

Application of the ICF on Students with Disabilities at School in India

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ABSTRACT:

ICF serve as the basis for both the assessment and measurement of disability in many scientific, clinical, administrative and social policy contexts. However, few studies have used the application of ICF on students with disabilities in scientific and clinical context in India. The objective of this study is to identify the problems and record information by implementing the ICF as the basis for both the assessment and measurement of barriers/facilitator in students with disability in educational setting on clinical and social policy contexts.

Method & procedure - A focus group of participants selected as to represent each level of school and each type of disability service provider working in rehabilitation institute. The group for the Identification Card included only teachers; that for the Functional Diagnosis was constituted only by multi-disciplinary health professionals from Disability Services; that for the Achievable Functional Goal Setting Profile and the Individual Educational Action Plan were mixed, including both teachers and operators from Disability Services.

Results- In the school year 2021-23, the school sent 206 identification cards to disability services using the ICF model; the disability services issued 118 new disability certifications (57.3% of the received 206 identification cards). The school received 220 Functional Diagnosis from the disability services. The number of achievable functional goal setting profile stands at 132 and reached 54 number of Individual Educational Action Plan.

Conclusion- In summary, the study suggested that to make any treatment effective for students with disabilities the medical, allied health expert like occupational therapist and the skilled teacher need to work hand in hand.

Keywords: ICF, Students with Disabilities

INTRODUCTION:

The International Classification of Functioning, Disability and Health (ICF) is a framework to measure health and ability by illustrating how these components impact one's function. This relates very closely to the Occupational Therapy Practice Framework. As a classification, ICF will serve as the basis for both the assessment and measurement of disability in many scientific, clinical, administrative and social policy contexts [1].

Inclusion and participation of students with disabilities in society is still not common throughout India. The occupational therapy education and practice is in line with the idea of participation of the WHO, the

National Policy for Disable Action Plan and the RPWD Act 2016: towards an equal opportunity, protection of rights and full participation .

Opportunities and Access in Education for student with disabilities:

- 61percent of the disabled children aged 5-19 years (total 65.8 lakhs) attending educational institution. The rate of school attendance of disabled children is higher in urban areas 65 percent compared to rural areas 60 percent. 12% attended educational institutions earlier whereas 27% never attended educational institution [2].
- Around 38 percent of children with disabilities aged 6-13 are out of school [3]. The point for India is consistent with international estimates that 33-40 percent of out of school children worldwide have disabilities[4].

Strategies for inclusive education, like adapting the educational environment (including working on attitude change of peers, teachers and parents) as well adapting the teaching and learning methods to the individual students as adapting the curricula should be applied by policy makers as by multidisciplinary teams [5].

ICF and people with disabilities - The ICF revision process has, since its inception, benefited from the input of people with disabilities and organizations of disabled persons. WHO recognizes the importance of the full participation of persons with disabilities and their organizations in the revision of a classification of functioning and disability [6].

Disability advocacy can also be enhanced by using ICF. As the primary goal of advocacy is to identify interventions that can improve levels of participation of people with disabilities, ICF can assist in identifying where the principal “problem” of disability lies, whether it is in the environment by way of a barrier or the absence of a facilitator, the limited capacity of the individual himself or herself, or some combination of factors. By means of this clarification, interventions can be appropriately targeted and their effects on levels of participation monitored and measured. In this way, concrete and evidence driven objectives can be achieved and the overall goals of disability advocacy furthered.

However, few studies have used the application of ICF on students with disabilities in scientific and clinical context in India. The objective of the study is:

1. To identify the problems and record information by implementing the ICF as the basis for both the assessment and measurement of barriers/facilitator in students with disability in educational setting on clinical and social policy contexts.
2. To identify whether there are activity limitation and participation restriction among the students with disabilities.

The study also addresses the disabled student performance areas and components like handwriting; activities of daily living; psychosocial performance components: attention span, self-control, managing transitions, interpersonal skills, and social conduct; educational areas: school work tasks, environmental modification, play skills, social skills, and arts and crafts. It able to state the scope of school based intervention on sensory integration, visual motor skills training, visual perception and behaviour modification.

The process involves four steps. Teachers and the disability services provider use these steps in chronological order (7):

1. The Identification Card, with which the school, parents and care-giver reports the disability service

provider like CDEIC(Cross Disability Early Intervention Centre), National institutes and its regional center (NILD, NIEPID-RC, NIEPVD-RC, AYJNIS&H-RC) providing institution based disability services on the presence of the student with learning difficulties. This document allows the identification of the student with disability: the disability service provider, after a specialist evaluation of the student, describes the health condition in ICD-10 codes, and the cognitive and behavioral disability.

2. The Functional Diagnosis: the disability service provider through its multi-disciplinary rehabilitation professionals including occupational therapist describes the psychological and physical status of the student.
3. The Achievable Functional Goal Setting Profile: the disability service provider, the school, parents and care-giver together describe the likely level of cognitive-behavioral development of the student in 1 or 2 years, and the possible achievable goals.
4. The Individual Educational Action Plan: the disability service provider, the school and the parents together describe the educational actions planned for the student according to the goal set in the achievable functional goal setting profile for the following six to twelve months.

A throughout survey of the problems encountered along this process revealed the following points:

- The lack of the common and shared language among the stakeholders: the multidisciplinary disability service provider, the school and the parents;
- The presence of a stereotype effect hindering cooperation between the two involved institutions, each sticking to its different mission and bringing a different vision of the child: the disability service provider focused on the pathology and diagnosis whereas the schools on the educational needs of student;
- Resource allocation is done according to the pathology and diagnosis, codified with the ICD-10; not according to a functional description of the needs of the student, particularly the special educator and occupational therapist, enhancing the risk of inappropriate resource use;
- The involved multidisciplinary professionals have difficulties in sharing the life project of the student, and thus end up often in ill-coordinated educational and rehabilitative actions.

The survey showed that the identification of the student with disability only according to the clinical diagnosis is insufficient for an appropriate functional profile, for the following reasons:

- Does not take in account the transitions in development, particularly relevant in coincidence with the promotion to the next level of school (44.5 %);
- The presence of multiple impairments (35.5%);
- The condition of transfer of place (12.0%).

The survey showed that the resources allocation only according to the medical diagnosis is often not appropriate, and that other elements need to be considered.

The complementing missing part of information may be provided by the functional profile given by the International Classification of Functioning, Disability and Health, especially in its version 1 for student. It describes with a common language the needs of the student and to guide resource allocation in a more need oriented way.

METHODOLOGY:**MATERIALS USED –**

The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work). This version (2.1a) is for use by a clinician, health or social care professional.

The checklist should be used along with the ICF full or short version manual. All information from written records, primary respondent, other informants and direct observation can be used to fill in the checklist. To start with record all sources of information used on the first page. Parts 1 to 3 should be filled in by writing the qualifier code against each of the function, structure, activity and participation term that shows some problem for the case being evaluated. Appropriate codes for the qualifiers are given on the relevant pages.

Comments can be made regarding any information that can serve as the additional qualifier or that is thought to be significant for the case being evaluated. Part 4 (Environment) has both negative (barrier) and positive (facilitator) qualifier codes. For all positive qualifier codes, use a plus (+) sign before the code.

STUDY AREA - Institution based disability service department/ clinics and School settings.

STUDY POPULATION –

Prior to participation in the study, informed consent was taken from the parents, caregivers of student with disabilities. The participants were multi-disciplinary rehabilitation professionals providing therapy and counselling services to children and students with disabilities and school teachers. After taking the informed consent, sample of 200 students with disabilities included in this study. Teachers from each level of school (kindergarten, primary school, junior high school, and senior secondary school) were included. The study was crafted for about 50 teachers, parents, caregiver and multi-disciplinary rehabilitation professionals that include occupational therapy, physiotherapy, speech therapy, prosthetist, orthotist, clinical psychologist, nurses and special educator.

STUDY PERIOD - Study duration is 18 to 24-months.

SAMPLE DESIGN - Survey

PROCEDURE – After a 1 day training and orientation about ICF manual, a focus group of participants selected as to represent each level of school and each type of disability service provider working in rehabilitation institute. The group for the Identification Card included only teachers; that for the Functional Diagnosis was constituted only by multi-disciplinary health professionals from Disability Services; that for the Achievable Functional Goal Setting Profile and the Individual Educational Action Plan were mixed, including both teachers and operators from Disability Services.

REASULTS:**The first phase: the identification card**

The identification card is the tool with which the teachers describe the participation of the student to scholastic activities pointing out the factors that influence his performance using the ICF checklist. With

this tool the school asks the Disability Service provider to evaluate the student with learning difficulties. The identification card is sent by the school to the Disability Service provider through the parents, and it is subject to their consent. The identification card is built with only categories of activities and participation, because it is the domain of the classification that describes actions and behaviors in the school environment (Figures 1); for each category the problem is codified only with the performance qualifier with the usual 0–4 scale, reflecting the actual functioning as seen by the teacher in the school environment.

The second phase: the functional diagnosis

The functional diagnosis is the document filled out by the social and health care services (Disability Services) that describes in an analytical way the functioning of the subject, both the functional defects of his psycho-physical state, his potentiality and capacity. It is an instrument that should shed light on:

- the set of disabilities and difficulties together with the impairments and modulated by cultural models and attitudes;
- the level of capacity, as activities and participations are coded in a clinical setting which allows the subtraction of the environmental factors modulating them.

The functional diagnosis is built with only categories of body functions and of activities and participation (for this categories only the capacity qualifier is used) (Figure2). For both the body function qualifier and the capacity qualifier of activity and participation the generic qualifier is used in all its options (including 8 not specified, 9 not applicable).

The third phase: the achievable functional goal setting profile

The achievable functional goal setting profile is focused on the activity and participation component, it is composed of two parts to be completed in two different moments: the first describes the functioning of the student with disability and is filled before the annual multidisciplinary meeting of school, Disability Services and parents, the second, with the priority developmental objectives, is completed by the multidisciplinary team, teachers and parents during the annual meeting for the project check. In this profile the same categories of the activity and participation as in the precedent tool are used. The first part of the profile describes the student functioning according to the categories used in the Functional Diagnosis with the capacity qualifier from the Disability Service team, the performance qualifier provided by the teachers, and with the input of the parents who can use qualifier 0 if in that category there is no problem, 1 if that category has a problem). The functioning is positive when both disability service, school and parents write '0', on the contrary the functioning is problematic when at least one qualifier is different from '0'.

This first part underlines, with a positive view, both the capacity of the student and the problematic areas, and forms the basis for the identification of the objectives to promote the development of the student.

The second part, written by the Disability Services, the school and the parents, is divided in two sections: the first (Possibility of development) underlines in which areas the student may have a better development; the second (Priority development objectives with reference to contest of life) describes in each areas the general objectives for the person with disability in the contest of life.

The fourth phase: the individual educational action plan

The Individual Educational Action Plan defines the operative pedagogic solutions that should support the achievement of the objectives outlined in the achievable functional goal setting profile. The multi-disciplinary team defines activities, methods, facilitators, timing, team composition, checkpoints, and indicators for the expected goals to be achieved in the different contexts of life of the person with disability.

This tool is written by teachers, parents and professionals from the Disability Service.

An important innovation of this tool is the continuity with the others tools of the project: the Individual Educational Action Plan completes the profile of functioning of the person with disability in a global and multi-perspective way, underlining the environmental factors which may facilitate or hinder the functioning in the various situations of life.

The actual data analysis results that for the school year 2021-23, the school sent to disability services 206 identification cards using the ICF model; the disability services issued 118 new disability certifications (57.3% of the received 206 identification cards). The school received 220 Functional Diagnosis from the disability services. As of today the number of achievable functional goal setting profile stands at 132 and reached 54 number of Individual Educational Action Plan.

For the next years a plan to better review and systematically analyse the incoming is to be implemented.

DISCUSSION:

In this article we report on the path followed to introduce the ICF conceptual framework in the school inclusion process for students with disabilities. ICF brings a new and potentially revolutionary view. The major changes advocated by the bio-psycho-social model require a significant departure from very consolidated habits, and cannot be achieved without a preliminary extensive process of information/formation for those who will be called to implement it in school and disability services .

This experiment shows that the integration between the various documents for the scholastic inclusions is improved by the ICF language and framework. The integration of the new forms (identification card, unctional Diagnosis, Individual Achievable Functional Goal Setting Profile, and Individual Educational Action Plan), is well represented by the interplay among the various components of ICF.

The complementation of the forms gives a dynamic and complex vision of the person functioning where impairments are linked to problems in activity and participation, where the modulation of the contextual factors is captured by the use of the qualifiers for capacity and performance, ICF use in different Services and Institutions and in a multidisciplinary team was indeed seen as an extraordinary opportunity towards the building of a common language. Such shared common language most appropriately reflects the new global and ecological view of disability.

. In fact, ICF does not overhaul what the team usually does in the multidisciplinary work; rather the classification joins all the various professions, establishing a new synergy gathered around the global and ecological definition of functioning and disability. Again, ICF belongs equally to all the professionals of the team, and everyone brings specific and necessary information to the global picture of the person.

The Individual Educational Action Plan, particularly, underlines the role of the environment factors, especially the facilitators which the person needs to modulate functioning and helps recognizing how different environments influence the functioning of that person.

The use of ICF language and conceptual approach in the process for school inclusion requires an extensive effort to spread the knowledge and the confidence in the use of the classification to all the partners involved: school, disability service and parents. Therefore, the completion and extension of the project requires time and economical resources. Such investment of time and resources nevertheless appears as worthy both in terms of gain in appropriateness of intervention (allocating what is available in a more targeted way), and in terms of cultural and pedagogic change towards a full social and scholastic participation for the students with disability.

CONCLUSION:

In summary, the study suggested that to make any treatment effective the medical, allied health expert like occupational therapist and the skilled teacher need to work hand in hand. The study focussing on the introduction of the ICF in the delicate and complex process of scholastic inclusion for students with disabilities in India. The signals of critique and of appreciation should be incorporated in the implementation plan, and may guide further application by school and disability service in the life project of student with disability.

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