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CHAPTER 8

The introduction of the International Classification of Functioning (ICF) in Education in Portugal. Consequences for assessment and intervention

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MARIA JOSÉ SARAGOÇA, LUÍSA GRÁCIO

Introduction

Based on the recent changing of the Portuguese legislation for pupils that experience difficulties in development and learning, screening and assessment, we aim to characterize and discuss the implementation of the ICF in the Portuguese educational system.

We focus on the challenges to educational assessment and intervention based on the experience of the last three years in Portugal, with reference to the studies that analyse and discuss such experiences. Our discussion will focus on the implications and requirements derived from the implementation of the ICF in teachers' and other experts' education, in teamwork, and in the process of assessment and intervention to improve inclusive school.

The Introduction of ICF in Special Education in Portugal

On May 22, 2001, the 54th World Health Assembly adopted the International Classification of Functioning, Disability and Health (ICF) to be used by all World Health Organisation

(WHO) member countries of which Portugal is a part. The ICF was published in Portuguese in 2003.

The ICF was introduced in the field of the Portuguese education by the Decree-Law 3/2008 of January 7, (and the amendments introduced by Law 21/2008 of May 12) and is regarded as a highly innovative aspect of the new paradigm of Special Education in Portugal, namely in the way we look at the child that experiences barriers to learning. It represents a substantial improvement with respect to the concept of “permanent difficulties in learning and development”, which is a traditional concept of ‘permanent Special Educational Needs’.

The operationalization of the ICF thus becomes an indispensable element in the identification of students that need to be supported by specialized education (Direcção Geral da Inovação e do Desenvolvimento Curricular [DGIDC], 2008). However, the introduction of the WHO document in Education has not been without controversy. Indeed, the ICF is the reference document that leads the whole process of evaluation and classification of children with special educational needs of a permanent nature in Portugal. ICF aims to create a unified and standardised language and a working structure for describing health and health-related states.

The Need for a Classification System

The need for a classification system that is able to clearly and reliably identify children who, indeed, need specialized assistance, has been felt for a long time. The classification and categorisation of children are often considered essential to ensure equal opportunity in the allocation of education and social services (Florian et al., 2006, p. 36).

In 1999, an Opinion of the National Education Council (Letter 3/99, 1999) made reference to “the need for a classification system capable of identifying the specific needs of children/youth”. In 2005, in Portugal, the Ministry of Education and the National Council of Education indicated that “1 in 16 students had special educational measures” (DGIDC, 2009, p. 8), a number that was likely to increase. Special education was provided to students whose first language was not Portuguese, and also to students from ethnic minorities or at environmental/social risk.

The absence of a rigorous system of reference, identification and assessment of the needs of children had a negative effect on the educational response set for pupils with “real” special educational needs; and, also, on the degree of attention given to students who needed other kinds of intervention. As far as schools’ organization was concerned, it also brought problems since schools faced a progressively greater number of students who (supposedly) required special educational measures. In 2006, with the resolution of the Council of Ministers 120/2006, the Portuguese Government adopted the First Action Plan for the Integration of Persons with Disabilities or Disability (PAIPDI) for the years 2006-2009. Even then references were made to ICF, regarding its use and application “in the assessment procedures for describing the functional status of people more fairly and valuing their capabilities” (Resolution of the Council of Ministries 120/2006, 1.2).

In a short period of time, it became compulsory for the educational community (teach-

ers of special education, regular education teachers, administrators, technicians), to use the extensive ICF document of the World Health Organisation in Education. Since then, various training and information sessions aimed at clarifying and empowering the educational community to use that instrument properly were organized across the country. The close contact we have established with schools and with their teachers, technicians, administrators, as well as with the students' documents procedures we have consulted, highlighted the fact that there is still some confusion in the way students are evaluated. Moreover, taking the ICF as a reference framework and how the experts use the information from this assessment for the preparation of the Individual Educational Programme and the intervention with the children/youth also posed a problem

Two recent studies from Candeias et al. (2009 & 2010), show that in one sample of teachers (N= 109) who work with students with "special educational needs" (as they are still called in the Portuguese system), in schools of all levels in the Portuguese Alentejo region: (1) 41% of teachers received training on the ICF before its use and 51% have received training on the International Classification of Functioning, Disability and Health – Children and Youth version (ICF-CY). Training had an average duration of 25H (Minimum=5H; Maximum=46H), but the teachers wanted an average duration of 30H (Minimum=20; Maximum =58H); (2) 65% of teachers identified the need for more training. It was concluded that for effective and efficient implementation of the ICF, it is necessary to expand teacher s' training, particularly in terms of assessing the performance of students with special educational needs, teamwork and time management, because this new model requires new skills of the teachers involved.

ICF Framework and Structure

The ICF does not focus on the "consequences of disease" as in the International Classification of Diseases (ICD-10). Instead, its attention is directed at a system of classification and multi-dimensional interaction which does not rate the person, but the characteristics of the person, the characteristics of the environment and the interaction between these characteristics. The ICF can be applied to various areas, for instance, for statistical purposes (as in collecting and recording data); for investigational purposes (e.g. quality of life or environmental factors), for clinical purposes (needs' assessment, rehabilitation) as an instrument of social policy planning (social security systems) and also for educational planning (organising educational programmes, development of social actions) (World Health Organization [WHO], 2001. p. 5). The various components of the ICF are all in dynamic interaction. Consequently, an intervention carried out on a particular element may cause changes in one or more elements. This interaction can be summarized in the following scheme (Figure 14).

Thus the ICF proposes a biopsychosocial model of disability and functionality (opposed to a purely medical or social model), approaching the subject from a biological, psychological and social perspective. ICF seeks to look at each individual in a holistic manner so that the problem is perceived, explained and operated upon from various perspectives. The functionality of an individual in a specific domain is a complex relationship between health condition

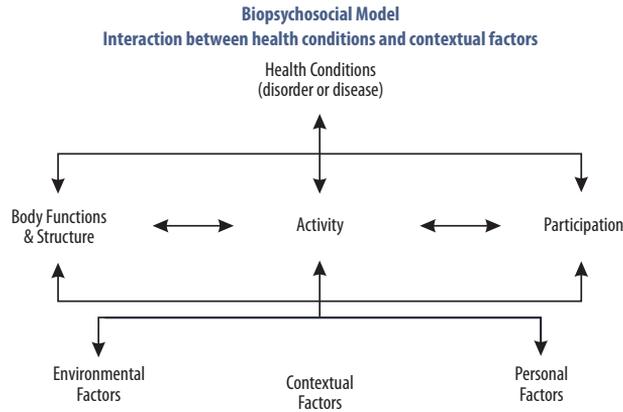


Figure 14. ICF scheme (WHO, 2001, p.18)

and contextual factors (i.e. environmental and personal factors). There is a dynamic interaction among these entities: an element in an interaction can potentially alter one or more elements.

The ICF is organized into two main parts and each one is subdivided into two components. The first part (Functioning and Disability) is separated into Functions & Body Structures and Activities & Participation. The second part (Contextual Factors) is divided into Environmental Factors and Personal Factors. Each one of these components consists of several chapters.

The ICF uses an alphanumeric system in which: 'b' (body) refers to body functions, 's' (structures) refers to body structures, 'd' – refers to activities and participation, and 'e' (environment) refers to environmental factors. The components of ICF are qualified using the same generic scale: 0 – no impairment (or difficulty); 1 – mild impairment (or difficulty); 2 – moderate impairment (or difficulty); 3 – severe impairment (or difficulty); and 4 – complete impairment (or difficulty); 8 – not specified; 9 – not applicable. As an example, we can say that the code: b21022 indicates the body functions (b), sensory functions and pain (b2); seeing functions (b210); quality of vision (b2102), contrast sensitivity (b21022).

In the case of environmental factors, the qualifiers are the same, ranging from 0 – no barrier or no facilitator to 9 – not applicable. When we put a “-” followed by the qualifier after the code, it indicates that this is a barrier. When we put the sign “+” it indicates that we have a facilitator, for example, e130.2 and e130+2 (respectively).

In the ICF, functionality is the key term. ICF provides a description of situations relating to the human beings' functioning and their restrictions. Therefore, it serves as a framework to organize this information.

ICF – Children and Youth Version

Taking into account the particular characteristics of the stages of childhood and adolescence, the need for an ICF version that contemplates these peculiarities was felt immediately. Thus, in 2002, a WHO working group, led by Rune Simeonsson, was formed to develop a version tailored to children and youth, which can be used in areas such as health, education and social development. Subsequently, in 2007, the WHO launched the International Classification of Functioning, Disability and Health – Children and Youth version (ICF-CY) that focuses on specific features and more meaningful contexts for children and young people. The release of the ICF-CY (children and youth) is not yet officially available in Portuguese. A trial version translated and adapted by the Centre for Psychological Development and Education of the Child, from the School of Psychology and Educational Sciences of the Oporto University is, however, available online.

Assessment/Intervention Process in the Portuguese Educational System

Having the ICF document as a reference, the latest legislation in Portugal concerning Special Education, defined the specialized support needed to provide various levels of education and training. This support aimed to remedy the special educational needs of “students with significant limitations in terms of activity and participation in one or more areas of life, due to permanent functional and structural changes, resulting in continued difficulties in communication, learning, mobility, autonomy of interpersonal relationships and social participation” (Law 3/2008, 1). The whole assessment/intervention process is organized in five main steps (Candeias et. al, 2009) as follows:

Step 1 – Referral procedure

When a student has special needs that may justify the adoption of educational responses in the context of Special Education, a referral is made to the Director of the School, by completing a “Referral Form”. This referral can be done by parents or carers, teachers, early intervention services or other community services, but the teachers/directors of the class are usually the ones to do it.

Step 2 – Constitution of the Assessment Team

The Director of the School passes the Referral Form on to the special education teacher team. Together with the Department of Psychology and Guidance (when available), they analyze the situation, define the need for specialized evaluation, and when it is appropriate the assessment process begins, using the ICF as a guide, the Technical and Pedagogical Report is drafted. The assessment process begins with the constitution of the multidisciplinary team that will undertake an assessment of the student’s specific needs. In this team there is always a

special education teacher, the teacher/director of the class, parents/carers and the educational psychologist. Technicians (e.g., speech therapist, physiotherapist), health services, social workers, may also be a part of the team – if the child needs their support. In the team meeting the “Assessment Roadmap”, which indicates what to evaluate, who assesses and how to assess, is completed. Additionally, the ICF categories, which are considered necessary to obtain new or more information according to the specific condition of each child/youth, are selected.

Step 3 – Students’ Assessment by reference to the ICF

Each technician will assess the categories related to his or her area of competence that have been previously identified in the Assessment Roadmap by the team. This evaluation is done by reference to the ICF, for example, the psychologist will assess the “Mental Functions” and the special education teacher evaluates the corresponding part of the “Activity & Participation”, using formal and informal assessment instruments (e.g. medical exams, pedagogical and psychological assessment scales, observation grids, student’s products, among others).

Step 4 – Elaboration of the functioning profile

After the evaluation carried out by different technicians, the assessment team meets to analyze all the gathered information, and with the help of a checklist, the Technical and Pedagogical Report is elaborated. This report identifies the student’s functioning profile, taking into account the functions and body structures, activity and participation and environmental factors that influence this same functionality (facilitators and barriers). It also explains the reasons for the special needs and their typology, as well as the answers and educational measures to be adopted that will underpin the development of an Individual Educational Program (IEP).

Step 5 – Preparation of the Individualized Educational Plan (IEP) and implementation of special educational measures

The IEP is developed jointly by the teacher/director of the class, the special education teacher, parents and other participants as necessary. It includes the: (a) student’s identification, (b) personal and relevant academic history, (c) functioning indicators, level of acquisitions and difficulties, (d) environmental factors that act as facilitators or barriers to participation and learning, (e) definition of educational measures to implement, (f) description of contents, general and specific objectives to be achieved and the strategies and resources to be used, (g) level of student’s participation in educational activities of the school, (h) schedule of the different activities, (i) identification of the technicians involved, (j) description of the process of evaluation of the individual educational program implementation, and (k) date and signature of the participants in the IEP preparation and who is responsible for special measures implementation.

The coordination of IEP is a teacher’s responsibility – the teacher of the primary school or the director of the class (depending on the student’s educational level). The whole process, from the referral procedure to the preparation of IEP, is expected to last 60 days, maximum.

Advantages and Limitations of Assessment Model by Reference to ICF-CY

According to Florian et al. (2006), “the ICF offers a holistic view of human functioning, differentiating problems of body function, performance of activities and participation in major life roles” (p. 42). The same authors have reported as being positive, the ICF’s “focus on activity limitations rather than the physical and mental impairments that have been the primary focus of current categorical approaches”, and also the important “role of the environment as a barrier to or facilitator of child functioning”. (Florian et al., p. 42) In addition, they have reported as being positive, the attention on activity limitations as opposed to a focus on physical or mental impairments. They also consider very important the focus on the environment that can act as a facilitator or a barrier to the child’s functioning (Florian et al., 2006).

While many have talked against the implementation of ICF in education, others are demonstrating the validity of that same application. In Portugal, the most recent work of Correia and Lavrador (2010), an exploratory study on the Usefulness of the International Classification of Functioning, Disability and Health in Education in the light of Decree-Law 3/2008 from 7 January, aimed to “ensure if the data arising from evaluation obtained by reference to the ICF could serve as a basis for drawing up an IEP for students with special educational needs” (Correia & Lavrador, 2010, p. 11). They conclude that “ICF is not a classification that serves the interests of students with special needs, much less to determine the eligibility of a student with permanent difficulties for possible special education services and the consequent development of an IEP” (p. 57).

This study used a sample of twenty one people from seven groups of schools in a district of northern Portugal (Vila Real). The subjects (special education teachers, mainstream teachers and psychologists) completed a questionnaire on the use of ICF in education. With the collected data in this study, and the stated analysis of some experts, these authors concluded that the use of the ICF does not show whether a student with SEN should or should not be referred for special education services and does not allow the development of an Individual Educational Programme (Correia & Lavrador, 2010).

The constitution of multidisciplinary teams and subsequent operation of the entire assessment process based on ICF is also a constraint because it is difficult for the various teachers and technicians to meet. Without consideration of such areas as Social Security, Labor, Economy, Social Policy and even education and health, the successful application of the document is put at risk.

Validating the use of ICF in education is the conclusion of studies conducted by the EU project Measuring Health and Disability in Europe – Supporting Policy Development – MHADIE (Measuring Health and Disability in Europe [MHADIE], 2010). For two years, partners of eleven European countries investigated the validity of the ICF model for the documentation and analysis of disability so as to better serve the needs of disability policy development, monitoring and evaluation. The research has demonstrated the “feasibility, utility and value of ICF Classification and model in harmonising data across populations and sectors in Europe.” Inter alia, it also concluded that “the ICF framework is a useful structure for collecting data relevant to educational policy, including the development of eligibility criteria for services for children and youth”. (MHADIE, 2010)

According to Rune Simeonsson, one of the initial researchers the ICF-CY, it

“offers for the first time a common language that can be used by professionals in allied health, rehabilitation, social work and education to describe the functioning of children and adults with disabilities across settings and disciplines” (Simeonsson, 2009, p. 71).

He also argues that the ICF can:

“(1) provide the basis for a differentiated assessment, (2) emphasize profiling of individual functioning, (3) clarify clinical diagnoses and co-morbidity, (4) support the provision of services and supports on the basis of functional profiles rather than administrative categories or medical diagnoses, (5) enhance the correspondence between assessment and individualized intervention planning, (6) offer codes for identifying intervention outcomes, (7) provide evidence for progress by documenting the gradient and hierarchy of change on functioning, and (8) generate summary statistics of individuals or populations defined by functional characteristics” (Simeonsson, 2009, p. 72).

The assessment based on ICF, allows a dynamic, interactive and multidimensional way to assess learning and development difficulties. It is not intended to label the person in question. It is, rather, intended to guide the process for intervention with the child. In addition to identifying the limits inherent to the student, it also identifies the exogenous limits. Therefore, we can guide our interventions by seeking to overcome activity and participation barriers and maximizing the students' facilitators of activity and participation.

The assessment of functionality provided by the International Classification of Functioning implies the involvement and contribution of professionals from different areas, not forgetting the parents' participation. The qualification system of the ICF allows the evaluation team to specify the level of abilities, needs, barriers and facilitators, and indicate those that are subject to change, whether through the intervention of available support or through some changes performed in the environment (DGIDC, 2008).

An advantage of this assessment model is that all stages of the process (information gathering, information analysis and decision making), are made by all the team, though, of course, tasks need to be defined for each of the elements that constitutes it. Another advantage that we can point out is the fact that it is easier to coordinate structures such as education and health or education and employment as they apply the same language, thus facilitating communication. Therefore, the intervention with the child is also more effective.

An external evaluation of the implementation of Decree-Law 3/2008, submitted in July 2010, concluded, among other things, that with the introduction of ICF:

(1) the multidisciplinary teams are focused on the functional characteristics rather than the disabilities of the students, (2) there is a purposeful look at environmental factors, although there is still a low identification of barriers and (3) specialized assessment has involved the use of diversified sources of information and the use of informal methods of assessment according to the biopsychosocial model (DGIDC, 2010)

Conclusions

ICF and its advantages and limitations regarding children and young people's assessment and the decisions and consequences that emanated have been controversial in Portugal. The reorganization of special education in Portugal was enshrined in Decree-Law 3/2008 based on the distinction between students with educational difficulties arising from socio-cultural conditions and students' difficulties which result from permanent changes in body structures and functions "(DGIDC, 2008, p. 7). It is the latter, i.e. those with special educational needs of a permanent nature that are considered to need specific support and specialized resources throughout their school careers. Reference schools were created in Portugal in the areas of blindness and low vision, deafness and autism spectrum disorders and multiple disabilities, to meet this goal.

The ICF is used to assess students; such an assessment leads to the implementation of responses considered necessary. This process has been largely contested in Portugal with the argument that special education leaves, without support, a large number of children with Special Educational Needs (SEN), whose learning needs were not typified. In fact, under Decree-Law 3/2008, responses to children and youth, whose educational difficulties do not arise from changes and body structures, should be permanently held by the school's project and teaching activities of the non-specialized teachers.

Portuguese studies show that teachers and technicians' understanding and mastery of the ICF are still being developed. In fact, teachers and technicians themselves need to consider further training in this field. This is vital for the proper use of the ICF since it is needed to understand a number of assumptions, concepts, terminology and techniques. Moreover, teachers and technicians who apply ICF daily need to continuously reflect on its practical application, and this requires training and supervision.

The ICF, as a classification system, allows the creation of a universal frame of reference. However, its implementation in the Portuguese education system has been isolated from other systems such as health and social security. This becomes an obstacle to the collaboration among the various professionals involved in solving the problems of children and young people. Improving responses to children or young people with special needs often requires a multidisciplinary approach involving various disciplines and sectors. Thus, we believe that the creation and discussion of its use with the technicians of the various departments involved in responding to children and young people with SEN would be very useful.

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