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ASSESSING DISABILITY OF CHILDREN IN ARMENIA

COUNTRY CASE STUDY

Norad

February 2023

Acknowledgements:

This case study has been authored by Jerome Bickenbach, ICF and disability expert, Switzerland and Aleksandra Posarac, disability expert, Serbia under the guidance of Nora Shabani and Aaron Greenberg from the UNICEF Europe and Central Asia Regional Office.

The authors acknowledge invaluable inputs by Maya Simonyan and Alvard Poghosyan from UNICEF Armenia.

This case study maps the systems and policy for disability assessment of children in Armenia and has served as background material for the preparation of the Main Report on Assessing disability of children: a five-country mapping (Armenia, Georgia, Moldova, North Macedonia and Serbia).

Disclaimers:

The desk research and collection of information for this report took place until May 2022. As such, the analysis does not contain developments that have taken place since late 2022.

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Cover photo: Atyom Hovhannisyan, 17, from the participant team 'Bookcase' is learning IT skills at the Gyumri Technology Center. September 18, 2021, Gyumri, Armenia. The goal of the project is to empower over 70 adolescents with and without disabilities to with IT and soft skills. Credit © UNICEF/UN0572517/Hieroglyph

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This publication was developed under the Norway-UNICEF Disability Partnership Framework and UNICEF extends its thanks and appreciation to the Norwegian Agency for Development Cooperation for their support.

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1. Context

As part of a general initiative to develop a framework for the protect the rights and fundamental freedoms of persons with disabilities and children – consistent with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (which Armenia ratified in 2010) and Convention on the Rights of the Child (CRC) (ratified in 1993) – since 2013 the Armenia Government has been engaged in reforming disability determination, eligibility definitions and provisions of services for children and adults. One manifestation of this is the commitment to introduce disability determination model based on the World Health Organization (WHO) International Classification of Functioning, Disability and Health Framework, and to mainstream inclusive education.

A large-scale study conducted by UNICEF in Armenia in 2012 among children with registered disability status found that a third of younger children did not attend kindergarten, and a fifth of school age children did not attend school. One out of every eight children with disabilities lived in orphanages or residential care institutions, rarely leaving them and have little access to mainstream education. Only a quarter of children with disabilities receive the services described in Individual Rehabilitation Plans or receive the assistive devices they require.

In early 2014 the Government approved **The Action Plan and Methodology for Piloting the Holistic Approach of Disability Assessment Based on WHO ICF**. Pursuant to this plan later in 2014 the **Law on Mainstream Education** was amended to reinforce the commitment to full inclusion of all children in mainstream schools by 2025 and the introduction of three levels of pedagogical-psychological assessment and support for children with special education needs (SEN) – first provided by schools and kindergartens, second by regional Pedagogical Psychological Support Centers (PPSC), and last by the Republican Pedagogical Psychological Centre (RPPC), which also has overall supervisory and oversight function over the whole process. The Republican and regional Pedagogical-Psychological support centers are operating in education sector. In 2015 a separate Medical Social Expert Commission for disability assessment of children was established in social sector responsible for disability assessment and determination. Later, in order to improve accessibility for children in different regions of the country, it was decided that instead of having one separate pediatric commission, pediatric specialists will join those MSEC commissions where assessment of children are planned.

1.1. The UNPRPD Project

Starting in 2014 a UN Partnership on the Rights of Persons with Disabilities (UNPRPD)[1] project on **Improving Access to Services and Participation of Persons with Disabilities on the Conceptual Framework of UNCRPD and ICF – Armenia** was begun. Phase 1 of the study focused primarily on children and adults and supported the development and piloting of a new model of disability assessment and certification based on the ICF framework and aligned with CRPD principles. The project, the first phase of which concluded in 2017, also engaged in capacity building, reformulating individual rehabilitation plans into the individual service delivery plans which incorporate health, education, social services and employment, and strategic initiatives to enhance employment opportunities. Although the UNPRPD project looked at disability assessment and determination for both adults and children, the project did lay the groundwork for reforms around children – in support of nationwide efforts to de-institutionalize children, including children with disabilities, and of community-based multisectoral service delivery model for early intervention for children with disabilities and developmental delays and to promote educational inclusion for children with disabilities.

During the Phase 1 consultants from Jonkoping University in Sweden were asked in 2016 to construct disability assessment instruments that were then piloted. An information collection package for disability assessment (See below Appendix 1 to this case study) was created that consisted of a set of ICF Body Function and Structure codes and a set of Activity and Participation codes, and Environmental factors that were rated – using the ICF 5-point scale – by experts of the Medical-Social Expert commission from the Ministry of Labor and Social Affairs (MOLSA) trained by the consultants. The ICF items were selected by an undescribed Delphi method procedure and piloted on 1032 individuals. An assessment package was general for all applicants and consisted of: Self-assessment form, administrative form and administrative act to be filled in by Medical-Social Expert commission, social worker form on activity and participation, and environmental factors to be filled in based

1 The UNPRPD provides the framework for a cooperative arrangement between the following UN agencies: United National Development Program (UNDP), UNICEF, United Nation Population Fund (UNPF), World Health Organization (WHO), and United Nations Industrial Development Organization (UNIDO).

on observation of routine activities. Summary scores were analyzed in terms of distribution, reliability was based on internal consistency, and criterial validity was indirectly established. The consultants concluded that the tools tested could not be used for disability determination without further work to validate and develop cut points for decision-making. Based on the pilot analysis and feedback from participants, it was decided to work further on finalization of the assessment package, development of technical methodological guide for information collectors. From the other side, beneficiaries-participants highly evaluated introduction of the self-assessment form and questionnaire.

Phase 2 of the project was from 2017 to 2019 and focused on three outcomes: rolling out of a trial basis the ICF-based model of disability assessment and determination, establishment of information exchange mechanisms between sectors to ensure service provision across education, health, and employment sectors; strengthen the gender responsiveness of service provision; expand the roll out to other sectors to establish cross-sectorial synergies. With respect to disability assessment, further work was done on the protocols of ICF categories, both Body Function and Structure and Activities and Participation, and Environmental factors. By 2019 it was decided to put forward two approaches, the first to use only the Activities protocol to determine disability, the second – which the government selected – was to create "focused protocols" of both sorts directly linked to "types of disability and chronic disease". Four "disabilities" were identified: Hearing, Visual, Mobility, and Mental, and four chronic disease-types were used (cardiopulmonary, hematological, immunological, metabolic, and endocrine). Sets of ICF categories were assigned to each focused protocol and selected crucial codes': 25 for Mental, Motor and Chronic Diseases, and 15 for Visual and Hearing. The rest of the items included in the focused protocols are used for determining the types and scope of needed services and support and development of individual service delivery plan. Adults were to be assessed using all focused protocols, children (divided into four age groups: 0-3, 3-6, 6-14, 15-18) were only assessed on the four "disability" protocols. In case of multi-disability several focused protocols can be considered, depending on the individual needs of applicant. With this revision, for the information collection for disability assessment and determination have been used self-assessment questionnaire (which was highly rated by pilot participants), Vignette (applicant profile) and focused protocols (consisted of b, s, d and e codes).

Three ministries regulate the provision of services to children with disabilities and collect and monitor their progress: the Ministry of Labor and Social Affairs (MOLSA), the Ministry of Health (MOH) for children with disabilities and children with developmental delays, and for children with SEN, the Ministry of Education, Science, Culture and Sports (MOESCS).

With respect to administrative data, the RPPC supervises the maintenance of regional center databases on children who have undergone SEN (both those with disability and not) receiving educational services across the country. Although each of the three responsible ministries also collect and store administrative data, it was only by 2019 after an extensive report on the data gap on the availability and cross-sectoral exchange of data on children, were provisions made to facilitate the exchange information between ministries, as was recommended by studies funded by the UNICEF, UNDP and the EU, using the ICF as a standard "common language" for a comprehensive assessment in child rehabilitation centers, and to ensure interoperability across these data platforms, especially between the regional centers and MOESCS.

Other important results of the Phase 2

- The MOLSA and MOESCS agreed to exchange data on children during disability assessment and provision of services, particularly between the Republican Pedagogical Psychological Center (under MOESCS) and Medical Social expert Committees (under MOLSA).

- ICF-based checklists were created for common conditions for early identification and intervention for children (such as cerebral palsy, autism, and mental/intellectual developmental delays) to be used in the Child development and rehabilitation centers working within health sector. The MoH approved updated Regulation and Norms on Provision of Rehabilitation services for children with developmental delays and/or disabilities.

- A rapid assessment of rehabilitation services for children with developmental delays and disabilities was initiated in 2018 to identify the gaps and develop recommendations for strengthening pediatric rehabilitation services.

- A study was conducted to collected data on all children who were assessed for special education needs in 2018, which became the basis for development of a national database on children with SEN

within the education sector to become a Module in the education management information system (EMIS).

- A draft of the Law on the Rights of Persons with Disabilities was submitted to the Parliament in 2018, which was annulled in favor of two laws, **The Rights of Persons with Disabilities and The Law on Functional Assessment, which were eventually approved in 2021. The Law on Functional Assessment will come into force in the beginning of 2023, while 2022 will be used to develop and approve related by-laws and regulations**.

RPPC aimed to harmonize all tools, methodologies, and criteria for eligibility of services for children under 18. In particular, the challenge was to harmonize the disability assessment ICF focused protocols with the tools and methodologies used for SEN assessments and individual education planning. A consultant argued that coordination requires long-term capacity building among relevant professionals. The final report for Phase 2 concludes: "The full transition towards an ICF-based model for assessing disability, granting support and services to rights-holders need a profound change not only in policies and rules but also in mentalities and attitudes among all stakeholders. The Law on Functional Assessment formalized the notion of "restriction of functioning" ("restriction of capability of persons to participate in public life in the context of body functions and structures, activity and participation, impact of environmental factors") and the
assessmentprotocol based on selected categories from ICF dimensions of Body Functions and Structure, Activities and Participation and Environmental Factors.

Meanwhile, in the case of pre-school children, the commitment for inclusive education was confirmed by the revision to the **Law on Pre-school Education**, adopted in May 2021, which regulated assessment of SEN and provision of pedagogical-psychological support services. A transition plan was approved and operationalized to develop SEN and child development assessment tools and procedures, for professional support training of staff at the regional centers by the RPPC.

2. Disability Status Assessment and Needs Assessment

It is important, as a preliminary matter, to make a distinction that has tended to be blurred in Armenia (and other countries) in the area of children with disabilities. This is the difference between disability assessment and needs assessment. The two are conceptually separate processes that serve different administrative requirements.

Disability assessment is used to establish the whole person "status" of disability. Once this status is formally established and a person is issued a certificate of disability, this person is formally eligible to various social insurance and other benefits, if she or he meets other benefit and service specific criteria. **Needs assessment** is an assessment that identifies the needs the individual has because of his or her health condition and impairments, for the purpose of providing supports and services to optimize functioning, and often specifically to return to work.

These processes are very different, in purpose, conducting agency, outcome and methodology. A status disability assessment is a process for quickly dividing the applicant population, often as categories or groups in terms of severity of disability. Much of the reforms carried out in Armenia, as summarized above, focused on changing the disability assessment and disability status determination process, as well as needs assessment for adults and children – primarily by introducing the ICF and in light of the mandate of the United Nations CRPD. The disability assessment and determination of disability status is only part of the whole reform process, to be followed by a comprehensive needs assessment as the basis for the provision of individual needs-based services and support. International practice, at least for adults, tends to require disability assessment as an opening certification process so that the individual, determined to have a specified level of disability, can be eligible for some benefits. A needs assessment, once again by general international practice, is a practical determination of the degree and kind of limitations the individual experiences by virtue of an underlying health condition in order to identify what interventions, benefits, assistive devices, personal assistant or other service they require, and to what extent.

In terms of the on-going disability assessment reform in Armenia, the introduction of "functional assessment" was intended to apply to both disability assessment and determination and needs assessment. The disability assessment and needs assessment focused protocols consist of ICF items from Activity and Participation, some limited items from Body Functions and Structures and some from Environmental Factors. The intention was to use this information for different purposes: each focused protocol has fixed pre-defined crucial codes in case of motor and mental protocols 25 pre-defined crucial codes, in case of hearing and visual protocols 15. Those pre-defined crucial codes consisted mainly of "d" codes and a few "b" and "s" codes, and their scoring are used for disability determination, while the rest of collected information, including "d" and "e" codes are used for needs assessment to define the types and scope of needed services and support.

Clearly special education needs assessment is a need assessment, not a disability assessment, and for a SEN assessment prior disability status is not required. The development and reforms in SEN assessments in Armenia reveal that there may be a persistent failure to clearly distinguish the aim, methodology and criteria of SEN assessment – as a kind of needs assessment – from the aim, methodology and criteria of disability assessment. Whether for children under 18 there is any need for disability status determination process or not, however SEN assessments are conducted and whatever assessment tools are used, they should be clearly different from disability assessment tools. To be clear, this is not a matter of whether SEN assessment should align with the ICF: both disability assessment and needs assessment can equally benefit from the application of the ICF, both as a language for and a model of disability.

3. Special Education Needs (SEN) Assessment: 2013-2021

Since 2007, the Yerevan Medical Psycho-Pedagogical Assessment Centre has had the mandate to "identify and assess children's physical and/or psychological development characteristics to inform the way in which provision is made for their education as per their established abilities and capabilities". The Centre was responsible assessing children's SEN and providing educational institutions with program recommendations well suited to meet such needs. Prior to 2013, only medical information was used to assess disability, but since then the Armenian Government has tried to reform its disability determination and needs assessment generally, and for SEN by making various attempted to integrate WHO's International Classification of Functions, Disability, and Health (ICF) into the system. The 2014 Law on Mainstream Education established 2025 as the year in which Armenia's education system would be fully inclusive. According to current procedures: "The SEN assessment is carried out in 2 stages: First, **school or pre-school level assessment** is carried out by teachers, pedagogical staff, an pedagogical-psychological support group from the school in order to identify environmental barriers and limitations for child's effective participation in the educational process, and the motivating factors for overcoming them. The second stage is conducted by the Regional Pedagogical-psychological support centers to determine the degree and severity of functioning problems and SEN.

The criterion for eligibility is the severity level based on SEN assessment results (see Appendix 2 below). There are four levels of severity: mild, moderate, severe and complete.

In case of mild severity the support provided by school (For children evaluated with mild SEN based on 1st-school level assessment the preventive intervention plan is developed for 1 semester after which next assessment is planned to see the progress.); in case of moderate, severe and complete levels services provided by the regional pedagogical-psychological support centers (The Individual Educational Plan is developed only when the child has been assessed and recognized as a child with SEN on the regional level). Additionally, financial mechanisms for provision of additional support to schools for children with SEN have also been revised during the last year and will be introduced during the next educational year (starting September 2022).

Subsequent reforms were supported by the various studies conducted by UNICEF and UNPRPD just mentioned. The UNPRPD project especially being a catalyst for mobilizing resources from the Armenia government and the international community. These reforms have been engaged in with the motivation, not only to improve assessment to align with international best practices, but also to increase transparency in the decision-making process and facilitate data exchange between different ministries and service-providers.

A study performed as part of Phase 2 of the UNPRPD study on 3500 children who had been assessed for SEN in 2018 showed that 78.4% of children had special educational needs, the kinds of functional disorders identified (predominately mental and intellectual and voice and speech)

and the kind of specialist supports they were referred to (predominately speech therapist and special educator). The report concluded that there were several important advantages to using ICF codes as the basis for SEN assessment in the five domains (mental/intellectual, visual, hearing, mobility, and voice and speech): specialists gain a comprehensive picture of the strengths and weaknesses of the child, and the child's needs, and can identify environmental factors that facilitate or hinder children's participation in education.

Initiatives to improve SEN assessment from the MOESCS have been parallel with related reforms in the MOH to use ICF-based checklists for common health conditions in pediatric rehabilitation services, improve E-heath, promote early identification of at-risk children and rationalizing and improving medical and social child rehabilitation services. Unlike many countries where multisectoral coordination is a major challenge, Armenia has had success with its Coordination Board of Disability Reform that seeks to link, not merely the three ministries, but also the UN agencies and organizations of persons with disabilities (OPDs).

SEN assessment and planning from 2015 onward was conceptualized to involve three tiers of responsibility: the school, Regional Pedagogical Psychological Support Centre (RPPSC) and the RPPC. The outcome of assessment is the level of assistance required, which is directly linked to the severity of SEN. According to the Law on General Education after 2022 only regional PPSCs will conduct assessments, but in the transition period the RPPC team does. Assessments are conducted at the three levels, first at the school by the teacher or specialists, the second by a team of specialists from regional PPSC and the third, for controversial or severe cases, by RPPC. Levels of need, at least during the transition period, is also linked to different responsible parties: the teacher and school are responsible for providing mild support needs, and the regional PPSC from moderate to severe needs. The RPPC produced a manual for the 1st and 2nd stage SEN assessment. The manual for the 2nd stage SEN assessment is describing functioning assessment, the assessment tool, common ICF codes, the steps of assessment procedures and forms. The SEN assessment is summarized as a functional profile and put into an Individual Education Plan that specifies adaptations and services required.

SEN assessment instruments are based on the same five domains identified in the original 2014 Law on General Education: Voice and speech, Vision, Hearing, Motor and Intellectual.

It has been a challenge, however, to consistently align the instruments with the ICF, both in terms of the specific ICF categories as well as, so to speak, the philosophy of the ICF, and in particular its understanding of functioning and problems in functioning, that is disability.

Up until 2017 the Ministry of Education and Science supported the Special education Needs Assessment Criteria which included 20 items from five groups (Voice and speech, auditory, visual, intellectual, motor skills). Some of the items are identified by code number as ICF body function and activities, others appear to be merged ICF categories (e.g., "functions of walking, moving around and keep the body position") some are only roughly linked to ICF categories (e.g., "emotion expressiveness and management of emotions") while a few are not ICF categories at all (e.g., "behavior control"). The ICF 5 response options are retained although for each item the response options are described explicitly. As an example, “mild disorder” for Behavior control is described as "Follows a specific behavior and responds to adult’s requirements for a specific time. Tries to control his/her own behavior but gets nervous and tense in new situations." No documentation about the origins of this tool, whether it had been validated in any way, or whether it was reliable was available to review.

A consultant in 2019 pointed out that a commonly used checklist for SEN assessment of children 6-17, the Assessment Tool of Child's Activity', covers 20 topics, in terms of questions in a flow chart format that leads the assessor towards an estimate of the degree of dependence or independence (and therefore level of need for assistance). (See Annex 2 from the Ministry of Education Manual). With respect to alignment with the ICF, the consultant stated: *"The structure of the sections (e.g., “Understanding and Following the Instructions”) is not compatible with ICF classification system. The terminology sometimes cuts across body functions and life domains; other times mixes functional and developmental domains. Body functions are treated as activities. For example, “Memory” is assessed using the question “Does he/she need any support to accurately recognize, recall and reconstruction routines, events and concepts?” This is clearly not the same as b144 Memory functions (defined as “specific mental functions of registering and storing information and retrieving it as needed”) which refers to the underlying mental function, not to the activity of “recognizing, recalling and reconstruction routines”. These sections may have been constructed to include domains of developmental importance (e.g., developmental milestones),*

but they are not compatible with the ICF, not clearly defined and add confusion by cutting across body functions and activities."

But as a later consultant report highlighted, this tool only purports to identify the intensity of assistance and ignores both other kinds of needs – for special educational support, therapy, or rehabilitation – or for potential adaptations to the school environment.

The other instruments and forms found in the Manual include versions of team meeting forms derived directly from the forms designed to help structure meetings of interprofessional team are taken from the Portuguese Assessment Guidelines which surveys several areas (training and application of knowledge; language acquisition; learning mathematics; meeting the requirements of general tasks; communication; mobility; self-care; communicating with others; community life and entertainment; communication with language; and school education) and provides advice about how to collect information about the child. The manual also has the concluding Functional Profile provide a more narrative description of functioning problems, often identified by ICF code, and include judgments made on the basis of other tools from an "assessment toolkits" including:

- Development and educational criteria of children up to 6 years (UNICEF)
- CARS - Children Autism Rating Scale
- TPBA 2 –Transdisciplinary Play-Based Assessment
- SIS-C – Support Intensity Scale for Children
- Everything about me – Family assessment of child's functionality
- COSA – Child Occupational Self-Assessment
- CFFS –The Child and Family Follow-up Survey
- SFA – School Function Assessment
- Research of the child and the family
- Everything about me
- ARC self-determination scale
- Psychological development assessment scale

As consultants noted, however, none of these internationally available tools are linked to ICF categories, not is there any advice of the relevant age-appropriateness. Given their various sources, these tools do not consistently identify problems that are developmental rather than physical or mental impairments; not are the difficulties identified unambiguously linked to functioning problems rooted in health. Finally, it is not clear whether the difficulty requires some form of intervention or accommodation – providing an assistant device or medication, on the one hand, or altering teaching techniques or widening the doors to accommodate wheelchairs. The consultant concluded: *"All in all, unless other information is available somewhere else, this list of assessment instruments (Assessment toolkits) is not very helpful as it does not help the assessor to make decisions about which instrument to use, how the assessment information can be linked with the ICF and how this information relates to the education of the child."*

The SEN assessment toolkit was revised in 2021 to expand the number of domains from five to seven domains, and introduced in schools in the beginning of 2022.

4. Current situation

Setting aside details about procedures, what is salient about the current Armenian situation with respect to children with disabilities is the apparent disconnect between disability assessment and needs assessment which is used for the development of the individual services delivery plan. More or less the same information is collected and used for both, most countries have ensured that the two processes are kept distinct because the decision about disability assessment requires an overall summary assessment while needs assessment requires individualized and particular assessment.

Both are also disconnected from the special education needs (SEN) assessment, but that is understandable since it is connected in the education section. General portocols used in the piloting phase have been discontinued and only focused protocols are in use. Disability assessment according to developed procedure conducted in terms of the four domain: Hearing, Visual, Mobility and Mental. The revised SEN assessment toolkit includes seven domains: Mental, Motor, Hearing, Vision, Speech and Language, Communication, Behavioural-emotional.

There are plans to introduce and incorporate standardized tools for both the social and education sectors were developed.

The second salient feature of the Armenia situation – held in common with many other systems in other countries – is a general misunderstanding of what ICF is and what it can contribute to disability and needs assessment. Despite talk of the "ICF philosophy" and "ICF principles" the application of ICF in Armenia assessment instrumentation is restricted to the use of ICF coded categories. But there is nothing special about ICF body functions and structures, they are standard items of general anatomy and basic physiology. ICF classifies these but has not invented them.

There is one and only one value in using ICF terminology and coding, and that is the advantage that ICF was created by WHO to achieve: data comparability and interoperability between and across different data collection tools. It is report that a database on children with special educational needs is being developed and piloted for the EMIS system. A database for disability more generally is under development, using ICF coding to ensure interoperability.

There are many consequences of this for Armenian disability assessment as it currently is conducted. First, impairments of body function and structure are not disabilities, they are potential determinants of disability, of equal importance as environmental determinants. Information about impairments is important, but it is entirely medical in nature, and can only be collected in a medical context, and supported by medical diagnostic tools and examinations. In short, there is no need to include ICF body functions and structures in a disability assessment, that is medical information that should be included in a medical record. Instead, the point is to assess disabilities in different domains, which are problems at the level of activities and participation. We were informed that in a new Law coming into force in early 2023 will call the process "functional assessment" rather than disability assessment purporting to simultaneously provide disability status assessment and need assessment for adequate services and support. We did not have access to the details, but this further suggests a confusion between the two processes, which cannot be meaningfully accomplish by means of the same functioning assessment.

The second consequence is that disability assessment needs to take into account the impact of the person's environment in order to collect information about performance. But merely have information about a person's environment, although obviously useful for needs assessment, will not assess what a person can or cannot do in that environment.

Currently, there is no scientifically valid way to predict performance on the basis of information about environmental factors (not to mention the fact that collecting information across a vast array of environmental factors – from climate conditions, features of homes and workplace, to availability of resources – is practically impossible. International practice, in response to the state of the science has relied on a scientifically robust alternative: assessment problems in domains of activities and participation from the perspective of performance. Performance questions – unavoidably self-report – ask the person about problems in their lives, related to the health state, taking into account all facilitating and hindering features of their environment. According to the new developed "functional assessment" system, environmental factors and some "d" codes are considered only for needs assessment and development of individual service delivery plan, while for disability assessment and determination are considered activity and participation. It is reported that the "d" codes for disability assessment are to be assessed from the performance perspective, while these same codes for needs assessment are to be assessed from the capacity perspective. It is unclear to us how this is supported to be done in practice.

With respect to needs assessment and the more specific needs assessment in the educational context, termed SEN assessment, the consequences of a deeper understanding of the innovative core of ICF, are similar. Again, although some impairments if total (blindness, deafness) hardly require medical expertise to assess, all other impairments depend on clinical medical decision making, using current standards and tests. This should be part of a health record, not an element of needs assessment, which should focus on relevant activities and participation domains. In the case of SEN, obviously the relevant domain is education, and needs assessment here must explore the needs of the child to fully participate in education. It is difficult to determine without testing outcomes of the current SEN instruments, but on the face of it they likely do the job. In the revised SEN assessment toolkit, only "d" codes and environmental factors are considered, there is no information about body functions and structures.

Appendix 1: Medical-Social Expertise ICF domains (old version-General Protocols)

Body structures
The eye, ear, and related structures s298
Structures involved in voice and speech s398
Structures of the cardiovascular, immunological, and respiratory systems s498
Structures related to the digestive system s598
Structures related to the genitourinary system s 610
Structures related to movement s 798

Body functions
Mental functions b110, 114, 117, 140, 144, 152, 156, 160, 164
Sensory functions b210, 230, 235, 280
Voice and speech functions b310
Functions of the cardiovascular, hematological, immunological and respiratory systems b410, 415, 430, 435, 440
Functions of the digestive, metabolic and endocrine systems b539, 540, 555
Genitourinary and reproductive functions b610
Neuromusculoskeletal and movement-related functions b710, 798

Activities and Participation
Applying knowledge d160, 161, 163, 166, 170
General tasks and demands d230, 250
Communicating d310, 330, 350
Mobility d420, 445, 450, 455, 465, 470
Self-care d510, 520, 530, 540, 550, 560, 570
Domestic life d630, 640, 650
Interpersonal interactions and relationships d740, 760
Work and education d815, 820, 825, 880
Community, social and civic life d910, 920

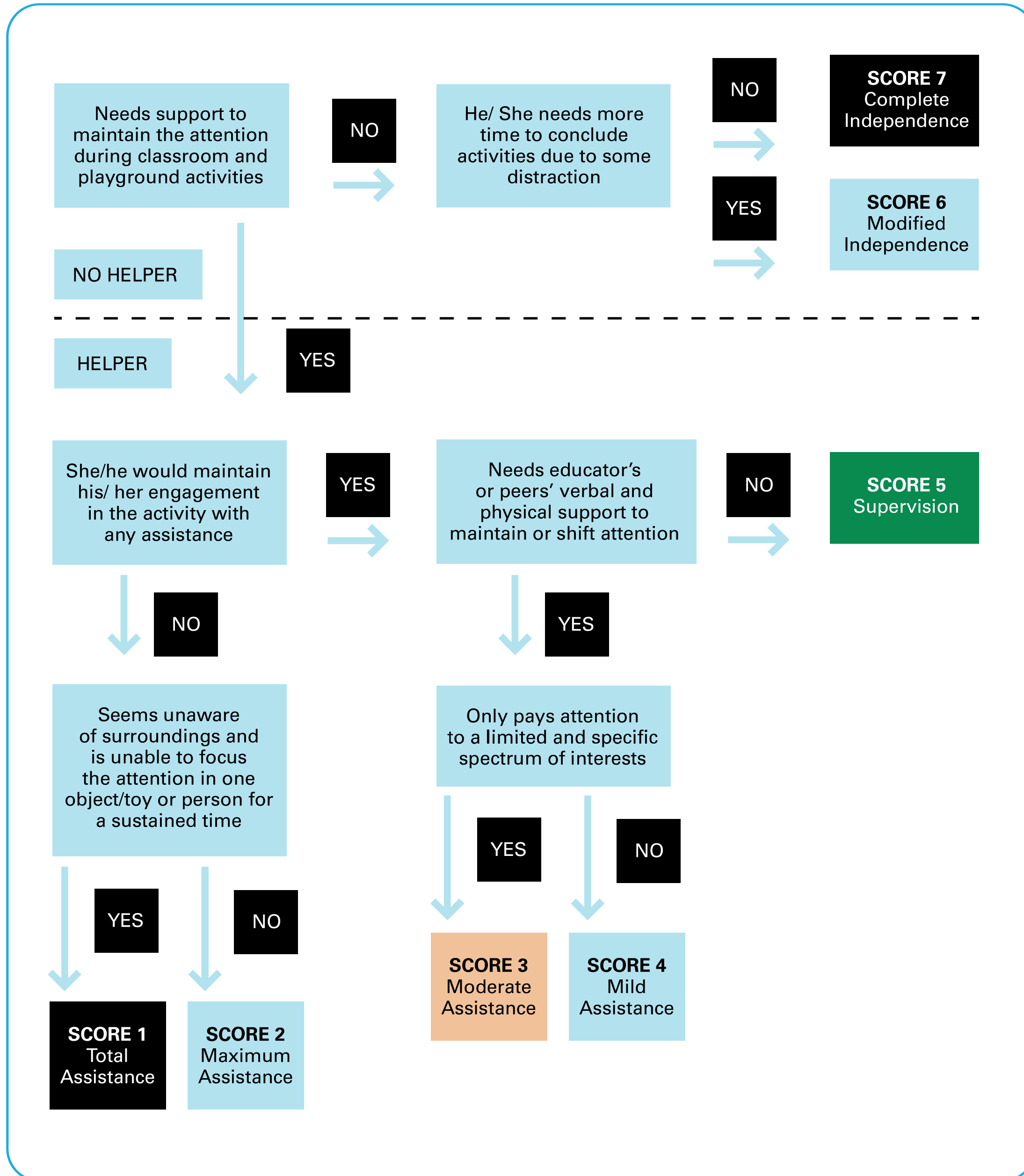
Scoring: For A and B a 1-4 scale was used (0 is ignored) and a 0-5 scale is used for C. Scores for A and B are added together and divided by maximum possible scores; similarly, the C scores are summed and divided by maximum scores. Determination of level of disability is as follows:

- First group of disability: summary score for A and B is within 0.75-1.00 and summary score for C is 0.60-1.00.
- Second group of disability: summary score for A and B is within 0.50 - 0.75, and summary score for C is 0.40-1.00.
- Third group of disability: summary score for A and B is within 0.30 - 0.50, and summary score for C is 0.30-1.00.
- No disability status is given if summary score for A and B is within 0.01 - 0.30, and summary score for C is 0.01 - 0.30 (if necessary, the Individual rehabilitation plan is provided).

Appendix 2. SEN Assessment Tool for School Team Meetings

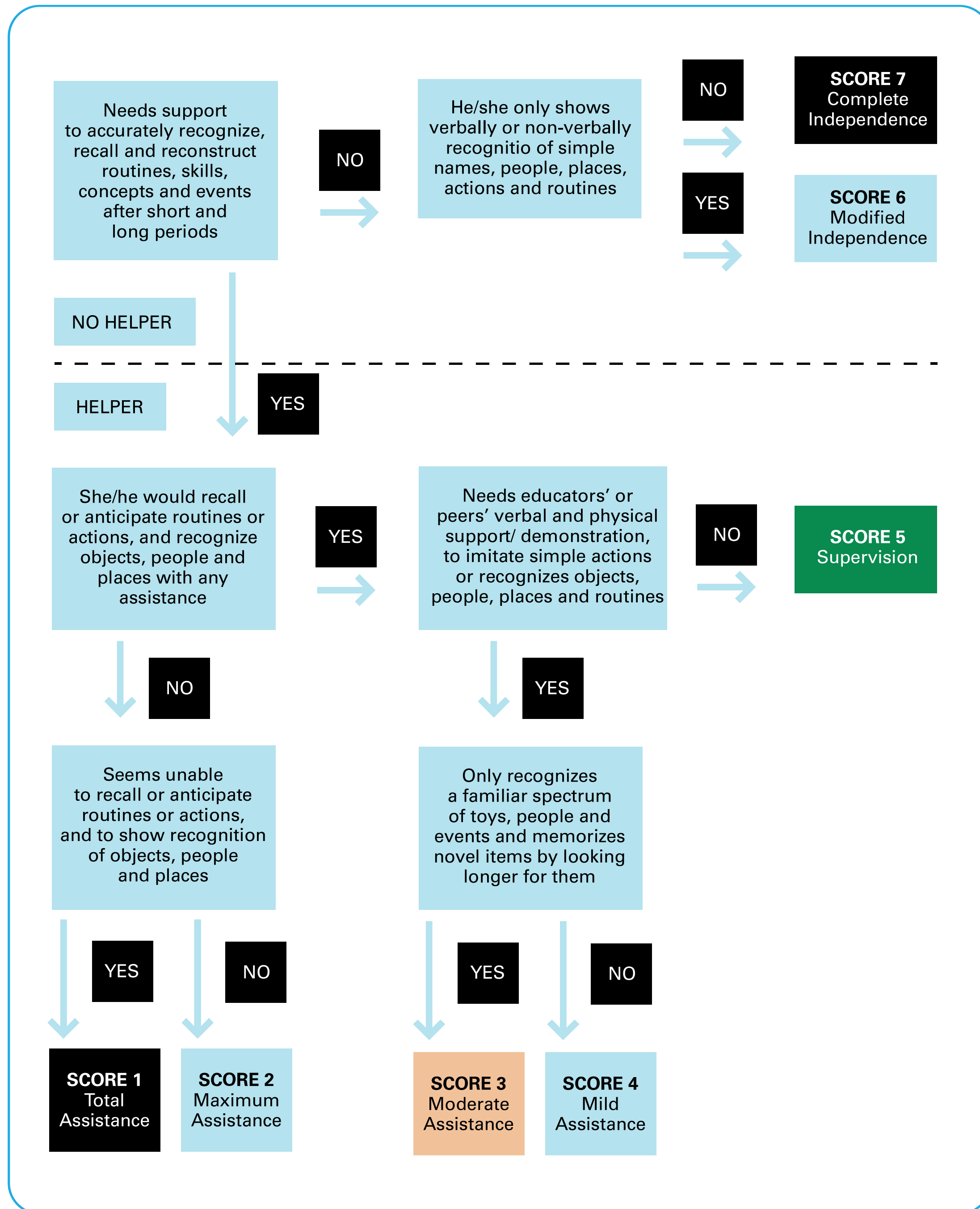
1. Attention and Concentrating

Intentionally focusing and maintaining attention on specific stimuli (b149; d160; d161), such as listening the histories, maintaining the engagement on play, painting (d815) ...



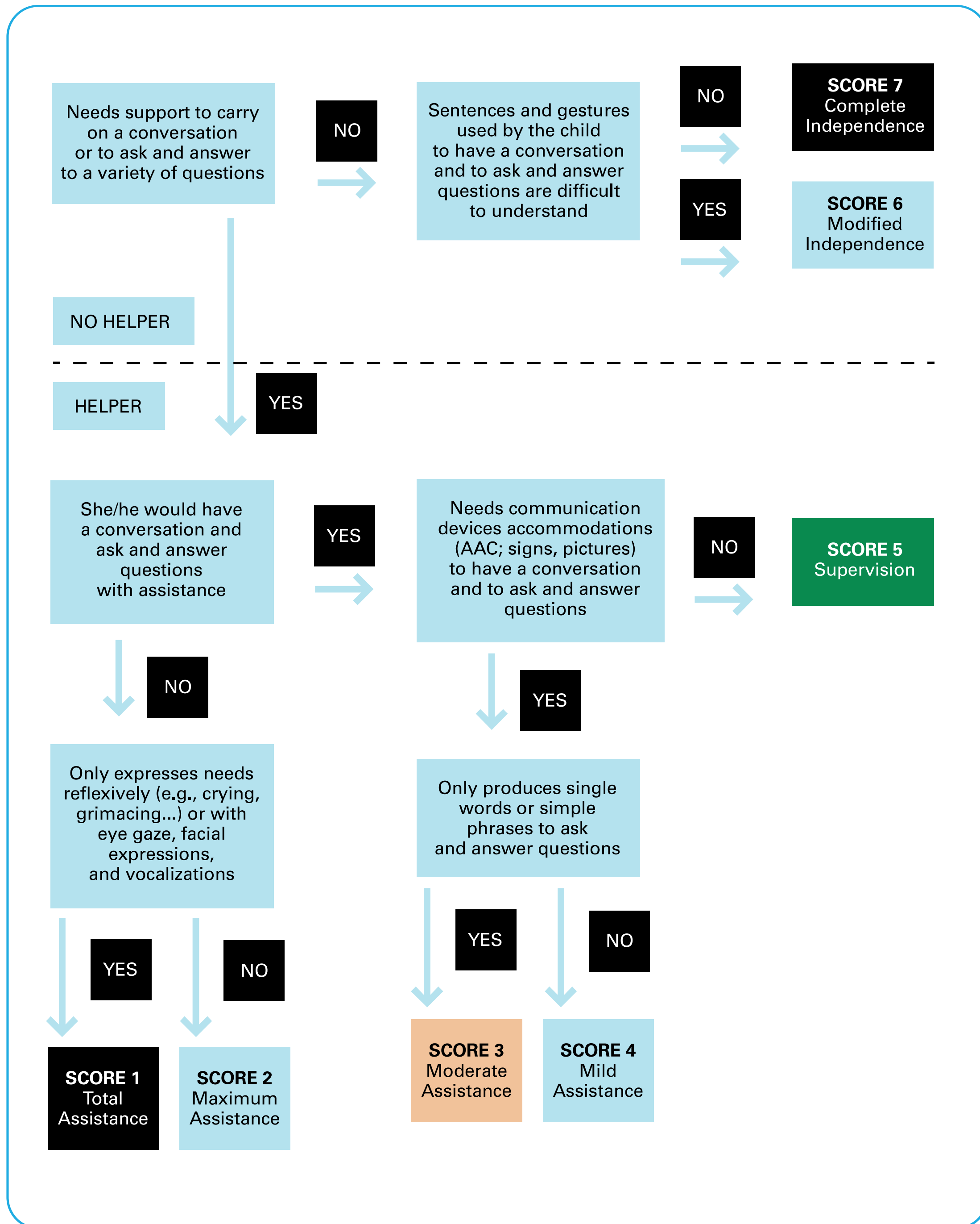
2. Memory

Registering and storing information and retrieving it as needed (b144): recalling histories, imitating, anticipating routines, recognizing people, objects, places...



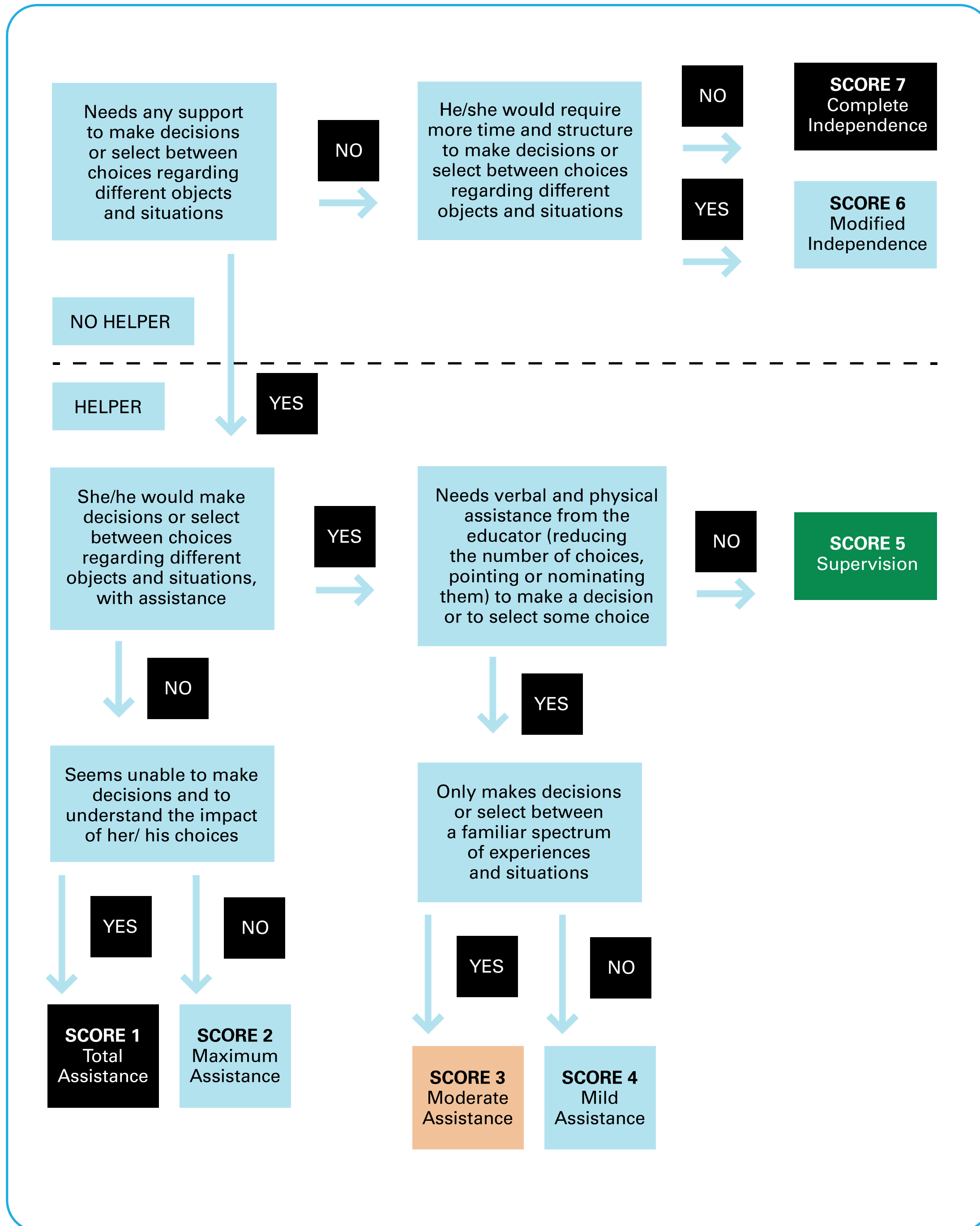
3. Communicating

Expressing ideas and opinions (d350), using verbal and non-verbal messages (d330; d335).



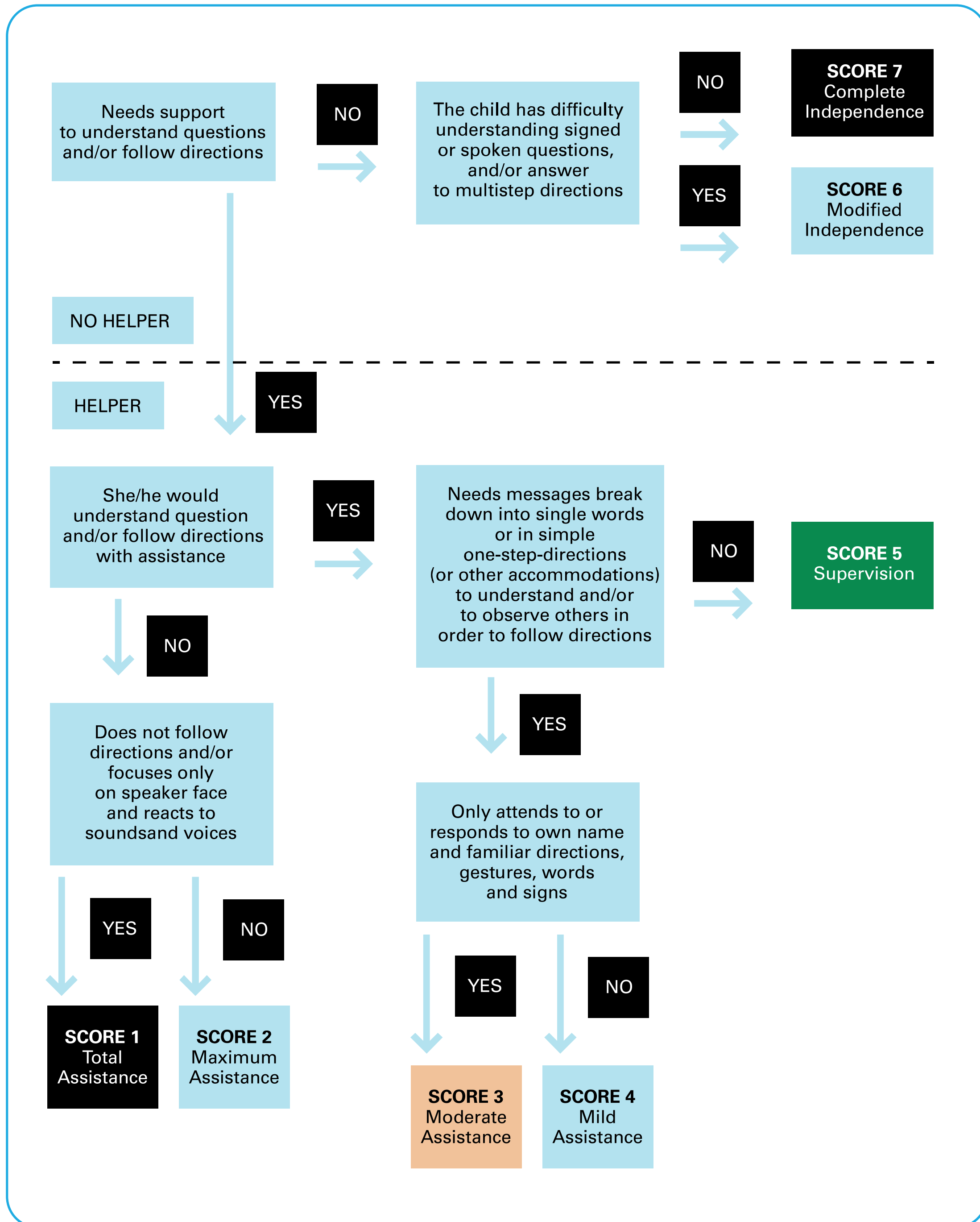
4. Making a choice

Making a choice among options (d177), such as activities/ groups, toys, food...



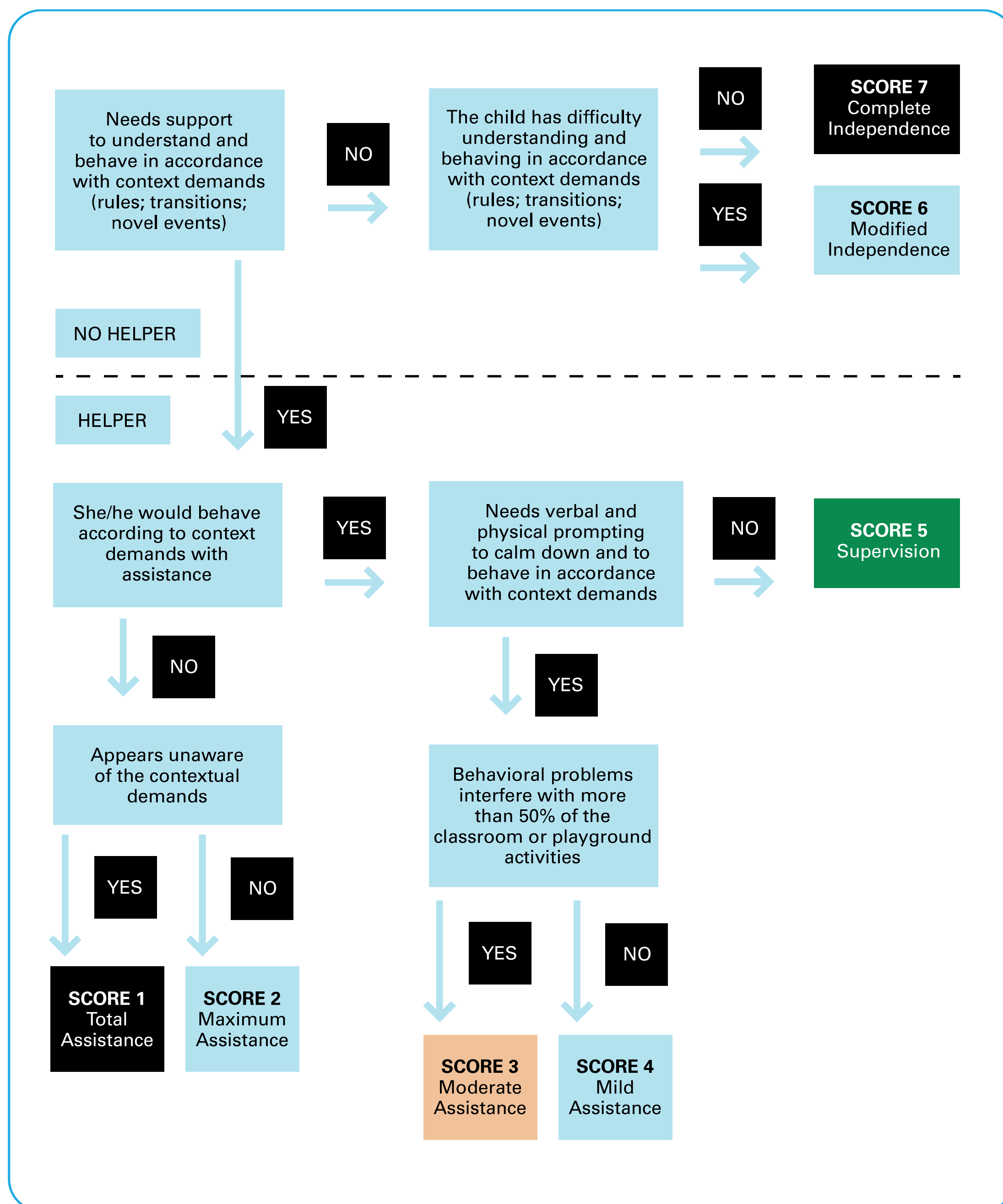
5. Understanding and following directions

Understanding (d310; d315) and undertaking tasks (d210).



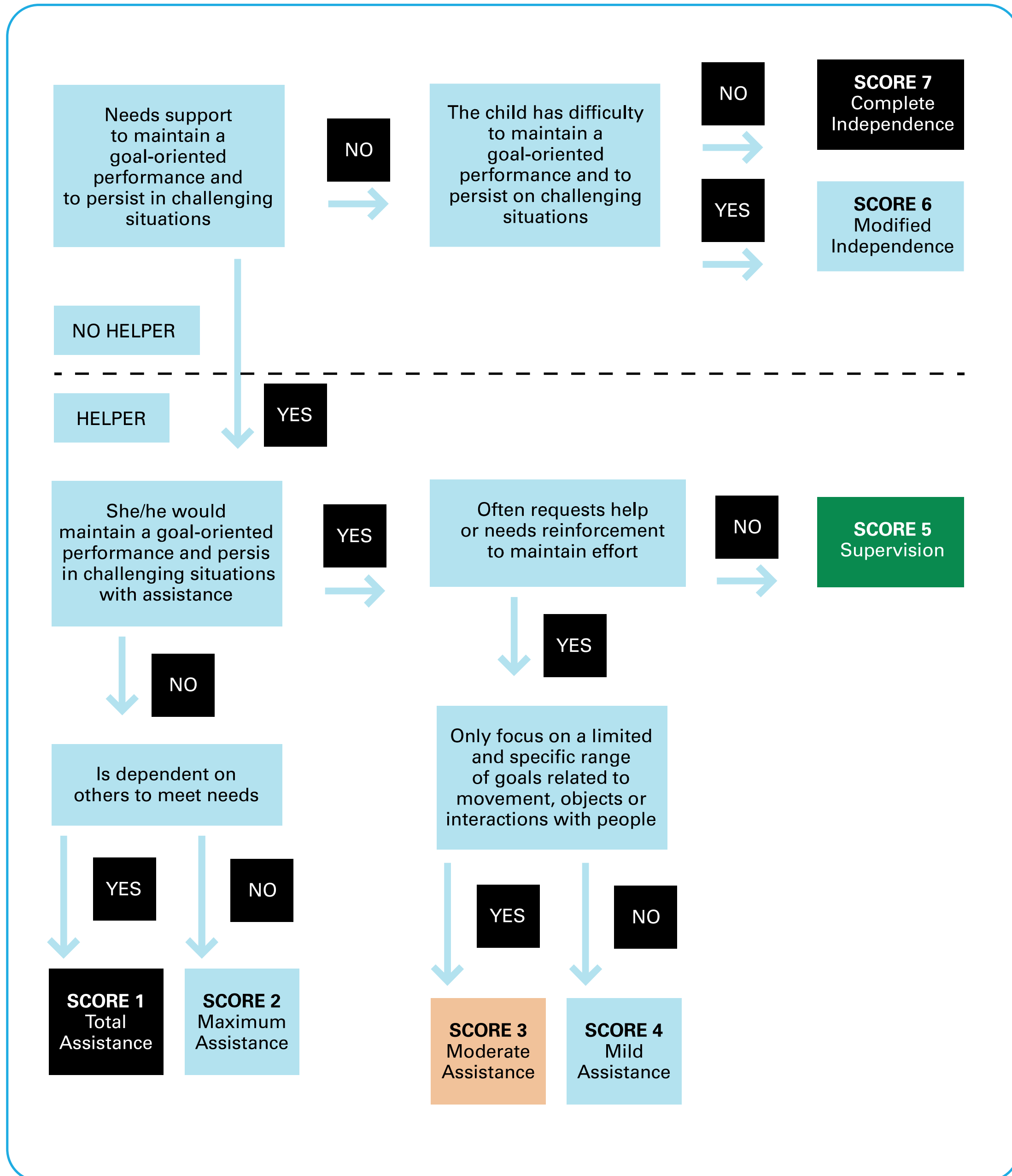
6. Adjusting behavior

Managing his/ her own behavior, accepting novelty and changes on routines, transitions (d250), behave in an appropriate manner according to contextual rules (d710) and controlling impulsive behavior (b152).



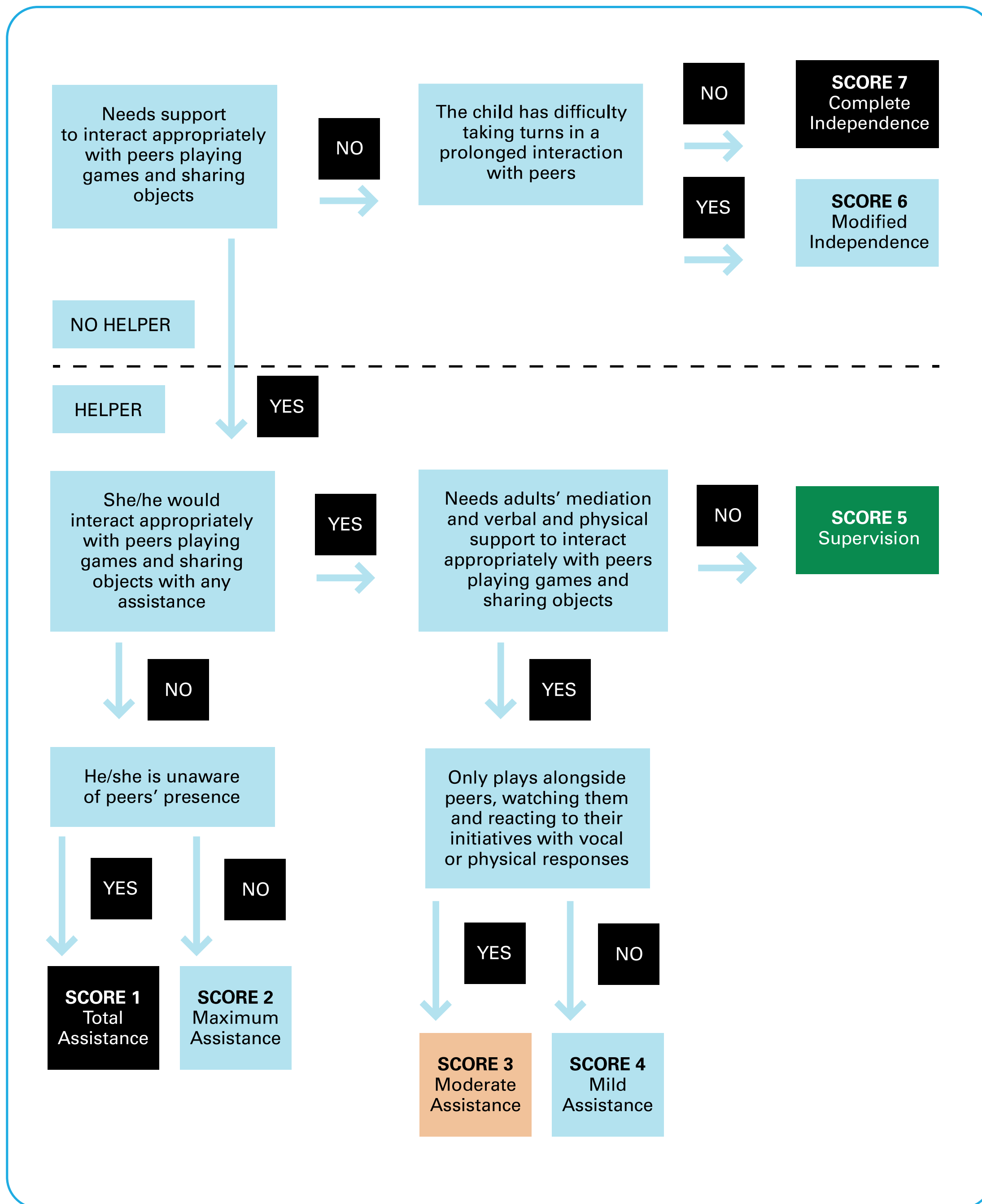
7. Mastery motivation

Goal-oriented, persists on challenging situations, feels confident about his/her success and proud of accomplishments. (d250; b152).



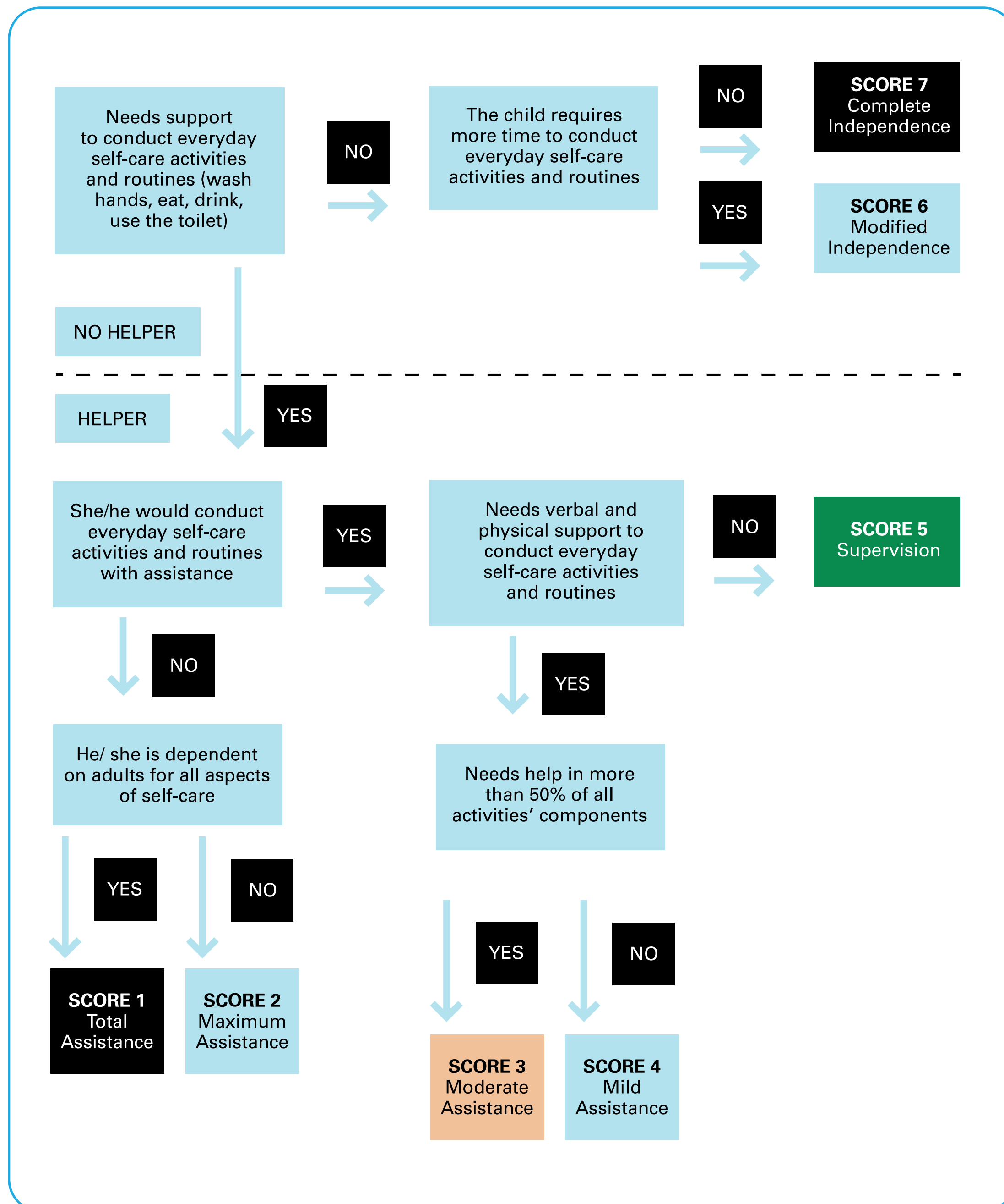
8. Interacting with peers

Making a choice among options (d177), such as activities/ groups, toys, food...



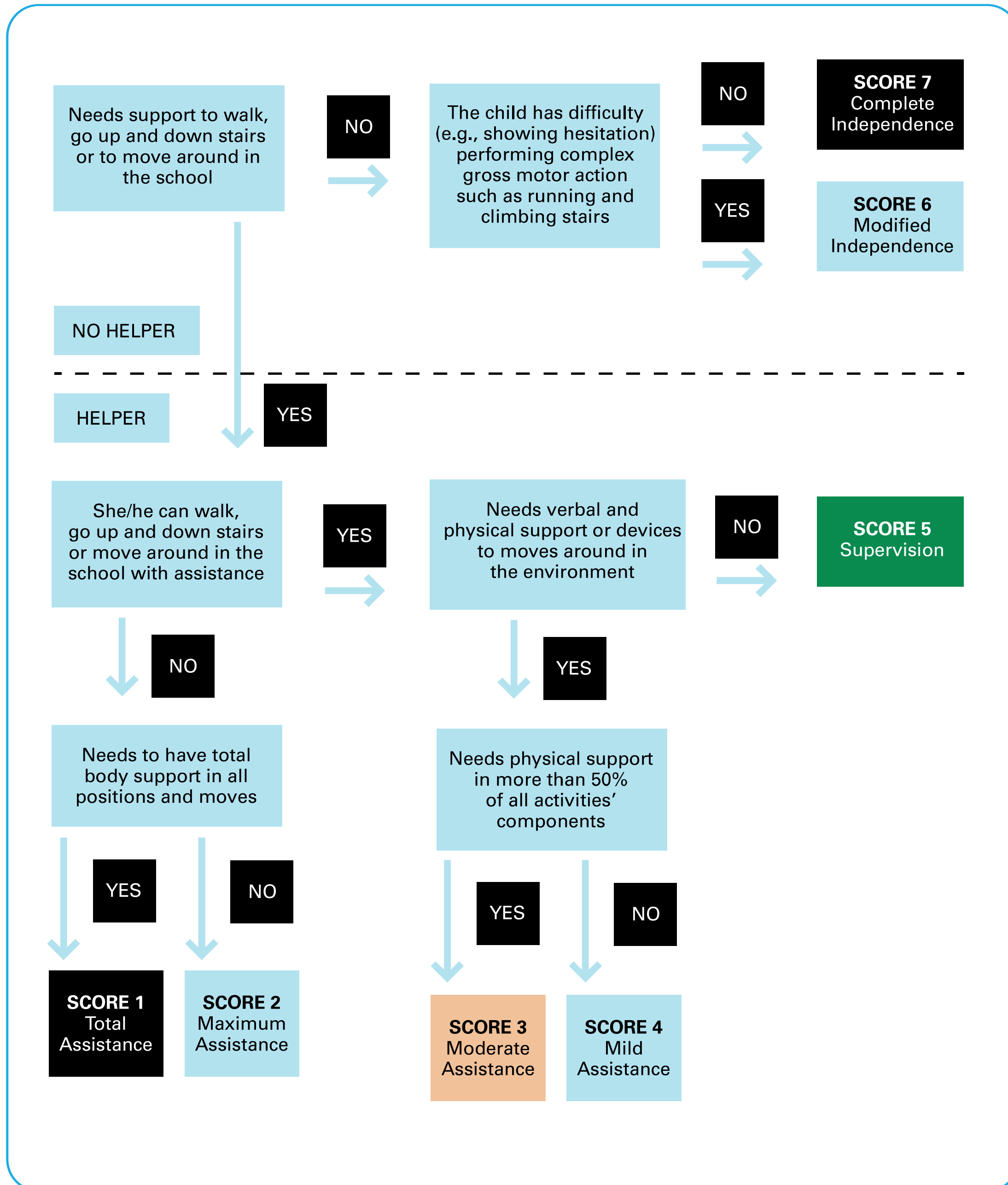
9. Self-care

Caring for oneself: using the toilet, (d530); eating (d550) and drinking. (d560) ...



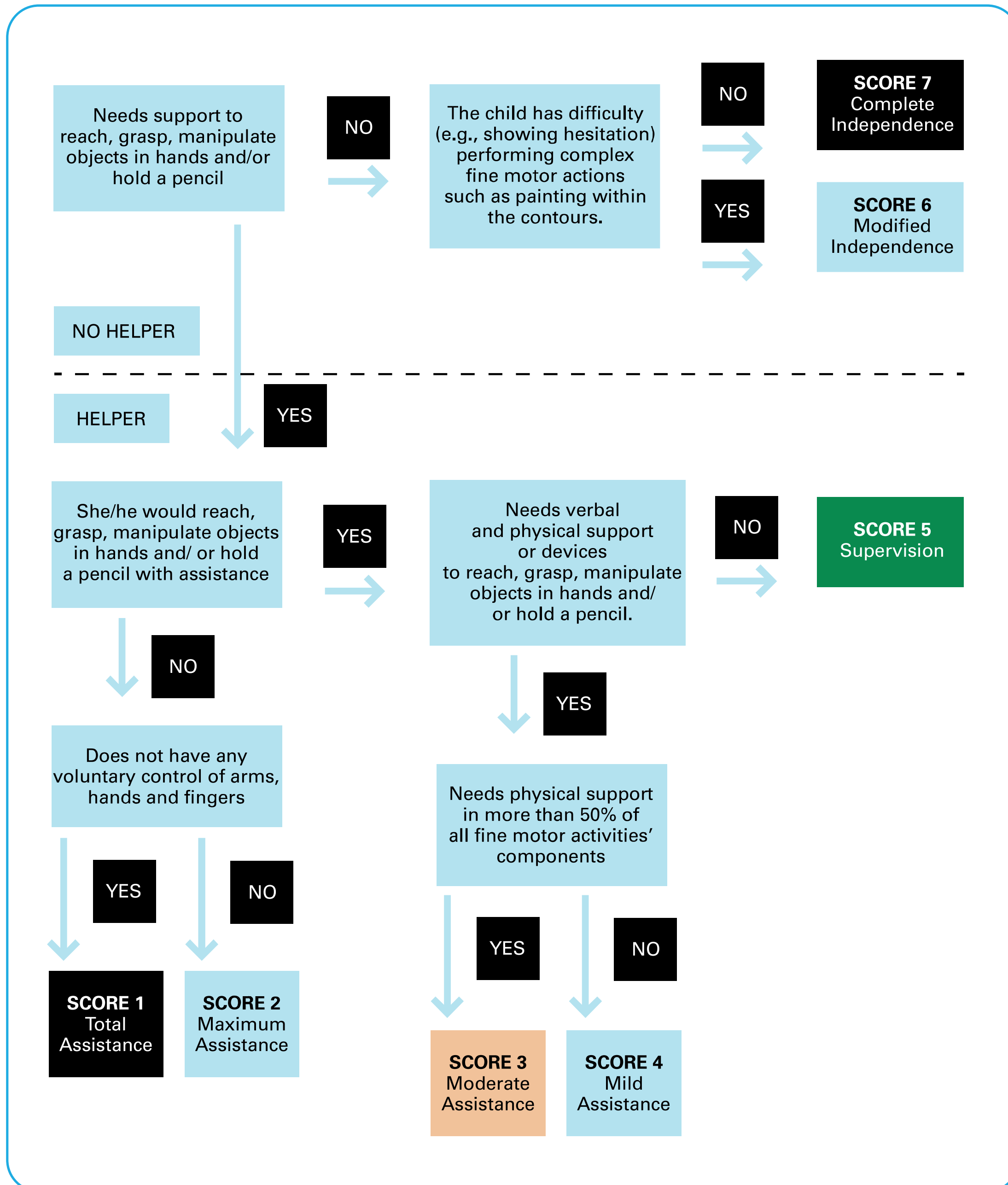
10. Getting around

Gross motor movement, keeping balance when walking, running, jumping, climbing going up and down the stairs (b7/ d455)



11. Using hands and arms

Grasping and picking up objects, pulling or pushing objects, buttoning shirt, throwing or catching a ball (d445; d440)



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