

**SOCIAL EXCLUSION OF PERSONS WITH DISABILITIES
AS MULTIDEPRIVATION PHENOMENON:
CASE OF REPUBLIC OF MOLDOVA**

**EXCLUZIUNEA SOCIALĂ A PERSOANELOR CU DIZABILITĂȚI
CA FENOMEN AL DEPRIVĂRII MULTIDIMENSIONALE:
CAZUL REPUBLICII MOLDOVA**

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Rezumat

Obiectivul principal al articolului constă în cercetarea excluderii sociale a persoanelor cu dizabilități din Republica Moldova din perspectiva drepturilor omului și a deprivării multidimensionale. Bazându-se pe analiza literaturii privind excluderea socială, autorul ajunge la concluzia că excluderea socială a persoanelor cu dizabilități este un fenomen multidimensional, caracterizat prin deprivarea multiplă a persoanelor care limitează accesul și participarea acestora în viața politică, economică, socială și culturală. Excluderea socială înseamnă distanța socială dintre individ și societate, ori gradul de îndepărtare a persoanelor excluse de piața muncii, educație, oportunitățile de obținere a veniturilor, precum și de viața comunității și a societății în general. Excluderea socială este un fenomen relativ și este legată de o anumită societate, un anumit loc și un anumit timp. Analiza datelor statistice și a datelor cercetărilor sociologice efectuate în Moldova, inclusiv de autor, arată că principalele caracteristici ale excluderii persoanelor cu dizabilități în Moldova sunt următoarele: nivelul scăzut de participare la procesul de vot și la luarea deciziilor, accesul limitat la educație profesională și piața muncii, nivelul ridicat de sărăcie și inegalitate, locuințele precare, accesibilitatea limitată la rețele de suport și nivel ridicat de stigmatizare și discriminare. Limitarea oportunităților și excluderea persoanelor cu dizabilități într-un domeniu determină accesul lor limitat și excluderea în alt domeniu. Principala concluzie a autorului constă în următoarele: pentru a face față excluziunii sociale a persoanelor cu dizabilități în Moldova, este nevoie de o abordare complexă axată pe eliminarea deprivării multidimensionale și a violării drepturilor umane.

Cuvinte-cheie: *excludere socială, incluziune, persoane cu dizabilități, excludere culturală, excludere economică, stigmatizare, discriminare, sărăcie.*

Summary

The main objective of the article is to analyse the social exclusion of persons with disabilities in the Republic of Moldova from the perspectives of human rights and multidimensional deprivation. Based on analysis of various theoretical concepts on social exclusion, the author concluded that social exclusion of persons with disabilities is a multidimensional phenomenon, characterised by multiple deprivation of individuals that denies individual full access to participate in political, economic, social and cultural life. Social exclusion means social distance between the individual and the society, the distance of excluded people from jobs, education, income opportunities, as well as from societal and community life. Social exclusion is relative and is linked to particular society, place and time. The analysis of statistical data and data of several researches done in Moldova, including by the author, shows that the main characteristics of exclusion of persons with disabilities in Moldova are as following: low level of participation in voting process and decision making, limited access to vocational education and labor market, high level of poverty

and inequality, poor housing, limited accessibility to networks and high level of stigma and discrimination. The limitation of opportunities and exclusion in one domain drive the limited access and exclusion in other domain. The main conclusion of the author is as following: to cope with social exclusion of persons with disabilities in Moldova, there is a need for complex approach focused on elimination of multidimensional deprivation and violation of human rights.

Keywords: social exclusion, inclusion, persons with disabilities, cultural exclusion, economic exclusion, stigmatisation, discrimination, poverty

Defining social exclusion/social inclusion. The term “social exclusion” started to be used in 70-th in France and is more often attributed to René Lenoir’s work *Les exclus: Un français sur dix* (1974) (The excluded: One Frenchman out of ten). Lenoir spoke of the following categories of people as constituting the “excluded”: “mentally and physically handicapped, suicidal people, aged invalids, abused children, substance abusers, delinquents, social parents, multi-problem households, marginal, asocial persons, and other social misfits” (cited after Survey on Social Inclusion) [26, p.3].

The concept of social exclusion has been defined in various ways across Europe, in function of different philosophical approaches. According to Hilary Silver (1994), there are three paradigms related to social exclusion concept : *solidarity, specialization and monopoly* (cited after Arjan de Haan, 1999)[3, pp.4-6]. The *solidarity paradigm* is based on Durkheimian notion of social solidarity and order and defines the exclusion as the rupture of social bond between the individual (or group) and society that is cultural and moral, rather than economically interested. The most excluded groups are poor, unemployed and ethnic minorities. The integration is the opposite of exclusion, and can be achieved through insertion/ assimilation into the dominant culture. National solidarity implies political rights and duties. As per the *specialization paradigm*, exclusion reflects discrimination based on group distinctions that denies individuals full access to or participation in exchange or interaction. This paradigm is based on Anglo-American liberalism tradition, according to which individuals are or should be able to move across boundaries of social differentiation and division of labor. Liberal models of citizenships emphasize the contractual exchange of rights and obligations. Exclusion is often a consequence of unenforced rights and market failure. *The monopoly paradigm*, drawing on the works of Weber, and to some extent Marx and Marshall, views social order as coercive, imposed through hierarchical power relations. It defines exclusion because of the formation of group monopolies. Powerful groups restrict the access of outsiders to valued resources through social closure. Inequality is mitigated by social democratic citizenship, which entails full participation in the community. This paradigm is influential especially in Britain and many North European countries.

The analysis of social exclusion concept exclusively from the point of view of one of the mentioned above paradigm would be unidimensional and incomplete. Therefore, Arjan de Haan , 1999, made a strong plea for the use of the concept of social exclusion from the deprivation perspectives. Deprivation is considered both: a multidimensional

phenomenon and as part of social relations. De Haan (1999) lists the following distinguishing features of social exclusion: a) the multidimensionality of deprivation, b) the personal relationship dimension of deprivation, c) the concept has brought to the fore causal linkages between different forms of deprivation [3, pp 1-22]. Based on that definition, we can say that social exclusion means the impossibility and lack of opportunity to participate in economic, social, political and cultural life and distance of the indicium from the society.

Silver and Miller (2003) defines social exclusion as follows: (1) multidimensional or socioeconomic, and encompasses collective as well as individual resources; (2) dynamic or processual, along a trajectory between full integration and multiple exclusions; (3) relational, in that exclusion entails social distance or isolation, rejection, humiliation, lack of social support networks, and denial of participation; (4) active, in that there is a clear agency doing the excluding; and (5) relative to context. Disrespect, discrimination, and degradation are as much at work as monetary poverty and physical need. In some versions, even the welfare state can exclude some citizens from protection or trap them in joblessness [22, p.8]. This definition shows the social exclusion as a dynamic process from multidimensional perspective, which can be based on socioeconomic and relational deprivation and can be relative to different contexts.

Room and others (1992), in the Observatory on National Policies to Combat Social Exclusion, defines social exclusion as in relation to the social rights of citizens "... to a certain basic standard of living and to participation in the major social and occupational opportunities of the society"[20, pp 14-18]. According to this approach, the social rights shall be analyzed in connection with political and civil rights. Political rights involve the right to participate fully and effectively in processes of political decision-making. Exclusion from political rights often goes hand in hand with other forms of exclusion. Civil rights - the right to buy and sell freely within the market place - are no less relevant. Within the welfare system, the attempt to guarantee social rights can be in tension with the civil right of market freedom.

There were many discussions in the literature on relationships among social exclusion, poverty and unemployment. Tony Atkinson (Oxford University) noted that the concepts are related but not identical. According to him, the social exclusion has three elements: 1) Relativity, with exclusion being from a particular society, referring to a particular place and time; 2) Agency, as exclusion implies an act, with an agent or agents; and 3) Dynamics: people are excluded not just because they are currently without a job or income, but because they have little prospect for the future. People may be poor without being socially excluded, or socially excluded without being poor. Unemployment may cause poverty, but this may be prevented, as in a number of mainland European countries, by social security. In countries such as France there has not been the same rapid rise in poverty as in the United Kingdom. Unemployment may cause social exclusion, but employment does not ensure social inclusion. Whether or not it does so depends on the quality of the work [4, pp13-17]. Based on the above mentioned we can conclude that the poverty is one of the determinants of social

exclusion, but exclusion means more than poverty and consumption. Exclusion is looking at processes that lead to non-participation in all of society activities. While income poverty and social exclusion might overlap, there does not always have to be an intersection, one can be socially excluded without being poor. Andrew Britton in the same work emphasizes that being without work has more wide-ranging consequences than simply not being able to afford life's necessities of food and shelter, unemployment affects one's self esteem and non-material parts of a human being's wellbeing. "The best analogy for unemployment could be that of disease. The mental anguish which many of those affected suffer is a symptom of a malfunction in a social relationship... The aim of policy action should not be to maximize some objective function, as welfare economists might put it. It is simply to restore the individual and society to their proper state of being. In the present context, that means full employment, or as we put it in the report, "enough good work for everyone" [5, pp27-29].

Some of the researchers make a distinction between active and passive exclusion. According to Sen (2000), *active exclusion* is the result of deliberate policy or laws, as for example, when immigrants or refugees are not given political status, resulting many kinds of deprivations and social exclusions. *Passive exclusion* occurs through social process in which there is no deliberate attempt to exclude, as in the case of poverty that is generated by sluggish economy and not a consequence of any deliberate policy or law [21, pp 14-15].

There are many discussions in the literature regarding the relationships among social exclusion and social inclusion. Hilary Silver argues that social inclusion is not a converse of social exclusion. "There is not a zero-sum relationship in which greater exclusion means less inclusion. Rather, both processes are interrelated and can occur simultaneously." This is a straightforward result of exclusion as multiple and cumulative deprivation. While there are very few people who are totally excluded in all dimensions at once, many more people are socially excluded in some respects. Social inclusion and exclusion are the inverse of each other only if it is a one-dimensional concept [26, p.5].

As per the World Bank researchers, the social inclusion could be defined in two ways: 1) as the process of improving the terms for individuals and groups to take part in society, 2) as the process of improving the ability, opportunity, and dignity of people to take part in society [7, pp 3-4]. Ability is linked to the multiple endowments that individuals receive such as education, healthcare, skills, connectivity to services and infrastructure. Opportunity relates to the notion of providing all individuals with an equal access and quality of essential services, and thereby an equal chance to enhance their well-being. Dignity relates to notions of respect, recognition, and attitude (the way groups and individuals are treated by others in society). Lack of dignity perpetuates exclusion or self-exclusion of individuals or groups; it may perpetuate their invisibility in statistics and consequently in policies if they are not recognized as citizens in full capacity.

The European Commission has the most complex and multidimensional approach to social exclusion and social inclusion. The concept was developed over the years

based on theoretical and practical approaches focused on fighting deprivation, poverty and fostering integration. In 1989 the European Commission approved a Resolution on combating social exclusion. The Resolution noted that the process of social exclusion is spreading in a number of fields, resulting in many different types of situation affecting various individuals and groups of people in both rural and urban areas. It emphasised that social exclusion is not simply a matter of inadequate resources, and that combating exclusion involves access by individuals and families to decent living conditions by means of measures for social integration and integration into the labour market. To combat social exclusion, the European Commission requested the Member States to implement and promote measures to enable everyone to have access to education, by acquiring proficiency in basic skills; training; employment, housing, community services, and medical care [19].

In 2000, the Lisbon European Council (23 And 24 March) stated that “the number of people living below the poverty line and in social exclusion in the Union is unacceptable” and that the Council shall take steps to eradicate poverty in Europe. The efforts “must be made to improve skills, promote wider access to knowledge and opportunity and fight unemployment: the best safeguard against social exclusion is a job[9].

As part of the Lisbon process, the Council requested the state parties to develop National Action Plans on Social Inclusion in a coordinated way. For this purposes, it was developed an Information note with the definition of poverty, social inclusion and social exclusion. As per this Note, the “*social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. Social exclusion distances these individuals from job, income and education opportunities as well as social and community networks and activities. As a result, these individuals have little access to power and decision-making bodies, and thus often feel powerless to take control over the decisions that affect their day-to-day lives.*” The social inclusion means” a process ensuring that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in the economic, social and cultural life and to enjoy the standard of living and well-being that is considered normal in the society in which they live. It also ensures that they have greater participation in decision-making which affects their lives and access to their fundamental rights.” [8]

Various theoretical concepts of social exclusion/inclusion influenced the methodological approach on measuring those phenomena. The World Bank (2007) framework on measuring social exclusion is based on quantifying the determinants of social exclusion. Four forms of capital were measured that can affect an individual’s wellbeing, economic fortunes, poverty and inclusion. These forms of capital are financial, physical, human and social. An individual has financial capital when they have some assets or has the ability to earn it through employment. The individual with financial capital has the power to participate in exchange and trade. The physical capital means owning land or property. It also includes infrastructures and assets that give

access to education, and social activities. The human capital means years of schooling and training. Social capital means networks and relationships. All forms of capitals are interrelated and complementary. Lack of any form of capital can affect the level of social inclusion of individual [26, p.10].

The social inclusion [of persons with disabilities] is measured by some authors from the perspectives of interaction between two major life domains: interpersonal relationships and community participation. Interpersonal relationships covers type, length, frequency of contacts of persons with disabilities with members of their social network (family members, staff, friends, acquaintances, and intimate partners), as well as the received social support (emotional, instrumental or informational). Community participation means the degree of involvement of persons with disabilities in various community activities (political, social, leisure, productive activities etc.). In addition, it is important to fix the type of setting where activities take place: segregated, semi-segregated or integrated [23, p.18].

Concluding the mentioned above, we can say that social exclusion is a multidimensional phenomenon, characterized by multiple deprivation of individuals/ groups that denies individual/group rights and full access to participate in economic, social, political and cultural life. Social exclusion means social distance between the person and society, the distance of excluded people from jobs, education, income opportunities, as well as from social and community networks. Social exclusion is relative and linked to particular society, place and time. Social inclusion is not an opposite of social exclusion. It means developed opportunities, endowment and empowerment of excluded people to fully participate in social, economic, political and cultural life of the society and to enjoy the normal standards of living and wellbeing in this society.

Drivers of social exclusion of persons with disabilities. The analysis of social exclusion of persons with disabilities as a multidimensional phenomenon from human rights perspectives, based on UN Convention on Rights of Persons with disabilities (CRPD), shows that persons with disabilities face multidimensional exclusion in economic, political, social and cultural life. The Art.9 of the CRPD is focused on limited accessibility of persons with disabilities. It says that persons with disability shall be enabled to live independently and participate fully in all domains of life. In this regards, “the State Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas” [27]. The Art.12 of CRPD says that persons with disabilities have limited legal capacities, therefore the “State Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity” [27]. The Art.19 is about the limited choice of persons with disabilities regarding their place of residence. The State parties are required to take actions “to ensure that persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with

others and are not obliged to live in a particular living arrangements” [27]. The Art. 24-28 stress the limited access of persons with disabilities to education, health services, habilitation and rehabilitation, social protection and employment. As per the Art. 24, the State Parties shall ensure an inclusive education system at all levels and lifelong learning directed to the development of the personality of persons with disabilities, as well as their mental and physical abilities to their fullest potential. In realizing this right, the State Parties shall ensure that persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live, and that reasonable accommodation and effective individualized support of the individuals is provided. The Art. 25 says that State Parties shall provide appropriate and qualitative health services to persons with disabilities based on their needs and as close as possible to people's own communities. The Art. 27 is encouraging the countries to prohibit discrimination based on disability related to all forms of employment. The persons with disabilities shall have access to effective vocational education, career advancement, as well as to the job market. They may have appropriate support in finding, obtaining, maintaining and returning to employment, as well as reasonable accommodation and support on the job place. The Art. 29-30 are about fighting the exclusion of person with disabilities in political, public, social life. The State countries are encouraged to provide persons with disabilities with voting procedures, facilities and materials in appropriate, accessible and easy to understand and use formats. The persons with disabilities shall have the guaranteed free expression of their election will and appropriate assistance to participate in election if needed. The persons with disabilities shall have the access to television programs, films, theatre and other cultural activities, in accessible formats. They also need to have access to mainstream sporting and recreational activities at all levels [27].

The analysis of social exclusion of persons with disabilities in different spheres from human rights perspectives show that exclusion has various drivers and impact on people's life. Thus, persons with disabilities are excluded from political life due to lack of legal capacities, inaccessible environment and information, limited access to transportation and high level of discrimination. The political exclusion limits the rights of persons with disabilities to vote, as well as their active participation in political life and in decision-making processes. The economic exclusion of persons with disabilities is caused by unemployment and low income, limited access to vocational education and lack of individualized support for integration in the labor market. The economic exclusion has a huge negative impact on the quality of life of persons with disabilities, meaning often poor housing, poor health, poor education, reduced social network and limited opportunities in health and education for their children. The social exclusion drivers are limited access to qualitative education and health, poor social networks, limited access to social services based on their needs, high level of discrimination based on stereotypes. Social exclusion drive to poverty, unemployment, poor housing or homelessness and limited civic participation. The cultural exclusion is related to stereotypes developed due to mental models of difference and model of ideal,

perception of valued and non-valued roles. The cultural exclusion impact negatively the value of persons with disabilities and are related to discrimination, bad treatment, punishment etc. All forms of social exclusion are interrelated and contribute to one others increasing/decreasing. Thus, for example, the economical exclusion expressed by unemployment, lack of vocational education, poor housing increases the social and cultural exclusions. The unemployed person with disabilities with low income is living in poverty, has limited social networks and are likely to be more discriminated than his peers are.

Appleton-Dyer and Field consider that exclusion can happen at societal, community, relational and individual levels. The main drivers of exclusion at societal level are as following: mental models that foster attitudes and practices, perceptions of others, valued and devalued roles, structural and socio-economic drivers (employment, housing, education, transport), media portrayal, body image, policy and legislation. The drivers of social exclusion at community level are as following: understanding and knowledge, discrimination and bullying, accessibility and transport, technological support, lack of integrative practices, unfriendly neighborhood, and perception of cost. At relational level the drivers of social exclusion are: expectations of capabilities, over protection and sheltering, experience of bullying, family resources, sense of stigma. The drivers of social exclusion at individual level are as following: individual health and functioning, self-confidence, personal safety and security, social/practical skills, access to networks, material opportunities. The outcomes of social exclusion of persons with disabilities are: poor health and wellbeing, lower educational attainment, less social and community participation, less economic participation, higher rates of poverty, increased dependency [2, p.8].

Wolf Wolfensberger tailor social exclusion of persons with disabilities to their devalued roles. Devaluation means attributing by a perceiver to some people low or negative values. A person perceived by society to be of low value will be treated in way, which reflect this perception: “the person is apt to be afforded low quality housing, poor schooling or no education at all, low paying and low prestige employment and health care of poor quality. Many other people will want to be apart from, rather associated with this person. The person who is the object of devaluation will, thus, be rejected, separated and excluded. And all sort of good things which are enjoyed by valued persons will be withheld from, or taken from, a devalued person, including supportive relationships, respect, autonomy and participation in the activities of valued persons...” [28, pp 21-22].

Level of exclusion of persons with disabilities in Moldova. As per the data of National Bureau of Statistics of the Republic of Moldova, the number of persons with disabilities in the Republic of Moldova was 180.6 thousand at January 1, 2017, or with 2.2% less comparatively to 2014 (184.6 thousands) [16]. The decreasing tendency could be explained by the low level of natality rate in Moldova, high migration of the population and the new mechanism of disability determination. The percentage of males with disabilities (52%) is higher than the percentage of females with disabilities

(48%). 62% of persons with disabilities are from rural areas and 38% - from urban area. In function of age, approximately 80% of persons with disabilities are active age population (30-64 years old), and 20%- are inactive age (65 years +) [16].

The number of adult persons with primary disabilities also decreased with 2.2% (from 12000 in 2013 to 10200 in 2017). Each fifth person with primary disability in 2017 had severe disability, each second person- accentuated disability and each third person - medium disability. The main causes that determine the primary disability are tumors (19.4%), diseases of circulatory system (17.5%), followed by diseases of the osteo-articular system, muscles and conjunctive tissue (11.4%) [16].

Political exclusion. The political exclusion is about limited participation of persons with disabilities in voting process and political life, as well as in decision making processes. Under current constitutional provisions, “all citizens of the Republic of Moldova having attained the age of 18 on or by the voting day inclusively have the right to vote”, and “The right of being elected is granted to all citizens of the Republic of Moldova enjoying the right of voting” (art. 38, paras. 2 and 3). Regarding the voting procedures that can be applied in the case of persons with disabilities, the Electoral Code provides for assisted voting (art. 54 paragraph (1)) and voting at the place of residence (art. 55 paragraph (4)). Assisted voting is established in cases where “the voter who is unable to complete himself the ballot has the right to invite another person in the voting cabin, with the exception of the members of the polling station, the representatives of the electoral competitors and the persons authorized to attend the electoral operations. These cases will be recorded separately in the report of the electoral bureau of the polling station. “” If the voter, due to health reasons or other reasonable grounds, cannot come to the polling station, the electoral precinct designates, at his/her written request, at least 2 members of the bureau to travel with a mobile ballot box and material necessary to vote to the location of the voter so that he/she could vote”. The Law No. 119 of 18.06.2010 amended the Electoral Code No. 1381-XIII of 21.11.1997, para. 2 of art. 29 and includes the following provision “precinct offices are arranged so that they will facilitate access of elderly and disabled persons”. Article 25 of Law no. 60 on Social Inclusion of People with Disabilities contains general provisions regarding the access of persons with disabilities to information during the election campaign. Thus, the state recognizes and promotes the use of mimic-gestural language and other alternative forms of communication as a means of communication between persons; promotes access for persons with disabilities to information and mass media, as well as to information technology and electronic communications; ensures, through alternative forms of communication (in the Braille system and in the phonetic variant, in simple and easy-to-understand language, etc.) the teaching materials and the means of training.

However, the analysis of the results of last local and presidential elections shows that persons with disabilities still have limited access to voting processes due to inaccessible public buildings and cabins for voting, limited access or at all to information materials and limited individualized support before and during the election process. Only 20% of persons with disabilities participated at local elections (2014) and 32% of persons with

disabilities expressed their votes during the presidential elections (2016) [18]. As per the Map of accessibility developed by NGO Motivatie [14], 2/3 of public buildings are totally inaccessible, 18%- partially accessible and only 15% of public buildings are fully accessible. As regarding the voting sections, only 3% of them are totally accessible, each third - is partially accessible and 2/3 are totally inaccessible. The findings of the assessment of 612 voting sections from six regions of Moldova, conducted by NGO INFONET in September 2019, show, that the access way to voting section is accessible only in 34% of voting sections; the staircase and ramps are accessible in 11% of voting sections; the entrance door is accessible in 41% of voting sections; the hall is accessible in 18% of voting sections; the voting room is accessible in 33% of cases; and the toilet is accessible only in 1% of voting sections [1].

As per the research "Social Inclusion of Persons with Disabilities"(2017), majority of respondents could not go to voting from various causes: lack of physical accessibility (18%), did not have adapted transport (17%), did not like to vote (15%), they are disappointed and do not trust anyone to vote (14%), did not have legal capacities (7%), did not know for whom to vote (5%) etc. The experts shared their opinion that, although the Central Electoral Commission piloted several measures to increase the accessibility of persons with disabilities to voting process, like installing the ramps at some sections, printing the voting bulletins in Braille language, installing private voting cabins, however those measures are still limited and do not cover all voting sections. There is a need for adaptive technologies to increase the level of access of persons with sensorial and intellectual disabilities to the information regarding the candidates and the rights to vote and be elected. The personal motivation and values of persons with disabilities and their families are other reasons to be taken into consideration when analyzing the level of participation of persons with disabilities in voting process. The experts in social inclusion field also noticed that persons with disabilities still have limited representation in local councils and governments and in parliament and national government [12, pp 28-32].

The level of involvement of persons with disabilities in decision-making processes at the local level is still very low. As per the inequality survey (2018), only 5.5% of households with persons with disabilities participated in the development of community strategic plan, 7.9% were involved in development of community policies, 11.9% participated in general community meetings and only 4.3% participated in consultations of community budgets [15, p.38].

Economical exclusion. The economical exclusion is about limited access of persons with disabilities to vocational education, their high level of unemployment and poverty.

The last researches in the field show that although, the tendencies in implementation of inclusive education in mainstream schools are positive ones, however the access of persons with disabilities to vocational education is still limited in Moldova. More than 2/3 of persons with disabilities still do not have the information whom they can address to learn a profession. More than half of persons with disabilities that finished a gymnasium or secondary school did not get any vocational education within the

condition they wished. They said they could not go for vocational education because of the poverty (58%), health conditions (19%), no educational support services in vocational schools (9%), limited knowledge received in mainstream schools (7%), no physical accessibility (4%) [12, pp 33-34].

The findings of the Alliance of NGOs in the disability field assessment on accessibility conditions in seven Centers of Excellence (for vocational education) in 2018 show that four Centers were very inaccessible, two centers- were partially accessible and just one Center was fully accessible. The main identified accessibility problems are as following: a) limited access to study buildings (no plane road, no marking routes with contrasting and tactile colors, no indicators for persons with various types of disabilities); b) no schematic presentation of different spaces location (study, dormitories, canteen etc.); c) no marked reserved parking spaces for persons in wheelchairs; d) no adjusted bathrooms and toilets facilities; e) lack of accessibility to the upper floors and j) no adapted furniture and equipment in classrooms. It was concluded that all Centers of Excellence must comply with applicable national law regarding access and use of public buildings by persons with disabilities, to guarantee integrated mobility for all citizens on equal terms, without discrimination [17, p.56].

The focus group discussions with service providers and experts in social inclusion identified the following main barriers faced by persons with disabilities in the field of vocational education:

- Limited access of people with disabilities to vocational orientation and vocational training ,
- Reduced accessibility to physical infrastructure, adapted teaching materials, modern information and communication technologies,
- Insufficient level of teachers training and lack of support services,
- Weak collaboration between vocational schools and job market,
- Discriminatory attitudes and resistance to change by teachers,
- There are no mechanisms for recognizing skills, experience and qualifications obtained through learning in a non-formal and informal context [12, pp 34-35].

Limited access of persons with disabilities to vocational education means their limitation and exclusion from the labor market. The analysis of the situation of persons with disabilities in the labor market show big discrepancies among the existing positive policies, strategies and legislation related to labor inclusion of persons with disabilities and other vulnerable groups and their implementation in the real practice. The labor inclusion of persons with disabilities in Moldova is very well promoted through the Law No. 60 on Social Inclusion of Persons with Disabilities (2012), National Strategy on Employment (2017-2021), labor legislation and the Law No 105 on Promotion of Employment and Unemployment insurance (2018). Refusal of employment in the field of work due to disability is considered a serious form of discrimination. According to the Art.33 of Law No. 60 of 2012 on Social Inclusion of Persons with Disabilities, discrimination based on disability criteria is prohibited regarding all aspects and forms of employment, including recruitment, placement, employment and work. Moreover,

employers are responsible for ensuring the integration of persons with disabilities in the field of work. As per the Art.34 of the above mentioned Law, the employers, irrespective of the legal form of the organization, which, according to the staffing scheme, have 20 or more employees, shall create or reserve jobs and employ persons with disabilities in a percentage of at least 5 percent of the total number of employees. According to the Law No 105 on Promotion of Employment and Unemployment insurance (2018), Art 36 and Art 38, the economic agents that will employ persons with disabilities will benefit from monthly subsidies equal to 30% of the average monthly salary for the economy for the previous year, for a term of 6 months, for each employed person with disabilities. The subsidy is granted for partially compensating the wage of the employed persons with disabilities. Moreover, the economic agents that will create or adapt a job for people with disabilities and will employ them will benefit from the compensation of 50% of the costs necessary to create or adapt the job. The subsidy size cannot exceed the amount of 10 average monthly salaries per economy for the previous year for each job created or adapted. The Law came into force on February 2019.

The comparative analysis of employment data for persons with disabilities for 2017-2018 years show a tendency for a small increase of activity rate (from 19.7% to 26.7%), employment rate (from 19.1% to 26.2%) and a small decrease of unemployment rate (from 2.9% to 1.9%) of this category of population [16; 6]. However, comparatively to the general population, the access of persons with disabilities to the labor market is still very limited. Thus, the activity rate of persons with disabilities (26.7%) was 1.6 times less than the activity rate of general population (43.3%) in 2018. The employment rate of persons with disabilities (26.2%) was 1.6 times less than the employment rate of general population (46%) in 2018 [6].

In function of domains of activities, in 2018, the majority of employed persons with disabilities were working in low paid jobs. Thus, 2/3 of employed persons with disabilities were working in agriculture, 7.3% - in industry, 12.7% - in public administration, education and health and 5.8% - in commerce. We can suppose that the majority of persons with disabilities working in agriculture are self-employed. The comparative analysis of data for 2017 and 2018 shows an increase in percentage of employed persons with disabilities in agriculture (from 52.6% to 64.8%) and a decrease in percentage of employed persons in public administration, education, health (from 15.8% to 12.3%), and in commerce (from 10% to 5.8%) [16; 6].

The comparative analysis of distribution of employed general population and persons with disabilities show that persons with disabilities are more likely to be employed in low paid domains than general population. Thus, the percentage of persons with disabilities employed in agriculture (64.2%) was twice higher than the percentage of general population employed in agriculture (31.6%) in 2018. The percentage of persons with disabilities employed in services (18.5%) was 2.6 times less than the percentage of general population (47.4%).

The sociological survey on quality of life of persons with disabilities (2017) highlighted that the employment opportunities for people with disabilities are still very

limited in Moldova. Disability continue to be an impediment for obtaining a job. People with disabilities have problems in the process of rehabilitation, vocational training and retraining and finally the majority of them continue to stay on welfare benefits that cover just small part of their needs. Vocational, higher education and higher education institutions are not prepared to offer inclusive education services. The teachers in these institutions do not have the capabilities to approach and teach the persons with disabilities from the perspective of human rights. People with disabilities have limited or at all access to support services at their job places. Inaccessible infrastructure at community level and at the level of job places makes it difficult for persons with disabilities to move to work and to integrate into the workplace. The persons with disabilities have low self-esteem and motivation to find a job due to the dominance of the negative perceptions in the society regarding their abilities and aptitudes, including in relation to the employment [12, pp 51-52].

The researches show that the majority of persons with disabilities are living in poverty. The disability pension or disability allowance are the main source of income for more than 90% of persons with disabilities [12, p.19]. As per the BNS data, the average size of disability pension (1149.3 MDL) was smaller than the average size of pension for persons without disabilities (1527.9 MDL) in 2017. The size of disability pension varied from 646.7 MDL for persons with mild disability until 1429.7 MDL for persons with severe disability [16]. However, the average size of disability pension covered in 2017 only 62% of the minimum of existence, which constituted 1862.4 MDL. In case of persons with mild disability, the disability pension was covering around 1/3 of minimum of existence. Each fourth pensioner with disability was receiving a minimum quantum of pension in 2017, constituting 1/3 of minimum of existence. The persons with disability that did not have a chance to work before the disability occurred are living on disability allowance. The average size of disability allowance in 2017 was 436.6 MDL, covering 23% of minimum of existence.

The research on quality of life of persons with disability (2017) shows that in case of 64% of persons with disabilities the revenues do not cover even the essentials. In case of general population, this percentage is like twice less (31%) [12, p.21].

As per the research on inequality conducted by Center Partnership for Development in 2018, the households with persons with disabilities are more likely to be financially deprived than households with no persons with disabilities. Thus, more than 2/3 of households with persons with disabilities do consider a big/very big problem for them to buy medications with a cost of 200 MDL. In case of general population, 48% of the households expressed this opinion [15, p.9].

The research on quality of life of persons with disabilities (2017) found that the reduced income of persons with disabilities is one of the drivers toward limited access of this group of persons to various needed goods and services. As per the research, in case of more than 50% of persons with disabilities, the income is enough just to cover the payments for electricity, water and sewage. More than 80% of persons with disabilities, said that their income do not cover at all, or cover very little their elementary

needs in food, clothing, rehabilitation services. More than 60% of respondents said that their incomes do not cover at all, or cover very little their needs in medications, communication utilities [12, p.21].

Due to monetary deprivation and high level of poverty, the households of persons with disabilities are less equipped with various utilities and have less comfort in their houses. Thus, households with persons with disabilities have connections to water systems in proportion of 66.1% compared to 67.9% for households without persons with disabilities. The sanitary group inside the home (WC) is available for 39.0% of households with persons with disabilities, compared to 46.2% for those without persons with disabilities. In function of place of residence, the people with disabilities from the rural area are more deprived than those from urban area. In rural area 50.5% of households with persons with disabilities have access to water system and 15.7% - to sanitary groups inside the house, comparatively with 88.9% and 71.3 - in urban area. Only 7.5% of households with persons with disabilities comparatively to 14.4% of households that do not have persons with disabilities considers their standards of living as good and very good [16].

Social exclusion. The main drivers of social exclusion are poor education, bad health, limited access to social services and poor networks of support. The Republic of Moldova faces positive changes in promotion and implementation of inclusive education of persons with disabilities in mainstream schools, following the ratification of UN Convention on Rights of Persons with Disabilities (2010), the approval of the Law on Social Inclusion of Persons with Disabilities (2012), the deinstitutionalization reform and the approval of the National Program on inclusive education for 2011-2020, as well as the approval of the new Education Code (2014). Based on the new policies and strategies, the institutional reform took place, new educational support services were developed at local and national level, like: National Center for Psycho-Pedagogical Assistance, District Services for Psycho-Pedagogical Assistance, support teachers and resource centers for inclusive education [10, pp 64-83]. As per the legislation, 2% of the rayon budget for education is dedicated to inclusive education. As per the data of the National Bureau of Statistics, the share of students with special educational needs and disabilities in general educational institutions is increasing during the last several years. In the 2018/19 school year, 10269 students with special educational needs and disabilities were enrolled in schools, including 9560 pupils in general education institutions and 709 pupils - in special schools for children with intellectual development or physical deficiencies. 7990 children with special needs and 1570 children with disabilities were included in the primary and secondary general education institutions. Share of children with special educational needs and disabilities, who attend mainstream educational institutions increased over the last 5 years by about 9.8 p.p. and constituted 93.1% in 2018. At the same time, the number of students enrolled in special schools in the 2018/19 school year constituted 709 persons or 2 times less compared to the 2014/15 school year. Most students from these

institutions have problems with intellectual development - 61.8% [24, p.4].

Despite the positive reforms in the field of inclusive education during the last ten years in the country, however, persons with disabilities still are subject of exclusion and pure quality of education. The main barriers to good quality of education are as following:

- Limited physical accessibility to schools, due to bad roads, lack of adapted transportation and inaccessibility of school buildings,
- stereotypes and discrimination of children with disabilities in schools,
- limited knowledge and training of teachers related to different types of disabilities,
- limited educational support services in schools (as per standards there is one support teacher per 6 children with mild or severe disabilities, or one support teachers per 10 children with special educational needs),
- lack of specialists in schools (special pedagogues, psychologists, speech therapists etc.),
- high number of children in classes in urban areas and limited possibilities for individualized approach,
- limited capacities and knowledge of parents of children with disabilities to cope with various health and behavior problems of their children and lack of support services for parents [13, pp 12-13].

The persons with disabilities still have limited access to health services based on their needs due to financial deprivation, lack of rehabilitation services and stigma and discrimination. 69% of persons with disabilities said that in general they have access to health services equally with general population, 10% considers that they have more access to health services than general population and 18%- that they have less access to health services than general population. Being asked what type of health services they have more access, 78% said that they have more access to emergency health services, 56% - to family doctors and 49% - to hospital services. However, more than 80% of persons with disabilities said that they have limited access or at all to rehabilitation services, special equipment and technologies in function of needs and 60% said that they have limited access or at all to compensated drugs [13, p. 36]. 62% of persons with disabilities said that they are satisfied or rather satisfied with health services they received and 36%- that they are unsatisfied or rather unsatisfied with received health services.

The addressability of households with persons with disabilities to health services is higher than of households without persons with disabilities. However, each second household with persons with disabilities did not address the doctor even they needed health services during the last 12 months. The informal payments was the major barrier to address the health services. Each fifth household with persons with disabilities payed bribes do doctors in hospitals during the last 12 months. Persons with disabilities said that other barriers to health services were as following: lack of money (36%), lack of trust in medical doctors (13.8%), bad behaviors of medical doctors (12.6%), poor conditions in health care facilities (15.6%) [15, pp 44-45].

The last researches in the disability field said that persons with disabilities in the

Republic of Moldova still have limited access to social services based on their needs. As per the Law on Social Services No123 from June 18, 2010, persons with disabilities in Moldova can benefit of different types of social service: primary, specialized and highly specialized. The primary social services, like social assistance services and social canteens, are provided at community level and are intended to prevent or limit the situations of difficulty that may cause marginalization or social exclusion. As per the BNS data, 68 social canteens delivered services to 3.9 thousand people monthly, including persons with disabilities in Moldova in 2017. Comparatively with 2016, the number of served people decrease twice. The specialized social services can be provided both at the community level and at the district or national level. In 2017, 15-day care services, 12 temporary placement services, 35 multifunctional services, 6 socio-medical rehabilitation services and 32 long-term placement services provided social services monthly for 7.4 thousand persons, including vulnerable adults, elderly, and persons with disabilities. Highly specialized social services are provided in the 6 residential institutions, including 4 for adults with disabilities and 2 - for children with disabilities. In 2017, 2.3 thousand people with intellectual and psychosocial disabilities benefited of those services [16].

However, all those services are distributed not uniform, are not sufficient and do not cover all the needs of persons with disabilities across the country. There are administrative-territorial units, which do not have any social care services. In those communities, people with disabilities benefit just of community social workers services. The majority of the social services continue to be developed based on initiative of NGOs sector and do not exist any national/regional mechanism to coordinate the development of social services based on needs of persons with disabilities. The quality of delivered social care services is still low. Many services for persons with disabilities still do not have quality standards. The majority of the staff in social care services do not have necessary education in social assistance and required qualification. There is no mechanism for continuous education of services staff.

The evidence say that persons with disabilities in Moldova have limited or at all social networking and network support. More than 2/3 of persons with disabilities consider that they can count just on support of their biological or extended family. Each second person with disability said that they benefited of support on behalf of family doctor and 39% - on behalf of their friends. However, more than 2/3 of respondents said that they did not benefit of any support on behalf of service providers, NGOs, educational institutions, mayoralty and church [12, pp. 59-60].

Cultural exclusion. The cultural exclusion of persons with disabilities in Moldova is related to stereotypes and discrimination, as well as to the participation of persons with disabilities in community life. The analysis of data of two surveys on perceptions of population regarding vulnerable groups (2010 and 2014) states that, although the level of stigmatization and discrimination of persons with disabilities decreased a little bit (level of acceptance of persons with physical disabilities increased from 23% to 44% and of persons with mental disabilities – from 7% to 12%), persons with disabilities

continue to be discriminated in political life, in health institutions, in educational institutions, in relations with public authorities, at their job places. As per the respondents opinion, the persons with disabilities are likely to be more discriminated at their job places (Index of dominant opinion = -43%), in educational institutions (Index of dominant opinion= -24), in relationships with public authorities (Index of dominant opinion=-14%), in political life (Index of dominant opinion=-7) and in health settings (Index of dominant opinion = -7%) [11, p.25].

Persons with intellectual disabilities and mental health are less accepted in families and society than persons with physical disabilities. Thus, as per the survey 2014, 40% of respondents would accept persons with mental disabilities as neighbor, 35% would accept them as colleagues, 1/3 would accept persons them as friends and as classmate of their children, and only 8% would accept them as members of their family. In case of persons with physical disabilities, more than 2/3 said that they will accept them as neighbors, colleagues, friends, classmate of their children and each third would accept them as members of their families [11, pp. 27-28].

As per the research on quality of life of persons with disabilities (2017), only 1/3 of persons with disabilities believe that they are perceived as any other person in their communities. Each second respondent said that persons with disabilities are perceived in community with pity, 23% - with contempt, 15% - with distrust, 7% - with fear, 6% - as being good to the soul, 5% - with sympathy, 5% - as persons with rights. 1/3 of persons with disabilities at least once faced cases when they were offended, insulted, sworn in because of disability. 8% of those questioned at least once were beaten or stripped of certain goods, and 4% were forced to work without money or suspected for certain crimes for no reason. Being asked where they were last discriminated against, 39% of those who were discriminated said that in the street, 18% - in the family, 15% - in the hospital, polyclinic, 7% - in transport, 4% - in the social care services [12, pp 55-56].

The Moldovan society continue to stigmatize persons with disabilities. Thus, 70% of general population consider that persons with mental disabilities shall be isolated in special institutions protected by the state, 53% think that persons with mental disabilities are dangerous for other people, 57% said that children with disabilities shall be educated in separate schools, 32% think that persons with disabilities are not capable to work [11, p.28].

The high level of stigmatization and discrimination of persons with disabilities has a negative impact on level of participation of persons with disabilities in community life. The survey on quality of life of persons with disabilities (2017) show that the most visited places by person with disabilities are health settings, local primaries and the church. No second person with disability participated ever at community events, and 2/3 of persons with disabilities did not go ever at pizzeria, cafe, library, cultural house, stadium. The most visited places by person with disabilities are health settings, local primaries and the church. More than 70% of persons with disabilities said that they do not have an active life in their community [12, pp. 26-28].

Conclusions: The analysis of social exclusion of persons with disabilities in the Republic of Moldova from perspectives of human rights and deprivation showed that although the last years the Government of Moldova made positive steps toward aligning the national strategies and policies with the principles of the UNCRPD, the persons with disabilities continue to remain excluded from political, economic, social and cultural life. The exclusion of persons with disabilities is characterized by low level of participation in voting process and decision making at community level, limited access to vocational education and labor market, high level of poverty and inequality, poor housing, limited accessibility to community and social networks and high level of stigma and discrimination. The persistence of social exclusion is due to multidimensionality of exclusion and high level of interconnectivity of drivers of exclusion in different domains. The limited access of persons with disabilities to vocational education limit their employment opportunities and increase their level of poverty. The limited access to vote, limit persons with disabilities possibilities to participate in political life and in decision-making processes related to their life in community. Unemployment, high level of poverty influence in negative way the valued roles of persons with disabilities, reduce their social networks and increase stigmatization and discrimination. Poor housing, homelessness and poor health creates limited opportunities for their children education and health and increase the risks for further exclusion and deprivation of their descendants. Discrimination and stigmatization, badly treated devalued roles of persons with disabilities, medical model of disability limit the opportunities of persons with disabilities for education in mainstream schools and employment in real market. Finally, to cope with social exclusion there is a need for complex approach focused on elimination of multidimensional deprivation and violation of human rights.

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