

THE ROLE OF INTERDEPARTMENTAL COMMISSION IN INCLUSIVE PHYSICAL EDUCATION DEVELOPMENT

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Abstract

Development of inclusive education model in Serbia, evident during last decade, is in accordance with national strategic documents and corresponding international legislative. Special role in inclusive education development belongs to intradepartmental commissions, established to implement inclusive politics at local level. In paper, the normative framework for intradepartmental commissions work is analyzed, as well as first experiences from Vojvodina's intradepartmental commissions. According to data submitted by commissions' coordinators from 30 local communities, the greatest challenge in commissions' work is implementation of suggested individual plan of support. Problems with implementation could be referred to additional educational support, including physical education as well. In inclusive physical education perspective, the commission' opinion is invaluable, because it contains a complete insight into child's needs for additional support. Identification of barriers child and its family is faced with, as well as supports they have in educational domain, presents the first step in inclusive teaching planning. Data obtained show that within children referred to commissions boys, primary school children and mentally disturbed individuals, represent a majority.

Keywords: inclusive education, physical education, intradepartmental commission

Introduction

Inclusive education is based on the right of all learners to a quality education that meets basic learning needs and enriches lives. The ultimate goal of inclusive education is to reduce all forms of discrimination and enhance social cohesion. In inclusive school setting all children learn together, wherever possible, regardless of any difficulties or differences they have (Salamanca Statement, 1994). Instead of the students being the ones to adjust to the school system, school should meet the needs of different students and contribute to their integration into society. Reform of the Educational System in The Republic of Serbia, directed towards the development of inclusive education, has been carried out in the last ten years in accordance with national strategic documents and international documents like The Universal Declaration on

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Human Rights (1948), Convention on the Rights of the Child (1989) and United Nations Millennium Declaration (2002). After adopting umbrella law in education, *The Law on the Fundamentals of the Education System* (2009), in pilot schools the project on development and implementation of effective inclusive education model was carried out. At the beginning of 2010, another important document was adopted, *Additional Child Education, Health and Social Support Regulation* (2010). At the level of Ministry of Education, coordination and implementation team for inclusive education was formed. Significant support to the promotion of inclusive education was provided thanks to the Government Delivery of Improved Local Services (DILS) Project. Ministry of Education built up the network of support for the teachers and schools in order to carry out inclusive education practice. Thus, the team for providing practical and administrative help was appointed in every school board. Special inclusive teams were formed in schools and teaching and other expert staff was trained in order to strengthen the professional competence when implementing inclusive education.

Interdepartmental commissions take special place in the development of inclusive education system and they were formed for the purpose of fulfillment of inclusive education politics at the local level.

Initial training of full members and interdepartmental commission coordinators was finished at the beginning of 2011, when the commissions commenced their work. The role and integration of interdepartmental commissions are defined by *The Law on the Fundamentals of the Education System* (2009), *Additional Child Education, Health and Social Support Regulation*[†] (2010) and *Intradepartmental Commission for the Evaluation of Giving Additional Education, Health or Social Support to a Child/Student Guide*[‡] (2010).

Role of Interdepartmental Commission in Inclusive Education Model

The key legal act which defines education system approach for all children and pupils under equal conditions is *The Law on the Fundamentals of the Education System* from 2009. According to this law, children and pupils from marginalised and sensitive groups as well as children with developmental difficulties and physical disability, starting from the school year 2010/2011, are educated in **regular education system** according to **the individual education plan** (further in the text **IEP**) with **additional education, health and social support** provided and also with monitoring of their development. Interdepartmental Regulations closely regulates conditions on evaluating the needs for providing additional education, health or social support to a child and pupil as well as the structure and the methods of Interdepartmental commissions. More detailed instructions on implementation are found in Regulations and Guide.

Forming interdepartmental commissions was the result of strategic orientation towards the development of inclusive education; in comparison with commissions for examining disabled children which operated previously (Decision on criteria for categorizing disabled children and commission for examining disabled children methods, 1986), new interdepartmental commissions have essentially different role. Earlier only disabled children were categorised and the focus was on identifying child's difficulties and health disturbances. In these terms, there was not a suggestion of a plan for the support and monitoring, thus, parents were not included in evaluation procedure and commission's decision was final.

Newly formed interdepartmental commissions deal with the evaluation of needs for additional support, and not with the categorization of children; evaluation is available to children

[†] Further in the text: Regulation.

[‡] Further in the text: Guide.

from all socially sensitive groups, who need additional support in education, health or social care due to social deprivation, developmental difficulties, physical disability, difficulties in learning process and other difficulties. Interdepartmental commission does not have the authorization to refer a child to a school or an institution and the role of a parent in the evaluation process is of major significance. Except for the parents, full participation and cooperation of a child in evaluation process is planned as well as including people of trust and peers into the process if necessary. Except for the evaluation of needs, interdepartmental commission opinion (in further text commission) also contains individual plan of support with specified goals, activities, activity holders and deadlines.

The Law on the Fundamentals of the Education System (2009), in its article, according to which every child who turns at least six and a half and seven and a half at most enrolls in the first grade, presents inclusive education basics. In that way, education becomes available to all children, however, additional support is necessary for some children in order to be fully included in education process and to progress. Commissions are dealing with evaluation of needs for additional support in the field of education, health and social care and these need to provide a child with conditions for development, learning and equal conditions in participating in the community life (Guide, 2010). In order for this evaluation to be carried out, commission consists of three full members and two variable members. Full commission members are a health care system representative (pediatrician), educational system representative (school psychologist) social care system representative (social worker). Every commission member, in terms of the system he represents, evaluates the need for support and additional forms of support for the children in sensitive groups. Variable commission members can be representatives of educational system, health and social care system whose engagement is essential in order to function efficiently in a specific case. As an educational system representative a teacher can be hired at the school which a child attends, which means that a physical education teacher can also be hired. A commission coordinator is in charge of providing professional and administrative-technical support. Coordinators participate in commission's work, but do not have the right to make decisions.

Evaluation process for providing additional education, medical or social support to a child has as its purpose to devise a child/pupil individual support plan. Evaluation process starts with filing a petition, that is, with starting a parent/guardian initiative, education, medical or social care institution initiative. In case of a parent not being the person to start the initiative institutions are bound to get parent's written consent for starting the procedure. The request is submitted to a chosen doctor who forwards it to a commission coordinator. During the evaluation process all relevant data is collected in order to get the complete picture about the child and its environment. Commission members form a reasoned conclusion which also contains a suggestion of an individual plan for a child. For all the phases of this process there are deadlines.

In the evaluation process all commission members use different sources of information from a parent's opinion, through child observation to doctor specialist's tests and expert opinions who work with the child (nursery teacher, teacher, coach, speech therapist and others).

Members systematise collected information, significant on the point of view of the system they represent (educational, medical or social care), into a form through the following units (coherent parts):

- Life conditions;
- Description of a child and its functioning;
- Support to which the child and the family are entitled to according to existing regulations in educational field (regardless of using them earlier or not) ;

Rights given by the Regulations on IEP in the field of education, such as making a pedagogical profile, support plan measures for removing not only physical, but also obstacles in communication, IEP, pedagogical assistant, personal assistant and other.

- Support which the child has been provided with in appropriate system;
- *Provided services* (services and support that child is using and that do not include mentioned system support).

Every commission member gives his own **opinion on the necessity of a support and additional support** and suggests concrete support and additional support. Commission members together suggest individual support plan for the child and it contains general purpose of a support, defines expected changes/results, describes activities, services, measures which will lead to the fulfillment of a plan, appoints people/institutions responsible for the realization of given activities and determines deadline for realisation of the activities. Commissions are bound to keep the prescribed record and documentation and to inform local self government and ministry about their work.

The First Work Experiences of Interdepartmental Commissions

Within the scientific project named “ Inclusive physical education in schools of Vojvodina : challenges and prospects “ where the Faculty of Sport and Physical Education in Novi Sad is in charge of the project and it is partly financed by Provincial Secretariat for Science and Technological Development, a research of different aspects of inclusive education was conducted. Having in consideration the importance of commissions for immediate carrying out of inclusive education policy at the local level, here we have shown initial data about the first experiences of commission. As previously said, at the beginning of 2011, within the implementation of new Regulations which regulate inclusive education in the Republic of Serbia, commissions were formed at the local self government level. On the territory of Autonomous Province of Vojvodina 39 commissions were formed. In order to get insight into initial experiences of the commission’s work we made a short questionnaire for commission coordinators and sent it to all coordinators in Vojvodina. The data from all 30 local governments were collected (76.9%), and also from all administrative districts: North Bačka district (1 commission), Central Banat district (5), North Banat district (2), South Banat district (6), West Bačka district (4), South Bačka district (6) and Srymia district (6). Results are obtained from North Bačka district, Central Banat district and West Bačka district. Data from Novi Sad, Province Administrative and Economic Centre are not included into this overview.

Questionnaire filled in by commission coordinator consisted of few segments: 1) data on the number of children referred to commission, including their structure on age and sex; 2) data on request/initiative applicants; 3) data on the number of children for whom individual plan of support is suggested; 4) data on the number of children for whom evaluation of needs is made, and who are enrolled for primary school; 5) data on the number of children for whom evaluation of needs is made, and who are enrolled for secondary school; 6) data on the number of challenged children; 7) data on the number of children for whom the support in education is suggested; 8) data on the number of complaints about commission work, and 9) existing coordinators experience in commission work.

Based on the data obtained, it can be concluded that the total number of children, who were referred to commissions during the school year 2010/2011 in Vojvodina, where 30 local self governments were observed, amounted to 595. Minimum number of children (two per town) was referred to commission in Nova Crnja, Opovo and Sečanj (10% of the total number of local self governments). In 21 local self governments, the number of children referred to commission varied from 11 to 30 which makes 70% out of the total number of municipalities included. In

two local self governments in South Banat district (Pančevo and Kovin) more than 90 children (92, that is 99 children) were referred to a commission.

Among the children referred to a commission there were more boys than girls IRK; 360 boys (60.5% of total number of children), against 235 girls (39.5%). The use of Chi-square test confirmed that we have distribution that largely differs from theory, and this indicates that there are more boys in the target population who need additional support in education, medical and social care, states commission ($\chi^2=12.78$, df (1), $p=.0003$).

Regarding their age, primary school children dominate (460 or 77.3%), then pre-school children, (113; 19.0%), and finally secondary school children (22; 3.7%). The use of Chi-square test confirms significant variation from the expected ($\chi^2=268.76$, df (2), $p<<.0001$).

Not being able to obtain more precise data on the proportion of children referred to a commission in relation to reference group, we compared the number of referred pre-school and primary school children in the observed environment with the total number of children aged 14 in the same environments (according to census in 2002[§]). Except for one municipality this percentage does not exceed 1%, it can be found in the range between 0.05 and 0.53%. In school conditions, this means that we would find one pupil who would be referred to a commission for evaluating additional support needs in 6 to 7 average classes. Of course, this data represents evaluation of current situation, but for having in-depth overview it would be necessary to have at disposal more precise demography. Obtained evaluation tells us about a system which develops, i.e. initial phase in commissions work as one important new link in inclusive education system in Serbia.

According to this assumption, data which refer to request/initiative applicant for evaluating the needs of a child for additional support can be analysed in the same way. In the majority of cases applicant is educational institution (nursery or school) – 353 cases or 58.5%. Parents made initiative in 219 cases (36.3%), medical institutions in 21 cases (3.5%) and social care institutions in 10 cases (1.7%). It is obvious that, in this early phase, educational institutions are of greatest importance in identifying children who potentially need additional support in social, medical or educational field, all this due to its awareness and the fact that they are well informed. Having in consideration a wide range of pupils inside the educational system in Vojvodina, trained staff in pre-school institutions and schools as well as availability of reference groups which make it easier to make evaluation on additional support provided for an individual, it is expected that educational institutions have important significance in recognising children with these needs. From the aspect of efficiency and due to the fact that this project is in its initial phase, it is vital to provide support for children as soon as possible. Special attention should be devoted to further development of professional skills of pre-school teachers in the field of inclusive education. Concerning the data on parents as participants and applicants in evaluation process; further development of this inclusive education system and its transparency should contribute to significant role of a parent as in this phase. Medical and social care institutions are, at the moment, marginalised when we talk about starting the initiative in evaluation process, thus, there is enough room for improvements.

Based on the data from 28 local self governments it is asserted that of total number of children referred to a commission (487 children) individual plan of support was suggested for 378 children (77.2%). Viewed from the point of view of a single local self government, that percentage ranges from 33.3 to 100%. In more than third of municipalities (10 municipalities or 35.7%) individual support plan was suggested. In other 17cases (60.7%) more than a half of children referred to commission was suggested for individual support plan, and only in two local self governments that percentage ranged to one third of referred children. Regarding primary school children, who passed evaluation about individual needs process, a great number of

[§] Federal Statistical Institute (www.stat.gov.rs)

children was enrolled at regular primary schools – 363, and 90 children at primary schools for children with special needs, 24 children were transferred from regular primary schools to schools for children with special needs, and only three children from schools for children with special needs to regular primary school. Therefore, proportion of the number of children who attend regular primary school and the ones who attend primary school for children with special needs is 4:1. At the same time, significantly higher percentage of children is transferred from regular primary schools to primary schools for children with special needs, which is not the case in the opposite direction.

Speaking of secondary school children, except for the fact that we deal with significantly lower number of cases, differences on the type of school they attend are obvious. Namely, 13 children attend regular school and 16 attend school for children with special needs. Not one child was transferred from regular secondary school to school for children with special needs, but from school for children with special needs five children were transferred to regular school.

In accordance with article 13 (paragraph 2) *Guide*, record is kept about the number of children with disabilities and the type of a disability. According to our data, out of 346 children with disabilities, 84 are children with physical anomalies (23.1%), and 274 children are with mental disorders (76.9%). This practically means that the teachers will more often deal with the children with mental disorders, rather than with the children with physical anomalies. Existing research, however, show that teachers are more inclined to accept inclusion of the students with minor physical anomalies, rather than the children with major physical anomalies (Center & Ward, 1987; Rainforth, 2000; Scruggs & Mastropieri, 1996; Forlin, Douglas, & Hattie, 1996). Teachers and physical education teachers who will conduct or who have already conducted lessons in inclusive classes have to be acquainted with the nature and distinctive characteristics of developmental disorders and professional support is also necessary in planning and conducting lessons.

For total number of 425 children commissions suggested support in education. 71.4% of children were referred to a commission for the purpose of additional support evaluation, which means that seven out of ten children got a suggestion for *additional support in education* after a detailed evaluation. If prognoses prove themselves to be true, the number of the children referred to commission will grow and rising number of children who request for additional support can be expected, thus further development of certain competencies among professional staff is vital.

There were only five complaints (1.3%) against commission performance and suggested individual support plan. Thus, this gives us confirmation that commissions did their job in an efficient way at the beginning of implementation period.

Problems Identified in Initial Work of the Commission

Initial experiences (i.e. problems identified during the first year of founding) can be very useful in terms of promoting commission's work and the whole system which supports inclusion of children into our society. 23 coordinators (76.7%) out of 30 stated their observations about past performance which implies that they were very motivated to draw attention to problems and difficulties they encountered. Analysing their observations and suggestions related to the beginning of commissions' work common and key experience of commissions in Vojvodina is summarised:

„*Everything is still at the beginning*“. Coordinators drew our attention to different dilemmas and lack of clarity which they encountered in practice. They overcame those problems consulting other commissions, Ministry of Education and Science, school boards, schools etc.

„*Interdepartmental Commission opinion should not stay a dead letter*“. Without any doubt, the biggest challenge commissions came across is the problem of implementing suggested individual support plan given by commission. This problem has several dimensions:

- Lack of financial resources, at the level of local self government, which are essential for implementation of all prescribed additional supports;
- Evident system weaknesses which make impossible fast and efficient implementation of all stipulated measures (e.g. limited number of specialist services, waiting too long for medical examinations, lack of certain services, etc.);
- Inadequate legal articulation/expression of Opinion as a final document which is given by Commission. Namely, Commission Opinion is not legally valid, “it completely depends on a good will of a person referred to“, also, sanctions for not stating the Opinion are not prescribed.

As a special problem appears the inability to implement some direct and indirect additional supports, first of all, including pedagogical and personal assistants for whom the need exists, but for now, obstacles in including them are insuperable.

„Indefinable Commission members and coordinators status in financing“. Dissatisfaction of commission members and coordinators with financial status and issues is also in relation to previous conclusions. Variable members often decline that role and responsibility because they are not paid. “Once we did not get opinion from appointed variable member, some other members who are assigned as variable members for more children, due to the excess of obligations that this job brings, simply copied full members’ opinion“ states one coordinator. Extensive and work with a lot of responsibilities, complicated procedure, low fees (or completely volunteer work) demotivate members and coordinators and this undoubtedly affects Commission performance.

„Regulations did not anticipate ...“. Regulations as the principal legal document that regulates commission work, according to coordinators’ opinion, is incomplete and with some deficiencies which make commission work more difficult. “It is well structured but some clear directives are missing, who needs to provide additional support, what is to happen if somebody is not able, for some reason, to implement individual support plan,“ states one coordinator. Regulations as well as associated Regulations did not prescribe specific financial sources for suggested additional supports or defined sanctions for not implementing commission. Regulations prescribes a number of rights (e.g. hiring pedagogical and personal assistant, use of adjusted class management, free transport, course books, food, orthopaedic support devices which do not belong into a group of compulsory health insurance), but it does not precisely regulate its implementation, which complicates commission work. Besides that, Regulations does not precisely define regular medical examinations, the role of schools for children with special needs and their experts etc. Some think that the procedure same as administrative work is too complicated, they take a lot of time and think that this kind of work should be considered as full-time job. In that sense, Regulations does not stipulate mechanisms that would force commission members to take this role and fulfill all the obligations in time. Coordinators are in lack of precise instructions in relation to evaluation of suggested support plan. Finally, Regulations does not prescribe two-level commission, thus, the same commission also deals with the complaints. As a possible solution, making new regulations is suggested and they would regulate all existing incompleteness.

„Deficiency of advisory and professional support“. Coordinators stressed that there is the need for additional training and constant support in commission work. Some think that focus of the training should be on experts in the field of social care who are not included in compulsory accredited seminars like education and medical workers. Also, training should include managers and relevant people from local self governments because they have an important role in implementation of suggested measures in the domain of additional support.

„Not just support but supervision of commission’s work as well“. There is a need for coordination, monitoring and supervision of commission. Coordinators consider that it would be

useful to initiate exchange of experience after a year of work. Also, there is a need for intensifying the role of Ministry of Health and Ministry of Labour and Social Politics, and coordination of the two ministries with Ministry of Education and Science. In practice, continuous informing of local self governments by competent ministries and at the same time, informing ministries about commission work is not fully established. „*Commission is bound to make reports twice a year, but so far not even one report was asked for, due to the fact that tables on performance and record are inadequate*“ states one coordinator. Coordinators think that with the monitoring and support, some systems of inspection and control should be established.

Other suggestions and observations. A small number of observations refer to some specific aspects of commission work or the institutions that they cooperate with in the evaluation process for children with special needs. Some problems that schools encounter are identified. Those problems are: lack of competence among teaching staff in inclusive classes, excessive number of pupils, inability to hire pedagogical assistants, vague regulations on grading system in children with IEP, referring children who are able to overcome the problems at school to commission etc. It is emphasized that there are not enough registered places for prolonged stay after lessons and those children cannot be included in educational system. There are dilemmas about article 13, paragraph 2 of Regulations and commission procedure according to it; some commissions did not classify developmental problems (physical deficiencies, mental deficiencies), they considered that this type of opinion should be given by other institution etc. This dilemma should be resolved in order to assess commission work properly. Some coordinators expressed discontent at cooperation with local self governments, stressing the importance of registering/defining all services in local community in order to provide other services that are not currently available and that are necessary.

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Among positive experiences coordinators emphasize the ones referring to expected benefits of introducing inclusive education. Then, benefits from commission teamwork and specification of opinion given by commission in terms of defining outcome, suggested activities, services, measures, deadlines, people and services in charge etc. in smaller environments, where not so many children were referred to commission, technical problems were also reduced. More effective cooperation and coordination was built between commission members as well as cooperation between them and local self government, however there are mixed opinions on this matter.

Importance of Interdepartmental Commissions in Inclusive Physical Education Teaching

Commissions are the key element in implementing inclusive education at local level. At the moment, on the territory of Autonomous Province of Vojvodina operate 39 interdepartmental commissions. During the first year of their existence, implementation of legal regulations started which directly formed the evaluation procedure for children who needed an additional support in the field of education, health and social care. Preliminary data on commission work indicate significant deficiencies of *Regulations (2010)* as well as its *Guide (2010)*, and those deficiencies limit implementation of suggested individual support plan in practice. Taking into account the fact that for most of the children referred to a commission additional support was suggested, it can be expected that major number of them will demand special measures and services in the domain of physical education. Problems with acting upon a suggestion of individual support plan can directly concern additional support in education, including also physical education. On occasions, suggestion of additional support can specify free additional sport activities at school,

hiring personal assistant, adapted or special equipment for re-education of motor control, corrective swimming, free transport, elimination of physical barriers etc. If a commission does not succeed to provide financial assets for these services and activities or/and locates and commits services holders in local community, additional support will not be provided.

Also, for implementation of IEP with modified programme (reduced content and achievement standards) professional team for inclusive education collects data to form commission's opinion. If implementation of IEP necessitates additional financial assets, school makes official petition to the commission that evaluates the need for additional education, health and social support for a pupil (Regulation on Further Instructions for Claiming Rights in Individual Education Plan, Its Implementation and Merits, 2010).

A commission member, who is a representative of the educational system, makes detailed evaluation which includes information about learning and the method of learning, communication and social skills. From the aspect of inclusive physical education commission Opinion is invaluable because it contains overall insight into child's needs for additional support, that is, description of life conditions, description of a child and its functioning, support to which children are entitled to and the ones they use, as well as the services they use but which are out of the system domain. Identification of barriers that a child and parents face as well as the support they get in education domain (which can include physical education) present the first step in planning inclusive education. Of course, it is necessary to always have in mind overall commission evaluation, because additional support is often needed in the domain of health and social care. According to empirical data we collected, "typical" student referred to a commission for evaluating the need for additional support, is a primary school boy with mental deficiencies. In the future period, physical education teachers must intensively refresh their personal competences as well as school teachers who teach physical education in inclusive classes. Besides that, physical education teachers, same as teachers or persons of trust can become variable commission members who, by giving their opinion, supplement commission members opinion. The initiative for starting a procedure for evaluation of child's/pupil's needs for additional support was usually introduced by education institutions. Thus, this fact stresses the importance of the role of all teachers, including physical education teachers in identification of children from sensitive social groups.

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