needed.

This cooperation is necessary to guarantee CwD success in education: access, attendance, retention and prevention of drop-out. For that reason the provision of public services at community level: health, social and education, have to be synchronised. To this aim contributes the disability focal point (DFP) that will be appointed at every central and local government institution. DFPs monitor the implementation of disability legal and policy framework at central and local level. Each ministry and municipality will have an appointed DFP by 2020. DFPs are responsible among other tasks to collect data¹⁰⁰ related to PwD in the sector of their jurisdiction; the data will be desegregated by social variables, such: age, gender, health conditions, disability and need for support. Additionally, DFP are responsible for monitoring implementation of disability policy in the sector covered by their institution. The monitoring responsibility renders DFP into the counterpart of civil society, whose main role is monitoring the implementation of disability policy. Civil society, besides the observation activity is a crucial factor in raising awareness on the rights of CwD, advocating for community services and monitoring the standards of services, including public service in education system.

Inclusive Education occupies an important place in the plan and the biggest budget share (26%), after health care (37%). The plan is monitored by the National Council of Disability (NCD) composed of 17 members: 10 ministers and 5 NGOs¹⁰¹. The activity of NCD is coordinated by MoSWY which is the responsible Ministry for disability policy. NCD orients the disability policy towards achievement of the Plan objectives. At the local level, municipalities are responsible for the implementation of the plan. MoSWY has the duty to help them with the design of local disability plans for fulfilment of national plan at community level. The plan will be monitored by DFPs appointed at central and local level¹⁰².

MoES responsibilities for the implementation of the National Disability Plan 2016-2020

The Plan assigns tasks for each central institution. The Ministry of Education and Sport is responsible for Inclusive Education. The goal to be achieved by MoES in 2020 is to provide access to Inclusive

¹⁰⁰Data collection is the 8th strategic goal of the Plan; the database system will contain indicators on monitoring the plan, as well.

¹⁰¹NCD is set up by Prime-Minister upon Order No. 12, February 2015. It has a secretariat which organises the meetings.

¹⁰²DFP is a legal obligation of the Law on Inclusion and Accessibility of PwD.

¹⁰³Multidisciplinary Assessment Commission will be set up in 12 regions, with 7 members each, in total 84 commissioners, they will be trained by 2020.

¹⁰⁴By 2020, 150 newly appointed TA will be trained with certified programmes on IE.

Education for all CwD by 2020. It has two objectives: (i) increase access of CwD in education; and (ii) transform special schools into resource centres. These goals will be achieved through a multitude of parallel actions. The first strategic goal aims to increase access of CwD in mainstream education system. Access of CwD in regular system will be accompanied with two objectives: quality improvement and teaching capacity building.

There is a myriad of activities towards achievement of the first objective, such as:

- CwD rights and Inclusive Education awareness-raising campaigns carried out by LEAs, Schools and CSOs;
- guidelines for multidisciplinary commissions;
- training of commission members¹⁰³;
- design certification programmes for supportive teacher (ST) trainings¹⁰⁴;
- covering all regular schools with ST;
- training ST in special schools;
- institutionalization of cooperation between central institutions and DPOs;
- when needed supporting all CwD with IEP;
- disaggregate data on disability;
- provide adapted transport to school;
- Provide didactic materials in regular classrooms;
- Improving infrastructure by eliminating architectonic barriers.

The second objective aims to transform all special schools into resource centres for regular schools¹⁰⁵. The activities for achievement of that objective include:

- designing a transformation project;
- beginning the transformation process by 2017;
- train regular in-service teachers and supportive teachers for Inclusive Education and adapting inclusive didactics;
- train and certify rehabilitation service of resource centres staff to become a trainer of trainers (ToT)¹⁰⁶;
- improve infrastructure of resource centres and refurbish with special didactic materials for meeting the needs of CWD;
- publish methodical books for teachers and other resource materials;
- design the sustainability strategy of resource centres;
- Special Institute of Blind and Deaf Students train regular teachers on Braille and sign language¹⁰⁷.

¹⁰⁵There are 6 special schools, 3 of them will begin to transform in resource centres by 2017, and 3 in 2020.

¹⁰⁶In 2017, one physiotherapist and an educational specialist of 3 resources will be trained as ToT, and in 2020, 2 physiotherapists and 2 specialists for each resource centre will be trained as ToT.

¹⁰⁷A total of 122 teachers, 2 per municipality, are trained in sign language by 2020, the training commencing in 2017

PART B: GOOD PRACTICES OF INCLUSIVE EDUCATION

SECTION IV: GOOD PRACTICES AT POLICY LEVEL

Law on Pre-University Education

The project has established the good practice of implementing the Law on Pre-University Education. It has contributed to the application of the EFA principle by providing access to education to CwD in 28 public educational institutions in six regions. Regular schools and public kindergartens teaching staffs of pilot regions have all been trained in Inclusive Education and IEP design. CwD in pilot regions are educated with other children in regular educational settings. The practices of exclusion, segregation and discrimination of CwD in educational system are combated and reduced. The presence of CwD in mainstream education system has had a significant impact upon teachers and peers' attitudes. Inclusion of CwD in regular pre-university education system has definitely promoted the human rights of CwD in relation to education.

The training provided to teachers and parents on PwD human rights and legislation framework has increased the level of protection of students with disabilities from discrimination, violence, maltreatment and moral damage. School psychosocial service training on PwD rights and Inclusive Education has had a very positive effect on minimizing the discriminatory practices and bullying against CwD in pilot schools. The school psychosocial service has participated in IEP design and has organised informing sessions with students and teachers on disability and inclusive education. CwD in regular schools are taught by trained teachers: primary teachers, subject teachers and supportive teachers. Trained teachers have worked with other teachers in regular schools to spread the experience of IEP. In all pilot areas, practices of Inclusive Education are promoted, contributing directly to the fulfilment of the law objectives on Inclusive Education of CwD as the best alternative to education (Chapter XI "On Inclusive Education" Articles 63-65). Students' government in pilot schools are mobilised to promote Inclusive Education for CwD. Parents have been involved in monitoring law implementation.

The implementation of an IEP as a learning tool for CwD has contributed to the provision of quality education which aims at full intellectual and physical development of CwD potential and social inclusion (Article 64). CwD that have fulfilled the primary education level have made the transition in the middle level of education (Article 64). CwD are supported by IEP to optimize the learning outcomes (Article 65). CwD placement in IEP is done by the RED/EO multidisciplinary commissions that recommend schools' commissions to design and implement an IEP. Parents have been involved in the observation of CwD assessment by RED/EO multidisciplinary commissions in IEP design and implementation by school. Access of CwD in education is improved through capacity building of RED/EO multidisciplinary commissions for assessment of CwD and school commissions regarding IEP. Trained teachers (of primary level, subject teachers and supportive teachers), school psychologists and parents of CwD worked together to design an IEP. Access of CwD in regular schools is increased through improvement of school infrastructure and removal of architectural barriers.

NORMATIVE PROVISIONS

The project has directly contributed to implementation of Normative Provisions by creating positive practices in Inclusive Education (Chapter XV “On the education of Children with Disabilities, Articles 93-100), such as:

- (i) training RED/EO multidisciplinary assessment commissions on CwD assessment through ICF-CY;
- (ii) training the psychosocial service on assessment of disability (DSM5);
- (iii) training school commissions on developing the IEP ;
- (iv) training school principals on school self-evaluation with the Index for Inclusion; and
- (v) training supportive teachers to implement the IEP.

The provisions give special consideration to preschool education, paying attention to early inclusion prior to the age of 6. In pilot areas, CwD and children with other special educational needs are identified since the preschool-stage, in the kindergarten. The preschool teachers are trained for early identification and child development stages as well as for IEP design¹⁰⁸. In compulsory education, students with learning difficulties are equipped with an IEP when needed. Supportive teachers are provided for students with learning difficulties on the basis of educational needs. They collaborate with primary and subject teachers to maximise the child learning outcomes. School psychosocial service¹⁰⁹ identifies the areas where child has developmental difficulties as well as psychosocial situation of students with disability, learning difficulties and behavioural and emotional disorders. The service works closely with teachers, school principal and parents in order to design and implement the IEP. School principal ensures IEP implementation.

Law on Inclusion and Accessibility of PwD

The project has contributed to the implementation of the Law on Inclusion and Accessibility of PwD which proclaims inclusion as the ultimate goal of the human rights of PwD. The project has directly assisted the educational institutions to remove barriers against inclusion and to provide opportunities for participation and an independent life (Article 5, Chapter II). By removing the physical barriers towards CwD participation in education, the project has created the good practice of providing PwD access to environment and public services¹¹⁰. The pilot educational institutions are free from architectural barriers¹¹¹. The law regulates the procedure of disability assessment (bio-psychosocial model) and defines the needs-based support for PwD as a precondition for participation (Chapter III). The project has created the good practice of CwD assessment based on ICF/WHO model, by training the RED/EO multidisciplinary assessment commissions which recommends adaptations to school curriculum and provision of specialised support services.

¹⁰⁸Chapter I, Article 1.4

¹⁰⁹Chapter IX, Article 44-48.

¹¹⁰Article 11/2: “The institutions take measures to remove all environmental and infrastructural barriers in the provision of public services)

¹¹¹The project has conducted an evaluation of the needs for rehabilitation of actual buildings and carried out interventions for removal of infrastructural barriers in accordance with the manual “Guidelines for design and implementation specialists in the field of construction” based on the regulation for the use of spaces from PWD, decision No. 1503, date 19.11.2008.

The National Strategy of Education Development 2014-2020

In 2014, GoA approved the strategy on Development of the Pre-University Education 2014-2020, which aims to improve access and quality of education in Albania. Save the Children Project on Inclusive Education of Children with Special Educational Needs, implemented during 2014-2017 is considered as an important milestone in building Inclusive Education foundations in Albania. The project has contributed to the implementation of the strategy guiding principle of Inclusive Education, which is:

- Ensuring access to equal opportunities for quality education without discrimination;
- Training the psychosocial service on identifying and evaluating the educational needs of CwD;
- Developing an IEP when needed for ensuring achievement of their full potential;
- Providing CwD access to compulsory education in regular schools which has increased school attendance and retention, and decreased class repetition and drop-out;
- Training of school commissions and providing to CwD the opportunity to increase their academic performance by developing an IEP based on their needs;
- Training of in-service teachers and supportive teachers to implement inclusive didactics by adapting the core curriculum to the needs of CwD;
- Awareness-raising campaigns organised by schools in collaboration with community.

The project promoted innovative practices in education in line with the philosophy of inclusive education, as a strategic step towards inclusive education. The project has created good practices by building inclusive communities inside the educational institutions. Teachers are trained to accept diversity of learners with disabilities. The training of teachers and parents, the involvement of students' government and community in awareness-raising activities about Inclusive Education have encouraged schools to apply Inclusive Education principles. The values of social inclusion and solidarity promoted by project have been crucial to cultural change within the schools and beyond. A culture of inclusion is created and upheld by the school community (teachers, students and parents). Application of Inclusive Education policies has greatly contributed to CwD social inclusion. Being trained to assess the school culture, policies and practices with the Index for Inclusion, the schools have identified the attitudinal barriers towards inclusion of CwD in school and have adopted friendly policies towards CwD. Activities that promote and ensure Inclusive Education were placed as part of the mid-term school development plans and performance of the school is monitored through indicators provided in the index for inclusion. The school curriculum is adapted to the learning abilities of CwD through an IEP. Furthermore, schools have developed inclusive practices through child-friendly pedagogy and provision of support teachers.

Another strategic objective is the transformation of schools into community centres. The project has contributed to the opening of schools to community participation. Many awareness activities have been carried out in schools to promote schools cooperation with community, and to expand school activities beyond the institution of education. The pilot schools have been assisted to create resource rooms/spaces for CwD which are used after school hours to organise activities with community. Pilot schools have designed projects to attract community in school activities with the aim to create a friendly community for CwD.

The strategy promotes provision of support teaching in regular schools. The project has significantly contributed to the provision of supportive teachers in pilot kindergartens and schools, by placing paid and volunteer supportive teachers and by lobbying MoES to appoint them in regular schools. For an effective teaching of CwD in regular schools, supportive teachers are trained on inclusive education, SEN and disability. Furthermore, as special schools will be transformed in resource centres for regular schools, the project has created the practice of cooperation between regular

and special schools (in the regions where special schools exist). Supportive teachers have been trained on special schools by observing the work of special school staff and the implementation way of the IEP. Pre-service (student) teachers of Korça and Elbasan Universities have been doing their internships in special schools and pilot schools where the IEP is applied.

The strategy foresees the school psychosocial service as a support service to CwD education. The project has trained the pilot regions psychosocial services, RED/EO and schools, on topics related to disability, IEP design and inclusive education. The project has directly contributed to the set up and training of RED/EO multidisciplinary assessment commissions that are strongly recommended as crucial mechanisms of Inclusive Education by the strategy. The project has strengthened the cooperation among health, education and social care sectors to make the multidisciplinary commissions work efficiently. Another measure towards effective inclusion of CwD in regular schools is the provision of special education in kindergarten.

The professional standards of rehabilitation and SEN services are set up by MoES while the service is provided at municipal level. With the transference of kindergartens under the authority of municipality, the project has already contributed to the practice of CwD assessment and inclusion at pre-school level. The local government units will benefit from the established trained assessment multidisciplinary commissions in identifying and assessing CwD and supporting them with an IEP when needed. The pilot kindergartens staffs are already trained on pillars on Inclusive Education and implementation of the IEP. The educational institutions of the pilot regions are reconstructed and accessible for CwD, while municipalities and regional units have to maintain them.

The strategy envisages measures for security in schools¹¹². The project has contributed to implementation of this strategic measure by carrying out activities against discrimination, bullying and violence in school. Students' governments have performed many awareness activities to raise awareness of the school community against violence. The Index for Inclusion has helped the school directories to assess the level of bullying and discrimination in schools and following assessment the schools have designed school plans for combating discrimination. Schools have designed projects on anti-bullying measures based on the results of the Index for Inclusion that aim to create a safe school environment free of violence. The schools have set up mechanisms of reporting school violence, discrimination and bullying. The complaints mechanism is functional through the complaints box, where students drop their complaints about school discrimination, exclusionary practices and violence in writing. Based on the information from violence reporting, schools have set up victims' protection mechanisms and referral systems for both victims and aggressors (School Commission of Discipline and Behaviour). The project has conducted many school campaigns pro-inclusion and against violence in schools that are strongly recommended by the strategy.

Support to MoES to implement the National Disability Plan 2015-2020

The Plan assigns two tasks to MoES to provide access to Inclusive Education to all CwD by 2020: (i) to increase access of CwD to educational institutions; and (ii) transform special schools into resource centres. The project has contributed to the achievement of the first strategic goal in two ways: improving access to quality education and increasing teaching capacity. There is a myriad of activities implemented by the project that contributed towards the achievement of the first objective, such as:

¹¹²In 2015, pursuant to the Strategy on Pre-University Education 2014-2020, MoES adopted the Counter Violence Action Plan for Schools 2015-2016.

- Guidelines on CwD assessment and training modules for RED/EO multidisciplinary commissions;
- Trained RED/EO multidisciplinary commissions on ICF-CY assessment model;
- Trained school commissions for IEP and neuro-developmental problems presented among school age children;
- Accredited training program for supportive teachers and in-service teachers;
- Trained recently nominated supportive teachers of regular schools;
- Trained school principals on Index for Inclusion;
- Established a data base, collecting and segregating data for CwD in school-age;
- Developed and published checklists and instruments for evaluating neuro-developmental issues in school age children and provision of other didactic materials;
- Institutionalised cooperation between RED/EO and DPOs.
- Improved infrastructure of the school to ensure access of CwD.

The Plan considers the application of an universal design as a precondition for full access to community living and participation. The project has increased access to education through removal of barriers from 21 educational institutions. As clearly stated in the Plan, inclusion starts at an early age. Good practices are in place for the inclusion of CwD in preschool programs, specifically in kindergartens. The Plan foresees the transformation of the disability assessment from medical to a holistic (bio-psychosocial) model up to 2020. The practice of CwD assessment with a holistic model of ICF/WHO is already created among RED/EO multidisciplinary commissions, trained to use the ICF holistic model for identifying the needs of CwD. The use of the holistic model has paved the way to the rights and needs-based support. The project has strengthened cooperation between schools, central institutions, local government, parents and CSOs, in order to facilitate community living. The plan foresees the settlement of disability focal point (DFP) at central and local level of government. The project has created the position of Inclusive Education Specialist at MoES level and Inclusive Education Coordinators (project-based position) at a local level. The MoES IE specialist and IE project local coordinators are contributing to the implementation of legislation, policy and practices related to IE. They monitor the implementation of the legal and policy framework of Inclusive Education at a central and local level. They have collected information on CwD and contributed to the data base ¹¹³.

In partnership with Save the Children project on “Inclusive Education for Children with Special Educational Needs”, MoES has implemented the education legislation and policy goals regarding Inclusive Education. The main objectives of Inclusive Education include the implementation of the Law on Pre-University Education 2012 and Normative Provisions 2013, Law on Accessibility and Inclusion of PwD 2014, Strategy of Pre-University Education 2014-2020 and National Disability Action Plan 2014-2020. MoES dependent institutions such as IZHA (Institute of Education Development), RED/EO, schools and kindergartens, have been collaborating for the implementation of legal and policy objectives related to Inclusive Education. The project has created Inclusive Education training manuals for in-service teachers, university modules on Inclusive Education, supportive teachers and pre-service teachers, and a variety of resource materials such as: checklists for identifying CwD designed for teachers, parents and multidisciplinary commissions based on ICF-CY and DSM – V; new models and guidelines for IEP (Individual Education Plan) and PDP (Personalised Didactic Plan) for CwD and children with special educational needs (SEN), guidelines for school/kindergarten commissions, guidelines and instruments on the use of Index for inclusion for regular school self-assessment, etc. The good practices produced by the project are expressed in a very laconic way by the MoES pre-university division specialist:

“During the length of this project, the good practice of supportive teachers in regular schools was significantly increased due to the professional development training offered by the project. In the academic year 2016-2017, MoES hired 310 supportive teachers in regular schools. As a consequence, the number of children with disabilities in schools increased. 3250 CwD are currently attending regular preschool (kindergartens) and primary schools. However, not all of them are assisted by supportive teachers as the need for supportive teachers is still unmet. Special education exists because mainstream education is unprepared. Inclusive Education is a process. MoES has established RED/EO multidisciplinary assessment commissions in 12 regions and RED/EO in six regions are already trained with the ICF-CY assessment instrument. In collaboration with MEDPAK, MoES has designed the working guidelines of multidisciplinary assessment commissions based on Normative Dispositions. In-service teachers in the pilot regions are trained on the pillars of Inclusive Education, developmental problems among school age children, evaluating children’s needs based on ICF, development of IEP, as well as addressing bullying and discrimination. Based on this experience, IZHA is drafting standards and indicators for school as a community centre, a part of which are also the standards for diversity and Inclusive Education. Inclusive Education and MoES are preparing a draft regulation for the role of supportive teachers in Inclusive Education. All these new practices enable the inclusion of CwD in mainstream education” - Speech of MoES specialist at the regional conference for CWD organised by Save the Children on 29 May, 2017.

GOOD PRACTICES OF ACCESS TO EDUCATION

Access to education is a precondition for the inclusion of children with special educational needs in society¹¹⁴. Access has a broad meaning: access to the environment, access to information and access to services. All these dimensions of access are fully addressed in the project. One of the most important issues in providing access to education, has been the removal of barriers towards inclusion, which are: architectural barriers (physical) and attitudinal barriers (values). The provision of access is a real step towards the inclusion of children with learning difficulties in education and community life. The improved accessibility has significantly contributed to the inclusion of children with special educational needs in 28 regular education institutions, and has helped their retention in school, preventing the rate of drop-outs. Accessibility has given the opportunity to more children with disabilities and with learning difficulties to attend school¹¹⁵.

As result of improved accessibility conditions, the number of children with special educational needs, both children with disabilities and children with learning difficulties to kindergartens and regular schools is constantly increasing. The removal of architectural barriers, which have been a real obstacle to school attendance for children with disabilities, has facilitated their access to regular schools, while IEP has facilitated the access of children with learning difficulties to regular schooling classes. Removal of architectural barriers and introduction of IEP in kindergartens has increased the chances for children with special educational needs to benefit from professional aid at an early stage of their development and has prepared the stage for their participation in regular schools.

For access and retention of children with special needs to regular educational institutions, many practices are created due to the stakeholders' cooperation, especially at a local level. The good practices in the area of access to education include: (i) early identification of children with special educational needs; (ii) school enrolment and access to local services; (iii) removal of architectural barriers from schools; and (iv) monitoring child progress in regular schools.

Identification of children with special educational needs

The identification of children with special educational needs (SEN) has been carried out in cooperation with community stakeholders operating at a local level¹¹⁶, such as: Local Education Authorities, State Social Services, Directorates of Public Health, local government institutions (civil registration offices, education offices, child protection units, social administrators mayors), civil society (NGOs, DPOs, parents groups, private social service providers) and schools. The information collected from the municipal social services, teachers and families, was placed in a database system which is regularly updated. The process was coordinated by 7 local project coordinators¹¹⁷, who were trained on data collection entry procedures.

They feed the data base with fresh information from local public institutions and schools. Inclusive Education coordinators have quite the same position as Disability Focal Point (DFP) at local level, as required by legal¹¹⁸ and policy standards on disability. The project contributes directly to the achievements of legal and policy standards on disability¹¹⁹ by creating synergy for Inclusive Education at a local level. The database on children with special educational needs is offered to MoES to be added to the EMIS¹²⁰. The database is desegregated per several variables such as: age, gender, location, type of disability and impairment, whether the child is evaluated from a professional commission, availability to IEP and retention rate. The database software, built by the project, will serve to the RED as a way to enter new data and to update the information on learners with special educational needs in their territories.

Except schools, MEDPAK identifies school age children with disabilities. The local government social care administration office is another source for identification of the school-age children with disabilities. The coordinators review the list of social welfare beneficiaries and of disability allowance and detect the families who receive disability allowance. They identify the school age children with disabilities and contact the families in those lists. They inform the parents to enroll the child at school, and provide information to them on how to proceed with enrolment at school. In other cases, the information is taken by CPU specialists, who are knowledgeable of the situation of vulnerability of children in their municipality, and have data on children with disabilities as well. Sometimes, the coordinators have consulted the families of these children on how to contact the social care authorities for social welfare and have built contact with schools and health services as well.

School enrolment and access to local services

The project has supported school enrolment and protection of Social Services. MEDPAK has assisted the families of CwD to: (i) receive the medical certification; (ii) include the child in the lists of social services; and (iii) include the child in school.

Many identified children with disabilities have not been examined prior to the project. Through identification, children were not only evidenced but also considered to get examined by the medical commissions. Medical examination has several benefits for children. It assess the type of impairment, the need for medication and for rehabilitation services and provides medical counselling for further treatment. Children with disabilities are assessed by specialist medical doctors and by a medical commission (KMCAP) which define the level of child disability and the ways of treatment through therapy and medicaments. The medical commission provides the disability report, which is the main document that provides access to social welfare scheme: disability allowance and social care services. The medical report is a key document for provision of the educational assessment service of the RED Commissions.

Many children with disabilities in school-age have been identified as such by the health service. Project Coordinators have been in contact with the health service to identify children with disabilities and to keep in touch with their families for enrolment at mainstream schools. The project team has collaborated with the municipal departments to identify CwD in school age and to inform the service on existence of non-registered CwD to the welfare scheme. The non-registered children's families have been contacted by the municipal social administrator, and informed to send the children for medical examination. After a medical report issued by the KMCAP, children's families are registered for welfare and social care benefits¹²¹.

¹¹³Data collection is the 8th strategic goal of the Plan; the data base system will contain indicators on monitoring the plan as well.

¹¹⁴Access is a priority of the previous Strategy on People with Disabilities 2005-2014 and of the National Disability Plan 2016-2020. Accessibility is currently the core objective of the Law on Inclusion and Accessibility of People with Disabilities, approved in 2014, which states that access is a precondition for inclusion.

¹¹⁵The provision of access to regular schools has contributed to the 2nd and 3rd objective of the National Strategy on People with Disabilities 2005-2014 which states: "State should provide CwD the right to inclusive education without discrimination" and "No CwD is left out or behind education because of a disability. The education environment should be accessible and capable to accommodate the special educational needs of CwD".

¹¹⁶For the first time enrolled children at schools, under the initiative "Every child in school", in 2013, with the support of UNICEF, MoES signed a cooperation agreement with 3 ministries (MoH, MoI, MoSWS) and in 2015 an inter-ministerial order with the Ministry of Interior and the Ministry of Health. The agreement intends to identify all children at school age that should be enrolled for the first time at school. http://www.arsimi.gov.al/files/userfiles/statistika/Udhezues_M4M_dhe_U3M_Redaktuar_12Shkurt2016.pdf

¹¹⁷DFP responsibility is to coordinate actors efforts for social inclusion of people with disabilities and monitoring of policy and legal standards in the field of disability, including education, social care, health care, employment and protection from violation of human rights.

¹¹⁸Law on Inclusion and Accessibility of PwD, approved in 2014, article 14: "In each ministry and local government unit is created the position of the DFP, whose role is to monitor the level of access and inclusion of PwD and provision of equal opportunities as foreseen by this law".

¹¹⁹Disability Action Plan 2016-2020, objective 8 on the monitoring of institutional cooperation: In each municipality, DFP capacity should be increased to monitor the institutional cooperation, needs assessment and referral system at local level. DFP monitors the implementation of legal and policy standards at local level"

¹²⁰EMIS is the education management information system set up by the MoES to build statistics on education, <http://www.arsimi.gov.al/all/arsimi/shkolla/statistika>

¹²¹The medical report is the basic criteria for benefits from social welfare for PwD, which are disability allowance and social care (residential or day care), Law on Economic Aid and Social Services No 9355, date 10.3.2005, amended by Law No 44/2016, Articles 7,8 and 12, <http://www.sherbimisocial.gov.al/ligji-nr-9355date-10-03-2005ndryshuar-me-ligjin-nr-9602-date-28-07-2006ligjin-nr-10252-date-11-03-2010ligjin-nr-252013ligjin-nr-472014ligjin-nr-442016-per-ndihmen-dhe-sher-bimet-shoqerol/>

The project has created the practice of cooperation with CPU for protection and enrolment at school of non-registered CwD or CwD that have dropped out of school, who may be a target of abuse, trafficking and exploitation. This cooperation has been especially fruitful for roma children with disabilities, who were outside school. Meetings are organized with the key responsible representatives of the public institutions to coordinate services for CwD at a community level: mayors, administrators of social services, RED responsible personnel, RED psychosocial service specialists, and CPU personnel.

The families of CwD have been advised to contact the Assessment Commissions of the RED/EO for enrolment of the child to an education system. The assessment is conducted by a multidisciplinary commission composed of several professionals such as: doctors, psychologists, social workers, special education experts or disability/education specialists. The decision of the commission is necessary, in order for the school commission to design an Individual Education Plan (IEP) for the assessed child. The Commission recommends the parents on their future steps in the child education and rehabilitation services. The opinion of the commission is very important for the child's education; whether he/she needs to be followed with IEP and Supportive Teacher. Schools advise parents to assess their children by the RED multidisciplinary commissions in order to benefit the IEP and supportive teacher. Teachers consider the parental cooperation a key factor to access to school, and have been working a lot to convince some parents to send the children for assessment at RED/EO commission. A school director informed that without parental permission it is not possible to assess the child at the RED Commission and to support him at school by IEP:

"We have 11 children with special educational needs at our school, out of which 6 are with learning difficulties, while the rest with disabilities, or with a medical report from the medical categorization commission (KMCAP). It is easier for me as school principal to ask the RED to appoint a supportive teacher for children with disabilities having medical reports rather than for children with learning difficulties. For that reason I have asked the parents of children with learning difficulties to send the child either to the medical categorisation commission or to the RED disability assessment commission. There are some parents who have resisted sending the child for assessment out of fear of stigmatization and because they do not believe that the child has special needs. However, gradually they are convinced that assessment is to the child benefit because through it we teachers can know how to work with the child and I can even ask for a supportive teacher to work with the child based on individual educational needs presented" - Interview with a school principal "Ali Metra", Dibra Region.

Training of Multidisciplinary Commissions for Assessment of Disability

Access to education is impossible without the proper service for children's education. In order to facilitate the attendance and retention of children with special educational needs at regular systems of education, the project has increased the skills on identifying neurodevelopmental problems at school age children and identifying their educational needs at RED and school level. The RED multidisciplinary commissions for assessment of disabilities, identify the bio-psychosocial and educational needs of the child, while the school commission identifies the strategies for the educational support for children in the classroom. Both commissions take in consideration the abilities of the child for learning and socialisation. After the assessment, RED commission provides recommendations to place the child in an education system (the type of education, special or regular), the need of a child to be supported with IEP, and the appointment of a ST (if recommended by RED

commission or asked by the school director). The school and kindergarten preschool commissions which are composed of teachers, psychosocial service specialist and parents develop together the IEP to support child learning. The project has set up 6 RED Assessment Commissions in each region: Vlora, Durrës, Dibra (Peshkopia & EO in Burrel), Korça, Elbasan, Gjirokastra, and has trained all the assessment commissioners on how to assess the special needs of children with disabilities and children with learning difficulties. The members of school commissions in charge of IEP are trained on how to identify special educational needs and how to design and implement the IEP.

Four professors of the University of Korça “Fan Noli”, from the Faculty of Education and three professors from the University of Tirana, Department of Psycho-Pedagogy have trained the members of 7 Assessment Commissions and 709 in-service teachers and supportive teachers in 28 projects located in schools/kindergartens and beyond by providing 12-day training sessions. The issues the training addressed the ICF model of WHO; legislative framework; education needs analysis; school inclusion projects; responsibilities of the multidisciplinary team; methodological basis of IEP; identification of SENs; inclusive teaching methods¹²².

Training proved to be essential especially to the capacity building of teachers that are in charge of developing and implementing the IEP for CwD. Before training they had little knowledge about disability, special educational needs and were insecure in their professional capacities to work with children with disabilities and children with learning difficulties. They believed that the best option for the education of children with special educational needs was the special education, which is not the case anymore.

“Before training I believed that only teachers of special schools were capable of working with children with special educational needs. I thought that these children should be sent to special schools, because I had no clue how to work with them. Moreover, I had not seen children with disabilities attending regular schools. But with the new law on education, all schools should provide education to children with disabilities and learning difficulties. There was no choice, either I upgraded myself or I had to quit my profession. I participated in the training sessions and now I feel more confident in my skills. Although challenging, working with children with special educational needs is a learning process for me as well, we are learning from each-other – Interview with a teacher from “Fadil Gurmani” school, Elbasan.

The schools have created space for a psychosocial service team to work with children with special educational needs, especially with children with behavioural disorders¹²³. The school has created resource rooms where children can work on individual basis with a supportive teacher, in order to increase the learning opportunities of the child. Supportive teachers spend the most of their time inside the classroom with the child, depending on the needs of the child and objectives written in IEP. However, in some cases children may not support the class discipline and class work demands, which renders them frustrated. In other case, the child needs to work longer and slowly. For that reason, extra hours and special space is needed for the child to finish the individual task (learning how to write a letter, a word, a sentence, or doing math exercises with pencils, colours and drawing). The resource classrooms /spaces provide the child the opportunity to work further in the areas they present difficulties or have some rest if tensioned from class work or noise. Supportive teachers can easily work in these resource rooms on individual basis with the child and fulfil the IEP objectives for class work. However, the stay of the child in the resource room is carefully addressed, as the main scope of schooling is to learn together with other children, and not to provide to a child a segregated education in the inclusive school.

¹²²The first 3 sessions were held during the first year, the 4th during the second, and the 5th during the third year of the project.

¹²³Space provision at school is a legal obligation for school principals, as per normative dispositions.

Supportive teacher is a new profession in Albania and has no tradition. With some exceptions, mainly supportive teachers are primary teachers or subjects teachers, whose teaching charge is reduced because of curriculum changes. MoES launched a call for supportive teachers in regular schools, and a considerable number of subject teachers answered to the call. However the need for supportive teachers is huge and the profession needs proper training. The project provided professional training to them on how to work with special educational needs and how to develop and implement the IEP. The project has trained all supportive teachers appointed by the MoES in the regular pilot schools of six regions.

“I was told that the teaching charge was reduced and advised either to work with “disabled children” or quit. To work with “disabled persons” was a shock to me, but I stayed, hoping to go back to my teaching classes with “normal children”. I had no idea what was it like working with disabled children. When the school was chosen to be a pilot school for Inclusive Education, I was delighted because as supportive teacher I would be trained. Training was a turning point in my profession. I work with three children now in my school and I am a volunteer supportive teacher in another school. The school principal told me to go back to history teaching, but I refused. I can’t help working with these kids anymore, I love them! It compensates me in thousands ways!” – Interview with supportive teacher in “Fadil Gurmani” school, Elbasan.

Training of Parents

Parents of children with special educational needs are trained to support the development and the education of their children. Parents are involved in the project by MEDPAK that has a long experience in parents’ social activism, being itself a parents’ organization. MEDPAK has created an extended network of parents of children with special educational needs in all regions of the project and has strengthened their capacity for advocacy actions. The trained parents have developed resilience and skills to work with the special needs of their children. The network has helped them to create peer support groups, where parents discuss the similar problems of parenting children with disabilities and with learning difficulties and support each other. The network has helped them to exercise pressure upon the policy-makers, in order to increase access of CwD at regular schools. The network and the contacts among them have helped them to know and socialize with each other more. The training has helped them to understand the rights of their children to Inclusive Education and to be knowledgeable on the legal and policy frame.

“For years I had fought with myself and my child. I could not think a future for him. I was powerless and I didn’t help him. I was terrified by the idea of the future. Who was going to take care of my son? When I came in contact with MEDPAK my eyes were opened. I understood that there was hope for my son. Training sessions have helped me learn what our children deserve and how we can ask for their rights. I learnt how to advocate for my son and for other children with disabilities. In those training days, I became friends with other mothers with whom I can talk and share my worries and joys; I do not feel alone anymore. When I sent my son to school, the teacher did not accept him saying that he should go to a special school. I was trained to resist discrimination and insist for my child’s rights. Now my child attends a regular pilot school and the teacher is trained. She thanked me for sending my son to her class, because thanks to him she is trained and knows how to work with him and other children like him” – Interview with a mother of a student at “Ali Metra” school, Burrel.

Parents are trained to contribute to the composition of the IEP for their children and have been assisting in the assessment process of RED and school commissions. Given the absence of supportive teachers, some parents have organized volunteer supportive teaching at regular schools for their children. They have been trained on how to assist the learning process of the child and on how to implement the IEP in classrooms. The participation in the assessment process and IEP has strengthened parents’ cooperation with teachers. The supportive teachers in the classrooms have

come in close contact with parents of the non-disabled children and have created close friendships with them. The parents' relationship with each-other has been crucial to the acceptance of CwD by other parents, who have developed empathy for CwD and their families after getting to know them.

Improving learning outcomes

All target kindergartens and schools are equipped with inclusive pedagogy material for children with SEN, in accordance with the IEP. Inclusive pedagogy materials include: books with fairy tales, videos and books in Braille, intelligent toys that help in the improvement of motor skills and logical thinking, toys that improves socialisation between children and other didactic materials and chancellery to facilitate children's learning potentials in regular educational settings. The toys are used to stimulate the child's cognition and concentration. The books with fairytales are used in kindergartens to increase the child's interest and motivation to listen. The paintings helped the resource centre hours a lot to reinforce the children's learning capacity through colours which attract the child's attention more than uncoloured texts. Painting proved to be very useful to the artistic creation of children, to counter aggression and hyperactivity. The use of games, toys and painting brought children closer to their peers and strengthened communication and friendship among them. It is known that play is a very efficient method that helps children to learn. These materials has been much needed to furnish resource rooms and to provide some useful tools to children in order for them to learn and to facilitate the implementation of their IEP. The material aid is much appreciated by supportive teachers and parents, so they can work with the child in the classroom and resource room.

Removal of architectural barriers

Accessibility to all the kindergartens and schools has improved through structure adaptation interventions. Removing architectural barriers in target schools has significantly impacted the access of children with motor/movement impairments to regular schools. A school principal expressed her satisfaction with the reconstruction of the infrastructure by saying:

"It is easier now for children with disabilities to come to school and to attend it because of accessibility: the ramp at the entry door and the handrails by the stairs largely facilitate walking. Thanks to that accessibility, one of our pupils who did not attend school, now attend it frequently and seems to be less dependent on others for help". – Interview with a school principal "Haki Stermilli" School, Melan village, Dibra Region.

The school infrastructure has been adapted in several aspects. For example, ramps are installed at the school entrance. Children, parents and teachers greatly appreciate the accessibility adaptations. To them it seems that the whole school infrastructure is renewed not only school entrance, stairs and toilets. The ramps in fact are used by many children not only by those with walking difficulties. Other children use the ramp because they find it easier to walk, compared to stairs. Standing handrails are placed next to the ramps at the entrance door and on the stairs inside the building. These constructions largely facilitate movement from one floor to another and access to the classes of the upper floors. A little girl who was close friends with a girl with visual impairment (low vision) said that she and her friend found it easier to use the ramp rather than the stairs:

"I am close friends with Ana and we stay together all day at school. When she comes in the morning I wait for her or she waits for me outside, because we enter school together. At the beginning I used the ramp to help Ana move easier and avoid the stairs because she did not see them very well! Later on, I liked to use by the ramp because it is easier for me too, and I like to run there. When the class mates saw me on the ramp, they called me "handicap" but now they all use the ramp." - Student at 3rd grade, 3 I Korriku School, Burrel.

The structural improvements in the toilets have noticeably improved the hygiene and health safety conditions in school. Hygiene and health safety are prerequisites for school attendance. Finding the schools and kindergartens in Spartan conditions and sometimes even under the allowed minimum conditions of hygiene, the project has contributed a lot towards fulfilment of basic conditions of health and hygiene in the target schools. It is true that the investment was done for children with disabilities, to provide them access to school environment (school yards, entrance, halls, toilets and classes), but the impact is larger than for children with disabilities. All school children, and even school staff has benefitted from these improvements in infrastructure, especially the conditions of the toilets. In the eyes of a mother the toilet was the only condition for her daughter to join the school:

"I am very pleased that the toilets are clean and in normal conditions now, because I can bring my daughter to school. For her, access to a clean toilet is a precondition to stay in school, as she has to use the toilet very often and to be changed. She could not go to the toilet in the previous conditions, the toilets were non-functional and dirty and children could get infections. She had to stay in class without using the toilet or the teacher informed me to come and take her home and I had to quit my job, so I could take my child home in the middle of the school day. She did not attend school anymore and I lost my job... All this because of the lack of a normal toilet at school!" - Mother of a student at "Qemal Mici" school, Durrës.

The infrastructure reconstruction of the school buildings and kindergartens is a responsibility of the local government, but they do as much they can with the budget they have¹²⁴, and a big part of the investment in infrastructure is given from other stakeholders. Although they have insufficient financial means to reconstruct the schools, the local authorities express the will to maintain the investments done by donors. The standards of accessibility are a responsibility of MoES, which should monitor the conditions of schools infrastructure and validate the interventions. The investments done in infrastructure for the removal of barriers to facilitate the access to school of children with disabilities, are to the benefit of all school population, because they improve the overall physical and aesthetic conditions of school.

Monitoring access

Access is very important for CwD to join school, but the completion of school is equally important. Therefore, the monitoring of the child's progress with regard to learning outcomes and socialisation is considered a necessary step towards school completion. Monitoring the child's progress is a duty of the school principal and RED/EO. MEDPAK has developed monitoring procedures on the educational progress of children with SEN for RED/EO and has conducted monitoring visits at target schools and kindergartens. The procedures of monitoring the child's progress are consulted and discussed with RED/EO Assessment Commissions and are successfully applied during the visits at target schools. The child's progress is monitored at least twice a year, and at the end of the year there

¹²⁴Interview with the social administration head of Elbasan, in April 2017

¹²⁵Article 93 of Normative Dispositions refers to the multidisciplinary commissions of Local Education Authorities, and contributes to the implementation of Chapter XV of the Normative Dispositions on the "Education of CwD". This chapter regulates the functioning of the multidisciplinary commissions and school commissions in 8 Articles (Article 93-101).

is a final evaluation of the outcomes compared to the IEP objectives. School assessment commissions that are responsible for IEP, monitor the child's progress every three months, in order to make the necessary adaptations for a better strategy of learning and socialization.

We ask the school to provide us with the monthly plan of academic, extracurricular and community activities and validate those plans. In my opinion, the child's progress cannot be compared to only the IEP academic objectives, or socialisation with peers within the class. Inclusion goes beyond the classroom; therefore I believe that participation in extracurricular activities such as class excursions, festivals, exhibitions, where children are free from pedagogical discipline and school pressures, tells more about the child's progress, social skills to adapt to social environment and to be independent.” - Interview with a RED commissioner from Elbasan.

Some of the schools are transformed into community centres and this is a great opportunity for schools to open its doors to community members. Inclusion of children with disabilities in the community activities of daily life is as important as school life. Schools need to work more to bridge the gap between them and the community, because those children transit from school to community life.

GOOD PRACTICES IN QUALITY EDUCATION

Quality education is the main objective of Inclusive Education. It means that the child belongs to the school community and receives full support for learning. Access to school is a prerequisite for integration within the school community, while quality education is the only measure that ensures inclusion in the learning process and school community. Teachers are the front-line service providers in education because the child's education depends on them. Both professionalism and attitudes shape the teacher's work and impact the learning outcomes of children. To prepare the stage for a high quality Inclusive Education, the project has trained all in-service teachers of the pilot educational institutions working with children with special educational needs. School principals and teachers are trained on how to apply the Index for Inclusion in the context of their school. Pre-service teachers, who are students of the faculties of education are trained on Inclusive Education and prepared to work in regular kindergartens and primary schools. By training in-service teachers of pilot inclusive schools, the project has directly contributed to teaching capacity which in turn impacts the academic results of the children with special educational needs.

Good practices at RED/EO level

RED/EOs have provided access to Inclusive Education for CwD at 28 public kindergartens and regular primary schools. Several good practices for Inclusive Education of CwD in mainstream education are in place since the beginning of the project, including: (i) identification of school-age CwD in the community; (ii) assessment of CwD's educational needs; (iii) inclusion in mainstream education; and (iv) monitoring CwD's progress in regular schooling. The RED/EO fulfils the legal tasks of the Law on Pre-University Education 2012 and Normative Provisions 2013 in cooperation with schools. The staff of RED/EO is trained on the education and disability legislation and policy.

RED/EO multidisciplinary assessment commissions

The Regional Education Directorates of Elbasan, Korça, Durrës, Peshkopia, Gjirokastra and Vlora, and the Education Office of Burrel have set up the multidisciplinary commissions composed of several professionals from education, health, psychology and social background. The composition of the multidisciplinary teams is based on Article 93 of the Normative Dispositions¹²⁵. The multidisciplinary commission members are: medical doctors (usually a paediatrician trained in child development), psychologists (trained in school psychology), social workers and teachers. The RED/EO multidisciplinary commissions are chaired by the psychosocial service head of units¹²⁶. The commissions assess the children who are sent for an assessment to the RED/EO commissions by parents, by kindergarten principals and by school principals with parental consent. The commissions assess children's academic needs, social skills and the potential of their learning capacity.

The commissions meet three times a year to assess the special educational needs of one CwD: the first meeting is organized at the beginning of the academic year, the second meeting is organized at the end of the first semester, and the third meeting is organized at the end of the academic year. The first meeting is organized to assess the needs of the child with regards to education, while the second and the third ones are in function of monitoring the child's progress at school. The RED/EO commission members of psychosocial service consult the IEP with the school commission, in order to set forth academic and socialisation achievable objectives. The school commission communicates with RED/EO multidisciplinary commissions on education objectives for CwD. Usually, the school principal, with parental consent, and in consultation with the school commission addresses the RED/EO multidisciplinary commission a request for child re-assessment.

Is medical report relevant to CwD's assessment?

CwD with KMCAP medical reports are the main group of assessed children. They are sent to the multidisciplinary assessment commissions by their parents. When children have no medical report, the multidisciplinary commissions recommend the parents to send the children for a medical examination, which is performed either by a medical commission (KMCAP) or by a specialised medical doctor (i.e. neurology paediatrician). The medical report is a useful document for the assessment as it contains information on the impairment of the child and the level of disability, which informs the RED/EO commission assessment work. After doing the assessment, the multidisciplinary commissions inform the parents and the school principals on the child's situation and the opportunities for educational support. The multidisciplinary commission provides a conclusive opinion on where the child should be educated: at a regular or special system. The special education system is recommended only in case the regular system is not appropriate for education of a child with severe disabilities. Special Education is a transitory phase for the education of CwD, as the Law on Pre-University Education provides the regular education system as the main alternative.

Although the opinion of the multidisciplinary commission is very important for the typology of education that the child needs to follow, it remains within the limits of the recommendation, because the final decision rests upon the parental choice. Parents may accept or contradict the opinion of

¹²⁶The multidisciplinary commissions are lead by the psychosocial service unit, which is under the curriculum sector of RED/EO.

¹²⁷There is only one specialized public center for child care and development in Tirana, which covers a very limited number of children with development therapy, for children from all over Albania, while other specialized centers in Tirana are not public and very few are specialized in ASD (Autism Spectrum Disorders) and Down Syndrome.

the multidisciplinary commission for sending the child to regular or special schools. Parents decide even for transferring the child from one school/kindergarten to another one, where they consider that the child will progress better. In order for parents to make an informed choice of the best alternative for the education of the child, the multidisciplinary commission provides suggestions on the most suitable forms of education and the best educational institutions for the child's education, including kindergartens for children of pre-school age (0-6 years old) and regular or special schools for children of school age (6-16 years old). The recommendations on complementary specialised services for CwD that should be offered at school or at community centres is of a great importance for both parents and schools. Not all recommendations on special services such as: speech therapy, occupational therapy, physiotherapy, art-therapy, etc., are fulfilled due to the lack of CBR (Community Based Rehabilitation services) and public specialised services.

Almost all specialised services for CwD are offered by the private service provision sector and are commercialised, which makes them available on payment and for many parents the cost of specialised service is not affordable. Moreover, the specialised services are not available everywhere, as the specialized staff is concentrated on the biggest commercial urbanised areas such as Tirana, and less in other cities. For many parents it is a real challenge to find the specialised services in their cities, let alone in the rural areas. Once a week, children are sent to some specialised centres in Tirana¹²⁷ for a one-hour therapy, which is very little in providing them special care and rehabilitation chances.

Apart from educational benefits related to the educational needs assessment and IEP provision, the medical report of KMCAP is an official document for economic benefits of welfare schemes as well. The child may benefit the disability allowance and personal assistance, which is payable in cash, on a monthly basis from the welfare system. The KMCAP report is available for one year, which means that the child's progress or regress should be revised and re-assessed by the commission once a year, otherwise the child loses the benefits related to medical assessment such as: disability allowance, personal assistance, settlement in a residential or day care centre, and IEP in school. For some parents, sending their children for KMCAP assessment is a multiple burden, compound of financial, physical and emotional factors. Depending on the child impairment conditions, parents from different regions have to send their children for a medical examination from KMCAP in Tirana where the level of medical expertise is available.

Regarding the KMPCAP report, both parents and education specialists express their pros and cons. On one hand, parents accept that the medical examination may be useful to the child's impairment assessment, but on the other hand they express repulsive feelings against the medical examination out of fear of stigmatisation. Parents of children with invisible impairments such as: children with ADHD, ASD, mental health related emotional and behavioural disorders, light intellectual disabilities and learning difficulties, are more reluctant to place their children under medical examination due to fear of exposing their children to peer labelling and school bullying. For some parents, it is common to deny disability, which is linked more to their internal fears of parental guiltiness¹²⁸ rather than external negative opinions. Other parents do not accept that their child may have a disability believing that the problem is only a normal step of child development rather than a real developmental problem.

Educational professionals such as teachers, school principals and psychosocial service professionals

¹²⁸In Albanian culture, parents of children with disabilities, especially mothers, are usually held responsible for the disability of the child, and for the child's incorrect behavior, since they are in charge for child rearing, given the social role of mothers, based on gender stereotypes.

assert that the medical report, issued by KMCAP or a specialised medical care, is necessary for the child's SEN assessment, both by the RED/EO multidisciplinary commission and IEP school commission. The necessity of the medical report indeed relates more to the insecurity of educational staff on disability assessment, rather than the importance of it for SEN assessment. The justification of the medical report is especially reinforced after the withdrawal of the medical experts from the RED/EO multidisciplinary commissions¹²⁹, which left the commission without a specialised opinion from a medical staff. According to the health authorities, the medical staff contribution to the educational institutions work should be payable, as education is not their responsibility. The medical experts are invited staff to the multidisciplinary assessment commissions of Local Education Authorities (LEAS), while the rest of the commission is staff of the educational system, which means that it is a mandatory obligation for education authorities to do the assessment work in the commission (Article 93, Normative Dispositions). However, the legal obligation is mandatory for health system as well, as Article 93 clearly states that the RED/EO commissions have a physician in their team, which means that the health authorities should provide the expertise to the assessment commissions, regardless of the fact that the commissions are run by the education authorities.

However, the educational professionals, especially teachers¹³⁰ are still in favour of the medical examination for a more accurate assessment of child development and SEN. One teacher expressed that need while explaining the process of child SEN assessment by the school commission:

"In my opinion, the medical report is a necessary procedure because only doctors are experts for assessment of disabilities. I am a teacher and I do not know much about health problems and how they impact functionality. The health assessment should be done only by a doctor. Who am I to put a diagnosis to the child?" – Interview with a teacher, "Urani Rumbo" school, Gjirokastra.

For the teachers the medical report is a necessary document, for the psychosocial service at RED/EO level, on the other hand, it is not that relevant. The psychosocial professionals consider that the medical report is very "dry", focused only in diagnose and does not tell much about the function of the diagnosis and how this diagnose is impacting the child's needs, abilities and opportunities for development. The SEN can be assessed by psychosocial service and educational professionals, trained on special education, as expressed by a psychosocial service team member: "The medical report is very superficial, it writes only some lines on diagnosis and that's it. It does not help much with the assessment of educational, academic or socialisation needs. Even the presence of medical experts in the commissions did not add much to the medical report information; they just repeated what they saw in the report! I think that the medical expert should do more than just read the medical report" – Interview with a member of psychosocial service team, RED Vlora.

The psychosocial staffs accept that the medical diagnosis can lead to labelling and understand the parental worries related to that issue. However, they agree on medical staff presence in the multidisciplinary commission, especially of doctors trained on child and youth development, to help the commission to assess the strengths and capacities of the child for learning and to recommend the specialised care. Due to the absence of the medical staff in the multidisciplinary commissions, the RED/EO psychosocial service recommends the parents to send children for KMCAP medical examination. The rationale behind this recommendation is to have a more "comprehensive" assessment of the child development and needs for education and support.

¹²⁹The medical experts withdrew from RED/EO multidisciplinary commissions after the first year of commissions work, because they were not paid for their job in the commissions. This is an unsolved dispute between the central institutions of MoES and MoH that needs a legal and procedural regulation. The contribution of the medical staff should be covered by health authorities, under the job-profile of the expert that participates in the RED/EO commissions of assessment.

¹³⁰Teachers, or pre-school and primary level, are not trained on ICFCY, but on IEP, which somehow explains their hesitation on the "accurate assessment" of child development. The RED/EO multidisciplinary commissions are trained on ICFCY by the project of Save the Children 2014-2017.

ICF instrument

RED/EO multidisciplinary team members are trained with ICF¹³¹ for Children and Youth (ICF-CY) manual and check lists¹³², which serve to assess and monitor the child's development, disabilities, functionalities and interrelation between personal and environmental factors. The ICF – CY check list is composed of four parts: (i) impairments and body functions; (ii) activity limitations and participation restriction; (iii) environmental factors; and (iv) contextual and personal information. ICF-CY provides a model and classification that allows relating disease - or impairment-specific information to participation in the life domains. The use of ICF-CY check lists establishes the eligibility criteria in education systems and is compatible with the principles of Inclusive Education, participation, and social justice. In addition, it takes into account the overall goals of education and individualized goals for a specific child with disabilities¹³³. Using the ICF-CY as a classification model helps to define the different factors influencing eligibility-related decisions (impairments, activity/participation, environment, personal factors) and provides the basis for a decision-making process to which parents contribute. RED/EO multidisciplinary commission members from six regions are trained on ICF concepts and check-lists¹³⁴.

The commission staff were told to use the check list in their daily work for the assessment of CwD. They were trained on how to pass from check-list results to recommendations for IEP design by school commissions. The training on ICF has contributed to the increase of multidisciplinary commission's capacity to assess disabilities and functionalities of CwD in the education system. Moreover, the training sessions have helped commission members to exchange their practices and to create ties with each other. All trained commissioners find the ICF-CY training very relevant to their daily work; the ICF-CY check-list serves as the main instrument for CwD's assessment. The RED/EO commissions are using the ICF-CY check list to assess school-age CwD that attend all regular schools. The experience they gained in assessing the CwD of pilot schools serves to the assessment of all CwD.

RED/EO recommendations to the school

The recommendations of the RED/EO multidisciplinary commission are closely related to the school commission work on designing the IEP. Based on the multidisciplinary commissions' recommendations, regular schools set up a commission that draws the IEP. The recommendations guide the school commissions to design the IEP. The multidisciplinary commissions keep records of the initial and final stages of CwD's education. At least three times a year, when learning objectives of IEP are evaluated, they get information from school commissions¹³⁵.

With support from Save the Children, RED/EO has provided the project schools commission the necessary human and material conditions for CwD's education. They have appointed supportive teachers in almost all of the schools and installed the psychosocial service in all regular schools and recommended IEPs. In many project schools, the trained RED/EO commissions have supported the school to create the resource centres that serve as a working place for CwD or children with SEN. The resource centres are used by supportive teachers to work with CwD and children with SEN on an individual basis when needed. Save the Children and RED/EO have conducted teachers' professional needs assessment on Inclusive Education and provided training to them. In cooperation with Save the Children, RED/EOs have equipped the pilot kindergartens and the schools with didactic materials and have improved their physical accessibility.

¹³¹ICF is the acronym for International Classification of Functionalities and Diseases, of WHO

¹³²<http://www.who.int/classifications/icf/icfchecklist.pdf?ua=1>

¹³³<http://www.inclusive-education.org/system/files/publications-documents/Using%20the%20International%20Classification%20of%20Functioning.pdf>

¹³⁴The training is offered by the Modena Institution of the Educational Sciences, affiliated to the Faculty of Education "Axilium" of Roma University, Italy.

¹³⁵The regular school commissions have the obligation to send to the LEA (RED/EO) commissions the child progress reports based on IEP. Although the data are built in a statistical system, the personal data of CwD are kept confidential, based on the Law on Privacy of Personal Data, Law No 9887, date 10.03.2008, <http://www.arsimi.gov.al/all/program/mbrojta-e-te-dhenave-personale/ligji-per-mbrojtjen-e-te-dhenave-personale>

Assessed children are sent to regular schools and public kindergartens. In Elbasan, Vlora and Korça, RED/EO have encouraged the cooperation between special and regular schools. RED psychosocial service team of Elbasan has facilitated the common work between the special school and regular pilot schools for designing and implementing the IEP. The supportive teachers of the pilot regular schools and project kindergartens have followed training sessions at special schools through observing the education of CwDs. In Elbasan, the special school teachers are part of RED assessment multidisciplinary commissions. In Korça, RED has ensured that the special school is used for different activities by parents and CwD after school time. In cooperation with Faculties of Education of the Universities of Elbasan, Korça, Vlora and Gjirokastra, RED has facilitated the internships of pre-service teachers at special and regular schools to prepare them for future jobs as teachers of inclusive and special education.

Parents of CwD have observed the assessment work of RED/EO multidisciplinary commissions. Save the Children and the Inspectorate of Education Service (ISHA) have performed several monitoring visits to observe the work of multidisciplinary commissions as well.

Supportive Teachers in regular schools

Supportive teachers are employed on the same basis as other teachers. They should have completed the post-graduation studies on education, based on Article 57 (point 2) of Law on Pre-University Education, 2012. The number of teaching hours per supportive teachers is the same as for class teachers¹³⁶. The time allocated to the planning of integration activities is included in the number of working hours for supportive teachers. The need for supportive teachers is assessed by the RED/EO multidisciplinary commission based on the child's documents and evaluated needs. According to the child's disability, RED/EO commissions decide whether a supportive teacher is needed or not. RED/EO commission defines the number of teaching hours for each CwD, to be followed with the help of a supportive teacher and includes it in the child's assessment file. Based on that file, the school principal and the school commission define the number of hours that a supportive teacher will spend with each CwD. RED/EO makes an annual assessment of the child's needs to decide whether the child needs a supportive teacher for the next academic year or not. RED/EO in pilot areas have employed supportive teachers at regular public institutions, based on the recommendations of the multidisciplinary commissions.

"In 2014, RED/EO started the implementation of secondary legislation on pre-university education. Since then, RED Elbasan has established the multidisciplinary commission composed of: one RED psychologist, one special education teacher, one school psychologist, one social worker and one doctor. The project of Save the Children and MEDPAK trained the multidisciplinary commissions on ICF. The commission works with documents sent to RED by the schools. The school commission compiles the list of CwD and the school principal sends the official list to RED. RED commission observes the child in class and assesses the child with the IFC-CY check list translated and adapted in Albanian by the specialist that was engaged in the training of the members of commissions. RED has recommended that CwD attend regular education system. In addition, RED has recommended the families to send their children for a medical examination, in order to benefit a welfare support. Moreover, RED has recommended many children for specialist assistance, for speech therapy and physiotherapy. RED commission recommends the school to provide CwD and children with learning difficulties with IEP and a supportive teacher.

RED conducted an assessment in 182 schools and it resulted that 100 schools out of 182 had CwD and children with SEN. The aim of assessment was to identify the need for supportive teachers in the region. The employment of supportive teachers was based on Guideline Nr.38, dated 10.07.2017 by MoES. Supportive teachers were not ready to work with CwD because they had no training, some of them became supportive teachers because their subject teaching hours reduced while others were primary teachers with no prior

training on disability and special education. Prior to training, barely few of them had heard about Down syndrome and other disabilities. Save the Children and MEDPAK trained in-service teachers (supportive teachers, primary education and subject teachers) to work with CwD. RED has hired 29 supportive teachers who were trained by the project. Supportive teachers have created their own network. The network has organized observing days in special schools for newly engaged supportive teachers. RED psychosocial service has facilitated communication between special and regular schools, in order for them to share experience on working with CwD.” - Interview with the head of multidisciplinary assessment commission of RED Elbasan.

Monitoring the child's education

The RED/EO of pilot regions are trained: (i) to assess the child educational needs, (ii) to provide recommendations to the school commissions on IEP design; and (iii) to monitor the child's educational progress. Monitoring is a mandatory task of multidisciplinary commissions given in the Normative Provisions (article 93). The RED/EO organizes bimonthly meetings of the multidisciplinary assessment commissions, which are chaired by the head of the psychosocial service unit. The meetings aim to monitor the process of education in regular schools and public kindergartens (for pre-schoolers). The monitoring includes school visiting to observe the academic and social participation of the CwD and children with SEN in regular classes. The RED/EO commissions monitor the implementation of IEP at school and provide the school commissions with suggestions on IEP modification, depending on child progress/regress. Additionally, the multidisciplinary RED/EO commissions orient the school commission and parents of CwD in finding specialised community services on disability and special education assistance; the latter is found only in the regions that have special schools. All members of multidisciplinary commissions are working with the ICF-CY model to monitor the child's educational progress at school. Additionally, they are making use of the published materials on Inclusive Education of the Save the Children such as the manual “A School for All” and other documents (e.i Thematic Analysis of Inclusive Education in Albania)¹³⁷.

RED/EO psychosocial service monitors the implementation of the IEP in regular schools and public kindergartens. They visit the educational institutions to observe the child in class and to evaluate the outcomes of learning and socialization objectives. Information on the child's progress is given to them from the school commission. When they state that the objectives of the IEP are not met, they recommend the school commission to reconsider them and to adapt them to the child's learning abilities. The school commission follows the recommendations of the psychosocial service, which is part of the multidisciplinary assessment commission, and reworks the IEP objectives. The monitoring of the IEP is a regular procedure performed by the RED/EO assessment commission, usually carried out by the psychosocial service team.

“We returned back from Greece where my son was attending a regular kindergarten and was educated with IEP. The first months I was very confused because I did not know of any opportunity for the education of children with disabilities. I met one parent that had a child with Down syndrome who told me about the right of education of CwD at regular schools. When I went to the neighbourhood school to enrol my child, the school director refused and told me to send my son to the RED commission to consider my son's education at a special school. The RED commission assessed my son and told me to enrol him at the regular pilot school “Urani

¹³⁶For more on supportive teacher employment see MoES Guideline Nr.38, date 07.10.2014 “On employment criteria of the supportive teacher for children with disabilities in educational public institutions”

¹³⁷ Interviews with members of multidisciplinary commissions held in April-May 2017.

Rumbo” because the staff had expertise in working with CwD. At the beginning, I was suspicious about the expertise of the regular school and I was afraid that the school director would refuse my child as did the previous one. The RED commission members assured me that they would follow every step of my child’s education at the pilot school for Inclusive Education and they have done so. RED informed me that I could observe the assessment of my son and recommended the school to provide him with IEP. I participated in the IEP design together with the preschool-teacher, school psychologist and school director. I am very pleased with the work of the pre-school teacher. She was trained by the project and knows how to work with my son. I was not sure whether to send my son to primary school the following year or to leave him another year in preschool class, but RED psychosocial service employees who have monitored my child advised me to enrol him at primary school. I am very thankful to the preschool teacher, school principal and school commission of Urani Rumbo for the great job they are doing with my son. Considering the learning difficulties related to the disability and mostly to the language difficulties, because he was born and raised in Greece. After an academic year at Urani Rumbo, he has done tremendous progress. RED staff has included my child at regular school and I am very satisfied with their dedication to Inclusive Education” – Interview with the mother of a child with Down syndrome from Gjirokastra.

Spreading good practices of IE at regular schools

RED/EO in pilot regions, where there are special schools, has created links between regular schools and special schools. The special schools in the regions usually work with children with moderate to severe intellectual disabilities. The staff has accumulated substantial experience in working with CwD. Teachers of special schools staff have a general teacher background but they are experienced on special education because of the long experience working with children with SEN. The teachers of regular schools have only recently been exposed to the demands of Inclusive Education, especially after approval of the Law on Pre-University Education 2012 and the Normative Provisions 2013. The regions that have special schools have a potential to benefit from special schools expertise and share it at the regular schools. Moreover, the legal dispositions and policy of education orient the transformation of the special schools into resource centres for Inclusive Education. The special schools staff is working on a full-time basis with severely and moderately impaired CwD.

They have no additional time to work at regular schools with other CwD, subject teachers or supportive teachers to assist them with IEP. However, they have cooperated with regular schools to train supportive teachers at special schools for some days, mainly allowing them to observe the application of IEP at special schools. In some cases, the special schools have provided their special education teachers to the multidisciplinary assessment commission to work for CwD assessment. It is really important to involve special education teachers in Inclusive Education programs of RED/EO since they are the most experienced teachers in special education. Providing CwD with special education support at regular classes is one of the goals of Inclusive Education.

The education policy clearly states that the system of education should place the child in the centre of the system and not the professionals. Instead of the child going after professionals at special schools, professionals should be offered to the child in regular schooling. Furthermore, placing the child in the centre of the education system contributes to the fulfilment of the inclusion philosophy in educational practice. The number of children at special schools will decrease over the time, since the regular schools are legally obliged to accept and educate them. By increasing the number of CwD at regular settings, the special schools will have a lower number and can allocate more time in assisting regular schools to prepare for Inclusive Education. The transformation of special schools

¹³⁸For first-time enrolled school-age children and for the prevention of school-drop-out there is a Memorandum of Understanding between the MoES, MoH, Mol and MoLG that orders the dependent institutions of those ministries at local level to collaborate for education.

into resource centres for Inclusive Education serves to the professional development of regular schools teaching staff, since the centres will be a learning place for teachers. The transformation is a priority objective of the disability policy as well and by 2020 all special schools will become resource centres for Inclusive Education. The time has come for special schools and regular schools to come closer and cooperate for Inclusive Education. The presence of special schools in the project pilot regions is a great opportunity for regular schools to learn about working for the education of CwD. Good practices are already created in Elbasan and Korça, where special schools are open to cooperation with regular schools and parents organization.

“In Elbasan, the special school “Voices of Life” (Zëra Jete) welcomes teachers from regular schools to come and learn how to work with CwD. We have a very long experience in working with children with multiple disabilities, which makes us somehow more competent than teachers of regular schools. Work experience makes a great difference between us and them, although we are of the same professional background as general teachers. In our school, students are provided with IEP and we know that IEP is now a legal obligation for regular schools hosting CwD. Teachers of my school are very keen on working with CwD at regular schools and with supportive teachers to advise them on how to design and implement the IEP, but they are very busy working with a large number of CwD at our school. Nevertheless, we are trying to help supportive teachers of regular schools to learn how to work with CwD by organizing observing days for them. Some teachers, supportive and subject teachers of regular schools have worked with special school teachers to consult on the design of IEP for children at regular schools as well. I have been working on several cases with teachers of regular schools on IEP design. I have to cooperate with them not only on a professional basis but to our school children interest, as some of them will be transferred to the regular schools, and teachers at regular schools need to be prepared for them. Being part of the RED multidisciplinary assessment commission team, I bring my experience as a special education teacher to the commission work for an objective assessment of child learning needs. As part of this commission, I could have recommend special schools as the best alternative for the education of CwD, but I have not, because I believe that Inclusive Education is better than segregated education.” – Interview with head of “Zëra Jete”, special school in Elbasan.

RED/EO psychosocial service has significantly contributed to create links between regular and special schools. It is a mandatory task of the RED/EO psychosocial service to organize the cooperation between teachers of regular schools and those of special schools, in order to design and implement the IEP for CwD. In several cases, the psychosocial service has facilitated the communication between teachers of both types of schools.

They have asked special schools staff to assist subject and supportive teachers to draw the IEP for CwD at regular schools. They have created the link between schools in cases when a child with disabilities has been transferred from a special school to a regular school by organizing them to work together on IEP. In few cases, when the child needed special educational support, the psychosocial service has recommended that the child be temporarily situated at a special school.

As part of the multidisciplinary assessment commissions, the psychosocial service of RED pilot regions is trained on IFC-CY and is capable of assessing the disabilities. Based on the list results, they decide on which school, regular or special, should the child attend and for how long should a child stay at the temporary system of special education. Placing the child in the dual system, special and regular, the psychosocial service is well-tuned with both types of education system resources and put them in contact with each other to the benefit the child's education.

Therefore, the psychosocial service has been creating links between special and regular schools in pilot areas.

Furthermore, school psychologists are part of the RED/EO psychosocial service team. Based on the number of children they have to work with, that is approximately 2000-2500 pre-schoolers and

compulsory education pupils, they cover 2-4 educational public institutions (kindergartens and 9-K schools). The project has trained the pilot regular schools' psychosocial teams on disability concepts, based on DSM5 and on developing IEP.

They have designed and monitored many IEP at regular schools and gained precious experience in working with CwD's educational needs. They have been sharing the experience of the pilot schools on IEP with other regular schools where they work. Teachers of regular schools, having CwD in their class, have been very much interested on how to construct an IEP and asked for the school psychosocial service help to do it. The IEP guidelines produced by the project are shared with other schools to help the teaching staff develop and implement IEPs. Additionally, the psychologists and social workers of the psychosocial service of regular schools are in constant contact with other psychosocial services of regular schools and communicate about the work done for Inclusive Education at pilot schools. They have shared their experience of working with CwD with other colleagues from other psychosocial school services.

"The psychosocial service is composed of psychologists and social workers. Every employee of the psychosocial service covers around 4-5 educational institutions, preschool institutions and schools, depending on the number of children, usually up to 2500 children. The psychosocial team is trained on the IFC-CY manual and using check-lists, offered to us by the project of Save the Children and MEDPAK. We have been trained three times on the ICF check list use, by an international trainer from Institute for Development of Education and Science "Giuseppe Toniolo", Modena, Italy. Additionally, the psychosocial service and supportive teachers has been trained by a team of national trainers from the University of Korça on developing and implementing the IEP. The ICF, DSM5 and disability information we have obtained from the training has helped us a lot in our assessment work, especially after the withdrawal of health services from the assessment commission. In many cases, the commission has performed well in the absence of a medical expert. The ICF check list has enabled us to perform an objective assessment of the child's needs. In Vlora, the service has links with the University of Vlora that graduates special educators who work at the special school with CwD. We create contacts between special schools and regular schools as well, when we have to transfer children from one system to the other, which is the case for them both to design the IEP of the transferred child. As head of the service, I organize bimonthly meetings with the staff to discuss on the service work at kindergartens and schools. Among other things, the psychologists and social workers of the service, at RED and school level, share their experiences of work with CwD and IEP designs at regular schools. The trained psychosocial employees are a priceless asset for the RED psychosocial service, because they know how to work on the assessment of CwD and they are sharing their knowledge with other psychologists and social workers of school services" - Interview with Vlora Head of RED Psychosocial Service Unit.

The good experience that the pilot kindergartens and schools have gained in working with CwD has increased parents' hope for mainstream education. However, the good practice of pilot educational institutions has created a counter effect as well. All parents that have CwD want to send their children at the pilot schools. Teachers of the pilot regions share the same opinion with the parents and recommend parents to enrol CwD to the project pilot schools and kindergartens. The problem with these expectations is that if all CwD end up at one school/kindergarten, then the project pilot schools and kindergartens will become special education institutions. The parents are worried to send their children at other schools, out of fear that schools are not prepared for Inclusive Education. They know that the staff of pilot schools is trained on IEP and have supportive

teachers. They want their children benefit the most from quality education and they identify the pilot institutions as the best places. Although parents are right in their demands, the regular schools cannot accommodate all CwD. RED staff have given an important aid in stopping the overpopulation of pilot-regular educational institutions with CwD, by diverting parents' requests for CwD enrolment at other regular schools/kindergartens of the region as well.

“The psychosocial service of RED is under curriculum directory. The staff is trained on ICF because it is part of the multidisciplinary assessment commission. The training is provided in three years, from 2014 to 2017 within the project on Inclusive Education by the Save the Children and MEDPAK with experts from the University of Tirana, Korça and Elbasan. The psychosocial service is composed of psychologists that work as school psychologists as well, and they have had additional training from the project on disability, IEP, Inclusive Education, etc. The project has provided them with working materials such as IEP guidelines, checklist of ICF-CY, manuals of Inclusive Education, instruments for evaluation of CwD, etc. RED curriculum department organizes monthly meetings with psychologists where they share their experiences and report on their work. Additionally, CwD in schools benefit from the educational service of supportive teachers. RED employees them upon the request of schools if schools identify CwD and ask the RED commission for assessment. Mainly in all pilot schools, RED has introduced the supportive teacher for CwD, but supportive teachers are needed in other schools as well. Due to the trained staff and better opportunities provided in pilot schools, the other schools in Peshkopia are not asking for supportive teachers and direct all CwD in pilot school “Demir Gashi”. Parents do not insist on enrolling their children in other regular schools, due to the fact that “Demir Gashi” is known for expertise on Inclusive Education. Fair enough, parents care for their children education and choose the best option for them, no matter how far the school is from home. But the problem is that if we transform the pilot school into a special school, we are far from Inclusive Education. This is a paradoxical situation. By law, Inclusive Education is an obligation for every regular school, therefore RED Dibër, is providing the PEI practice to other schools as well, in order to prepare them for Inclusive Education. We are in favour of resource rooms in regular schools as well, but we do not have sufficient supportive teachers to work in those environments.” – Interview with Head of Curriculum Division, RED Dibër.

Supportive teachers exchanging experiences

Supportive teachers work in several regular schools to complete the teaching norm and by going in other schools they have shared their experience. They have created their professional network to share experiences with each other and to spread their knowledge in other schools. They are trained by the project to work with CwD. The training on IEP has been beneficial to the work with CwD in the project and other schools. Other CwD, apart from those included in the pilot schools, are benefiting from the work of supportive teachers who work in more than one school. They are provided with IEP which is a practice that supportive teachers developed during the project. Other schools ask from supportive teachers to design IEP for CwD.

The work of supportive teachers is highly appreciated by other schools that do not have supportive teachers yet. Given the importance of supportive teachers in the Inclusive Education of CwD, other regular schools have asked RED/EO to employ more supportive teachers in the project regions, or to train subject teachers and primary teachers on Inclusive Education. Since there is a lack of supportive teachers, subject teachers should implement IEP for CwD in regular schools.

“I am a subject teacher, but I work as a supportive teacher for two years now, because I have to complete the teaching norm. In the beginning, I was very reluctant to work with CwD because I was totally ignorant on disability and special education. But as staff of the pilot regular school “Fadil Gumani” I was trained by the project on Inclusive Education. After training I felt more confident and now I am working in two schools. The training and experience in the pilot school helped me to work with CwD from other schools as well. Now that I am trained I know how to design and implement an IEP. I have developed IEP for three children and I am following their school progress based on IEP objectives. Other schools are asking me to assist them to prepare IEP for CwD in their schools. I am doing my best to help, but the need for supportive teachers is greater than what I can do”. – Interview with, a Supportive Teacher in the school “Fadil Gumani”, Elbasan.

RED/EO psychosocial service

The psychosocial service of RED/EO is responsible for the provision of psychosocial support to all students of public schools. The employee of the psychosocial service is a psychologist or a social worker that covers with service approximately 2000-2500 students in the region, both at urban and rural schools. All employees of the psychosocial services of the pilot RED/EO regions are trained to work in multidisciplinary commission teams. They are the core of the multidisciplinary commission teams and lead the school commissions' work. As members of multidisciplinary assessment teams, they assess the CwD educational needs, in cooperation with health professional, disability and educational specialists and provide recommendations to schools on the IEP design.

Additionally, they work in schools, with the school commission members, for designing and implementing the IEP for CwD and children with SEN. As members of multidisciplinary commissions, they assist the school commissions to design and implement the IEP, while as members of the school commissions they lead the work for IEP design and monitor its implementation. The psychosocial service at RED/EO level assesses and addresses the training needs of school psychologists and social workers. The RED/EO psychologists and social workers, which are employees of the multidisciplinary assessment commissions benefit from the mentoring programme provided by the supervision service to increase their knowledge in working with assessment, recommendations and monitoring tasks. The members of the psychosocial service at RED/EO level gather once in two months to assess their work in assessment commissions and in public kindergartens/schools.

They perform routine monitoring school visits to evaluate the outcomes of IEP objectives. Due to the psychosocial service work in all schools of the pilot regions, the good practice of IEP is spread in other regular schools as well. The psychologists and social workers that are members of the multidisciplinary commissions do not work only with the pilot schools/kindergartens but with other educational institutions as well, and the experience they obtained in the project is useful to all schools/kindergartens in the regions. They have created links among regular schools and special schools as well.

“The psychosocial service identifies children with disabilities and with learning difficulties in all educational institutions, because the service covers all kindergartens and schools, in urban and rural areas. The child with disabilities or special educational needs is identified by RED psychosocial-service, by the school and kindergarten preschool-teachers and by MEDPAK. The psychosocial service is in contact with school teachers, kindergartens’ staff and school principals that have CwD in their institutions. The psychosocial service conducts the assessment of CwD for the whole region of Korça. The service team is trained by the project to provide assessment of children based on ICF. To the present, we have conducted 15 CwD assessments with ICF and have requested RED to appoint 19 supportive teachers. As a matter of fact, 11 supportive teachers are employed by RED in regular schools, 4 in urban and 7 in rural educational institutions. All supportive teachers in Korça are trained by the project. The psychosocial service of RED works at school level as well. The RED psychosocial service is composed of all psychologists and social workers working in regular schools as school psychosocial service employees. In school, the psychosocial service employee is part of the school commission for IEP design and leads the commission work. The psychosocial service in school works addresses child behaviour management, attention deficit disorders and hyperactivity, and IEP is implemented by subject teachers and supportive teachers. School psychologists or social workers work closely with teachers and parents to design learning strategies for CwD based on IEP objectives. They advise parents on how to implement IEP at home” - Interview with RED psychosocial service employee in Korça, and School Social Worker.

RED/EO cooperation with local stakeholders

RED/EO cooperate with the public institutions at local level, such as: health centres, municipal civil registry bureaus, child protection units (CPU), and police office at local community to identify first time school enrolled children and children at risk of school drop-out. Identification of the first time school enrolled children is carried out through cooperation between local authorities (municipalities) and decentralised services of MoES (RED/EO), Mol (police station) MoH (public health authorities)¹³⁸. The RED/EO informs the CPU and the police station on missing school children, and the municipal administrator verifies the child’s family presence.

The information is reported back to RED/EO to keep records of children that are out of the school system for various reasons (i.e. moved or migrant family). For children with disabilities that cannot attend school due to health conditions, RED/EO should provide at home education. The number of children at home education is very limited. Only one child was placed at home education programme in the project, due to immobility.

The pilots RED/EOs have strengthened cooperation with local authorities to break physical barriers from schools and kindergartens. Out of 28 educational institutions, 21 are totally renewed and adapted to accessibility standards¹³⁹. Provision of accessibility is a precondition for CwD to attend school. The RED/EOs are in a constant cooperation with municipalities to maintain the standards of accessibility and hygiene in all the pilot educational institutions that are reconstructed¹⁴⁰. The removal of architectural barriers from school/kindergartens buildings has facilitated school attendance for CwD. The number of CwD not attending school in the regions of the project decreased after the reconstruction of kindergartens and schools.

School practices

Good practices are created at school level such as: exchange visits in Kosovo, training of RED/EO and school principals on Index for inclusion and on fund raising, supporting schools to implement the projects on Inclusive Education, training in-service teachers and mobilizing students’ councils to

¹³⁹For the improvement of accessibility an engineer was assigned to conduct a feasibility study and design the project of accessibility.

¹⁴⁰Educational institutions physical maintenance and reconstruction is a mandatory task of the local government, while the standards of accessibility and hygiene are controlled by MoES.

promote inclusive culture within schools. All school actors are involved in the project activities: school principals and deputies, mentor teachers having in their class CwD, primary teachers, subject teachers that are members of school assessment commission, supportive teachers, CwD, CwD parents and school students.

The role of the school principal

The school principal is a crucial agent for Inclusive Education. The principal's attitudes towards inclusion have a significant influence on teachers' behaviour towards CwD. The school principal sets forth the priorities of the school and guides the work of the school team towards achievement of the priorities in question. In relation to Inclusive Education, the school principal has responsibilities in addressing the identified CwD to the RED multidisciplinary commission for assessment and to set up the school commission for IEP (Article 93, Paragraph 4, Normative Provisions). The school principal collects the information on the number of CwD enrolled in school, which comes from school primary teachers who compile the lists of CwD in the school neighbourhood area. The school principal consults the cases of identified or existing CwD with the school assessment commission. The school principal asks the permission of parents to submit the child documentation for assessment to RED commission and if parents agree, then the school principal submits the request to the RED commission.

"The neighbourhood where the school is located consists of a very heterogeneous population that has migrated from remote areas of the country, especially from the North. Due to unemployment, the fathers have migrated in UK and have no physical contact with their children, while mothers are very charged with parental duties, in absence of the fathers. In such conditions, the maternal attention is divided among several children of a very young age, and CwD do not get sufficient parental support for education. The school staff has to work in a twin-track approach for inclusion of CwD in school: with CwD and mothers at the same time. We had to convince mothers to cooperate for the education of their children in school and in home. The school has identified CwD in the neighbourhood, submitted the list to the RED for multidisciplinary assessment. The assessed children are enrolled in school. Our staff is trained to work with these children by MEDPAK and Save the Children. From the training we were informed on legislation and policy on Inclusive Education, and how to work with IEP. The trained teachers are the determinant agents of inclusion. After the training they are more confident in themselves to work with a child with disabilities or learning difficulties in class." - Interview with Deputy Principal of the school "Qemal Mici", Durrës.

The school principal has many responsibilities for inclusion of CwD in regular education (Article 96, Normative Provisions), such as: integrating the CwD in school, setting up the school commission, ensuring IEP implementation, and cooperating with parents and community. In all pilot school regions the school principals are trained by the project on how to implement the legislation and policy for Inclusive Education. The project has informed them on primary and secondary legislation on education of CwD, MoES policies and guidelines, legal responsibilities of RED/EO and school staff for Inclusive Education. The training has increased their capacity to work for education of CwD, based on domestic legislation and international practices on Inclusive Education. A specific training has been provided to the school staff on legislation and policy, and on inclusive pedagogy by Korça University.

After receiving training on legislation, the school principals have been ready to implement the 2013 Normative Provisions on CwD education.

They organize the identification of preschool aged children with disabilities in neighbourhood and enrol them in schools. Upon their identification, they prepare the lists of pre-school and primary

school aged children and contact the parents. School principals have convinced many reluctant parents to bring their children in the pilot schools. They have consulted parents to send children for educational assessment to RED/EO multidisciplinary commissions or medical examination to the health commission (KMCAP). With parental consent they submit the CwD documentation for the assessment of RED/EO multidisciplinary teams. The school principals set up the school commissions for IEP and they appoint commission members: psychologist/social worker (school psychosocial service), teachers (primary, subject and supportive teachers), and parents of CwD. They approve IEPs and monitor its implementation. Every three months, the school principals assess IEP objectives outcomes with school commission for IEP. At the end of the school year, the school principals conduct an annual analysis on child progress.

In addition to the IEP provision and school commission work, the school principals do a lot more for Inclusive Education. In pilot schools the school principals have provided resource rooms for CwD education. They have adapted existing classes or smaller rooms on that aim. Furthermore, they have instructed the class teachers to organize once a week a one-hour talk with students on the rights of CwD. The discussion on the human rights and the exposure towards disability at an early age has increased students empathy towards peers with disabilities.

School principals provide training opportunities for teachers. In cooperation with Save the Children and MEDPAK, the school principals have organized the training of school staff on Inclusive Education. Pilot school teachers that have CwD in their classes teachers that are members of the school commission for IEP, primary and subject teachers and supportive teachers, are all trained on Inclusive Education with the project modules provided by the University of Korça.

“The school staff is trained on Inclusive Education: primary and secondary subject teachers, supportive teachers and school psychologists have all been trained by the project. The training has increased their capacity for inclusion. Our school is becoming an inclusive school, a good model in the region. Apart from teachers, students are involved in Inclusive Education activities, as well. Students’ Council has implemented MoES national initiative on education “I protect children” which has helped a lot the prevention of drop-out and bullying of CwD and other marginalised children. Parents of CwD are more cooperative and work hand in hand with class teachers and supportive teachers to implement the IEP at home. Their fear of stigma is reduced because the school culture has been changing and school staff and students are more sensitive towards CwD in school. Even parents of non-disabled children are more tolerant because the staffs have informed them on the presence of CwD in regular classes as a legal obligation for schools and a human right for CwD. In the beginning, they coerced with children withdrawal from school, but when teachers talked to them about positive aspects of Inclusive Education they stepped back. More parents are now on the side of CwD and participate in school activities related to Inclusive Education such as informing days, festivities, concerts and recitals. In my opinion, it is a great victory that CwD are attending school on equal footing with others and are enjoying it. However, the school needs to be more supportive with specialised care that should be provided in school: physiotherapy, speech therapy and occupational therapy. I benefited a lot from the study visit in Kosovo, and I saw how schools are providing for Inclusive Education. I was impressed by the transformation of special schools into resource centres: special schools kept a very low number of severely disabled children. The special schools staff worked hard in regular schools to enable students with disabilities for the labour market. I wish our special schools would provide training to CwD on working and living-skills, rather than art therapy!” – Interview with “Fadil Gumani” school principal, Elbasan.

School principals have conducted an assessment of the school policies on inclusion, by using the Index for inclusion, on which they are trained. They have visited the inclusive practices in the schools of Kosovo. The self-evaluation performed by school principals evidenced many barriers towards inclusion at attitudinal and infrastructural level, and they are planning to break these barriers, by working out

inclusive measures which are part of mid-term school development plans. The school principals have worked towards accessibility of CwD in school. They have asked the municipality/commune for reconstruction of school buildings and adaption of school environment to improve the school accessibility. The schools and kindergartens reconstruction is carried out by Save the Children project. The school principals have to maintain the investments conducted on the school infrastructure using funds from local government units.

Inclusion of CwD in learning process

School principals are a very important factor on Inclusive Education. They shape the culture of school by their own example. Pilot schools principals have worked on several levels to render their schools inclusive. They have worked with parents of CwD to persuade them to allow CwD provision with IEP. Parents have been reluctant to IEP out of the fear of stigma. On that ground, school principals have recommended teachers to talk with students on how to counter bullying and violence in school. Class teachers have organized structured talks on discrimination and hate, while teachers of social sciences and humanities delivered continuous speeches on civic education. Teachers' work is strongly influenced by the decisions of the school principal. If school principals work on inclusion, the school staff is motivated to work with CwD. School principals have been very actively involved in identifying and registering CwD in pilot schools and providing them with IEP.

"The training on Inclusive Education made me more confident in making the right decisions for inclusion. When I was appointed as school principal, the staff informed me about one of our pupils with learning difficulties that used to stay more in a day care centre rather than in school. I visited the child in the centre and I talked to parents to bring the child back to school. The centre did not provide education. In my opinion, the child spent a lot of time in the centre without being educated. I thought that school would be more beneficial to this child. I set up the school commission to design the IEP for the child. Along with the class teacher, subject teachers, school psychologist and the child's mother, we designed the IEP. After on the commission's assessment, it resulted that the child needed a supportive teacher. MEDPAK provided a trained supportive teacher to the child. She works with him and with two other children in our school. For three years, thanks to IEP, Fatjon¹⁴¹ has progressed a lot and he is now in 9th grade. If he attends high school, we will provide him with an IEP"- Interview with the school principal of "31 Korriku", Burrel.

IEP and school commission

IEP is a legal requirement for CwD education, based on the Law on Pre-University Education, No. 69/2012: "CwD learn according to the regular education plan and subject programmes adapted for them or learn according to specialised education plan and subject programmes for them" (Article 65). In regular schools the IEP is designed by the school commission composed of teachers of different subjects and psychologists. IEP is designed in collaboration with parents. The change of IEP is carried out by the school commission, in cooperation with the children's parents. The school commission advises the teachers to design IEP, helps them implement it and monitors the child's progress (Article 95, Normative Provisions).

"The school principal plays an important role in IEP: She sets up the assessment commission, encourages the commission to design the IEP, approves it and monitors ITS implementation. In order to monitor the child's progress regarding IEP objectives, the school principal organizes school commission meetings once in two months for primary children (preschool – 5K) and once in three months for secondary students (6K-9K). The principal decides on staff training and has ensured school staff training for Inclusive Education

¹⁴¹Fatjon is not the real name; another name is given to preserve the child privacy principle.

with the support of MEDPAK and Save the Children. MEDPAK has provided the school with the observing forms (tests) for the assessment of educational needs of CwD and children with learning difficulties and we are using it in every class. The school principal has played a significant role in changing the school culture. Her attitudes towards CwD and other children with learning difficulties and marginalised children have had a great impact on the attitudes of teachers, students and parents. The training that school direction has had in index for inclusion proved to be decisive in setting forth school priorities for Inclusive Education. The use of index in our school helped us to review the level of exclusion and to amend the situation by making inclusion a school policy priority. Inclusive Education is the top priority for our mid-term school plan of 2014-2017” – Interview with the school deputy principal of “Demir Gashi” school, Peshkopi.

For the first-time enrolled children, the school principal receives information from the primary teacher or preschool teacher when kindergarten is included in the school. Using this information, the school principal compiles the list of all CwD enrolled for the first time and with the parent consent he submits the documentation for assessment to RED/EO commission. The RED/EO conducts the assessment of CwD and informs the school on next steps for inclusion of CwD in school. School principal ensures that the recommendations of the RED/EO commission are followed by the school staff. The school principal sets up the school commission (Article 95, Normative Provisions). The school commission works with RED/EO multidisciplinary assessment commission recommendations and designs the IEP and the school principal approves it. The school commission suggests to the teachers to participate in designing the IEP while the school principal helps teachers to implement it. The school principal guarantees the work of the school commission and implementation of IEP. The school commission and the principal provide child progress report to RED/EO commission (the form is produced by the project).

“We have 8 CwD in our school in preschool classes, primary level and low middle school level that are supported by IEP. The school has a trained staff on Inclusive Education. We have assessed the educational needs of children with disabilities and learning difficulties on a commission basis. The commission is composed of preschool or primary level class teachers, subject teachers, supportive teachers, school principal and parents. Each of us gives a personal opinion on the learning objectives based on the child’s abilities. In the end, we come to conclusions translated into objectives for education; we ask teachers to adapt the teaching plans accordingly. Children are assisted by 2 supportive teachers, one per 4 children. Supportive teachers that work in our school are hired by RED. The commission gathers three times a year to evaluate the learning and socialising outcomes of CwD as per IEP objectives. If the child has progressed, we continue with the plan, if not we modify it to make IEP more attainable. The training has prepared us to work with disabilities and with learning difficulties. Before training we did not know how to make the difference between the two categories, but the training has helped us a lot. Now not only CwD are benefiting from the increased capacity of teachers on IEP, but other children as well, those with learning difficulties and social needs as well. Moreover, teachers from other schools are asking us to provide them with IEP guidelines and assessment papers. We use the IEP formats of the project and we share them with teachers of other schools. Save the Children has provided us with useful working documents, such as manuals, publications, leaflets, and assessment tools. The school enjoys a good name in Gjirokastra for CwD education. This is both positive and negative, because on the one hand we are very happy that the school is the best in the region for Inclusive Education, but on the other hand it is becoming the only school for CwD. We do not want our school to become a special school.” – Interview with deputy principal of the school “Urani Rumbo” Gjirokastra.

The procedure for CwD academic assessment is the same as for other students, but the assessment of CwD is done as per IEP objectives (Article 98, Normative Provisions). They do not repeat the class in regular schools, while in special schools they do. After completion of each class they get a certificate of IEP achievement. They sit exams in accordance with their abilities and special educational needs. CwD that have not learnt the basic subject programmes, sit a special exam of completion at the end of school. The final exam test for CwD is designed by the school commission and approved by RED/EO. The test is drafted by a member commission which has working experience in CwD education.

CwD that sit the final exam, receive the school completion certificate. CwD are transferred to another school with IEP (part D is the chapter comprising the plan of the child's transferral). The hosting school receives the IEP and child progress report prepared by the school commission and signed by the school principal. During the time of the project the teachers have designed many tests for assessment of CwD learning outcomes. To the present day, only one CwD has completed the compulsory school and is following high school. He was transferred to the high school level on the same basis as other students. The school commission provided him with the transferral report, accompanied by IEP outcomes and prepared him an IEP to follow the first year of the high school¹⁴².

Resource rooms

Resources rooms are a very good practice created by pilot schools. The resource room is a separate remedial classroom, either a classroom or a smaller designated room, where a special education programme can be delivered to a student with disability individually or in a small group¹⁴³. The resource room is a placement choice for many children with specific learning disabilities where children are pulled out of comprehensive education classrooms for small group or individual instruction.

The pilot schools have adapted one class or a smaller setting to a resource room to support the learning needs of CwD in order to keep them in regular schools during the day and not transfer them in special schools. Resource room support is for the student who qualifies for either a special class or regular class placement but needs some special instructions in an individualized or small group setting for a part of the day. Individual needs are supported in resource rooms as defined by the student's IEP. The resource room is a very useful place for students with educational disabilities, learning difficulties and special educational needs, because in resource room they are provided with direct, specialized instructions and academic remediation and assistance with homework and related assessments as individuals or in groups.

The resource room is part of the placement process within regular schools and is considered necessary for children who are easily distracted in the comprehensive education setting, especially when new information is being introduced. Resource rooms also support the social needs of their students in the small group setting and provide behaviour interventions. The resource room tends to be less distracting than the regular classroom setting. This type of support helps ensure that the inclusion model is still in place.

Children who need intense one-to-one instruction or who are easily distracted in a regular classroom with active students may be most successful in a resource room. The resource room can also help students with specific disabilities in language or math, receive the support they need away from their peers, and then succeed in a comprehensive education setting. In resource room they get individual support in studying materials which their comprehensive education peers are studying. Secondary (6K-9K) students who need a programme with significant modifications may receive reading and math instructions in resource programmes.

Subject teachers of grammar (language) and mathematics provide co-taught classes to these children, where the subject teacher and the supportive teacher provide them special education and share responsibility for instruction. The teacher in the resource room is, therefore, able to concentrate on the specific area of need with some consistency.

Because the resource room removes a child from a comprehensive education classroom for even part of the day, it increases the "restrictiveness", which goes against the principle of placing the students in the Least Restrictive Environment. For that reason, the placement of the child in the resource room is temporary. The class teacher and the supportive teacher decide on time allocated

to the child for resource room support, usually a minimum of 3 hours a week in time increments of 45 minutes, depending on the age of the child. It will be very rare for a child to spend more than 50% of their day in the resource room.

The pull-out resource programmes are allowed only for short-time periods to provide students with learning difficulties a tailored teacher support. In general, students might be able to receive services in a comprehensive education classroom from a special education teacher or a supportive teacher. RED/EO and school staff should be making those decisions in the best interests of the students. Usually, a child needs to have significant difficulty with attending instructions with typical peers around them in order to qualify for a more restrictive placement of a resource room.

Often the special education teacher and the supportive teacher provide CwD support in the comprehensive education classroom with their typical peers. In the cases where resource rooms are bigger, they are used for meetings with parents as well as for training of the parents and staff for the staff related with IE.

“In our school we have created a resource room for CwD and children with learning difficulties. They work on individual basis with the supportive teachers or in group. The resource room is an ample space that allows physical movements for agitated children, who do not want to stay in the classroom. The room is furnished by the support of the project of Save the Children. The project has provided a lot of didactic and school materials for children. In the resource room, the supportive teachers work with three students with IEP. They have learning difficulties that were identified by class teachers. The children were sent for assessment to RED multidisciplinary commission, which provided us with the recommendations to provide them the support in education with IEP. In our school there have been more children with IEP but due to considerable progress they are not in IEP anymore, but are supported with differentiated education plan. One of our students with IEP has finished the compulsory school and is now attending the high school. The school commission has provided him with IEP for high school. Our school staff has benefited a lot from the training on Inclusive Education. RED of Korça has created the supportive teachers network and we are members of it. We have enrolled all CwD in our area in school. We identified them and worked for their enrolment with the civil registry office and the health centres. The school aims at becoming a champion of inclusion. In order to improve the inclusion practice, the school has done the self-evaluation with index for inclusion. The school principal and the deputies were trained by the expert contracted from the Ministry of Education and Science and Technology of Kosovo about Index for Inclusion (IFI). They organized the self-evaluation project and worked out the questionnaires for teachers, parents and children. Bullying came out as the main problem in our school. In order to fight discrimination and bullying we have worked out a plan of activities with awareness raising activities and we have involved students’ councils as the main actor for countering school violence” – Focus group with the staff of school “Agimi” in Maliq, Korça.

Supportive teachers in the resource room have a challenging role as they need to design all instruction to meet the specific needs of the students and to maximize their learning potential. The resource room or supportive teachers work closely with the child’s regular classroom teacher and the parents to ensure support is indeed helping the student to reach their full potential. The supportive teacher that works in the resource room follows the IEP and takes part in the IEP review meetings. Usually, the resource room teacher works on one-to-one, but it works with small groups as well. Students with learning disabilities are usually assessed and tested in the resource room as it provides a less distracting environment and a better chance for success. Some older students feel a stigma when they go to the resource room. However, their individual needs are usually met in the general classroom when supportive teacher closely works with the regular classroom teacher to help support the child as much as possible.

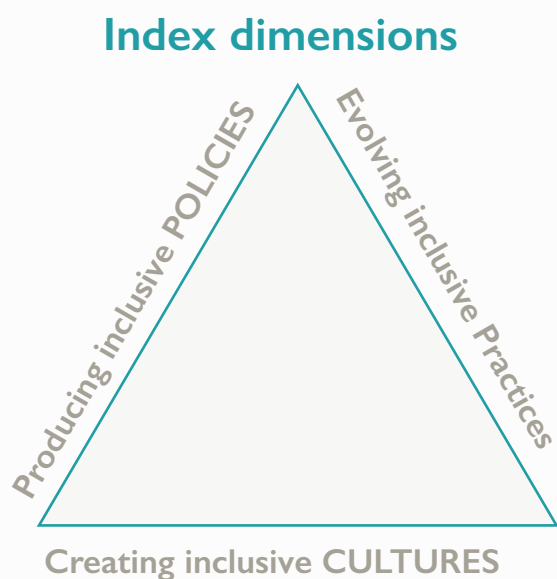
¹⁴²Interview with the supportive teacher of school “Agimi”, Maliq, Korça

¹⁴³<https://www.thoughtco.com/special-education-resource-room-3110962> Booth, T., & M. Ainscow (2012) *Index for Inclusion: Developing learning and participation in schools*, 3rd edition, CSIE: London, 2011

“Seldi has been learning with IEP for two years and had a laudable progress, especially with behaviour management. When he went to 9th grade, he did not like being in IEP anymore and refused to go to the resource room for individual support. He said he was a young boy and not a child anymore, and did not accept to be separated by the peers, and to go to a room “for children”. He thought that peers would label him a “little child” if he went to resource room. Then, the school commission of IEP decided that he was going to receive support only in the classroom, with the assistance provided by the supportive teacher. To our surprise, he refused that option too, saying that he could manage himself enough to be independent as others, and because others in the class had no supportive teacher, he did not need one. He felt equal to others, although having special educational needs. The social need for peer acceptance was stronger than the need for supportive teacher. The class teacher discussed the issue with students and they decided to support him with learning. The peer pressure and tutorials helped him to better manage his behaviour in class and to succeed in some subjects he showed more interest such as informatics and music.” – Interview with a mentor teacher, in “Demir Gashi” school, Peshkopi.

Index for Inclusion

The index for inclusion is developed by two British authors Tony Booth and Mel Ainscow¹⁴⁴. It is widely used to measure and support the inclusion of marginalised children in education. The manual was adapted by the project from Save the Children, in Albanian context with the support of the Institute for Development of Education – IZHA. The schools that use the index collect evidence on the level of inclusion provided in school and design school Inclusive Education policies. The index offers a supportive process of self-review and development as an alternative to the one based on inspection, competition or fear of failure. It provides schools with opportunities to



Planning Framework

Dimension A: **Creating inclusive cultures**

A1: Building Community
A2: Establishing inclusive values

Dimension B: **Producing inclusive policies**

B1: Developing the schools for all
B2: Organising support for diversity

Dimension C: **Evolving inclusive practices**

C1: Constructing curricula for all
C2: Orchestrating learning

¹⁴⁴The study was organized in 25-29 April 2015, for 5 days, 22 persons from Albania (representatives of MoES, RED, School principals, staff) visited the institutions of educations in Kosovo to learn about the Index for Inclusion and the application of it in the school context.

An overview of the Index

How can the Index for inclusion help you to develop your school?

The Index for inclusion: developing learning and participation in schools is a set of materials to support the self review of all aspects of a school, including activities in playgrounds, staff rooms and classrooms and in the communities and environment around the school. It encourages all staff, parents/carers and children to contribute to an inclusive development plan and put into practice.



Source: Index for Inclusion: Tony Booth and Mel Anscow, CSIE, 2011

develop Inclusive Education in cooperation with others. It helps schools clarify thinking and prompt individual and collective action as well as structure whole school and community educational development. It prompts new dialogues about what children might learn in schools.

The index consists of three concepts related to: culture, policy and practice of inclusion. Each dimension is divided in two sections. Culture dimension is divided in: community building and establishing inclusive values; policy dimension is divided in: developing school for all and organizing support for diversity; and practice dimension is divided in: constructing curricula for all and orchestrating learning. Dimension and sections form a planning framework; planning entries in each section helps ensure that actions support each other.

The implementation of the Index for inclusion goes through 5 stages:

Phase 1: Getting started: develop a planning group, use indicators and questions, review change and development in the school, explore the planning framework (three dimensions: culture, policy and practices and respective sections), address barriers to using the Index;

Phase 2: Finding out together: explore ideas of staff, children, parents and local community members; negotiate priorities for development;

Phase 3: Producing a plan: review priorities and include them in the development plan;

Phase 4: Taking action: put priorities into action and maintain development;

Phase 5: Reviewing development: review progress, reflect on the work with index, and consider next steps.

Pilot RED/EO representatives and the directors of target schools visited Kosovo in order to be introduced to a model of implementation of the Index for Inclusion¹⁴⁵. A group of school principals, teachers, project coordinators and MoES representatives visited Kosovo to observe the use of index for inclusion by schools there.

The Index for inclusion is in use in Kosovo since 2007¹⁴⁶ and it is incorporated in the policies of Ministry of Education Science and Technology (MEST) of Kosovo, therefore it has significantly helped the schools conduct a self-evaluation to evidence the strengths and weaknesses in relation to inclusion in education. Pilot school staffs and MEDPAK coordinators had a 5-day training on index for inclusion¹⁴⁷ in Tirana. An expert contracted by Kosovo's MEST, trained the staff of 7 primary schools and 7 MEDPAK facilitators on the Index for Inclusion : on internal evaluation methods, the use of questionnaires, the planning of interventions to make improvements to the school environment under an inclusive perspective. After the 5-day training on Index for inclusion and the 5-day visit in Kosovo to observe the application of index for inclusion in regular schools,

the schools staffs conducted an assessment of their schools based on index.

MEDPAK facilitators have coordinated the implementation of the Index in 7 primary schools, supporting them in the preparation of projects aimed at obtaining funds to carry out activities supporting children with SEN. The possibility to concretely implement the Index for Inclusion in their own schools has motivated the staff involved to prepare quality projects. The projects address issues related to awareness raising on Inclusive Education, or are related to sport and art activities in order to address bullying and poor collaboration as the main two weaknesses identified after self-evaluations based on the Index for Inclusion principles. Some of the projects focus on the use of school environments for Inclusive Education, such as creating the resource rooms and furnish school libraries with books on Inclusive Education. Furthermore, the use of index for inclusion helped schools to work out Inclusive Education plans and include them in the mid-term school plan (this is a legal task for schools). The school principals have worked out a four-year mid-term plan for school development, which is validated by RED/EO.

“The school principal is trained on Index for inclusion and has conducted a study visit in Kosovo to observe concrete examples of the index implementation. We learnt a lot from that visit where we witnessed the benefits of the schools from using the index. We applied the Index in our school, using the questionnaires for staff, parents and children. The data showed that the school was not inclusive. Based on the results of the school evaluation we designed a school plan for Inclusive Education in 2016. The plan included many activities related to inclusion. To implement the plan we wrote a project proposal and got funds from Save the Children for its implementation. The main activities of the project of Inclusive Education are: creating a resource room, training 21 teachers on team work, training students and teachers to counter bullying and discrimination, mobilising students for school awareness campaign on human rights, exchanging visits with other pilot schools and publishing the project bulletin. The measures for Inclusive Education are included in the mid-term plan of the school for the period 2014-2017. EO has validated the school midterm plan. School activities are regularly monitored. Making our school more inclusive is beneficial to all students, not only to CwD.” - Interview with the deputy principal of the school “Demir Gashi”, Peshkopi.

¹⁴⁵Zabeli, N & L. Behluli (2014) Index for Inclusion: facts and opinions. Prishtina: Save the Children.

¹⁴⁶The expert organized 3 days training in 24-26 May 2026 with 25 participants, 2 training days in 27-28 June 2016, and 2 training days in March 2017.

¹⁴⁷Recently Save the Children has developed screening checklists for teachers and parents in order to help them to identify children with learning difficulties and variety of neurodevelopment problems at school age. Moreover project developed as well evaluation instruments for psychologist of REDs and schools based on DSM –V in order to help them in diagnosing children with learning difficulties and other neurodevelopment problems.

School psychosocial service

The school psychosocial service is another crucial factor for Inclusive Education. It has responsibilities for the wellbeing of all students of the schools where they work. They conduct individual counselling with school students and organize thematic group discussions with them. In relation to Inclusive Education for CwD the school psychosocial service has several tasks. The school psychologist or social worker cooperates with teachers of preschool and primary level to identify children with special educational needs. They contribute to the early identification of the problems of child development in preschool and primary level of education. After the identification they contact the child's parents and discuss with them on the ongoing process of the child's education, inform them on the school opportunities to provide support teaching. The work of psychosocial service with parents has been very productive to release parents' tension and fears for enrolling children in regular schools, sending them in RED/EO commissions for assessment, or providing them IEP in regular schools.

The school psychosocial service is part of the school commission for IEP. The school psychologist/ social worker is member of the school commission and leads its work for IEP. IEP learning objectives are implemented by the subject teacher with the supportive teacher's support, while the school psychologist implements objectives related to behaviour management. The school psychosocial service is part of RED/EO psychosocial service and participates in the multidisciplinary assessment commissions that formulate recommendations for schools. School psychosocial services gather on bimonthly basis at RED/EO to assess their work with regards to RED/EO recommendations on the implementation at school level.

The school psychosocial service employees report to the RED/EO psychosocial service head of unit that reports back to the head of curriculum division of RED/EO. The work of school psychosocial service is monitored by the supervisor of RED/EO psychosocial service. The supervision consists of two tasks: monitoring and capacity building of the school psychosocial service. Since psychosocial service is a new profession in education, without tradition, it is necessary to build staff capacity and monitor their work in a parallel way. Many school psychosocial services employees hired at pilot regions have previously worked as volunteers of MEDPAK. They have gone through a series of training on Inclusive Education. All psychosocial service teams at RED/EO and school level are trained by this project. The training has provided them with professional advantages as compared to other colleagues. The pilot school psychologists and social workers are working as MEDPAK facilitators in RED/EO and school level as well.

"I graduated as a psychologist from Tirana University, where I learnt general concepts and theoretical frames that have little to do with my daily practice as a school psychologist. In school we had no opportunities to practice the theoretical knowledge. I learnt what it means to be a school psychologist in this project. Previously I have worked as volunteer with the parents' organization MEDPAK which provided me with the opportunity for internship near to organization. MEDPAK has trained me as school psychologist and now thanks to the internship, training and volunteer work I am better prepared to work as a school psychologist. The project was the real school for me." Interview with school psychologist, at "Ali Metra" school, Burrel.

The school psychosocial service organises open classes with students to discuss on disability, PwD rights, and special educational needs. The informing hours on the rights of CwD to education and community life has inspired many class and school activities of students' council and has mobilised them to organize memorial festivities for the international days: PwD, Autism, and Down syndrome. They have worked with students to provide support to their friends with disabilities and learning difficulties. Trained by the project on disability issues (DSM5) as school service and on ICF checklist as RED/EO multidisciplinary team, they are able to spread the knowledge to the school staff. After the

training, school psychologists or social workers have organised many informing hours and individual sessions with the school teachers on disability and special educational needs.

The training has helped the school psychosocial employees learn how to assess child needs, design and work with IEP and work for an inclusive school. Furthermore, the training has encouraged them to learn more about disability and special education. The work instruments, such as: standard checklists for evaluation of neuro-developmental difficulties among children of age 5-10 years old, disability assessment tools, class observing techniques, guidelines on developing and implementing IEP, working manuals and publications on Inclusive Education, provided by the project, have immensely helped them to build professional capacity.

The school psychosocial service has helped a lot in the implementation of the index for inclusion in their schools. In cooperation with school principals they have prepared the study project of school self-evaluation with index for inclusion and have worked out a set of questionnaires for teachers, students and parents. They have conducted the research in their schools and have collected the data. With the help of the school principals they have analysed and interpreted the findings which oriented the school priorities for Inclusive Education. The objectives related to Inclusive Education are part of the mid-term school plan that is validated by RED/EO.

In - service teachers training

The process of identification of special educational needs begins with a child's enrolment in school and the first to identify the children with special educational needs are the teachers. Parents may have not understood the child's learning difficulties until the child goes to school and they very rarely report a child's special needs (unless there is some visible physical disability). Therefore, the identification of a child's conditions and needs usually begins with the process of school enrolment through teacher's observations. Teachers detect learning difficulties even during the school year when they teach the child. The training of teachers on observing, assessing and working with children with special educational needs is of outmost importance for child school retention and completion. Only some children come to school with a medical report of the categorization commission (KMCAP), while identification of children with learning difficulties is done by the primary school teacher.

Primary teachers compose a list of pupils with disabilities and learning difficulties and the school principal sends the list to RED commission for assessment. Training teachers to observe the special educational needs of children with learning difficulties has helped them in identifying these children. Of an outmost importance, besides identification, is the work in class with these children. Prior to the project, the teachers of pilot schools had minimal knowledge of disability and education, which justified their training with concepts and philosophy of Inclusive Education¹⁴⁸. Save the Children has developed screening checklists for teachers and parents in order to help them to identify children with learning difficulties and variety of neurodevelopment problems at school age. Moreover, the project also developed evaluation instruments for psychologist of REDs and schools based on DSM –V in order to help them in diagnosing children with learning difficulties and other neurodevelopment problems.

In order to meet the kindergarten and primary teachers' needs on Inclusive Education, the project carried out an assessment of the training needs and an inventory list of necessary knowledge with

¹⁴⁸Recently Save the Children has developed screening checklists for teachers and parents in order to help them to identify children with learning difficulties and variety of neurodevelopment problems at school age. Moreover project developed as well evaluation instruments for psychologist of REDs and schools based on DSM –V in order to help them in diagnosing children with learning difficulties and other neurodevelopment problems.

regard to disability and inclusive pedagogy. A survey was conducted in 28 educational institutions (kindergartens and primary schools) to identify teacher training needs on Inclusive Education¹⁴⁹. The RED and school principals were massively involved in mapping teacher's needs. The survey findings reported a vast need for training on concepts and knowledge related to disability, inclusion, support strategies, individual educational plans, special educational needs, teaching methods for children with SEN, etc. The survey findings were shared with MoES and REDs of 6 regions and a training programme was designed to proceed with training modules.

The training of teachers is an ongoing process and one training session does not suffice to cover the needs for teaching methodology improvement. Therefore, the project has built the training capacity of teacher training programmes within the higher education system of Albania. The education faculties of public universities of Korça and Elbasan have prepared education programmes and trained the teachers on Inclusive Education. The faculty staffs were assisted by the University of Bologna, the faculty of education to develop the training module on Inclusive Education for in-service teachers or primary education¹⁵⁰. The experts from the University of Bologna performed three missions in the universities of Korça and Elbasan. During these visits, in a participatory assessment with Albanian faculty staffs they: (i) compared the school systems between two countries; (ii) analysed and revised the structure and the content of the academic programmes of teacher training at university level; and (iii) got acquainted with the legislation on education (iv) designed and developed together resource materials for pre-service and in-service teachers (v) organised joint meetings with other faculties of education in Albania to share the best experiences achieved by the project. After the assessment of the existing training programmes, the experts of Bologna University and faculty staffs of Elbasan and Korça universities prepared three training modules:

- IEP module;
- Early identification of the special educational needs/learning difficulties;
- Inclusive pedagogy (pedagogy of inclusion).

The modules were submitted to the accreditation¹⁵¹ agency and are under the process of accreditation¹⁵².

After the accreditation, the training modules can be published and used for teacher training. Professors of the Universities of Korça and Elbasan carried out training sessions on IE¹⁵³ which were addressed to the teachers and principals of the target schools, as well as to teachers and principals of the special schools of the areas covered by the project. Teachers and school principals of 28 educational institutions (kindergartens and pilot regular schools) were trained for 12 days in topics related to Inclusive Education:

¹⁴⁹An independent researcher was hired to conduct the survey on training needs of teachers, the research took place in November–December 2014; teachers of 28 educational institutions, of preschool and primary level participated in the assessment research. The results of the survey came out in January 2015, and were discussed with MoES and REDs of 6 regions in order to proceed with training modules. Source: Save the Children Annual Report 2016.

¹⁵⁰Two experts in Inclusive Education from the university of Bologna will help the Universities of Korça and Elbasan develop a training module on IE for in-service teachers

¹⁵¹The accreditation process was suspended by MoES because of a national teacher training needs assessment that had place in 2015-2016, Source: MoES: <http://www.arsimi.gov.al/all/newsroom/lajme/vleresimi-i-mesuesve-nje-politike-e-re-e-identifikimit-te-nevojave-per-zhvillimin-profesional-te-mesuesve>

¹⁵²The training modules were inserted in the teacher training programme of the project, and the training was developed based on MoU between MoES and Save the Children, accorded to which the project could proceed with teacher training with the prepared modules. Source: Save the Children Monitoring Document of 30/06/2016, annual report 2016.

¹⁵³Part of the training module was already accredited and was in use by the faculties of education for teacher training, in the universities of Korça and Elbasan.

- Legislation on education (primary and secondary legislation);
- Typology of disability and learning difficulties;
- Interactive teaching methods;
- Advanced practice of supportive teachers on working with CwD;
- Bio-psycho characteristics of disability;
- Identification of needs and resources available in school for Inclusive Education of CwD;
- Supportive teachers' role and school social environment impact on supporting children with special educational needs;
- Techniques of boosting learning motivation in children with special educational needs;
- Bullying;
- Developing and Implementing IEP;
- Autism and support techniques in class.

The project has trained 577 in-service teachers and 132 supportive teachers on the inclusive pedagogy¹⁵⁴. In-service teachers involved in the training activities of the project have increased their skills on inclusive teaching methods such as peer education, cooperative learning, working groups, IEP. As a result of teacher training 401 children with disabilities have benefited from the project, where 100% of them were evaluated based on ICF and had a chance to follow their education with and IEP. The individual support provided to children with learning difficulties and children with disabilities decreased retention and reduced the rate of class repetition and school drop-out¹⁵⁵.

Monitoring teachers' activities on Inclusive Education

The school work on Inclusive Education is monitored internally by school principals and externally by the RED/EO commission. The school principal monitors the work of the school commission to ensure that IEP is implemented and objectives are fulfilled. RED/EO monitors the work of the school commission through the psychosocial service. Since the psychosocial service team of RED and schools psychosocial services have the same composition of employees, it seems that there is a conflict of interest that the psychosocial service of RED monitors the psychosocial service of schools, which is part of IEP school commissions. The conflict is resolved by avoiding monitoring of schools by the school psychologist or social worker.

The head of the psychosocial service organizes the monitoring work of schools. RED psychosocial service reports the monitoring results to the RED curriculum head of office. The monitoring of CwD in compulsory schools is an established practice. The transition of CwD from compulsory education to high school (comprehensive or vocational) is not clear yet because the practices are missing. The application of IEP and supportive teachers have been successful because the legal provisions provide them in compulsory education, while the transition of students with disabilities and learning difficulties is not regulated yet by secondary legislation in education. The work of schools on Inclusive Education and implementation of legal provisions on education of CwD are monitored by the National Inspectorate of Education (ISHA). In 2016, ISHA and Save the Children monitored teachers' activities related to the implementation of inclusive teaching methods learnt during the training in the pilot schools of 6 project regions¹⁵⁶.

¹⁵⁴84 training days in total were offered to teachers and schools principals of 28 regular schools and of special schools of the cities of the project.

¹⁵⁵Out of 303 enrolled children, only one child repeated the class in Peshkopia

¹⁵⁶74 monitoring days were organized by the project staff and ISHA (State Inspectorate of Education) in 6 regions during 2016. Source: Save the Children Annual Report 2016. In January 2015 ISHA thematic inspection on Supportive teacher, based on the Guideline No 38, date 7.10.2014 "On criteria for supportive teachers for children with disabilities in public institutions of pre-university education", issued to implement the normative dispositions, found out that 30% of RED/EO assessment commissions were not compliant with Article 93 of normative dispositions, the number of 2879 of children with special educational needs is lower than the real one, the statistics offered by DAR/EO are inexact because the assessment commissions are not working properly; the lack of assessment has hampered the implementation of guidelines for teachers assistants; supportive teachers are selected on the basis of the article 57/2 of the Law on Pre-university Education No69/2012; In some inspected schools, out of 25 supportive teachers, 14 were financially covered by DAR/EO while 11 by donors.

“In the pilot school “Sevasti Qiriazhi” in Korça there are two students with IEP that are about to finish school. They may want to pass to the high school level (upper secondary education level) which is not compulsory. The school has not prepared any transferral plan to high school and they may not continue their education. In Maliq pilot school, one student with IEP finished the compulsory education last year and is continuing high school without IEP. The high schools are not prepared to work with students with disabilities or special educational needs, this is a new reality in our country” – Interview with the specialist of the psychosocial service of RED Korça.

Teachers of CwD play a determinant role for their inclusion in mainstream education. They are the first persons within the school that come in contact with CwD and their families. They identify children when they inspect the neighbourhood and kindergartens for preschool and primary school aged children. Many of them come in contact with CwD while parents enrol children in school. They receive information from census register offices, health centres, CPU and social service on school age CwD. Teachers that identify the preschool and primary school aged children compile the list of CwD and send it to the school principal, who submits it to the RED/EO for assessment. They follow the recommendations of RED/EO assessment commission to design the IEP for CwD in their class. They are school commission members and have a strong position in IEP design and implementation. Being in constant contact with the child, the class teacher knows better than other school commission members the child's strengths and weaknesses. Their opinion is more accurate in deciding upon IEP objectives. Teachers of primary school have been working with same CwD for almost 3 years and have become very affectionate to them. Same thing has happened to CwD being taught by the same teacher for more than three years, they are very fond of the class teachers and peers.

“Flori has changed as compared to the first day he arrived in our school. The first months he stayed only with his mother, he couldn't be separated from her and we advised the mother to stay with him in class for as long as he created trust in us and social bonds with peers. Gradually, he became more sociable, began to talk with the class teacher and peers. Now he does not need his mother by his side, and has good company with friends. He was a very agitated child, but now he has learnt to stay in class without shouting and is not any more tensioned and aggressive. To us, it is a victory that he stays in class and concentrates on class work. He has advanced a lot in learning as well. Support from the class teacher and the supportive teacher has helped him to achieve the learning and socialization objectives of IEP. Peers have provided him with a remarkable support to the achievement of these objectives by helping him to do class work and providing him company. Even class children have changed behaviour and attitude towards him; when he came they did not socialise with him, but now they are very caring, compassionate and helping. His mother says that he likes to come to school. Teachers are trained by the project on Inclusive Education. This training proved decisive to the mindset change of teachers and school principal. Before training we thought that CwD can be educated only in special school. We have had children with learning difficulties in our school, even before the project, but we worked on intuition, we had no information from university studies on how to work with these children, and we were not sure if we were doing the right thing. The training has helped us to better work with CwD and with all children with learning difficulties, which are even more. Now we know how to observe and identify the special learning needs and work on professional basis” – Interview with a school commission member and school deputy principal, school “Ali Demi”, Vlora.

Teachers shape the attitudes of the students and play a decisive role on the learning outcomes of CwD. Primary teachers and subject teachers are members of the school commission for CwD and participate in IEP design. They work for IEP implementation with the supportive teacher. They follow the child learning outcomes based on IEP objectives. Teachers do not work only with children with disabilities that are placed in IEP by the school commission, upon the RED/EO recommendation. They work with children with learning difficulties as well, because they are responsible for all class students. They work out a differentiated educational plan for children with learning difficulties and

follow their academic achievements, as for other children. Children with learning difficulties, when needed and with the permission of their parents were provided with the opportunity to follow their education with IEP even though they were not evaluated from KMCA. Only CwD with medical report benefit the supportive teacher, hired by RED/EO. All teachers having CwD in their classes are trained by the project. They have participated in a 12-day training sessions and received a certificate as inclusive teachers from Tirana & Korça University.

Teachers work for Inclusive Education

The training on disability, special educational needs, learning difficulties and inclusive pedagogy has increased teachers' capacity to work better for education of CwD. The added value of the training is that teachers pay more attention to learning difficulties and are more sensitive towards students' special needs. Based on the knowledge and skills during the training and on-the-job experience they can easily identify learning difficulties. Being more knowledgeable of learning difficulties, they understand that besides CwD there are other children in need for learning support as well. Trained teachers that have no CwD in their classes are more attentive towards the needs of their class children. Teachers feel more confident after the training. They know how to assess the child needs, not only for children with disabilities but for all class children. They know how to use the observing techniques to identify the needs for learning support.

"I am trained by the project how to assess the special educational needs and I am a member of the school commission on CwD. The knowledge I got in the training has helped me to improve my professional teaching skills. I am better prepared to work not only with CwD but with all children, because I can detect the learning difficulties. Before the training, I believed that CwD should be sent to special schools or centres, but now I understand that they can be taught in regular schools as well. Peers are a great support to CwD; they are the teachers of the real life. Students provide a great support to me in implementing IEP in class. I have worked closely with parents to implement IEP at home and encouraged the child to attend school. Parents' support is decisive in the child's progress. Inclusive Education is a large agenda that involves teachers, students and parents. Inclusive Education is the first step towards social inclusion. I am convinced now that by including CwD in regular schools we are doing the right thing for them" – Interview with Teacher "Ali Metra" School, Komsj, Burrel.

IEP objectives address learning and socialization skills. The teacher is helped to implement the IEP in class by two collaborators: supportive teacher and school psychologist. The psychologist helps with the behavioural and emotional difficulties while the supportive teacher follows IEP objectives hand in hand with the class teacher. Teachers are trained on IEP design and implementation. For the IEP development, other knowledge is gained in training, such as: behaviour management, Inclusive Education didactics, teacher-parent cooperation, child learning difficulties and especially knowledge on autism, and all these comprise a great importance, as they aid the class teacher to view IEP as a complex instrument that involves a multitude of actors. Teachers adapt IEP to the school programme. There are no different subjects for IEP, the CwD learn the same subjects as other students do. However, CwD have special educational needs and didactics of teaching is adapted for them as well, as they need additional didactic material to optimise their learning. Save the Children has furnished the resource rooms with plenty didactic materials and variety of toys that stimulate cognitive, motor, emotional, social and behavioural development of CWD. These materials have been a significant help for the child and family. By implementing IEP, the class teacher is in contact with other professionals: subject teachers of math and grammar, school psychologist or social worker, supportive teacher and school principal. IEP help teacher to create links with the RED/EO psychosocial-service as well, when they come to monitor the IEP implementation in school every three months.

Subject teachers are a valuable asset for the IEP design and modification. Once in three months the subject teachers of grammar/language and maths work with the class teacher to adapt the objectives to the child abilities for learning and socializing. They consult the objectives with other staff as well, such as school principal, psychologist, social worker and supportive teacher. Parents are included in the IEP objectives revision as well. Subject teachers are responsible for implementing IEP as well, in cooperation with class teachers (for primary level) and supportive teachers. IEP has specific objectives on different subjects, especially on grammar and maths, to help the child gain basic skills in numeracy and literacy. IEP may not have objectives for all subjects, as the child may not need support in each of them. The child may need support only for some of the taught subjects and to these objectives serves IEP. Educational documents, IEP for CwD and the personalised differentiated plans for children with learning difficulties are bound to the common curriculum and adapted to the children abilities to learn. Children assessment is based on the adapted curriculum. The educational plans are compliant with IZHA (Institute for Education Development) guidelines on academic objectives that are divided in three groups: minimal, optimal and maximal. IEP strives to achieve these objectives by starting from the minimal objective.

IEP implementation has shown that peers are an important factor in class for CwD socialisation. Peers are included in IEP implementation by collaborating in class work, on peer support and group learning. Apart from academic support, peers provide help with playing in the break time and with personal needs of CwD. In absence of a supportive teacher, a class friend is the best solution. Children communicate very well among each other and are morally bound to each other. Besides providing learning support for curriculum subjects, teachers play a crucial role for CwD socialisation in class. They support class children to build solidarity with CwD and help them when they need support. They have mobilised school students to carry out awareness activities in favour of CwD rights to education and social inclusion.

¹⁵⁷MoES Minister Order No 21, date 23.07.2010 “On teaching norm and number of students per class in pre-university education institutions”

¹⁵⁸The number of supportive teachers in each RED/EO is within the general number of budget employees approved by annual law of MoES budget. Hiring and firing procedures of supportive teachers are inspected by ISHA.

“Peers are a great support to CwD inclusion; they help them in many ways and love each other. Staying together, children develop the feelings of empathy, sympathy and mutual help. CwD are never let alone, as their peers are there for them to help them with class work or personal needs. I have seen them help CwD to find the notebook, go to toilet, play and have fun during the class break. In this school there is no supportive teacher, although the CwD is placed in IEP from school commission. But the class teacher has found the solution, she appointed a good friend to stay close to the CwD and she is very pleased with her help. The friend works on peer tutorial in class and in home, and is very responsible. The friend is the best supportive teacher.” - Interview with project coordinator, school “Haki Stermilli”, Melan, Dibër

Children with learning difficulties are placed in IEP if the parents agree to and if not, they benefit from tailored teaching support expressed in a differentiated plan for education, which is a similar document to IEP, with objectives on learning. Teachers have done a remarkable work with parents to persuade them to support children education in regular schools. They have worked with parents of CwD to collaborate for IEP implementation at home, in order for the child to maintain the achieved results of class work. Teachers have worked to mitigate the non-disabled children parents’ resistance towards inclusion of CwD in regular schools. The information and discussions held with these parents has produced a deep understanding of the latter and made them more tolerant towards CwD. In pilot schools there are several success stories related to the use of IEP for first years and the increased ability of the students to learn with semi-dependent teaching support. Those children have been very dependent on IEP and teacher support for 3 years and after have moved towards a more independent way of learning.

Role of supportive teacher on IEP implementation

Supportive teachers are new professionals of the regular educational system. The employment of supportive teachers is regulated by the Minister Order No. 38 dated 07.10.2014 “On the criteria of work for supportive teacher for CwD in public institutions of pre-university education. Supportive teachers are hired in regular schools to work with CwD. This new profession is created to implement the Law on Pre-University Education provisions related to CwD education which states that CwD are educated with an IEP (Article 65). Supportive teachers collaborate with the subject teacher to design and implement the IEP (Article 97, Chapter XV Normative Provisions). Supportive teacher is the assistant of the subject teacher and helps the child to achieve the learning objectives of the IEP. Supportive teachers work in regular schools on the same legal basis as other teachers. The teaching norm is defined by MoES on the number of hours per week (usually 20 hours a week)¹⁵⁷. Supportive teachers are hired by RED/EO based on the child need for learning support in class or in home¹⁵⁸. They should have the due education in teacher training (as per Article 57 of the Law on Pre-University Education “On teacher profession”).

Supportive teacher should have a master degree in education (as teachers). In absence of supportive teacher, the subject teacher should implement the IEP in class. Supportive teachers can work in more than one education institution, as RED/EO decides. Based on the recommendation of RED/EO commission the school principal in cooperation with school commission for CwD defines the number of hours that a supportive teacher will have to work for each child with disabilities.

The supportive teacher performs several tasks to support the learning and socialization process of CwD in class. S/he collaborates with the class teacher, primary teacher, subject teacher and school psychologist or social worker to ensure inclusion of CwD in regular schools. In cooperation with the teacher of CwD, subject teacher and parents, the supportive teacher designs and implements IEP, which is approved by the school commission for CwD. The supportive teacher collaborates with subject teacher to assess the CwD outcomes as per IEP objectives. S/he assists the CwD in class and out class activities in order to increase child participation in school activities. The supportive teacher pays particular attention to the improvement of social skills. The aim of support teaching is to teach

the child to be less dependent and build self-autonomy. Supportive teachers and subject teachers work with parents to implement IEP objectives in home. They inform parents on the existence of rehabilitation public services for disability.

The supportive teacher works with the CwD teacher in all or several of the teaching hours. She/he works with the CwD teacher in and out of class, on one-to-one basis or in-small-group. In addition to academic objectives, IEP contains self-help and social skills development objectives as defined in the assessment recommendations of the RED/EO commission. The supportive teacher keeps a daily plan on CwD progress. IEP modifications are performed by the school commission, where the supportive teacher is also a member. Supportive teacher reports to the school commission on the progress of IEP implementation and objectives fulfilment level.

Supportive teachers are trained with modules on Inclusive Education aiming at improving their professional development. Many of them are subject teachers with a reduced number of teaching hours, and work as supportive teachers to fulfil the teaching norm. Prior to being hired by RED/EO as supportive teachers, some have been working as volunteers for MEDPAK in Inclusive Education projects. They have additional training compared to other supportive teachers in the region. They have created the network of supportive teachers at the regional level to improve their professional development and practice regarding Inclusive Education in mainstream education. They are hired as supportive teacher due to previous training and work experience as volunteers in the field of inclusion.

“We are two supportive teachers at Komsi School. The school has 24 children with special educational needs, out of which 8 are CWD and only 5 have IEP, whereas 16 students have learning difficulties. We have been working as MEDPAK volunteers since 2014 to carry out the supportive teacher function at Komsi School. We are both trained on autism, intellectual disabilities, and learning difficulties. We have participated in 12 training days, and in the end, we received a training certificate with 6 ECTS from the University of Tirana and Korça. Usually teachers’ pay for their training, but this was not our case as our training cost was covered by Save the Children & MEDPAK. We are both subject teachers; my colleague graduated in biology and is working both as biology and supportive teacher to fulfil the teaching norm. The number of classes for the biology subject decreased and she risked being unemployed. I graduated as a history teacher, but I haven’t found a job position as history teacher yet. Both of us volunteered to be supportive teacher, and the project provided us with the great opportunity of receiving training on the role of the supportive teacher. Actually, my colleague is paid by EO as supportive teacher. Currently speaking, only one of us has been hired by EO in Burrel as supportive teacher, although there is a high need for this profession.” - Interview with supportive teacher of Komsi School, Komsi village, Burrel

Usually, children provided with IEP are provided with a supportive teacher as well, but this is not always the case. There are students who despite being supported with IEP, have not been provided by a supportive teacher by RED. In such cases, the subject teacher covers the IEP alone. In other cases, supportive teachers are offered as volunteers from MEDPAK or paid by CwD parents¹⁵⁹. The

hiring of supportive teacher is conditioned by the medical report of CwD, meaning that only children with KMCAP can benefit the assistance of a supportive teacher. However, the number of children with learning difficulties at school is higher than the number of CwD. Children with learning difficulties as well need the assistance of supportive teachers, but they do not benefit one.¹⁶⁰.

Schools report that there are more children with learning difficulties than children with disabilities in school, and out of children with disabilities, only those who have presented learning difficulties need a supportive teacher. But the paradox is that. Although teaching support is meant to optimise the learning capacity of all children with learning difficulties, it is granted only to a small number of CwD that have a medical report. Schools are somehow confused whether to place the children without medical report in IEP or not. Some schools provide them with IEP whereas others don't, due to the fear that parents may contradict, staff insecurity, or lack of supportive teacher.

Schools have required to RED/EO to appoint supportive teachers for children with disabilities (with or without medical reports), but RED/EO have employed only a limited number of them, based on the annual budget of MoES. RED/EO advised CwD parents to obtain the medical report to be able to benefit supportive teachers at regular schools, and such advice was followed by many parents. However, children with medical report are not always provided with supportive teachers by RED/EO. Due to the lack of supportive teachers offered by RED/EO, the school provided volunteer supportive teachers from MEDPAK, or asked parents to provide private service to their children.

"I am a supportive teacher at the regular school. I graduated as a primary school teacher from the University of Elbasan "Aleksander Xhuvani". Participation in this project helped me exercise my profession. We didn't have university programmes for supportive teachers or special education. I learnt these concepts in the pilot school and during the training provided by Save the Children. MEDPAK has facilitated my internship in the special school "Zëra Jete", where I monitored the education of CwD. The special school has provided a volunteer to work with CwD that have speech difficulties at our school. She works with children with learning difficulties, whereas I work with children with disabilities provided with an IEP, because only CwD with medical report receive assistance from the supportive teacher. I would like to work for children with learning difficulties, but I am hired to work only with children with disabilities, and my full-time work with 3 children with disabilities doesn't allow me to work with other children at school. I work 2 hours a day with each, in the class and in the resource room. Sometimes I work with all three of them in the resource room in a small-group. The other supportive teacher is a history teacher, and is working as supportive teacher to reach the teaching norm in order to be paid. She works at another school as well. We are trained by the project on emotional and behavioural disorders, on autism spectrum disorders (ADS) and ADHD, learning difficulties, intellectual disabilities, and legislation on education. We received a certificate with 6 credits from University of Tirana and Korça. The project has offered us plenty of working materials ranging from tests for evaluation to manuals on Inclusive Education. The project assisted the opening and furnishing of the resource room at school, so now we have a place and didactic materials to work on a one-to-one basis with CwD. Nevertheless, the duration of work in the resource room is shorter than the time allocated to teaching in regular classrooms. CwD are more stimulated to learn in peer presence, and like it a lot when the teacher praises them for their good work. Children provided with an IEP benefit a lot from the assistance of the supportive teacher. Other children need support as well, but they do not have a medical report, which is the main reason they are not provided with a supportive teacher. We always tell parents to provide children with medical report in order to benefit a supportive teacher, but they hesitate out of fear of stigma, or they simply deny the fact that their child needs educational tailored support." – Interview with "Fadil Gurmani", supportive teacher.

¹⁵⁹This is a flagrant violation of the principle of equality in education for CwD, which should be addressed by the National Human Rights Institutions of People's Advocate and Commissioner for Antidiscrimination.

¹⁶⁰Information gathered in all regions.

The supportive teacher is appointed by RED/EO to work with CwD, for whom RED/EO provides recommendations to be incorporated in IEP. The fact that RED/EO and schools condition the IEP with supportive teachers, and the latter with the medical reports, and the fact that even in the case of the medical report RED/EO do not provide supportive teachers, has created a justified confusion in the CwD parents. Feeling insecure that the regular school can provide a better education service for their children, they chose to send their children in special schools, which have some advantages in special education compared to regular schools. RED/EO and schools need to appoint supportive teachers if they want CwD to become part of the regular education system. Otherwise they will contribute to the over-population of special schools with CwD which hampers Inclusive Education. The table below shows the route to benefit an IEP and a supportive teacher in regular education system.

Children with learning difficulties	Children with disabilities
No medical report	Medical report: provided by KMCAAP or medical expert
IEP: recommended by RED/EO or school psycho-social service; by school commission with parental consent; asked by parent	IEP: recommended by RED/EO commission
No supportive teacher appointed by RED/EO	Supportive teacher appointed by RED/EO
Supportive teacher provided by MEDPAK volunteers	
Supportive teacher provided by parent	

Public education service provision of supportive teachers is more sustainable than the volunteer service or private service secured by parents. The volunteer work depends on projects, whereas the private service depends on the financial capacity of the family. The supportive teacher is a common teacher, and should be provided on the same basis in the educational service as the regular teacher, as set forth by law. It is absurd that parents have to pay for the provision of a private supportive teacher in public education institutions.

MoES has given clear instructions on the provision of IEP for all CwD, without conditioning it with medical report, but has not provided sufficient funds for the employment of supportive teachers. IEP is an educational tool for children from all marginalised groups. Pursuant to the law, children with social difficulties, children in the move, and returned migrant children may be provided with IEP if needed. Inclusive Education needs financial support to become a reality.

Pre-service teacher training

Good practices are established for the pre-service teacher training in two institutions of higher education: University of Elbasan “Aleksander Xhuvani” and University of Korça “Fan Noli”. These universities have Faculties of Education that train pre-service teachers (students who will become teachers) and in-service teachers for professional development. Both Universities have been assisted by the University of Bologna (Italy) to revise the pre-service teachers training curriculum at Bachelor and Master Level and have renewed the programmes of teacher trainings. The University of Koça has a centre for in-service teacher training that provides professional development modules to 1400 teachers per year. The Faculties of Education train primary and subject teachers. A meeting with all Faculties of Education has been organized, in April 2017, to share the experience of the project in relation to the introduction of IE in the curricula of the Universities of Korça and Elbasan, and to decide if similar courses can be initiated in other universities as well.

The international experts from the University of Bologna and representatives of the Universities of

Elbasan and Korça, analysed and updated the university curricula of Albanian target faculties, including the subjects in IE, and revised all their curriculum. The experts, along with target universities, revised the structure and the content of existing courses of special pedagogy and education, and developed contents related to Inclusive Education, which were included in the academic curriculum of the future Albanian teachers. Two professors of education from the University of Bologna, and one professor from the Institute for Development of Education and Science “Giuseppe Toniolo”, Modena, Italy have worked with the university staff to compile the new curriculum with special focus on Inclusive Education. Staff of University of Bologna worked closely with the Albanian staff of Universities of Elbasan and Korça in reviewing all teachers training curriculum for pre-service and in-service teachers, at bachelor and master level, whereas the Modena Institute provided expertise for in-service teacher training and RED/EO training on ICF. The University of Bologna staff transferred their knowledge to the Albanian universities staff. University of Bologna trained all the faculty staff of education and social sciences, as the latter prepares social sciences teachers for high schools. The Universities have established twining partnership at the departmental level, and participate in Erasmus Mundus programme for staff and student mobility. Following the assistance provided by the University of Bologna, the education departments of the Universities of Korça and Elbasan have renewed their curriculum. The content of the course was enriched with new topics such as:

- Inclusive pedagogy;
- Resource room;
- Supportive teacher;
- Co-teaching methods;
- Support strategies to Inclusive Education in classroom;
- Role of subject teacher in Inclusive Education;
- Cooperation of the subject teacher with the supportive teacher.

Along with these topics, the university students (pre-service teachers) of the Faculties of Education of Korça and Elbasan, involved in the training activities of the project, improved their skills on inclusive teaching methods such as peer education, cooperative learning, working groups, IEPs. The book on Inclusive Education “Thinking pedagogy as inclusive practices” of Roberto Dainese, is translated from Save the Children into the Albanian language, and is used as a basic literature for the pre-service teacher students of Korça and Elbasan. The Faculty of Education of University of Korça has 32 accredited modules in teacher training, out of which 2 are dedicated to Inclusive Education: Module on Autism (4 ECTS) and Module on Learning Difficulties (3ECTS). In 2014, University of Korça opened the Teacher training Centre which was accredited by the KAPT (MoES Accreditation Agency) and developed the new modules with assistance from the project¹⁶¹. The modules were used to train all the teaching staff of pilot educational institutions in six regions.

The training programmes included theoretical modules on: Inclusive Education, disability, IEP, curriculum development, environmental factors, behaviour management, communication, emotional disorders, ADHD, and autism. These topics are included in the bachelor programme and master programme for Teacher Training. For in-service teachers, the place of practice was their job-place in schools, whereas for pre-service teachers the project has facilitated internships in project schools and special schools cooperating with the pilot schools. Students of the Universities of Korça and Elbasan have carried out their internship in 28 target schools, where they have applied their theoretical knowledge and explored more thoroughly the subject of IE.

The Bachelor in Initial Teacher Training for pre-service teachers prepares preschool teachers (kindergarten teachers/educators) and primary school teachers. The programme consists in 180 ECTS and 2 of the modules, consisting in 12 ECTS, are about special education: Module on Special Pedagogy for CwD in regular and special education, and Module of History of Disability and Education Policy (6 ECTS each). Other modules are related to Inclusive Education as well, as all of them contain the

¹⁶¹The modules are accredited in 2017 by the agency of accreditation, whereas two modules, one about autism and the other about learning difficulties were already accredited prior to 2014. In October 2015-March 2017 the process of accreditation was blocked, as IZHA initiated the process of evaluation of teachers training needs, according to which the new programmes on teacher training will be developed by 2017.

concept of inclusion: Module on Teaching Methodology, Module on Psychology of Development and the Module on Early Childhood Intervention.

The Master Programmes of Teacher Training have one subject titled Disability and Special Educational Needs (SEN), included in the Module of Learning Theories and Teaching Methodologies. The Master of Teacher Training is enriched with a minor profile in supportive teacher. The Faculty of Education of University of Korça is working to open a 2-years professional training course for early childhood teachers and a new study programme on Inclusive Education for supportive teachers¹⁶², with the support of Save the Children¹⁶³.

Universities are training teachers for Inclusive Education. In Korça, regular schools are being prepared to accommodate the learning difficulties of CwD that are of a school-age, and of those who are already at school-age in special schools. All the CwD in special schools are able to attend regular schools, but parents have decided to take them to special schools merely for financial reasons and special care. Children in special school have some advantages compared to those at regular schools.

Table: Differences between special and regular schools

Special school	Regular school
Once a day food provision at school	No food provision in the regular education system
Small number of children per class (12-15)	Large number of children per class (up to 36)
More teacher attention due to the small number of children	Teacher attention divided among all class children
Special education teacher for CwD	Not all CwD have supportive teacher
IEP followed by special teachers on individual basis	IEP implemented by Supportive teacher (not all schools have ST)
Special education teacher more specialised on SEN	ST graduated as general teachers
CwD registered beyond age 6 (up to 9)	CwD registered at the age of 6
CwD stay at school beyond age 16 (up to 19)	CwD finish school at the age of 16
CwD are allowed to stay with mixed-age groups (10 years old with 17 years old)	CwD stay only with their peers

RED/EO are not working sufficiently on the transferring of CwD from special to regular schools. However, RED/EO are performing well regarding the provision of education at regular schools to preschool and school-age children. The RED/EOs have been strong partners of Universities in providing internship for initial teachers, and facilitating in-service teacher training. RED/EO staff in pilot regions are trained in ICF by the expertise offered from the Institute for the Development of Education and Science “Giuseppe Toniolo”, Modena, Italy. The training proved useful to assessment multidisciplinary commissions that assess CwD and decide upon their placement in regular and special education with IEP.

The project has increased universities capacities for teacher training. The assistance provided by the University of Bologna helped the Faculties of Education to compile a curriculum for in-service teacher training. Besides knowledge on special and Inclusive Education, the university staff were trained on the legal framework related to Inclusive Education, respectively Law on Pre-university education of 2012 and Normative Provisions of 2013. They provided training to in-service teachers

all over the pilot regions, schools, and kindergartens on how to implement the legislation about CwD education. They designed and crafted the new figure of education profession, which is of the supportive teacher. Supportive teachers are, for first time, trained by this project, thanks to the newly developed university programmes regarding this new profession.

University of Korça trained:

- Teachers to work with IEP;
- School principals to implement the Normative Dispositions;
- School commissions to work on IEP construction;
- School/kindergarten staff to implement IEP: preschool teachers, primary teacher, subject teachers, supportive teachers, class teachers, school psychologist/social worker;
- Supportive teachers to work as class/primary/subject supportive teacher to help CwD succeed through the IEP.

Inclusion in classroom

Children with disabilities and with learning difficulties feel included in the regular schools. They have created social relations and emotional bonds with their peers, and trust in teachers. Learning, playing, and communicating with other children has helped them reduce dependency on mothers and teachers, and has led them towards self-autonomy. Peer pressure has encouraged them to be like others, and to assume responsibilities for learning and socialisation. At regular schools, CwD stay longer with their peers than with the supportive teacher and class teacher, as contrasted to the first month of arrival at school.

“I like to come to school, because I have friends here, and I come to school for them. I used to stay in a day care centre; I had nothing to do there, I had no friends, I had no one whom to talk with. My friends at school love me and I love them back. They made school seem nice to me. They help me surf the Internet and find things I am interested in. I like music, but I was afraid of singing because of judgements. I was ashamed of singing in front of others, but my friends heard me singing, and they told me I was good at it. They are the jury! I don’t like to have the teacher around me all time. I don’t like it when my mom takes me to school every morning, and waits for me after school. I’m a grown up. None of my friends have any supportive teacher, or mother around at school. I’m like them. I know how to take care of myself, including others as well. I take care of my little niece. I realise I’m a grown up, and that I am not a child any more only when I’m with my niece. All caress me at home, but I don’t like it, because to them I’m still a little child. I want them to consider me as a grown up boy, as equal to them. I like to be with my friends when the school finishes, and to go to high school. I don’t want to be separated from my school friends.” – Interview with a CwD, Down syndrome, 9th grade, “3 I Korriku” school, Burrel.

The presence of CwD in regular classes has been a life lesson for other children as well. Classmates are more sensitive on the special needs of their friends with disabilities and learning difficulties. The early socialization has instilled in them empathy and solidarity. Socialisation with regular schoolmates has stimulated CwD development and interest for things of their age. Peers have developed social competence to care for people in need. They report that the presence of a friend with disability in the classroom has made them more sensitive towards younger siblings at home. The school programme has proved very helpful for the dissemination of information on disability and human rights. The school teachers and students’ councils organize many activities on CwD rights.

¹⁶² The education programme is going to be supported by University of Bologna and Save the Children, and the new project is going to start in July 2017.

¹⁶³ University of Vlora “Ismail Qemali”, Faculty of Education trains special education teachers, in the specialized pedagogy programme: <http://univlora.edu.al/wp-content/uploads/2015/04/Kurrikula-pedagogji-e-specializuar.pdf>

Class teachers organize once a week a class discussion on human rights, and the right to education for CwD and other marginalised children. In the subject of Civic Education, teachers organise many thematic discussions about social inclusion and respect for diversity, whereas students design projects on awareness-raising. Class teachers organise peer tutoring with the best friend of the CwD, to help the latter with the learning and socialization process, which is very relevant in the absence of the supportive teacher. The friendship goes beyond school, as peers invite their friends with disabilities in their personal festivities (birthdays, concerts, exhibitions) and provide them company after-school. Peers avowed to have very special feelings for their friends with disabilities, and try to include them in their own friendship circles:

“Fred is very lovely! He likes to be with us a lot and doesn’t like to stay with the teacher or familiars in school. He wants to be like us. He told his mother to stop accompanying him to school, because he knows the way to school. We consider him as one of us, equal to us. He is even better than us, because he is never angry at us, and he smiles a lot. He is so charming and sociable. I feel so well in his company, because he never judges me for what I say or how I look like. He forgives a lot, even those who bully him. He makes them feel ashamed because instead of offending them, he smiles them back. None of us has that ability to forgive the aggressor. He is the joy of our group. He is not so open to everyone though. He is open to us because he feels safe in our company. We are his friends, and he knows that. He talks to us about things he likes most, and he likes computers and music. He is a very talented singer, and sings at our birthdays and other school fest-activities organized by the class teacher. He is amazing; he makes friends everywhere, whereas I am very shy to make new friends. His new friends become our friends (old friends), and ask us frequently how he is doing. He can do the same things as us, and sometimes even more. Maybe, with a little help, he can work, and create his own family in future” – Interview with a student, “3 I Korriku” school, Burrel.

Inclusive practices in Kindergartens

Inclusion starts at an early age, when children are socialized outside of the family realm in child-care institutions, mainly in kindergartens. The kindergarten environment provides children with the necessary space for learning, playing, and socializing. The pilot kindergartens have created a lot of positive practices in relation to inclusion of CwD, and children with development disorders. Kindergartens are now under municipalities’ competence, which complicates the situation regarding education responsibilities. At present, kindergartens educational programmes are regulated by RED/EO competences of Curriculum Office. The preschool programme offered in kindergartens is subject to RED/EO supervision at the local level, and of ISHA at the national level. The competences of provision of educational programme in kindergartens may remain with RED/EO, and the municipality will cover other competences related to the operational aspects of care provision such as infrastructural, alimentary, and human resources. Kindergartens’ nursery and educational staff is hired by the municipality, whereas the competition for kindergartens educational staff is done at MoES portal.

“My child was diagnosed with infantile autism. He is 5 years old and is in kindergarten. Staying with other children has been very beneficial to his development. I can notice the change, because before he didn’t talk to anyone, including me, and I was so desperate. Now he talks to me and his friends, and communicates very well with teacher¹⁶⁴. Thanks to the supportive teacher his speech, even his eye contact, have improved. Now he communicates with words and eyes. He articulates well, and communicates with people. He works with a speech therapist on a daily basis for one hour. Kindergarten educators work with IEP that is prepared by the kindergarten commission for CwD composed of the principal, psychologist, educators, and supportive teacher. They asked me on IEP too. I apply IEP at home” – Interview with the mother of a pre-school child, Vlora

The Normative Provisions on Education are binding to kindergartens to the same extent as to schools. CwD education in kindergartens is similar to CwD education in primary schools. They are provided with IEP by the kindergarten commission, upon the recommendation of the Red/EO multidisciplinary commission. The kindergarten staff, working with children with disabilities, is part of the IEP commission as well, and trained by the project to assess disabilities and developmental disorders and to compile/ implement IEP. The principal sets-up the kindergarten IEP commission and appoints the its members which are the principal, the teachers of the child group (class), the school psychologist/social worker (psychosocial service), and the parent.

“We have a very good cooperation with RED psychosocial service, and we wish this cooperation to continue despite the fact that kindergartens are not RED depending institutions any more. RED has appointed a social worker to work with our kindergarten staff and CwD; out of 9 staff, 5 are trained by the project, and they are IEP commission members in kindergarten. We had a 12-day-training, and at the end we received a certificate with 6 ECTS from the University of Tirana & Korça. In our kindergarten we have one CwD with medical report that is provided with IEP. A MEDPAK volunteer is working with CwD as a supportive teacher for the IEP implementation. The IEP is implemented by the class teacher in collaboration with the supportive teacher. The child is of a pre-school age, and we are preparing her to attend the primary school. Her parents and we, would like to enroll the child in the pilot school project, where the staff is trained for Inclusive Education, but that school is too far away from the neighborhood, and the mother finds it impossible to send the child there. It would be easier if there was an inclusive school with trained staff in the neighborhood. If sent in a school without the provision of IEP and special education support, the child would face the risk of making regress, compared to what she has achieved up-to-now in the kindergarten.” – Interview with the principal of the kindergarten Nr. 12 in Korça.

Parents of children with developmental disorders are more reluctant to allow their child education with an IEP in the kindergartens. They believe that the child has no development problems, but a delayed growing or maturation due to the young age. Kindergarten teachers are working very hard to convince parents to place their preschool children in IEP, as parents think that if needed, the IEP will be applied at school, and not in kindergartens. However, despite the lack of IEP, kindergarten teachers have been working on tailored educational plans with preschool children. The training they have received from the project on inclusion at an early age, enabling children to live in community, and early socialization, has helped them work better with all children in kindergarten, especially with children with developmental disorders. Kindergarten teachers’ opinion, that the child should be included as soon as possible, is well-justified, because the very first years (0-5 years) are decisive for the development of the child, and support in kindergarten proves to be beneficial for later school development.

¹⁶⁴According to OECD, the three categories identified as Special Educational Needs (SEN) are: a) disability (due to organic causes), b) difficulties (emotional and behavioural difficulties and specific learning disorders), c) disadvantages (due to problematic socio-economic and cultural situations). In this text, when referring to children with SEN, we mean both children with disabilities and those with learning difficulties.

“I have not sent my child in kindergarten, because several years ago kindergartens didn’t accept children like mine. I kept him home until the age of 8, and I enrolled him at school at the age of 9. He was older than his peers, and perhaps it was late to benefit from individualized school support. But, the school IEP has helped him progress very fast. His teacher is very competent, as she is trained to work with children with learning disabilities. When I enrolled my son to this pilot school, I met the project parents group, and I’m learning a lot on how to handle my child’s disability; before I was very nervous and exhausted. I think that if my son had attended IEP in kindergarten, he would have performed far better in class with peers of same age. Now we must compensate the 9-year-lack of stimulation of education and socialization with peers at an early age. He went for some time in a day care center, but they didn’t provide education. I strongly believe that educational interventions should start at an early age, in kindergarten” – Interview with the mother of a CwD, at Haki Stërmilli school, Peshkopi.

GOOD PRACTICES AT COMMUNITY LEVEL

The project has mobilised community actors in promoting Inclusive Education. As a result of the community actors’ participation, the number of children with special educational needs¹⁶⁵ (SEN) enrolled in regular pilot primary schools have increased. The cooperation between local actors, such as school and CPU, has prevented and reduced the rate of school dropout¹⁶⁶ of children with disabilities. The collaboration among state institutions at the local level has remarkably contributed to the inclusion of children with disabilities¹⁶⁷ and learning difficulties at school. Common actions for Inclusive Education have made local communities and institutions aware and available to work together in order to develop inclusive cultures and practices at schools and in the society. Awareness on the right of CWDs and children with learning difficulties to education is increased thanks to a communication campaign that reached the population in the areas covered by the project and at the national level by public televisions. Target schools have taken resolute measures to respond to discriminatory behaviours or lack of inclusive services for CWDs by working out annual plans against discrimination, bullying, and school violence.

MEDPAK has organised annual awareness-raising activities for parents under the project. Through awareness meetings, the parents of children with disabilities and parents of other children have exchanged ideas on advocacy actions for children’s inclusion and rights to education. These activities in school community level have addressed issues related to children’s rights, non-discrimination, and positive parenting.

Good Practices: Parents

Parents work closely with teachers on IEP implementation. They provide each other with technical advises and mutual support. With MEDPAK facilitation, parents monitor teachers work at school.

Parents are trained in:

- CwD rights to education,
- Parental role in child education,
- Collaborating strategies with school services for special education,
- Social services at community level for PwD,
- Procedures of welfare protection,
- Advocacy and lobbying for children rights.

¹⁶⁵According to OECD, the three categories identified as Special Educational Needs (SEN) are: a) disability (due to organic causes), b) difficulties (emotional and behavioural difficulties and specific learning disorders), c) disadvantages (due to problematic socio-economic and cultural situations). In this text, when referring to children with SEN, we mean both children with disabilities and those with learning difficulties.

¹⁶⁶Equal to 7%, according to the report of the Ministry of Education and Science, “0 Drop-Out - Report 2011”

Parents admit that before the projects time, kindergartens and schools refused their children. The refusal happened because schools were not aware of the legal and policy framework: Law on Pre-university Education 2012, Normative Dispositions, and Strategy of Pre-university Education 2014-2020. The project duration corresponded with the implementation of the new framework on Inclusive Education (2014). The training of parents helped them understand their children rights, and ask for their application in mainstream education. Parents are satisfied with the service provision at regular schools, although admitting that inclusion is a process and cannot be fixed in three years. Parents report that supportive teachers have been crucial to the CwD education at regular schools. They admit that children make a far better progress in learning and socializing tasks with the support of the supportive teacher. Children feel very well at schools, among their peers, with whom engage in joint activities. Trained parents have built resilience for their CwD, and have established contacts with each other. MEDPAK has organized parents' groups to advocate for Inclusive Education in the neighbourhood schools. Parents (informal) network has helped them to support each other, while asking for their children rights.

CwD are at regular schools and kindergartens because their parents decided so, after being mobilised and trained on Inclusive Education. Before the project, parents were very reluctant and confused on the benefits of education in mainstream educational system. They thought that their children would be better off at special schools or residential and day services. Prior to the training, they were afraid to send their children in mainstream education due to the fear of discrimination by teachers and non-disabled children. The worries of parents were well justified, because prior to the new framework on Inclusive Education, mainstream education system had little to offer to CwD education. The training of teachers and RED/EO staffs has had tremendous impact on changing the school culture towards welcoming CwD at school. Parents provide many accounts on the positive effect of training on school culture, teaching methodology, and CwD inclusion at school.

"My son has a lot of fantasy and is very creative. He is such a smart child, and with some help, he can become autonomous, and do many things just like other children. I was so afraid that upon his enrolment to school, he would be bullied by other children and neglected by teachers. I have had a very bad experience with previous kindergartens and schools, as they didn't accepted my child. The only place that accepted him was a day care centre, without educational programme. Other children with disabilities spent all day in the centre without significant support for independent living. When this project began, I was informed by other parents on the pilot schools on Inclusive Education that would accept our children. The staffs are trained and we have a very good relationship with them. Teachers are working on professional basis for the education of my child, based on IEP. I participated in the school commission for IEP design, upon the invitation of the school principal. I have observed my child education in class for many days and I have witnessed the great dedication of the class teacher for my son and all the other 36 children. Supportive teacher assists my child in achieving the IEP objectives. She is very careful and friendly to my son. She has helped my son in developing artistic skills and socialising with friends" – Interview with a mother, "Qemal Mici", Durrës.

Inclusive Education has had a direct impact on the mothers' working opportunities. Before sending children to kindergartens or schools, because the institutions refused them access, mothers were forced to stay home. In Albania, the main role of the woman is to take care of the child, which combined with economic strain and patriarchal norms, penalises women's economic participation. When children went to kindergartens and schools, mothers' available time increased, and they found a job. Many of them are now economically active. Although this is an indirect impact of the project, it has enormously beneficial to the CwD families, by allowing mothers to work.

¹⁶⁷Art. I CRPD: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others".

“I have tried many times to arrange kindergarten and school education for my child, but the answer was negative. I had no choice but to stay home, and take care for her. I was almost depressed, and I blamed my daughter for the fact of being disabled, and I wept for my destiny. She felt that I was unhappy, and tried to please me. My life changed when I met the parents group, who told me about the project schools. I have brought my daughter at school since then, and I could have time for myself and my family. I run a small business of tailoring clothes, and I have employed a few women. I follow my daughter’s education at home with IEP, and I discuss freely with her teacher, who informs me about the academic progress. I am very happy with the school support.” – Interview with mother, “Demir Gashi” school, Peshkopi.

As a result of MEDPAK work with parents, a new branch of MEDPAK is established in Korça and parents groups in all regions. Parents have been very outspoken in asking Inclusive Education at regular schools. They have advocated near RED/EO for the provision of supportive teachers, and have insisted on the implementation of the legal framework on Inclusive Education by the local authorities. They have monitored the assessment procedure of RED/EO multidisciplinary commissions for CwD, and have participated in the school commission for CwD with an IEP.

“My son has got autism. He learned the social norms at school, began to communicate with other children, and feels good in peers’ company as they provide him with love. He is not an outsider in the classroom, and the teacher doesn’t differentiate him from others, but she treats him in equally with others instead, and is very responsible. I have seen her managing large number of children in her classroom professionally, by paying attention to each one of them. She finds time to work with my son too.” – Interview with the mother, “Ali Demi” school, Vlora.

Parents have tried to persuade the elected officials to allocate more funds to schools and to the community service for a full inclusion of CwD in the community life. Parents, being aware of the positive results of Inclusive Education, are now advocating for early childhood inclusion in social care services, in child nurseries and kindergartens. They think that early interventions generate higher chances for development and rehabilitation. Parents groups inform young parents of CwD on the opportunities of Inclusive Education, and guide them in the network of educational, health, and social services. For young people with disabilities that are completing the compulsory school level, parents are asking for the transition at high school with IEP and supportive teachers, if needed. They are asking high schools to prepare for mentorship on PwD job-transition, and employment bureaus to prepare for supported employment of young employees with disabilities. Parental requests to the public authorities are wisely prepared in long meetings, where they discuss about their children needs and opportunities. They have addressed many requests to the elected officials of local governments to support Inclusive Education and establish the chain of community based rehabilitation (CBR). Parents’ diversity, regarding profession, level of education, age, social position, and leadership equip the parents group with a valuable asset in pushing forward the agenda of social inclusion for PwD.

Social service provision

Good practice concerns the mapping of civil society organizations and local institutions, dealing with the inclusion of children with SENs in 7 areas covered by the project. MEDPAK has identified the local associations and institutions that support CWD and Inclusive Education. The representatives of the associations involved are trained on the rights of persons with disabilities, children with SENs at risk of exclusion, and awareness-raising. In the cities of Elbasan and Durrës, municipalities and local NGOs have started establishing community based services (CBS) under the framework of the National Strategy of Social Protection. MEDPAK has mobilised parents to advocate for local services, and has facilitated the meetings among civil society and local authorities. Bimonthly meetings are organised among the civil society organizations, local institutions, and schools in order to share experiences and resources aimed at supporting the inclusion of children with SEN.

MEDPAK has promoted collaboration among the pilot schools and representatives of local communities through the organization of regular meetings on thematic issues related to service provision. As a result of regular municipal thematic meetings, positive practices are established for community participation in Inclusive Education.

Based on MoU among MoES, MoH and Mol, the local decentralised institutions have the duty to cooperate for education at the community level. The schools, RED/EO, parents' organizations, state social services, municipal services (civil registry offices, CPUs, administrators, kindergartens, and social services), health services, and police stations have been working together to identify CwD and enrol them to school. The cooperation among local institutions and parents' groups has facilitated CwD access of into regular schools. RED/EO psychosocial services have collaborated with primary health service to identify school age children, and with kindergartens to identify pre-school age children. Schools have been working with civil registry offices to identify CwD of school age in neighbourhoods, and with municipal administration to find their families geographical locations (addresses). Schools and RED/EO have worked with the CPU to identify school-age CwD, at risk of school drop-out and to enrol them to school. Schools and RED/EO have been working with police stations, in order to receive information regarding identified children whose families have been moving. RED/EO psycho-social services and supportive teachers have bridged the gap of communication among regular schools and special schools, by enabling their cooperation in relation to CwD inclusion in mainstream education with due special education support from special schools teachers.

Education is one of the spaces of inclusion and the precursor of social inclusion. However, education doesn't suffice to finalise the project of social inclusion for PwD, but places a great importance on the creation of opportunities and conditions within the community for PwD independent living and full participation in the community life. There are several practices established in that direction, especially involving social service at central and municipal level.

MEDPAK has signed agreements with the municipalities of the six regions for cooperation in support of Inclusive Education. Under the framework of these agreements, local governments commit to take measures for Inclusive Education and universal design ¹⁶⁸, which lead to an inclusive society. In cooperation with MEDPAK, local parents' groups and pilot schools, local governments have organised a variety of activities that contribute to PwD social inclusion and Inclusive Education. In addition to cooperation with schools for the identification of CwD at school age, municipalities have collaborated with MEDPAK to support social service provision at the community level by drafting local plans for social protection and encouraging the activity of local social service providers. Save the Children is collaborating with the municipality of Durrës in establishing community based rehabilitation services, to provide CwD with care and educational programmes.

Pilot school teachers have identified CwD at school, who are not beneficiaries of the social protection scheme, and recommended their families to require welfare support and social services. The school list of CwD is reviewed by the municipal social worker for eligibility in the welfare cash and services benefit scheme. CPU and school psychosocial service exchange information on CwD who are outside of the education system for different reasons, and contact their families to bring children back to school. The training of CwD parents has increased cooperation among them and social services at the local level, both centralised and decentralised services, to ask for more community based services (CBS). Since the kindergartens have moved under the dependency of municipalities, the latter being provided by the project with one asset that is the human capital of trained kindergartens teachers.

¹⁶⁸Universal design is a basic principle of social inclusion: <http://universaldesign.ie/What-is-Universal-Design/>

Municipalities have developed local plans for the social development 2017-2020 ¹⁶⁹, under the framework of the National Strategy of Social Protection (2015-2020). The outcome of the cooperation among Save the Children, MEDPAK, and Durrës municipality is the assessment of needs for social services in school and out of school contexts. As a result of the assessment, Save the Children and the organization of parents “Help the Life” have established a CBS for child care after school in the region of Vlora and Durrës:

“The day centre for children with disabilities in Durrës¹⁷⁰ accommodates 45 children ranging from 2 to 21 years old. The centre is frequented by children who don’t attend school. The service aims at bringing them back to school. All children have a medical report from the medical commission (KMCAP) and suffer from autism, ADHD, and intellectual disability. The centre has a reduced number of staff; there are 2 part-time and 3 full-time employees, including the manager. The functioning of the centre depends heavily on the cooperation with other actors such as school teachers and psycho-social service specialist. The centre provides rehabilitation and therapy services to 45 children that are attending regular schools and special schools. The IEP is composed of the centre’s staff, the regular school psychologist, and the children’s teacher. School psychologists and teachers are trained by the project on the IEP, whereas the staff of the centre is trained by the child protection project of Save the Children. Children learn behavioural and social skills with the assistance of a child development specialist, such a psychologist, speech-therapist, occupational therapist, special educator, and physiotherapist. Parents work with the child IEP objectives at home and are a great help to the child’s progress in education. They are trained by MEDPAK on IEP¹⁷¹. The centre has organized joint activities with health service and social service to raise awareness on the rights of CwD to health and social care. The centre keeps a close cooperation with the municipal social service and the CPU specialist. MEDPAK has provided two volunteers from the University of Durrës, who follow the internship nearby the centre, and work as supportive teachers with the centre’s children with disabilities provided with IEP.” – Interview with the project manager of the day care centre, Durrës.

The residential centre for CwD in Durrës will pass under the management of the municipality social sector, and will become a resource centre for special education. Children from the residential centre will attend the pilot regular schools to be integrated in the mainstream education system, if haven’t reached the age of 16. Older people with disabilities will benefit from the services of the centre that will become a day care centre, under the framework of PwD deinstitutionalisation. The trained school staff is capable of working with the deinstitutionalised children, and involve them in regular classes. Those children will be provided with IEP by the school commissions of pilot schools to follow the steps of primary and secondary education. The pilot schools and kindergartens teaching staff is of great help for all CwD in day-care centres. The cooperation among project pilot schools and community centres is an added value to the project.

Furthermore, the project has established good relationship with the health service to promote prenatal health and reproductive health in order to ensure healthy pregnancy in order to avoid the occurrence of congenital disorders. The project has organized in cooperation with the health service informing sessions on the prevention of impairments in early childhood and young age, and mental health problems.

¹⁶⁹<http://www.sociale.gov.al/all/dokumente/strategji/strategjia-kombetare-e-mbrojtjes-sociale&page=1>

¹⁷⁰The day care centre of Durrës is set up by another project of Save the Children and managed by the parents’ organization “Help the Life” which is specialized in the field of social service provision for CwD. It is financially supported by Save the children for two years, and upon the termination of this period it will pass to the municipality.

“In Elbasan, MEDPAK has established a sustainable cooperation. The project works in close cooperation with the social service sector of the municipality including the CPU, the office for NE (cash economic aid), the sector for PwD, and the Section for Protection against Domestic Violence. MEDPAK has organized two working round tables on services for PwD and the municipal service is continuing this tradition. The municipality organises thematic working round tables on PwD and community based services. Following the practice established by MEDPAK, the municipality organises bimonthly tables with RED, health service, mental health day care service, and municipal social service to point out the PwD problems and the areas of joint work. The social service cooperates with MEDPAK to identify CwD that need social protection. MEDPAK assists their families in fulfilling the procedures for the welfare benefit. MEDPAK works with the CPU to identify the children with disabilities that are out of school aiming at taking them back to school. The thematic tables, established as practice by MEDPAK, have highlighted the need for community based services for CwD, which has guided the municipality policy towards services. The municipality has collaborated with local service providers to increase the number of social services for PwD, by providing them material support and space for services.” – Interview with the head of the social service sector of Municipality of Elbasan.

Municipality of Elbasan manages the municipal social service centre BALASHE, which cooperates with MERDPAK for CwD education. The social centre for Roma in Rapishte cooperates with the municipality and MEDPAK on identifying Roma children that are out of school system. In the centre of the aged people care, MEDPAK monitors the standards of social services. The centre for Down syndrome “Future for you” collaborates with the project on training parents and staff on Inclusive Education. Parents of children with Down syndrome are trained on advocacy and are asking the municipality to subvert the day care service. The District of Elbasan has established a Care Centre for Autism, which cooperates with the project to identify children with autism, and to send them for assessment to the RED multidisciplinary commission. The assessed children are placed at regular schools, where they are taught with IEP. The pilot kindergartens staff is prepared to work with children with autism. In 18 administrative units, the social workers serve as a focal point for the disability, and two of them are well trained on disability issues as they have previous volunteer experience with the civil society.

School activities for awareness-raising

Awareness activities are carried out by target schools to promote the “inclusive school” in their respective communities such as: theatre workshops, cultural events, and movie projections followed by discussions. The school staff and students of the pilot schools have carried out annual open events aimed at promoting inclusive schools among the community. Communicative messages used in awareness-raising activities were prepared by students. MEDPAK facilitators have coordinated the events and carried out annual sessions of movie projections on the issue of disability. MEDPAK and local actors have broadcasted the activities for Inclusive Education carried out in pilot areas, in all the local and national TVs. The most important, has been the students’ activity for awareness-raising at school and in the community.

Students’ Government activities

Students’ Governments in pilot schools have been very active in carrying out project activities. They use Save the Children manual for school activities on Inclusive Education. The Students’ Government is facilitated by a school teacher, which is a subject teacher, named the coordinator of Students’ Government, who helps the students in organizing awareness-raising activities in and out of school. In cooperation with the Students’ Government, the coordinator designs the annual plan of activities based on the term themed school plan, approved by RED/EO. Since the pilot schools have included Inclusive Education as one of the top priorities of the school plan, the Students’ Government has included Inclusive Education in the priority objectives of the annual plans as well. They organize many activities for human rights, Inclusive Education, and respect for diversity at school. They have identified and promoted school talents in arts and sports. They involve children with disabilities in activities to

¹⁷¹Portage method was introduced by the previous project of Save the Children on Inclusive Education.

make them visible to the school and larger community, and to empower them to be self-confident in front of the public. They have participated in TV spots against discrimination of children with disabilities¹⁷² and organize radio¹⁷³ talks broadcasted at the national level. This project has provided the students with the right to speak their minds and share their ideas.

“Erdi is our friend. He is diagnosed with ADHD. In the beginning, he didn’t attend school regularly and had a lot of absences. He became very nervous from the noise in the classroom and lost his temper and attention quite easily. He didn’t like school and used to stay apart. The Students’ Government identified him and started to talk with him. We asked him about the things he liked and what he wanted to become. He told us that he liked painting, and showed us some works. We talked to the coordinator, and she informed the art teacher, who started to work with him on paintings. On the occasion of 1st June, the school organized an exhibition with the paintings of school talents, where he participated and received an award. Following the exhibition, with the assistance of the art teacher, he composed a lot of beautiful paintings and debuted in a painting exhibition at the region level with other painters. He won the best painting price, and now he has opened a department of painting in a gallery of arts in Tirana. Our school is so proud of him. He made us famous!” – Interview with a student “Demir Gashi” school, Peshkopi.

The Students’ Government activities have contributed to the changing of school culture regarding discrimination and social exclusion. Students have organized several events against discrimination, bullying, and school violence. Facilitators, school principals, and teachers trained by the project on Inclusive Education, has provided an enormous help to the government during its work. Students’ Government has organized many awareness-raising activities on Inclusive Education during specific festive days connected to CwD, such as: 3rd of December (the day of PwD rights), 2nd of April (the day of Down syndrome), and 21st of April (the day of Autism). They have organized open activities to inform the community on the CwD rights, and have handed out leaflets on human rights. Furthermore, they have undertaken fundraising to increase the fund of school library with titles on inclusion. The Students’ Government has participated actively in meetings with parents as well.

RECOMMENDATIONS

As it can be noticed from the above-mentioned information, Inclusive Education is becoming a reality for CwD in 6 regions. The good practices need to be expanded and replicated in the other 6 regions in order to create a standardised provision of Inclusive Education all over the country. Based on the analysis of positive steps undertaken towards Inclusive Education in the pilot educational institutions, it is noticed that there are still problems to be solved at the central and local level regarding culture, policy, and practice of inclusion. The following recommendations may contribute in addressing the existing challenges for Inclusive Education.

¹⁷²The TV spot is a previous product of the programme of Save the Children on Inclusive Education of Children with Disabilities.

¹⁷³Radio talks are organized by the programme Radio-wave of the Save the Children, another programme for youth empowerment in decision-making.

RECOMMENDATION FOR ACCESS

CwD Identification

The procedures for identification of children are already settled in the pilot areas, but only among target educational institutions and state institutions at the local level. These procedures are working well, based on official agreements among central institutions dealing with education (MU3 and MU4): MoES, MoH, Mol and MoSWY. As a result of the cooperation at the local level, the number of identified CwD at school age and out of school system has increased. This practice should be expanded beyond target schools and RED/EO need to train all primary schools to identify and locate CwD in their neighbour areas, in cooperation with other public institutions such as health service, social service, and municipality. RED/EO should involve parents' organizations and other NGOs in the identification process by connecting them with schools and other public institutions at the local level. The screening tools and checklists for identifying the neurodevelopmental problems at school aged children developed by Save the Children are recommended to be inserted in the MES web page, and MES needs to ensure provision of all in-service teachers with these tools, which facilitate the early identification process among school age children.

School Enrolment

Children with disabilities are enrolled in target kindergartens and schools as a result of application of legislation and policy on Inclusive Education in these institutions. The educational institutions staffs work with parents to inform them on the services offered by school for Inclusive Education. However, target institutions cannot and should not accommodate all CwD in the region. CwD should go to the nearest school in the community and not necessarily to pilot schools. In order for all CwD to have access in regular schooling, all primary schools should be inclusive, and the staff needs to be trained to work with families aiming at bringing children to school. Some parents have hesitated to send children in neighbourhood schools, because these schools are not prepared for inclusion, and some have even refused CwD, which has forced parents to opt for special education. It is strongly recommended that school staff be trained on legislation and policy framework on education, and refrain from refusing or denying education to CwD. MoES, IZHA and RED/EO should train all public education institutions on the Inclusive Education framework (primary and secondary national legislation and strategies for education and disability).

School Attending

Children in pilot regular kindergartens and schools are regularly attending educational programmes at the pre-school and primary level. The educational institutions have provided them with IEP, which is implemented at schools (by teachers) and at home (by parents). Although target institutions have worked to exchange good practices with other teachers from other schools, their help is sporadic, prompt on individual requests, and not systematic. In order for all CwD and children with learning difficulties to be able to attend school, all public educational institutions, administrative and teaching staff need training on Inclusive Education and IEP instruments. MoES, IZHA, and RED/EO should train all in-service teachers on how to assess special educational needs and learning difficulties, and how to work with IEP. Parents need training as well, as they follow the IEP objectives in home.

School Retention

All children attending pilot schools have a low level of school retention. None of them has quitted, repeated or dropped-out school. The fact that school-retention is low implies that schools culture and professionalism have positively changed. However, despite educational service that depends on teachers, CwD and children with SEN are not getting any other kind of specialized support at schools such as physiotherapy, speech therapy, behavioural and sport therapy, and ergo or occupational therapies that enable their autonomy at school. It is highly recommended that MoES and municipalities coordinate their efforts on the provision of specialised rehabilitation support to CwD in mainstream education system.

Data-base

A data-base on the number of CwD at school is compiled and piloted for the six regions, and then inserted in the webpage of the ministry dataak.arsimi.gov.al. It is updated and desegregated by socio-educative variables such as age, location, disability, impairment, special needs, progress on IEP and school attendance. The data base is used by 7 RED/EO that are connected to MoES, EMIS programmes on statistical data management, and its use is recommended further at the national level. The data base offers on-time accurate statistics that provide information on the number of CwD school-age and school attendance. Statistics are a precondition for the policymaking, and the database is fulfilling that objective. It is recommended that MoES provides training to focal points in RED/EO for collecting data, and school focal points for inserting the data of children, following the education in their institutions.

Barriers removal

21 public education institutions included in the project are fully accessible due to project investments in infrastructure. It is obvious that only a small part of institutions at the regional level is accessible, which means that other kindergartens and schools are not. Accessibility is a precondition for access in education especially for CwD with mobility impairment, visual impairment and orientation difficulties. The municipalities must invest more in school-infrastructure to ensure access and hygiene to all children at school. As evidenced by parents, the toilets hygiene was a major barrier to children with disabilities to join regular schools. MoES is responsible for ensuring school infrastructure standards, and monitoring the work of local government units. Removal of architectural barriers and improvement of hygiene standards at schools is an urgent need to be addressed. It deals with the basic conditions for school access.

Another type of barrier relates to attitudes against disability. Save the Children broadcasted in public national televisions an awareness raising campaign for CwD rights for education, the video of which is available in YouTube named "Inclusive Education for Children with Disability".

Moreover, target schools have carried out many activities to change the school population mind-set on CwD rights. However, more efforts should be done at the national and community level to remove cultural barriers. MoES should encourage, urge, and support school plans on Inclusive Education, and school activities against discrimination on the grounds of disability. MoES and other central institutions, and especially the National Council on Disability, which is led by MoSWY, need to carry out national and local campaigns to target cultural change and to increase the level of protection of PwD rights. CwD parents should be more active in reporting cases of refusal and denial by the part of the school service staff, by addressing their complaints to MoES and to NHRIs, People's Advocate and Commissioner on Antidiscrimination.

Recommendations for Quality Education

Community services

Good practices in Inclusive Education are developed due to investments on quality education. An

increase of public investments in education, at the central and local level, is highly recommended to guarantee access and quality to CwD education, and to maintain the results of good practices. MoES and the local government should finance educational services for children with disabilities. Financing is needed from the budget of different government sectors as well, such as health and social sector, to support community based rehabilitation services for children with disabilities. Different services need to establish referral mechanisms, in order to improve the cost-effectiveness of budget allocations. CBS services typology needs to be diversified, and the quality needs to be improved, in order to build a system of community based rehabilitation (CBR). MoES and municipalities need to provide in-school specialised support to optimise CwD learning and wellbeing.

Disability assessment

The policy document on disability, National Disability Action Plan 2015-2020, has introduced a new concept on disability assessment based on the WHO biopsychosocial model. The practices of disability assessment already exist for the categorization. The existing model is medical-oriented and doesn't rely on WHO model on disability. The old model has been traditionally used by the medical commissions that categorize disability and working capacity (KMCAP). Children are assessed by the same commissions similarly to adults.

The medical report is the official document that provides CwD access to social care protection, in cash or services, and to other financial facilities to PwD such as education cost subvention in higher education, and exemption from taxes. Although not mandatory for Inclusive Education, KMCAP is the document that provides CwD access to IEP, and the provision of a supportive teacher. Schools and RED/EO condition assessment with KMPCAP report, otherwise the child is not granted with access to IEP and a supportive teacher. Children with disabilities and SEN are recommended to be examined by KMCAP, and to get the medical report in order to have access in regular schools with IEP, and a supportive teacher. That practice is contradicted by parents who have asked quality education regardless the medical examination.

They have not sent children to KMCAP categorization and have taken the risk of not having their children provided with IEP and supportive teacher. Some parents, who stopped resisting, have sent children to KMCAP categorization commission just to get the report. They wouldn't have taken this step if it weren't for the schools' insistence. Some RED/EO multidisciplinary commission members have found the KMCAP report useless for educational needs, as it does not provide any recommendations for additional support in education, which demystifies the KMCAP report relevance for access in quality education. Some RED/EO have recommended IEP without KMCAP report, which means that it is not necessary for the child to be provided with IEP and a supportive teacher. However, given the confusion about the relevance of KMCAP medical categorisation report for CwD quality education, it is necessary that the procedure of disability assessment is clarified and standardised based on WHO biopsychosocial model, that combines the expertise from health, education, and social sector.

ICF assessment

The target RED/EO are trained on the assessment of CwD special educational needs based on ICF –CY model of WHO. The practice of assessment is already settled, and 6.5% of CwD in 6 regions are assessed with that practice by RED/EO multidisciplinary commissions for the assessment of disability. These children are enrolled to and currently attending the regular educational institutions of the project. They are a tiny minority of children that are already included in regular schools, while all other CwD are in need of assessment and waiting to be equipped with IEP and supportive teachers at schools.

The practice of ICF-based assessment needs to be expanded upon all CwD, as it has proved to be effective in assessing child needs and the necessary support. MoES should provide training to all RED/EO multidisciplinary commissions to use ICF-FY check list which is a world-wide used standardised instrument for assessment of CwD needs in education. Since the assessment commissions of RED/

EO are multidisciplinary, MoES needs to set up institutional mechanisms to support RED/EO multidisciplinary assessment commission work and unify the assessment procedure: health, education and social needs assessment. Therefore, is strongly recommended the establishment of a multi-sector approach for CwD assessment by connecting education, health, and social welfare sectors. The three sectors need to be better connected, so that their response to the needs of children with disabilities be improved. CSOs should be part of the cooperation mechanism.

Index for Inclusion

The target schools have conducted a self-evaluation based on the international instruments of Index for Inclusion, which informs schools on the level of inclusion in relation to practices of inclusive culture, inclusive school policies, and inclusive practices. Based on the self-evaluation with index for inclusion, schools have worked out Inclusive Education measures, and included them in the mid-term school plan which is an official school document approved by RED/EO. The evaluation was conducted through three lenses, from the perspective of teachers, parents, and students.

The measures address exclusion/inclusion in three dimensions: cultural (fighting discrimination, bullying, and school violence; increasing community participation), policy (working out school plans, internal rules for Inclusive Education); and practice (establishing inclusive practice in the teaching methodology, peers support, and parental cooperation). The index for inclusion has helped schools to change themselves at the cultural and practical level. This positive practice is tremendously effective in transforming schools into Inclusive Education spaces. MoES needs to expand the use of the school self-evaluation based on the index for inclusion as a positive practice at the national and international level.

Supportive teachers

The supportive teacher is a new profession which emerged to answer to the Normative Provisions in chapter XV on “Education of children with disabilities”, and as such is an evolving concept. However, in the pilot regions, the practice is almost settled as pilot schools are already provided with supportive teachers. They are appointed at schools in three ways:

- Supportive teachers provided by Save the Children and MEDPAK on volunteer basis;
- Supportive teachers provided by parents: the mother of the child operates as the supportive teacher in primary and preschool classrooms, or parents pay a supportive teacher to work with the child at school and help the classroom teacher;
- Supportive teacher hired by RED/EO on a competition basis (MoES teacher portal)

The supportive teacher is hired on the basis of the Article 57, of Law “On Pre-university Education” and has the same formal status as other teachers. However, CwD are not provided with supportive teachers regardless of the high need for this profession. RED/EO has not provided a sufficient number of supportive teachers neither in the pilot schools of the project, and the rest is offered by the project and by parents. The only sustainable way for having supportive teachers is employment. MoES should employ supportive teachers for all CwD at regular schools.

Donors support and family provision are not sustainable and obligatory. Supportive teachers are not provided by donor-funds any more, whereas teachers hired by families may not be available. Furthermore, the provision of private teaching service in public education system is a flagrant violation of CwD right to education, and to the principle of equal treatment. Parents need to address complaints on the violations of the right to education, and equal and fair treatment to MoES, National Council on Disability, and People’s Advocate and Commissioner for Antidiscrimination. Supportive teachers appointed by MoES, need training on IE and inclusive pedagogy. The role of supportive teacher needs to be empowered by their standardised profiles.

Actually, supportive teachers seem to be more like assistants of a CWD rather than a supportive teacher for the class teacher and the child. The supportive teacher role and responsibilities need to be clarified vis-à-vis the role and responsibilities of regular class teacher. The supportive teacher is a qualified educational professional in mainstream education that provides support to children with difficulties in learning.

Professionals' capacity building

It is recommended to work towards the improvement of professionals' initial education, by offering them more relevant practical knowledge. Faculties of Education need to cooperate to unify their curriculum, or standardize them in order to provide a basic knowledge at core curriculum to all initial teachers on Inclusive Education. Departments of Education in all universities that prepare teachers, should communicate and share the curriculum in order to provide for student mobility, standard, and assessment. In-service teachers' capacity building should be structured in a comprehensive and planned manner, including mentorships and supervisions. Universities Centres for Teacher Training should provide accredited training programmes on Inclusive Education to in-service teachers' staff. They need to balance in the teaching programmes the theoretical part with practical skills, and on-the job training. IEP, ICF, and Index for Inclusion should be part of the pre-service and in-service teacher training.

Special schools

Special schools need to be transformed into resource centres for special education. They can perform their services in support of Inclusive Education in several ways:

- Provide support to regular and supportive teachers in special and regular schools;
- Provide itinerant special education teachers to cover more than one school, to support teacher on IEP, students with disabilities on one-to-one basis, and class teachers having children with disabilities in IEP;
- Provide mobile special education teams to work at regular schools for child rehabilitation;
- Provide in-service teacher training sessions on disability;
- Provide students with disabilities working skills mentorship.

It is important that MoES in cooperation with MoSWY develop a detailed strategy for transforming special schools to resource schools.

Recommendations on Community Participation

Awareness campaigns are the motor of the changing of the community culture, and raising public support for Inclusive Education at the societal and institutional level. MoES needs to support school campaigns for Inclusive Education, and school activities as community centres. People and children with disabilities should be involved in awareness-raising activities, and campaigning to provide positive models, and be presented in an affirmative and positive manner, in order to change the charity attitudes. Schools should increase visibility of children with disabilities, by involving them in the campaign and volunteer activities with mainstream children, to maximise attitudinal change and solidarity. Parents should carry out awareness-raising activities about the importance of early detection, intervention, and inclusion. Schools should strengthen cooperation with local government authorities and state institutions at the local level to increase funds for Inclusive Education.

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ANNEXES

Index for Inclusion: School questionnaire

Target institutions part of the project consulted during the process of providing data's for this report.

SAMPLE NO	SITE NAME (Name of school/ ECCD centre)	PROJECT NAME	DISTRICT/ AREA	TOWN/ COMMUNITY	LOCALITY TYPE
1	Sevasti Qirjazi(city)	School	Korça	Korça	Urban
2&3	Agim Maliqi(village)	School and kindergarden	Korça	Maliq	Rural
4	Kopshti nr. 12 (Sorrosi)City)	Kindergarten	Korça	Korça	Urban
5	Urani Rumbo(city)	School	Gjirokastra	Gjirokastra	Urban
6 & 7	Muhamed Gjollasha(village)	School and kindergarden	Gjirokastra	Lazarat	Rural
8	Cicerimat (city)	Kindergarten	Gjirokastra	Gjirokastra	Urban
9	Avni Rustemi (city)	School	Vlora	Vlora	Urban
10&11	Balil Perlari (village)	School and kindergarden	Vlora	Orikum	Rural
12	I Maji (city)	Kindergarten	Vlora	Vlora	Urban
13	31 Korriku(city)	School	Burrel	Burrel	Urban
14 & 15	Ali Metra (village)	School and kindergarden	Burrel	Komsi	Rural
16	Kopshti 2 (city)	Kindergarten	Burrel	Burrel	Urban
17	Qemal Mici (city)	School	Durrës	Durrës	Urban
18&19	Njazi Mastori (village)	School and kindergarden	Durrës	Sukth	Rural
20	Kopshti Parafabrikat (city)	Kindergarten	Durrës	Durrës	Urban
21	Fadil Gurmani (city)	School	Elbasan	Elbasan	Urban
22	Kopshti 2 (city)	Kindergarten	Elbasan	Elbasan	Urban
23 & 24	Vasil Belshi Village)	School and kindergarden	Elbasan	Shtermen	Rural
25	Demir Gashi (city)	School	Dibra	Peshkopi	Urban
26	Kopshti 1 (city)	Kindergarten	Dibra	Peshkopi	Urban
27&28	Haki Stermilli (village)	School and kindergarden	Peshkopi	Melan	Rural

Visited institutions

SAMPLE NO	SITE NAME (Name of school/ ECCD centre)	PROJECT NAME	DISTRICT/ AREA	TOWN/ COMMUNITY	LOCALITY TYPE
1	Sevasti Qirjazi(city)	School	Korça	Korça	Urban
2&3	Agim Maliqi(village)	School and kindergarden	Korça	Maliq	Rural
4	Kopshti nr. 12 (Sorrosi)City)	Kindergarten	Korça	Korça	Urban
5	Urani Rumbo(city)	School	Gjirokastra	Gjirokastra	Urban
6	Avni Rustemi (city)	School	Vlora	Vlora	Urban
7	31 Korriku(city)	School	Burrel	Burrel	Urban
8&9	Ali Metra (village)	School and kindergarden	Burrel	Komsi	Rural
10	Kopshti 2 (city)	Kindergarten	Burrel	Burrel	Urban
11	Qemal Mici (city)	School	Durrës	Durrës	Urban
12	Fadil Gurmani (city)	School	Elbasan	Elbasan	Urban
13	Kopshti 2 (city)	Kindergarten	Elbasan	Elbasan	Urban
14	Demir Gashi (city)	School	Dibra	Peshkopi	Urban
15	Kopshti 1 (city)	Kindergarten	Dibra	Peshkopi	Urban
16&17	Haki Stermilli (village)	School and kindergarden	Peshkopi	Melan	Rural

QUESTIONNAIRE 1: INDICATORS

Please tick the boxes for the the groups below which describe your involvement with the school:

- ☐ teacher
 ☐ teaching assistant
 ☐ other member of staff
 ☐ parent/carer
☐ child or young person
 ☐ governor
 ☐ other (please specify) _____

Please tick the box that best reflects your opinion ►

Agree
 Agree and disagree
 Disagree
 Need more information

Dimension A – Creating inclusive cultures						
A1: Building community	1	Everyone is welcomed.				
	2	Staff co-operate.				
	3	Children help each other.				
	4	Staff and children respect one another.				
	5	Staff and parents/carers collaborate.				
	6	Staff and governors work well together.				
	7	The school is a model of democratic citizenship.				
	8	The school encourages an understanding of the interconnections between people around the world.				
	9	Adults and children are responsive to a variety of ways of being a gender.				
	10	The school and local communities develop each other.				
	11	Staff link what happens in school to children's lives at home.				
A2: Establishing inclusive values	1	The school develops shared inclusive values.				
	2	The school encourages respect for all human rights.				
	3	The school encourages respect for the integrity of planet earth.				
	4	Inclusion is viewed as increasing participation for all.				
	5	Expectations are high for all children.				
	6	Children are valued equally.				
	7	The school counters all forms of discrimination.				
	8	The school promotes non-violent interactions and resolutions to disputes.				
	9	The school encourages children and adults to feel good about themselves.				
	10	The school contributes to the health of children and adults.				
Dimension B – Producing inclusive policies						
B1: Developing the school for all	1	The school has a participatory development process.				
	2	The school has an inclusive approach to leadership.				
	3	Appointments and promotions are fair.				
	4	Staff expertise is known and used.				
	5	All new staff are helped to settle into the school.				
	6	The school seeks to admit all children from its locality.				
	7	All new children are helped to settle into the school.				
	8	Teaching and learning groups are arranged fairly to support all children's learning.				
	9	Children are well prepared for moving on to other settings.				
	10	The school makes its buildings physically accessible to all people.				
	11	The buildings and grounds are developed to support participation of all.				
	12	The school reduces its carbon footprint and use of water.				
	13	The school contributes to the reduction of waste.				

Please tick the box that best reflects your opinion ►

Agree
Agree and
disagree
Disagree
Need more
information

B2: Organising support for diversity	1	All forms of support are co-ordinated.				
	2	Professional development activities help staff to respond to diversity.				
	3	English as an additional language support is a resource for the whole school.				
	4	The school supports continuity in the education of children in public care.				
	5	The school ensures that policies about 'special educational needs' support inclusion.				
	6	The behaviour policy is linked to learning and curriculum development.				
	7	Pressures for disciplinary exclusion are decreased.				
	8	Barriers to attendance are reduced.				
	9	Bullying is minimised.				
Dimension C – Evolving inclusive practices						
C1: Constructing curricula for all	1	Children explore cycles of food production and consumption.				
	2	Children investigate the importance of water.				
	3	Children study clothing and decoration of the body.				
	4	Children find out about housing and the built environment.				
	5	Children consider how and why people move around their locality and the world.				
	6	Children learn about health and relationships.				
	7	Children investigate the earth, the solar system and the universe.				
	8	Children study life on earth.				
	9	Children investigate sources of energy.				
	10	Children learn about communication and communication technology.				
	11	Children engage with, and create, literature arts and music.				
	12	Children learn about work and link it to the development of their interests.				
	13	Children learn about ethics, power and government.				
C2: Orchestrating learning	1	Learning activities are planned with all children in mind.				
	2	Learning activities encourage the participation of all children.				
	3	Children are encouraged to be confident critical thinkers.				
	4	Children are actively involved in their own learning.				
	5	Children learn from each other.				
	6	Lessons develop an understanding of the similarities and differences between people.				
	7	Assessments encourage the achievements of all children.				
	8	Discipline is based on mutual respect.				
	9	Staff plan, teach and review together.				
	10	Staff develop shared resources to support learning.				
	11	Teaching assistants support the learning and participation of all children.				
	12	Homework is set so that it contributes to every child's learning.				
	13	Activities outside formal lessons are made available for all children.				
	14	Resources in the locality of the school are known and used.				

Three things I like best about this school:

Three things I would most like to change:

1 _____

1 _____

2 _____

2 _____

3 _____

3 _____

The Dimensions of the Index

Dimension A: Creating inclusive cultures

This dimension is about creating secure, accepting, collaborating, stimulating, welcoming communities, in which everyone is valued. Shared inclusive values are developed and conveyed to all staff, children and their families, governors, surrounding communities and all others who work in and with the school. The values of inclusive cultures guide decisions about policies and moment-to-moment practice, so that development is coherent and continuous. The embedding of change within school cultures ensures that is integrated into the identities of adults and children and is passed on to new arrivals to the school.

Dimension B: Producing inclusive policies

This dimension ensures that inclusion permeates all plans for the school and involves everyone.

Policies encourage the participation of children and staff from the moment they join the school.

They encourage the school to reach out to all children in the locality and minimise exclusionary pressures. Support policies involve all activities which increase the capacity of a setting to respond to the diversity of those involved in it, in ways that value everyone equally. All forms of support are connected with a single framework aimed at ensuring everyone's participation and the development of the school as a whole.

Dimension C: Evolving inclusive practices

This dimension is about developing what is taught and learnt, and how it is taught and learnt, so that it reflects inclusive values and policies. The implications of inclusive values for structuring the context of learning activities are worked out in a section called 'Constructing curricula for all'. (See pages 121 to 158). This links learning to experience, locally and globally, and to rights and incorporates issues of sustainability. Learning is orchestrated so that teaching and learning activities are made responsive to the diversity of young people within the school. Children are encouraged to be active, reflective, critical learners and are viewed as a resource for each other's learning. Adults work together so that they all take responsibility for the learning of all children.



Save the Children

Rruga: Mihal Popi, Ndërtesa 7, ish Pallatet 1 Maji, (Vila Lami);
PO Box 8185, Tiranë - Shqipëri; Tel: +355 4 2261840/ 4 2261929
E-mail: info.albania@savethechildren.org
[https:// albania.savethechildren.net](https://albania.savethechildren.net)
 Savethechildrenal  SaveChildrenAlb