INCLUSIVE EDUCATION IN BELGIUM (Flanders) in 2015

Definition
Inclusive education this means that inclusive education is education where children with special educational needs participate in a mainstream school with adaptations and additional support.

A. Policy
The policy is evolving towards more inclusion. The new policy (since 2009) starts from the educational needs of the children and not from their disabilities. An educational need is a didactical or pedagogical need from the pupil that obstruct a good learning process of the child. An educational need is an educational translation of the psychological concept of learning obstacles. These are skills that children lack which cause problems to develop in an appropriate way. The M-decree was approved by the Flemish Parliament on the 21st of March 2014. The M-decree stands for ‘Measures for pupils with special educational needs (SEN)’. It arranges how the Flemish educational system deals with pupils who have difficulties attending general lessons in a mainstream school because of a handicap, a disorder or an impairment. More effort should be made in investing in broad baseline care and take appropriate measures and make reasonable adaptations. Education in Flanders is of high quality. Some teachers and parents are therefore wondering why the system needs to be changed? Which reasoning is behind the M-decree?

Elementary education in Flanders comprehends both pre-school education and primary education. Pre-school education is accessible for 2,5 to 6 years olds children. Primary education is targeted at from 6 to 12 years olds children and comprises usually six consequent school years. A child usually starts primary education at the beginning of the school year in which the child becomes six years old and thus is obliged to attend school. Next to mainstream education there exists special needs education for pre-schoolers and children in primary education. Special needs education is organized for children who need temporary or permanent specific support because of a physical or mental disability, serious behavioural or emotional problems or severe learning disabilities. The special pre-schools are accessible for children between 2,5 and 6 till 8 year olds. The special primary schools are accessible for children between 6 till 8 and 12 till 14 year olds. The special needs schools uses developmental aims. This aims are situated on the level of knowledge, skills and attitudes. The special pre-school education has 8 types (see overview 2).
From 1st of September 2015 a type 9 will be added meant for children with autism spectrum disorder that have no additional mental disorder.

At the end of primary education children who have obtained all goals from the curriculum take a certificate of primary education. Also in special needs education children may in certain cases obtain a certificate which has the same value as the one from mainstream education.

To enrol children in the special education schools you need a motivated report. From 1st of September 2014 only the child guidance centre (CLB) is authorised to make an inscription report. This report states that ‘reasonable measures’ of the mainstream school are not sufficient to meet the needs of the child. The report also states which type (and education form) is suitable for the child. The special educational needs need to be described with the use of the international classification of functioning (ICF)\(^1\). A report of the CLB does not oblige parents to send their child to a special need school. Parents have the choice to send their child to a special needs school or they can decide to keep their child in the mainstream school. The mainstream school is obliged to enrol the child. In a meeting with parents, school and CLB a definitive decision is made whether the school can offer the care the child needs. If the parents decide to send their child to a mainstream school. The child can – if necessary- benefit from integrated educational support (GON). GON is a cooperation between mainstream education and special needs education. It implies that children with a disability take classes or activities in a mainstream school. In this process they receive support from special needs education. A specialized person is supporting the child for several times in a week. The pupil, the parents and the teacher get support. A child can also benefit from inclusive educational support (ION). ION offers support from within a school for special education for pupils who attend mainstream schools with an individually adjusted curriculum.

B. Implementation of the policy of the M-decree

The six policy objectives (legislation and strategies) of the M-decree are the child follows first regular and then special needs education. The child has the rights for reasonable adaptations and to enrol in a mainstream school. The will be new types of schools for special education. New conditions of admission in school for special education will be applied. The mainstream schools need support.

Specific pedagogical and administrative measures foreseen in the M-decree

The vision on care has evolved from care as a safety net, to care as a starting point. This vision has six principle ideas: a broad definition of care, a broader vision on care and

\(^1\) This model is based on an interactional vision and social model on disabilities.
differentiation: a preventive and a remediating component. The Universal Design for Learning principles (UDL) are a preventive way of dealing with diversity, a shared care policy in the school team, involvement of the child and the parents, the initiative of the school not when the child asks for it, a care continuum and integrated care.

The care continuum (see figure 1) is a structure of care on which you can build a policy of care for a school. It is described with phases of developmental and learning support that children can receive at a school. It has a continuous (never ending) and holistic (total child) approach. The continuum has four phases.

Phase 0 has a broad (or preventive) base line care. The teacher takes into account as much as possible the differences of the children and takes care of a positive, safe and enriched learning/development environment, support and interaction. Meaningful learning is possible. A teacher takes educational measures to appreciate differences between children by striving for the largest possible learning return for each child. In phase 0 the teacher has a child monitoring system in the classroom. This is necessary to signal, diagnose the needs of the children and intervene.

In phase 1 the teacher concludes the base line approach is not working… The developmental process of the child stagnates, does not change, does not have the desired effect. The child needs more than ‘broad baseline care’… But what a teacher did in phase 0 is still needed in phase 1 where increased care is the focus. There will be a care consultation with the care team (= teacher, care teacher and/or care coordinator). The teacher needs a second opinion, exchanges thoughts, describes his or her own need for support. The question is here what does this child, with these parents, in this classroom, with this teacher, in this school, for the time being, need? In the care consultation there is talked about which steps the teacher can take together to stimulate the developmental process. The teacher needs intensive observation, diagnose & specific interventions. So the teacher will open an individual screening file (= step 2). A number of observational instruments exists, in order to explore further some relevant areas: An intervention/ remediation plan will be carried out by the teacher/and or care teacher.

The help provided by the teacher and care team are insufficient. A multidisciplinary consultation (MDO) is needed. Here starts phase 2 the expansion of care. For a multidisciplinary consultation different types of care are “shared” and not split up. The teacher is the key figure. Next to him we have the care coordinator. This person organises and leads de MDO. This person has a coaching and an investigatory role. The principle or the head of the school has the final responsibility for the quality of education at the school and care for the children with special educational needs. The care teacher functions on the child level of care.
The Centre for Child Guidance is also involved. If necessary other external counsellors (e.g. rehabilitation centre, other schools, speech therapist, physiotherapist, experts in special needs education) need to be consulted. The design of a treatment plan (IHP) is necessary. The school needs to organise efficiently the planned approach holding in mind the specific educational needs. The teacher also expands his knowledge & skills regarding to learning, behavioural and developmental disorders. The description of a well-defined approach with as purpose to give the child more development and learning opportunities is the purpose. Integrated education (GON) and inclusive education (ION) are situated in this phase. There can be expansion of care by integrated education (GON). A child with specific educational needs stays in a mainstream school and gets support (in all kinds of ways) from a teacher/expert from a special needs education school. This is possible for one up to four hours a week, one or more years depending on the severity of the special educational needs. The aim is that the child achieves the same developmental aims and receive at the end the same diploma. If this is not sufficient inclusive education (ION) is another possibility. A child with specific educational needs stays in a mainstream school. Educational goals and approaches are adapted and extra support is provided: the child can participate at his own rate and level with the class group. Extra budget for Specific Educational Tools (SOL) is possible.

In this phase 3 we have the transfer to a customized school. The care team in cooperation with others (external agents) could not find an appropriate solution for the child’s needs. It is necessary to transfer a child to another school in order to meet his or her needs. This can be a mainstream or a special needs school. The fourth phase (transfer to a customised school) will be recorded by the new model in registration policy.

Early Child Intervention (ECI) in Flanders

The decree of 30 April 2004 is establishing the organization Child and Family. The starting point is diversity and children’s rights. A growing poverty also in Belgium has a lot of consequences on the future of the young children and their families. There is a big diversity in the society. Child and family is an organisation that is focusing on the development of the child from the pregnancy till the age of 3 years old. Child and Family wants, together with a lot of partners, for every child, where and how it is born and growing, to create as much as possible changes. Child and family informs and coaches families with a wish to adopt a child, Child and family is also the producer for childcare in Flanders and Brussels and third the organisation is taking care of preventive family care. Child and family is working on a project with all his partners to strength the preventive family support. There is a multidisciplinary offer of services around the family with nurses, doctors, educators, .... There is the expertise centre
with focus on pregnancy and birth, the education shop with information about education and development and activities, the walk in team where future parents meets each other, the centre for child care and support for children which support parents with difficulties in education of the child and the trust centre of child (VK) abuse where interfamilial violence on children can be reported.

Teachers education
Belgium has an initial teacher training on the bachelor level. The training exists of 3 years and has 180 ECTS. Pupils can specialise in different topics in a bachelor after bachelor training in 1, 2 or 3 years and contains 60 ECTS.

In VIVES in the initial teacher training inclusion is integrated in different modules. One module is specific focusing on ‘care’ and is explaining the care continuum with good practices to the pupils. In the first year of the training pupils are prepared on phase 0. In the second year the pupils are already prepared on phase 1 with focus on differentiation. In the third year the focus is on all phase and especially on phase 2. Phase 3 is also mentioned. In the third year the pupils have or can choose a module related to SEN Special educational needs in special education. Next to the modules the pupils are also training during practice. The need of integration of care is most in the secondary teacher training. Vives also offers a bachelor after bachelor ‘care and remedial teacher’ and a bachelor after bachelor ‘special education’. The bachelor after bachelor is giving the teacher a broader and deeper preparation on the topic of coaching children with special educational needs and also the coaching in the school (classroom, policy in de school) and the environment (parents, institutions) and stimulate the participant to reflect on their personal career.

Different organisations related to the Ministry of education or to the networks of education (free, public and city/village education) are offering in-service training related to this topic and especially on the implementation of the M-decree.

C. Needs and Challenges.
As the M-decree is totally new a lot of steps need to be done. Preparation on the implementation of the M-decree happens in informing schools and organising in service training. A lot of questions are living on the different levels of involved schools and organisations. The Ministry has a lack in budget and this is of course not that easy for the schools. The need to integrate the care continuum without much extra budget is not always evident. The M-decree wants to stimulate more inclusion. Next to this we also need to prepare the teachers and the society in the way they cope with diversity. A mind shift is necessary.
Figure 1: the care continuum (M-decree: inclusion in Flanders)

Overview 2: the types of special education in Flanders

Type 1: children with a minor mental disability
Type 2: children with a mental disorder
Type 3: children with an emotional or behavioural disorder
Type 4: children with a motor impairment
Type 5: children with a long-term illness (who are hospitalised or in a residential setting or in a preventorium)
Type 6: children with a visual impairment
Type 7: children with a hearing impairment or speech or language disorder
Type 8: serious learning disorder

From 1st of September 2015 these types will be replaced by ‘basic care’: children with a minor mental handicap and children with learning disorders