ICF-CY as a Tool in Elementary School
An interview study of teacher experiences and perceptions of the International Classification of Functioning, Disability and Health for Children and Youth in their Work in Elementary School

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AIM OF THE STUDY
The aim of this study was to explore if ICF-CY can support teachers in elementary schools in their work in promoting children’s health, development and learning. A further aim was to bring forward what teachers experience as benefits and disadvantages in using the classification.

METHOD
After an introduction to ICF-CY, six elementary school teachers filled in questionnaires based on ICF-CY for 94 children. In conjunction with this, the teachers were interviewed about their experiences and perceptions of the work.

RESULTS
The results show that through their work with the ICF-CY questionnaires the teachers experienced an active process of reflection and learning. They obtained new perspectives which gave them a more holistic picture of children’s situations than they had before. The teachers found the ICF-CY to be a useful instrument to support work within the school environment towards individualized education, based on the children’s possibilities. They also felt that the importance of cooperation between the persons around each child became clearer by using ICF-CY because no single individual is in possession of all the necessary information about the child’s situation, but by combining different perspectives it is possible to establish a common ground on which education and intervention can be based. At the same time, however, the teachers found the classification somewhat overly comprehensive and in some ways complicated. Therefore they felt that an introduction to the ICF-CY is essential before adopting it.

CONCLUSIONS
The teachers’ experience of seeing each child’s situation more clearly after conducting a classification by using the ICF-CY questionnaires indicates that ICF-CY should be introduced to parents, teachers and other professionals working with education and intervention for children. The way in which assessment carried out with ICF-CY as an instrument affects the process of education and intervention remains to be examined.

Keywords: Children, Teachers, ICF-CY, Relationships, Disability, Assessment, Intervention, the School System
Foreword

It is interesting to consider how structure is needed everywhere and how easy it is to become stuck in it. Our communities, our organisations, and our everyday life situations are structured and we try to structure ourselves as persons. During my work on this project, I have restructured my results and my thesis many times, trying to achieve some sort of a logical order for the key subjects. In fact I did not manage to find any “right” order because the subjects of the thesis do not fit into a linear order or as pieces in a puzzle. Their situation is more like a BINGO card where there is a certain order but the outcome at each particular time depends on the numbers in the other squares. During my work on the study presented in this report I have had the opportunity to see many perspectives and explore them in different ways in order to reach an understanding of children’s situations and opportunities. One can say that the differences between a child’s situation and a BINGO card lie in the human power to affect the outcome by choosing, planning and acting at different moments to influence the child’s situation. Awareness of influencing components and relevant knowledge is therefore important. My new perspective on children’s situations and development gained from this work gives me opportunities to observe and understand situations in a different way. Hopefully, my actions in relation to children and in situations involving children will become more focused than before.

I extend my deepest gratitude to the teachers participating in the study. They did an enormous job and contributed with constructive information through their reflections on the ICF.
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1. Introduction
In my work with children in kindergarten and elementary school and while raising my
four children I constantly reflect on how children feel and what causes different feelings.
Always present is also the question: what is most important for the children? In recent
years, much has been written about school work and intervention and many projects have
been implemented for working with children in many countries in all parts of the world.
Increased research focusing on children has formed knowledge and attitudes about their
lives and the measures taken in intervention. It is most commonly accepted that the
human being is a social being and needs to have other people around to thrive. This is
pointed out in the UN Convention on the Rights of Children (1989) and the Salamanca
Declaration (1995) emphasising all children’s rights to participate in an inclusive society
and school for all, and to live in a safe environment. These ordinances have influenced
national laws in most Western countries which emphasise the rights of children. The
concept “inclusion” has been used in different ways from simply referring to the
placement of the child in the same school as the majority group to an emphasis on the
child’s active participation in all school activities. Recently it has often been used for a
process important to all children in school, creating a school for all (Bristol City Council,
2008). To meet the needs of each child, the use of different styles and rates of learning is
essential as well as the adoption of a child-centred pedagogy. Inclusion and participation
have proved to support the development of respectful attitudes and can facilitate
solidarity between children. To make inclusion favourable for all children, the
engagement of all the people around them is crucial (the Salamanca Declaration, 1995),
and with regard to this an obligation is laid on the communities involving the grown-up
people to promote children’s development in an integrated society.

A study about children’s participation in school activities (Tulinius, 2002) showed that
children with difficulties participated less than children without difficulties in school
activities. Being aware of the complexity with which a child’s life is formed, it is
important to consider what can make equal opportunities for participation for all children
possible. To increase the opportunities for children with disabilities, intervention based
on thorough assessment is necessary.
Through international cooperation a framework - the International Classification of Functioning, Disability and Health (ICF, WHO, 2001) - was created. In order to capture the developmental processes and life circumstances of children and youth in a functional way it was further developed into a version for children and youth, the International Classification for Functioning, Disability and Health for Children and Youth (ICF-CY, WHO, 2007). ICF is intended to provide a basis and to give common language to people who are involved in health care, social services and educational sectors including professionals as well as those using the services. It is meant to be used for policy and scientific purposes as well as in practical work. The frame offers an interactive model of functioning and disability, a structure to organise information and definitions of concepts. The model presents multiple interactions, both at the individual level as well as in the social and physical environment. It emphasises the importance of always starting with the positive aspects of the child’s situation, while at the same time dealing with negative aspects to minimise problems. Assessment is an important part of teachers’ work because teaching and nurturing is based on the knowledge the professionals have about the children and structures for understanding. Having studied the ICF-CY and its background with the multidimensional approach, it is interesting to examine if this classification can support teachers in their work with children in elementary school. This study examines the use of ICF-CY in elementary schools in Iceland, with children in ordinary classes.

This chapter contains an introduction to ICF. Then the environment where the study was carried out is described. This is followed by definitions of concepts and themes of importance for the study, such as participation, teachers, children in need of special support, intervention and cooperation. Finally, there is a presentation of ICF-CY, which is the version of ICF used in this study.

1.1 The International Classification of Functioning, Disability and Health
In the literature about classifying disability there has been an emphasis on the need for a comprehensive approach that focuses on functioning rather than diagnosing and captures individual differences instead of grouping and labelling children (Florian, Hollenweger, Simeonsson, Wedell, Riddell, Terzi & Holland, 2006; Simeonsson, 2006). The
International Classification of Functioning, Disability and Health (ICF, WHO, 2001) is based on a biopsychosocial framework and the classification provides opportunities to document information of life situations in a multidimensional setting.

ICF (WHO, 2001) belongs to the “family” of international classifications developed by the World Health Organization (WHO). ICF gives a common language to research and practice (WHO, 2001; see also: Simeonsson, Leonardi, Lollar, Björck-Åkesson, Hollenweger & Martinuzzi, 2003; Simeonsson, Pereira & Scarborough, 2003; Dahl, 2002). Besides body level, ICF gives the opportunity to assess people’s activity and participation and contextual factors such as environmental and personal aspects. This multiple approach supports the assessment to become more holistic. ICF takes a neutral stand with regard to etiology and instead of seeking determinants of health or risk factors it describes health components in the context in which the individuals are living and health related factors (WHO, 2001, 2007).

ICF provides a framework for organizing information for assessment and includes a detailed classification system for health components. In the context of health, ICF has two parts, each with two components. Part one covers Functioning and Disability including: a) Body Functions and Structure, and b) Activities and Participation. Part two deals with Contextual Factors including: a) Environmental Factors, and b) Personal Factors (WHO, 2001, pp. 10-17).

Functioning and disability:
 a) Body functions and structures and impairments
   - Body functions are the physiological functions of body systems (including psychological functions).
   - Body structures are anatomical parts of the body such as organs, limbs and their components.
   - Impairments are problems in body function or structure such as a significant deviation or loss. (WHO, 2001, p. 12)

 b) Activities and participation
   - Activity is the execution of a task or action by an individual.
   - Participation is involvement in a life situation.
   - Activity limitations are difficulties an individual may have in executing activities.
   - Participation restrictions are problems an individual may experience in involvement in life situations. (WHO, 2001, p. 14)

Contextual factors:
 a) Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives. These factors are external to individuals and can have a
positive or negative influence on the individual’s performance as a member of society, on the individual’s capacity to execute actions or tasks, or on the individual’s body function or structure.  

(WHO, 2001, p. 16)

b) Personal factors.  

(WHO, 2001, p. 17)

Body functions and body structures are classified. Activities are used to classify a person’s activity or execution of tasks or actions and participation to find out the individual’s involvement. The environmental factors include e.g. the home, school, workplace and other surroundings. The personal factors are not classified in ICF. They are nevertheless included in the classification because they can have an impact on the outcome of different intervention methods. The personal factors include features from the background of the individual such as gender, age, ethnicity, social background, education, etc. The components classified in ICF are described in an interactive model where the relations between the components are depicted (see Figure 1).

![Figure 1: Interactions between the components of ICF (WHO, 2007, p. 17)](image)

ICF emphasizes the awareness of all components. None of the components is more important than the other. In each case it is important to find out if there is a need for intervention regarding all the components, or if it is more effective to concentrate on a special component at the moment. The classification covers the objective structure of body and the contextual factors in form of the environment, e.g. the home environment, organisations like school, therapy centre, rehabilitation, and laws and parents’ or professionals’ education. Regarding the personal factors, the classification could be used to reach subjective aspects, but those are not classified. With its focus on the positive
characteristics of the person and the environment, the classification has an emphasis on promoting Quality of Life. At the same time it pays attention to negative aspects where intervention might be needed. The classification provides the framework for organizing information through the definitions and system of concepts connected to functioning, disability and health. It can give guidelines for focus in the assessment of children and their developmental environment. The classification can help professionals and families to obtain a common understanding of the situation, and move the interaction between the different disciplines forward in analysing the characteristics of individuals and the environment. The knowledge of protective and risk factors not only related to the child but also to the environment can lead to fruitful assessment and promote work for all children. The use of ICF can make it easier to recognize children in need of intervention in the early stages of a negative development and thus minimize secondary conditions.

Many countries use different classification schemes for assessment. Those are mostly based on the medical model of disability and result in diagnoses labelling children. A diagnosis does not always lead to proper intervention because children who receive the same diagnosis are heterogeneous in many other aspects. Research has shown “the importance of distinguishing between the documentation of underlying health conditions and documentation of disability defined by the manifestation of functional limitations” (Simeonsson, 2006, p. 77). The definition of the concept “disability” is not clear and it is used in different ways. The understanding of the concept is related to the perception of disability. It also affects measurements of the incidence of disability and what ways are chosen for assessment and intervention (Florian et al., 2006; Simeonsson, 2006).

In ICF disability is defined as:

... an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with health condition) and that individual’s contextual factors (environmental and personal factors)

(\textit{WHO, 2001, p. 213})

Development of the concept is still in process. Attempts have been made to formulate a definition that is:

... applicable to all people, without segregation into groups such as “the visually impaired” or “wheelchair users” or those with a chronic illness, and is able to describe the experience of disability across many areas of functioning.

(Leonardi, Bickenbach, Ustun, Kostanjsek and Chatterji, 2006, p. 1220)
The version of ICF for children and youth, ICF-CY, is designed to record characteristics of the developing child and the influence of the environment surrounding the child. It is sensitive to developments and environments for children and youth. In educational settings the classification “children in need of special support” refers to children who need special resources. In this group, children with disabilities are found but also other children who may have a temporary need of special support and children at risk for disability.

The aim of this study is to examine if teachers find that ICF could be used as a supportive tool in their work with children in elementary school. ICF, and later ICF-CY, have been proven to be a useful instrument in assessment and intervention with children and youth. However, the framework has not been used frequently in schools and there are no studies evaluating its use in these settings, which exemplify the most common everyday environment for children and youth.

1.2 Health-care, social and educational systems in Iceland
The research was carried out in Iceland. Iceland is an affluent, well-developed country and the people have high living standards. The health-care system and the social system in the country are well developed and public. All women are expected to enter the health-care system during pregnancy and all children are offered services at their local health-care centres regularly up to school age. Nurses are employed in all schools and doctors are occasionally available. Everyone in Iceland is expected to have a family physician. The social support system is available in all districts through referral from the health-care system and the educational system, or through direct application for support by the individuals themselves. All children in Iceland are obligated to attend school from the age of six to sixteen. In recent years it has become common that most children attend preschool, and it is normal that adolescents go to college from the age of sixteen to twenty. The Icelandic health, social and educational systems are the community’s contribution to promote the life of all its children while at the same time offering possibilities for intervention when needed. The structure of these systems is in line with the Developmental Systems Model described by Guralnick (2001). He points out the
importance of an intervention system with flexibility. The intervention system must give opportunities for entering and departing at different ages and levels with emphasis on monitoring and preventive intervention options. The system must be able to both address disability conditions and risk factors. Guralnick stresses the importance of building the intervention system on evidence-based knowledge.

Education is a way to control both organisations and student development and functioning (Granlund, 1999). The schools as organisations are the arena where the community provides all its children and youth with opportunities to develop and learn with the purpose of providing a good quality of life as individuals and citizens. To regard the rights of the children to participation in society, including one school for all children, the school laws state every child’s right to receive education based on the child’s premises and needs (Educational Act, 1995). Research shows that children in the Nordic countries have a good quality of life. However, there are many factors that can be improved in order to increase the quality of the lives of children living in Iceland, as in the other Nordic countries (Kohler, 2000). The Ecological system theory (Bronfenbrenner, 1979) emphasises the awareness of multiple influences on development and learning. Within the objective structure of systems, e.g. the health-care, social and educational systems, there are dynamic processes of interactions and relationships. The persons involved have to be able to recognise the needs of the children and give appropriate challenges for each child. In work with children it depends on the knowledge, understanding and skills of the persons involved what interactions and relationships will lead to.

In Iceland, a school without segregation has not become a reality. Yet, teachers express that they want it to become so. Children with special needs are often offered special education outside the regular classroom setting. There is little contact between the class teacher and the special education teacher. The teachers believe that lack of time, money and resources are hindering factors. The use of Individual Education Plan (IEP) seemed to lead to intervention in the form of segregated alternatives (Gunnbjörnsdóttir, 2006). Like children, teachers also need continuous development obtaining new skills to use in
their work. They have to gain further knowledge and keep learning how to use new instruments related to the demands of their work.

Switzerland, as most other countries including Iceland, emphasises development towards an inclusive education. ICF has been selected as a framework for the development of a model for special education needs, including instruments for assessment, in the canton of Zurich. An ICF-based model for the development of individual education plans and their evolution is used (Kummer, Luder, Hollenweger, Niedermann & Kronenberg, 2006). The first step of the model is a meeting of the school-based team for special educational needs (SEN-Team) most often including the class teacher, the SEN-teacher, a school psychologist and the head-teacher of the school. If the problems are not solved at that level, an IEP-meeting takes place to make decisions on the pupil’s education and to establish an individual education plan. In this meeting, the pupil’s parents also participate and other professionals when needed. Every member of the meeting is supposed to use an ICF-based standardized tool to write down his/her perspective of the child’s situation as a basis for the meeting. There is an emphasis on obtaining a holistic picture of the child’s situation to implement in the school work, which is then always followed up by evaluation. Showing regard for both the child and its environment is important in school work. ICF’s frame and structure offers many constructive aspects which can support the development of school work to become more facilitating for children. A common language is important so the people around the child understand each other in work towards an inclusive school (Hollenweger, 2006). The question whether the use of ICF-CY can support teachers in Icelandic schools to meet their pupils’ needs and increase participation for children with disabilities is the focus of this study.

1.3 Participation
Iceland has adopted the Convention on the Rights of the Child (1989) and the Salamanca Declaration (1995). The Icelandic laws and curriculum (Educational Act, 1995) provide for children’s rights to participate as is highlighted in those ordinances.

In ICF the definition of participation is as follows:

Participation is a person’s involvement in a life situation. It represents the societal perspective of functioning.
Participation restrictions are problems an individual may experience in involvement in life situations. The presence of a participation restriction is determined by comparing an individual’s participation to that which is expected of an individual without disability in that culture or society.

(WHO, 2001, p. 213)

Granlund and Schlosser (2003) discuss participation in relation to engagement, involvement and motivation. They point out participation as an important key-issue in psychological and educational research concerning school success, competence and quality of life. They argue that motivation, engagement and individual possibilities to use personal niches influence the individual’s activity and behaviour at a certain point of time. The present possibilities for the individual depend on his or her locus of control in the past and skills based on knowledge and experience. This affects the individual’s future in form of personal autonomy and expectations, goal settings and affordances. The characteristics of the environment in the past and how the niches in the present environment match the individual possibilities affect his or her possibilities to develop and form future opportunities.

At the same time as children with disabilities have been shown to participate less in school activities than children without disabilities (Tulinius, 2002) research about children’s participation in school has shown that there is no strong relation between the child’s type or degree of disability and participation in school activities. Person characteristics, such as autonomy and locus of control, proved to be important components for experienced participation and likewise the pupil’s positive interaction with teachers and peers. Most important is that participation is related to many factors such as body functions, personal factors and environmental factors. It seems to be the number of positive factors rather than some special combination of factors that predict participation in school. The positive and negative factors are special for each person, which leads to the need of special assessment and intervention for each individual (Granlund, Almqvist & Eriksson, 2002; Granlund, Eriksson, Almqvist, Björek-Åkesson & Luttropp, 2004; Almquist & Granlund, 2005).

By comparing students with and without disabilities and looking at their participation in school activities Eriksson and Granlund (2004) found that students without disabilities rated their availability to activities, participation in unstructured activities and their own
autonomy higher than students with disabilities. On the other hand, students with disabilities rated their interaction with teachers as more frequent and better than those without disabilities. There were no differences between the groups in interaction with peers concerning the younger children at the ages of 7 – 12. There were differences in interaction for older pupils at the ages of 13 – 17. Students without difficulties tended to focus more on interactions with peers rather than with teachers. At the same time, their peers with disabilities focused on interactions with teachers.

Eriksson (2005) did not find direct relations between participation and environment for students with disabilities. There was no relation between the degree of support the students received and their participation, but rather between ability and the support the students received. This might indicate that the support provided is based on the students’ disability rather than difficulties in interacting with the environment.

Research has shown that activity, feelings of participation and context are important components of participation for children with disabilities and the adults around them (Eriksson & Granlund, 2004). Activity is the productive part of participation and depends on the context in which the person is living. In a study, children emphasised the subjective part of participation whereas teachers and parents focused more on activity and the context. The children focused on their feelings of the close environment but the adults included the indirect environment as well. The adults defined participation differently depending on what responsibility they had for the child, and parents’ definitions were closer to those of the children than of special educators. Regarding this knowledge and understanding of children’s life situations and experiences it is important to be able to provide an appropriate support service to increase participation. By developing environmental factors, such as teachers’ attitudes, and intervention focusing on personal characteristics of the pupils, children’s autonomy and participation in school activities can be influenced in a constructive way (Almquist & Granlund, 2005). Professionals working with children have to be aware of, and be able to recognise, proximal processes in the pupils’ environment as well as autonomy and locus of control.
In the ICF-model health is defined as a concept close to “Quality of Life”. Quality of Life (QOL) is defined as “an individual’s (a family’s) perception of their position in life in the context of the cultural and value system in which they live and in relation to their goals, expectations, standards, and concerns” (Orley in Simeonsson & Livenski, 1999, p. 64). According to this, the QOL is based on subjective experiences and can be seen in persons’ satisfaction with their situations. Children’s QOL is therefore based on multiple aspects, by the children themselves and in the environment, objective and subjective, felt sometimes as ongoing process and sometimes in the form of outcomes in relation to time.

Research has shown that disability alone should not be used for planning intervention. What is described above about participation and QOL is in line with the definition of secondary conditions as “associated with impairment of motor functioning involving physical aspects of fatigue, social aspects of isolation and psychological aspects of a lower self-concept and sense of personal competence” (Simeonsson & Leskinen, 1999, p. 52). According to this, it is secondary conditions that can be the cause of participation restriction and not only disability. It is therefore the obligation of the grown-up persons around the children to obtain the best understanding of the children’s situation and make the environment as facilitating as possible to stimulate the development and learning of the children leading to a good QOL.

1.4 The teacher
The responsibility for children’s education and the promotion of their lives is meant to be the collaborative work of their parents and the school’s staff. The parents have the main responsibility for raising their children. The school is responsible for offering appropriate educational opportunities for every child, taking part in their social development and supporting the parents in their parenthood. Every child has a right to receive an education built on its possibilities and needs that will promote the child’s quality of life and prepare it for a responsible life as a citizen in the community. The professionals in the schools have the responsibility of making this happen and to establish positive cooperation between the children’s homes and the school (Educational Act, 1995). The law emphasises professionalism among teachers which involves knowledge and experience in pedagogy, leading the children in learning; psychology, meeting every child
appropriately; and sociology, guiding the parents in parenthood and the pupils as a group, with positive interactions. The teachers have to cooperate with other professionals in their work with the children. Children in need of special support often have a diagnosis provided by other professionals and are also participating in intervention programs outside the school or have some assistance in the school. The teachers occasionally need to seek support from professionals outside the school for solving some difficulties that occur in the school. Regarding this, it is obvious that teaching is a multidimensional profession that requires knowledge and skills in different areas and that teamwork is required.

The professional’s cultural competence is important so they can meet the children and their families in a constructive way. It is important that the professionals can understand the children and family codes. At the same time, they have to put the child’s situation into a cultural context at all levels to develop a holistic picture and be able to put their professional knowledge and values of importance into practice. This requires that the professionals are aware of their own values, beliefs and cultural heritage and that they are in control of various methods to meet each child and family in a proper way (Zipper, 1999; Aðalsteinsdóttir, 2000, 2003). The teachers have to reflect constantly on the total situation of the children and their own actions and work.

Løvlie’s (1974) practical practice theory is a useful model one can use to reflect on persons’ performances and the reasons for what they do (cf. Lauvås & Handal, 1993).

Figure 2: The Practice Triangle
(Løvlie in Lauvås and Handal, 1993, p. 122)

The way in which a person acts depends on her/his experience and knowledge. A teacher reflecting on the attitudes, laws and regulations, and his or her own experience, knowledge and actions is constantly in an ongoing learning process. This makes him or her better prepared to
act with awareness of what consequences these actions lead to. The philosophy of pedagogy is about reflecting on knowledge and situations, choosing positive alternatives and taking action in line with those alternatives (Lövlie, 1974).

Sameroff and Fiese (2000) discuss the way in which cultural codes based on beliefs control and support children’s development. That includes the codes developed in each family. With their Transactional Model of Intervention, Sameroff and Fiese give a frame to recognize and work with families in different ways depending on the situation and needs of the family. The focus is on recognizing the properties of the family system and not on the characteristics of individuals. This allows for increasing the system’s strengths and limiting its weaknesses, which can lead the family interactions forward in positive development, including the development of each family member. The model builds on three categories: remediation, to change the behaviour of the child; redefinition, to change the way the parent interprets the child’s behaviour and re-education, which changes the way the parent behaves toward the child. In some cases there is just need for a small intervention which leads to changes in the family system, whereas other cases require planned intervention over some time period (see also Guralnick, 2001). The three categories of the Transactional Model of Sameroff and Fiese (2000) can support the professionals in finding proper ways in guiding the parents. The model can also be seen as a model for teachers’ development in their work with children. The concepts remediation, redefinition and education can be used on different levels to consider the codes of the school system, be it for the teacher himself or the children in the classroom as individuals or as a group.

ICF is not commonly used in Iceland, but the translation of the framework is currently in process. Professionals, mostly in the health sector such as physical therapists, occupational therapists and rehabilitation doctors, have shown interest in using the classification. Disability diagnostics have traditionally been carried out by professionals from the health-care and social sectors, such as doctors and psychologists. At the same time, teachers assess and carry through evaluations constantly in their work in school. It is a question if the use of ICF as a frame and structure can support teachers in elementary schools in their reflections on children’s situations and themselves as professionals.
1.5 Children in need of special support
Children do have many things in common and at the same time every child is special. Using the socio-cultural perspective of Vygotsky (1986) every child has a Proximal Developmental Zone and needs to interact in order to develop. It is important that the child gets numerous opportunities to do things that he or she can do by themselves and also to cope with tasks he or she can do together with others. That leads to increasing skills and further development. To ensure that the proximal processes are appropriate to every child’s Zone of Development, the guiding role of a more developed person is important. This leads to the conclusion that all children need support to develop and learn although some need more support than others.

Wachs (2000) points out that children can be at actual or potential risk. Actual risk children are those who have debilitating disorders. Potential risk children are those who have no obvious disorders but are extremely sensitive to situations that may be difficult. These can be manifested at individual level as morbidity, individual characteristics or genetic risk; at psychosocial level as provision of nutrition, attachment or family support network; and at cultural level as the way in which cultural codes match the characteristics of the child. Working with children and families with this knowledge as a guiding light makes it important that professionals are aware of different ways to work with the children and their families, always depending on the needs of each child. The focus should be on identifying children who need special support and guiding them into the intervention system (see also Boat & Sites, 2001). Children with impairments are at actual risk and need assessment of the characteristics of body functions, activities, participation and environment for planning health promoting life situations. The children at potential risk must be recognized so that work with them can be planned in a proper way to promote their development. This is in line with Simeonsson (1994) emphasising the importance of promoting the quality of children’s lives. He indicates that there are many children at risk of substantial delay if no intervention takes place, and that there has been too little attention paid to prevention in work with children. Boat and Sites (2001) indicate that children who have experienced abuse or neglect are also underreported.

The aim of ICF as an assessment tool is to cover multiple situations for all persons. It is based on the presupposition that all children need facilitative factors for positive
development and that in the environment there will always be some hindering factors too. By recognising the facilitating and hindering factors, preventing and intervening work can make development constructive for all children.

1.6 Intervention

Education is supposed to facilitate children’s development and learning, and school is a part of children’s everyday lives. According to Granlund and Björck-Åkesson (1999) intervention is “a super-ordinate concept for the different intentional steps taken to change persons, interaction, events or environments in a desired direction” (p.13). Children’s possibilities to develop and recover make it important to recognise the need for intervention and intervene as soon as possible to ensure a constructive environment and positive development for the child. The importance of early intervention is supported by increased knowledge about the structure and function of the brain. There are remarkable possibilities for growth of the brain during the first years of life. It has possibilities to develop and even to be helped to recover after injuries (Blackman, 2003). In line with this, assessment and intervention for each child in need of special support in a proper manner as early as possible is important. Although the growth of the brain is extensive in the first years it has the capacity to grow and recover throughout the whole life of the individual. How the brain develops depends partly on the stimulation the child receives. A caring environment and stimulation in harmony with the child’s Proximal Developmental Zone gives optimal possibilities for growth of the brain. A destructive environment and stimulation, and demands which are outside the Proximal Developmental Zone, will have negative influences on the development of the brain (Nelson, 2000). To be able to give children facilitating opportunities the teacher has to know the child’s Proximal Developmental Zone. That includes what the child is capable of doing by itself and what tasks the child should do with support.

The importance of building school work and intervention on evidence-based knowledge has been highlighted (Guralnick, 2001; The Icelandic Centre for Research and the Ministry of Education, 2005). Intervention models that build on system theories (Bronfenbrenner, 1979) are represented in many countries (Odom, Hanson, Blackman & Kaul, 2003). The developmental ecology of childhood involves the communities with
their laws and attitudes (macrolevel), settings that do not involve the child but have influences on his or her life indirectly as public organisations and the parents’ working places (exo-level), and settings that involve the child, e.g. the family and school (micro-level). Dynamic interactions (meso-level) inside every system and between systems make the situation quite complicated. There is always more than one component both in the individual and in the environment influencing the development at the same time. This has led to increased emphasis on the use of multiple and non-linear explanations of children’s situations. There are many factors at all levels (macro-, exo-, meso-, and micro-level) that can either support or interrupt a care-giving relationship between children and those who are taking care of them. According to system theories (Bronfenbrenner, 1979; Sameroff & Fiese, 2000; Wachs, 2000) there are both protective factors and risk factors in every system, both in each individual system and in the larger system such as families, organisations and communities. Those factors can be social, psychological or biological, where protective factors stimulate positive development and risk factors can lead to undesired outcomes if no intervention takes place. To facilitate development, the protective factors must be recognised. Through interactions between the home and school information of importance (e.g. background information or information which can clarify the child’s reactions) can be given, both by the family and also by the teacher. This information can lead to better understanding of the child and its environment and can be used as a guideline in promoting work with the child. In order to account for the multiple influences on development and learning, a good structure to guide assessment and intervention is crucial.

1.7 Cooperation – teamwork

In intervention literature much has been written about the importance of cooperation between everyone who participates in work with children. Working with families instead of focusing only on the child with disability is highly represented in the intervention literature today (Björck-Åkesson & Granlund, 2001; Gurallnick, 2000; Odom et al., 2003; Shonkoff & Meisels, 2000) as well as the special education literature (Hornby, 1995; Smith, Polloway, Patton & Dowdy, 2001). This is in line with the ecological system theory (Bronfenbrenner, 1979) where the family and school are the most pervasive settings in a child’s life and influence the development of the child. Helping the family
system to create an optimal environment for the child’s development is essential. Cooperation with the family can include, for instance, exchanging information of importance, making decisions together and taking an active part in the intervention process.

Professionals in Icelandic schools are supposed to work together (Educational Act, 1995). Research has shown that schools and organizations taking care of children emphasize cooperation with parents. The work most often involves information meetings where the parents are expected to support the goals and work of the school, but does not involve giving the parents support in their parenting. At the same time, there are some changes taking place in the cooperation between homes and schools whereby the parents’ involvement in decision making has increased, as well as involvement in the setting of goals and participating in intervention (Osher and Osher, 2002). In a system perspective the information given between systems is important so facilitating factors can be recognised. The quality of interactions between the family and the professionals in the intervention systems can be regarded as either exemplifying the protective factor with a caring atmosphere or be seen as a risk factor when the persons involved fail to meet each other in a respectful understanding way.

The tasks of professionals working with children are moving from a model of multidisciplinary teamwork where each specialist assesses and intervenes by himself towards interdisciplinary teamwork where the assessment is carried out in cooperation between the specialists working with the child and also involving the parents. The intervention is carried out independently by each specialist while at the same time they are expected to integrate knowledge from the others in the team in their work (Guralnick, 2000, Soriano, 1998). A third way is transdisciplinary teamwork. This requires all team members, including the parents, to cooperate in unison and contributing with their skills and knowledge. The team members grow by learning from each other and incorporate what they have learned into their own practice. Single members of the team may carry out some parts of the intervention on their own while others are done in cooperation. The team cooperates on the assessment and the decisions of goals, methods and the delegation of responsibilities for each part of the intervention (Woodruff & Hansson, 1987;
Woodruff & Hansson in Granlund & Steenson, 1999; Soriano, 1998). Transdisciplinary teamwork requires participation of all members of the team with dynamic interactions and relationships based on respect. There are changes in many countries where parents are participating in the intervention processes and the school work concerning their children. How each team manages to work depends on the attitudes, skills and interactions of the members. It is the parents and the teachers who interact with the children in their daily lives and know most about them. Therefore it is important that the parents and the teacher take part in the whole intervening process. The responsibility lies with the professionals to make the process constructive and for this purpose a common system is used in the collaboration. A common language for collaboration is essential for good teamwork.

1.8 ICF-CY
ICF is meant to be for all people, not only for those who have some health related difficulties (WHO, 2001). Through research and use of ICF in the assessment of children it became clear that an assessment of children’s situations requires different aspects than for adults. Therefore, a special version for children was required where, for instance, developmental growth, dependency on others and the living conditions of children are indicated (Björck-Åkesson, Eliasson, Folkesson, Holmberg, Karlsson, Sanner & Westbom, 2002; Björck-Åkesson & Simeonsson, 2002). The child version of ICF was published in October 2007 (WHO, 2007). ICF-CY has exactly the same structure as ICF. Items have been added to the components Body Function, Body Structure, Activity/Participation, and Environment. There have also been some modifications to items intended to meet the need for the assessment of children and youth. In all, more than 200 changes have been made with the most significant being in the Activity/Participation dimension (Björck-Åkesson, Granlund & Ibragimova, 2006).

All instruments have some limitations and there can be an emphasis on the use of quantitative and/or qualitative methods for evaluating the developmental process and outcome (Granlund & Blackstone, 1999; Simeonsson & Rosenthal, 2001). ICF-CY is a model that gives a framework for the development of methods and scales for measurement in work with children (Simeonsson et al., 2003; WHO, 2001).
Looking at the main components of ICF: Body Function and Structure, Activity/Participation, and Environment, a simple analysis can place different disciplines as the main resources for assessment information and knowledge of methods or instruments for intervention. The physical doctors and psychologists have knowledge about the structure and function of the body. Teachers and physical therapists have knowledge about activity/participation and sociologists and occupational therapists about the environment. Being involved, parents can provide information on all components, although sometimes they need guidance to acknowledge their information and capabilities in assessing and promoting their children. Using transdisciplinary teamwork, cooperation can lead to increased knowledge and skills of all persons involved in the work for the child. Through education and training the goals should be to make the parents independent in promoting the development of the child. ICF can help the team to focus on desired outcomes and increase understanding between the persons in the team, including parents.

In a Swedish field study based on questionnaires (Björck-Åkesson, Granlund & Ibragimova, 2006), professionals from different disciplines participated (speech therapists, occupational therapists, special educational teachers, psychologists, physical therapists, social workers). The professionals’ opinion of ICF-CY was that it is comprehensive, but that it takes a long time to fill in the questionnaires. The professionals indicated that they had difficulties understanding some of the concepts and how to use qualifiers. They emphasised the importance of training for using the ICF-CY questionnaires. There was also a tendency for professionals to find the classification not useful for children with multiple disabilities. The professionals felt that it was difficult to manifest the children’s strengths and to rationalise some of the questions to parents and children. At the same time, the professionals believed that using ICF-CY gave a holistic picture of the child and despite being complicated it showed multiple aspects concerning children. In their opinion, ICF-CY could stimulate cooperation between different disciplines and filling in the questionnaires was a learning process. They also indicated that using the classification might help to focus on the children’s participation and the environment as a contrast or, above all, compliment to a diagnosis.
Bruyère, Van Looly and Peterson (2005) present a literature overview of articles concerning ICF written in the first three years after the classification was endorsed by the WHO in 2001. Articles have been written about the content of the classification and how to use it. Some articles have been connected with special professions or special disabilities or health conditions. Many of the articles point out the usefulness of ICF as a framework for the assessment of health, as a basis for professional thinking, as a tool in research, for use in the development of assessment tools and for governmental use. Some of the articles seem to focus on convincing others of the usefulness of ICF. Critics of ICF discuss concepts not being clearly defined (Nordfelt, 2003) and ICF as not covering subjective parts of personal factors (Granlund, 2007). However, critics of ICF (and later ICF-CY) point out the lack of clarity in definitions and structure which supports the importance of further research and development of ICF. In spite of criticism, the classification has been proven to be a useful instrument in assessment and intervention.

The home and the school are the most common everyday environments for children and youth. ICF-CY has not been used frequently in schools and there are no studies evaluating its use in school settings. Because of its purpose to capture the multidimensionality and give a structure and common language, it is interesting to examine if ICF-CY can support teachers in their work in school, which includes multiple domains and interactions.

2 The study on the use of ICF-CY in the school environment
In this chapter the aim of the study, research questions and the choice of sample and methodology are defined. The chapter also includes descriptions of the process of the study and analysis. The researcher’s presuppositions are clarified. Reliability and validity are discussed and the chapter concludes with considerations about ethical issues.

2.1 The aim of the study and research question
The main goal of this study is to explore whether the use of ICF-CY can support teachers in elementary school in their work in promoting children’s health, development and learning. Through teachers’ experience of work with the classification a deeper understanding of the phenomena will emerge which can give information about the usefulness of ICF-CY in school settings.
The research questions

Do teachers in elementary schools value the use of ICF-CY as a tool for support in their work with children?

What perceptions do teachers in elementary schools have of the feasibility of ICF-CY in the integrated classroom?

What are the benefits and disadvantages using the classification?

2.2 Choice of method and research design

The study is descriptive and exploratory. Teachers’ opinions on the use of ICF-CY are described and analysed. Information about how teachers value the use of ICF-CY was collected by semi-structured interviews. The teachers’ opinions are based on their experience of filling in ICF-CY questionnaires for all the children in their classes. The study was carried out in Iceland in 2004.

2.3 Procedure

Figure 3: The research model
2.4 Participants and limitations
The participants in this research were six elementary school teachers working in two different schools, three from each school. The teachers taught in the three levels of elementary school (children aged 6 to 16), one teacher in each school at each level. The participants in the interview study were all female teachers aged 27 – 47. Four of them had finished the degree of Bachelor of Education and one of those was in the second year of working towards a master’s degree in Special Education. One of the participants was educated as a sport instructor and one had some further education and a degree in pedagogy. The teachers had taught in elementary school for periods ranging from 2 to 22 years. The children were in state schools in inclusive classes. The teachers filled in ICF-CY questionnaires for a total of 94 children at the ages of 6, 7, 10, 11, 12, and 15 years. The boys were 45 and the girls were 49. The total sum of children in the classes was 102. Eight children or their parents chose not to participate in the study.

<table>
<thead>
<tr>
<th>Age</th>
<th>Girls</th>
<th>Boys</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-7 years</td>
<td>19</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>10-12 years</td>
<td>16</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>15 years</td>
<td>14</td>
<td>19</td>
<td>33</td>
</tr>
<tr>
<td>Total number</td>
<td>49</td>
<td>45</td>
<td>94</td>
</tr>
</tbody>
</table>

The strategy used for choosing participants was stratified sampling in a few steps. A convenience sample strategy was used for the schools. The nearest rural school to the researcher’s place of residence was first contacted. The principal was visited and received a letter with a request and information about the study (Appendix 1) and ICF. The principal asked teachers at the school if they were interested. A positive answer about participation in the research was received from three teachers at the school. The same strategy was used for a school in a nearby town. Positive answers came from the first school contacted. Letters were then sent to the children and their parents in both schools with a written request for informed consent (Appendix 2).
2.5 Methods for collecting data
The teachers were not familiar with ICF-CY. Therefore they received information about the classification and the theoretical background in the form of one lecture. The teachers received written information on important aspects of the classification, theoretical background and the purpose of the development of ICF and ICF-CY. At this meeting the teachers were given access to the ICF-CY in English in a computer format and the ICF-CY questionnaires on paper, translated into Icelandic. This helped the teachers to obtain information about the issue in question and become familiar with the classification and the instrument (the questionnaire) before the data was collected. At a second meeting the teachers began filling in the questionnaires for all the children in their classes using the questionnaires adapted to the age-groups. The teachers were invited to continue filling in the questionnaires at a third meeting, but all the teachers chose to continue by themselves.

The questionnaires were developed by the WHO work group for ICF-CY in connection with field trials 2003 (Appendix 3). Those were meant to be used for research only. The questionnaire is in four versions for children at different ages (A- age < 3; B – 3-6 years; C – 7-12 years and › 13 (teenagers)). The versions C and D were used and translated into Icelandic by the researcher. In addition to standardised questions for classifying Body Functions and Structures, Activity/Participation, Environmental Factors and questions about the health of the child, the questionnaires included contextual information. There the teacher could describe each child in a written text and add other information of importance for functioning, e.g. background, experience or skills. A question about the child’s total school situation was added by the researcher as connection to the school environment. The total school situation question was answered by filling in a five-pointed scale followed by arguments in written text.

The qualifiers are described in the questionnaires:

**Body Functions** are coded with one qualifier that indicates the extent or magnitude of the impairment in form of deviation, loss or delay. First filling in if there is a problem or not. If there is a problem the qualifier used are: 0 No problem, 1 Mild problem, 2 Moderate problem, 3 Severe problem, 4 Complete problem, 8 Not specified, 9 Not applicable.
**Body Structures** are coded with three qualifiers: extent of impairment, nature of impairment and location of impairment.

### Table 2 - The qualifiers for Body Structures

<table>
<thead>
<tr>
<th>First Qualifier: Extent of problem</th>
<th>Second Qualifier: Nature of the change</th>
<th>Third Qualifier: Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 No problem</td>
<td>0 No change in structure</td>
<td>0 More than one region</td>
</tr>
<tr>
<td>1 Mild problem</td>
<td>1 Total absence</td>
<td>1 Right</td>
</tr>
<tr>
<td>2 Moderate problem</td>
<td>2 Partial absence</td>
<td>2 Left</td>
</tr>
<tr>
<td>3 Severe problem</td>
<td>3 Additional part</td>
<td>3 Both sides/median</td>
</tr>
<tr>
<td>4 Complete problem</td>
<td>4 Aberrant dimensions</td>
<td>4 Front</td>
</tr>
<tr>
<td>8 Not specified</td>
<td>5 Discontinuity</td>
<td>5 Back</td>
</tr>
<tr>
<td>9 Not applicable</td>
<td>6 Deviating position</td>
<td>6 Proximal</td>
</tr>
<tr>
<td></td>
<td>7 Qualitative changes in structure,</td>
<td>7 Distal</td>
</tr>
<tr>
<td></td>
<td>including accumulation of fluid</td>
<td>8 Not specified</td>
</tr>
<tr>
<td></td>
<td>8 Not specified</td>
<td>9 Not applicable</td>
</tr>
<tr>
<td></td>
<td>9 Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

(WHO, 2007, p. 242)

The component **Activities and Participation** are measured with the help of the qualifiers “capacity” and “performance,” where capacity is what an individual can do in a standardised environment, and performance is what an individual actually does in his or her actual environment. This can be qualified with or without assistance.

**Environment** is measured with the help of the qualifiers “facilitator” and “barrier” using a seven-pointed scale: 0 no barrier/facilitator, 1 mild barrier/facilitator, 2 moderate barrier/facilitator, 3 substantial barrier/facilitator, 4 complete barrier/facilitator, 8 barrier/facilitator not specified and 9 barrier/facilitator not applicable. Distinguishing the facilitator from the barrier is done by putting + in front of the number for facilitator.

The pupils were also asked to fill in questionnaires concerning their own participation in school. When the teachers had filled in all the questionnaires they were interviewed to obtain information about their view of using ICF-CY for describing their pupils’ situation. The results from the interviews are presented in this report. The results from the questionnaires will be reported elsewhere.

### 2.6 Interviews

Semi-structured interviews were used to collect information about the teachers’ perceptions about the use of ICF-CY in their work with pupils in elementary school. Interviews were chosen in order to receive a wider perspective and deeper understanding of the teachers’ views. Semi-structured interviews are recommended when concepts and
their theory base are studied (Lantz, 1993). Semi-structured interviews involve major questions with open answers and others with limited answers. The interviewer can expand and probe the responses coming forward during each interview (Lantz, 1993; Hitchcock & Hughes, 1995). This fits the purpose of the study, i.e. to explore what opinion the teachers had about the classification and its usefulness. It also leaves a space for following up the teachers’ views for better understanding of their perspectives of the classification.

The interview guide was prepared with the ICF main components as the main subject and a few questions based on the background of the classification and its usefulness (Appendix 4). The interview guide included questions about the teachers’ valuation of ICF-CY as a frame and a classification, the different components of the classification and the use of ICF-CY in cooperation. The interviews took from 45 minutes up to 75 minutes. All the interviews were recorded and then written down verbatim. Writing down the interviews gives the opportunity to go through each interview repeatedly with reflection on the answers and the interaction between the researcher and the respondents during the interviews.

2.7 Analysis
First the data was analysed with the frame of ICF as background and then the material was analysed transversely considering concepts and phrases to be able to recognize themes or issues of interest. During the analytic process, Miles and Huberman’s (1994) descriptions of qualitative data analysis was used.

The analytic process begins with **data reduction.** Anticipatory data reduction begins when the researcher decides where and how the work will be carried out. Miles and Huberman (1994) describe different steps in data reduction which has been used in this study. After transcribing the interviews verbatim, the researcher read through each of them, underlined and made annotations. Then **contact summary sheets** were filled out, one for each interview. The interview questions were focused, a brief summary for each interview was written and special points made by each contact were noted. These summaries were used to obtain an overview of the data and to prepare for the next step. **Codes and coding** include differentiation and combination of the data and reflection.
Here some words, phrases, sentences or whole paragraphs were selected and organized into tables based on ICF-CY (Appendix 5). Thereafter, the concepts and related sentences were written on cards and related issues from different parts of the earlier structures noted.

Thirdly, **pattern coding** was used which includes identifying themes, configurations or explanations by creating explanatory or inferential codes in a meta-coding action. Grouping the data into sets, themes or constructs made it possible to tie together bits of the data. The cards were selected separately from each interview and structured according to the concepts and the relations among them. Then those groupings were documented. Similarities and differences between the respondents occurred.

The second part of the analysis is **data display**. It involves making some types of matrices, graphs, charts, and networks of the results to understand the phenomena. In continuation of this work, the researcher decides if further analyses are required. Data display is a part of the analysis. Cognitive maps were drawn for each interview. Some concepts were centred and others more peripheral and circles and lines were used to find illustrative connections between parts to obtain an overview. Bits of the data were tied together to see what themes, causes, relationships or constructs occurred. The next step was to write an **interim case summary** for each interview using the cognitive maps as a basis. The results were summarised and carefully scrutinised at the level of quality of data in order to find out what might remain to be found for the next step in the process. For a holistic picture of the results, the themes from the six cognitive maps from all the interviews were merged into one cognitive map. Those maps are the basis for the pictures illustrating the results of the study.

**Conclusion drawing and verification** is the third stream of analysis activity. Holding the conclusions lightly and maintaining openness and scepticism during the process is important. Notes were written throughout the process. Conclusions were drawn after repeatedly going through the interviews and the results.
2.8 The researchers’ presuppositions
Being aware of one’s own presuppositions is important for all researchers in qualitative data analysis. Being an elementary school teacher created both benefits and restrictions in the work on this study. A common background can help the researcher to understand the teacher, but at the same time it can prevent the researcher from noticing interesting aspects by taking some issues for granted. Experience of being a parent to children in elementary school also influences ways of thinking connected to this work about school situations. The researchers’ understanding of this work does also lean on theories. The theories in question are detailed in the introduction to the research to help the reader understand the perspectives.

2.9 Reliability and validity
The content validity was tested by giving the participants transcripts of their interviews and the summary made by the researcher from their interviews to read. All the teachers gave their approval of the understanding in the presentation of what they had said during the interviews.

The interrater reliability was tested with one co-assessor who went through two of the interviews. The co-assessor is a social worker. He was given two interviews, one where the teacher found the classification reasonably understandable and one where the teacher found the classification difficult to understand. The co-assessor read the interviews, marked for important issues and then filled in ICF tables. All aspects that were put forward by the co-assessor were also represented in the researcher’s tables, but there were some more issues in the researcher’s tables. This can be explained by the researcher spending more time on analysing the interviews. In addition, the researcher’s documents include the same aspects in more than one component in the scale, but this repetition does not exist in the co-assessor’s documents. The correlation was 56/63 (.88) (co-assessor/researcher) for one interview and 57/105 (.54) (co-assessor/researcher) in the other. In the second one the researcher had often related aspects documented in more than one component whereas the co-assessor did not.
2.10 Ethical aspects
In all research it is important to regard ethical considerations. Here the ethical rules of the Swedish Research Council (Gustafsson, Hermerén & Petersson, 2006) were taken into consideration. Participation in the research is based on the participant’s own free will. Participants did not receive payment for participating, but the teachers were given information about ICF and its background in the form of lectures and written material. Information was provided to all participants about the purpose of the study and the methods used (Appendixes 1 and 2). Information about the research was given to the families of the children in the classes of the teachers who participated. Approval for the children’s participation in the research was obtained by sending letters about informed consent for the parents and children to sign (Appendix 2).

The study was reported to the Icelandic Personal Data Protection Authority on 16 March 2004. In such a sparsely populated community as Iceland, keeping confidentiality concerning the participants in a study is an important issue. The teachers’ confidentiality was ensured through anonymity in the presentation of the results and no mention is made of the names of the districts or the schools. The confidentiality of the children is kept by not naming the schools or using any description of the children’s health that could be recognized. The results from this study will be used for the purpose of research only.

3 Presentation of results
In this chapter the research findings on the teachers’ experience and perceptions of the ICF-CY and their work with the classification is presented. The presentation of the research findings is firstly based on the overall structure of the ICF-CY and its components where data was analyzed with the frame of ICF as background. Secondly, themes which emerged throughout the transverse analysis process are presented considering themes of interests. The parts of the presentation are clearly connected and overlap. They are, at the same time, each and one of them stimulating for considerations of the research.
Table 3 - Structure of the presentation of the results

<table>
<thead>
<tr>
<th>1. The ICF-CY questionnaire</th>
<th>2. ICF-CY Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ICF-CY in general</td>
<td>Body function/Structures</td>
</tr>
<tr>
<td>Benefits of the use of ICF-CY</td>
<td>Activity/Participation</td>
</tr>
<tr>
<td>Target group for using ICF-CY</td>
<td>Environment</td>
</tr>
<tr>
<td>Filling in the questionnaires</td>
<td>Contextual information</td>
</tr>
<tr>
<td>Qualifying</td>
<td>Brief health information</td>
</tr>
<tr>
<td></td>
<td>Total school situation</td>
</tr>
</tbody>
</table>

3. Themes

<table>
<thead>
<tr>
<th>Think</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
</tr>
<tr>
<td>Responsibility</td>
</tr>
<tr>
<td>Documentation</td>
</tr>
<tr>
<td>Connect information</td>
</tr>
<tr>
<td>Perspectives</td>
</tr>
<tr>
<td>Cooperation – Common language</td>
</tr>
</tbody>
</table>

3.1 The ICF-CY questionnaire

3.1.1 The ICF-CY questionnaire in general

Comprehensive – Complicated – Difficult concepts – Introduction

All the teachers found the classification comprehensive and observed that it took a long time to fill in the lists. They all felt that an introduction of the classification was necessary before using it. Five of the teachers also indicated that the classification was complicated. All the teachers mentioned some concepts they found difficult to understand.

T1: When you began introducing this to us, I found it incredibly much, a big packet but when one begins to fill it in and observe the possibilities, then I find it is worth it, because I find the possibilities are so many.

T2: I found it completely conform to it (her work in school). The only thing which I didn’t find good enough was that this is quite complicated and if this is supposed to be used all over the school system education would be necessary. … Because this is not quite, you don’t grasp this just by reading it.

T6: In the beginning you find that there are quite many concepts which you are not usually using. It helped me a lot that I and another teacher sat together filling in the questionnaires, working side by side, so when I found that I didn’t understand something I could discuss it with her. I found it was very good, perhaps how I interpreted and how she interpreted and comparing our understandings, so ...

Not complicated but new

One teacher felt that the classification was not complicated but new to her. She had to work with it to gain practice and then it became easier.
T6: ... If people are supposed to use this, it has to be very well introduced, I believe. Because I found at first when I began to flip through this and if you get no explanations, then it easily could lead to misunderstanding and that you find it more difficult than it is. I believe that when one gets an explanation, people will find it much easier. ... I believe it is like that with everything that is new, then it is important to have some introduction to make the people think, “for what?” And people also have to get explanations for what you can gain by using this kind of instrument. So people begin working with, you know, there is some goal, they are heading somewhere, that this will be profitable in the job.

3.1.2 Benefits of using ICF-CY

- To compare
- Recognising the children’s strengths
- When there are changes in the environment – new teachers
- For planning individualized education
- As a ground for planning intervention
- Stimulate professional conversation
- In cooperation – common language
- See what to ask the parents or others
- See what to do
- Important for teenagers – not the same relationships as with younger children
- Increase the children’s possibilities

All the teachers saw many possibilities for using the ICF-CY questionnaire in their work with children to facilitate their situations.

T1: And it is just good to get comparison with the whole group and see perhaps for those who are tackling heavy problems how they score compared to those with whom everything is just fine.

I: How do you mean with everything?

T1: Well, the pupils’ personal possibilities. It is in fact when a pupil has heavy problems to tackle, learning and even with mobility and something else. Then his possibilities are somehow restricted regarding his future. Meanwhile there is another pupil at same age who has no learning difficulties and you know he is healthy and everything like that, so he has in fact perhaps much more possibilities. But then perhaps if you were working with this classification and then there would be a network which would connect and then perhaps you could increase the possibilities for him who tackles with heavy problems so he would get closer to the others and even on the same level. Then this could kind of equalize their situation without putting everyone into the same mould.

T6: I was thinking of new teachers ... I found that I was searching for a long time what it was exactly I needed to do so I could do the best for the pupils. Maybe when a new class teacher takes over the class he can read through this and then get to know what aspects it is that he has to talk about with the other teachers around the pupil. Anyway, I find that this is something that can help you … getting information about the child. Then they will not only see the pupils’ learning situation but also the pupils’ physical and emotional situation. … If I had worked through a questionnaire like this before I met the parents I might have had more goal directed questions.

T2: … write down and then there comes another teacher and takes over the class and perhaps it will not be going on quite as good as earlier and then it is good to have something like that in your hand and compare. I mean, this was going like this why has it become like this now? …. Something has changed, I mean, was it in school or something, you know, someone had died at home or something has changed.
T2: Yes in a bigger context, I find that in school you don’t talk so much about these issues. Teachers to each other, they discuss more organisational matters, how the annual celebration should be and planning the supervision in the breaks, you know these practical things. But the education itself and then pupils and so on, you don’t do enough of it I find, but I believe it is increasing and changing … I believe exactly that this is a good instrument to increase conversation.

T6: If all persons involved would fill in the questionnaire and then you would go through the questionnaire and see how the others experience, for example, the individual. It doesn’t mean that everyone experiences the individual alike. I believe anyway that it would be useful to see how others experience the individual and who the individual is, what are his hindrances and the strengths in another context. The school of course is what gives onto me, but how he is at home or in day-care or with the physical therapist or the speech therapist or you know how he is everywhere else.

I: Other environments he is staying in?
T6: Yes, how his strengths and weaknesses are there and if it is possible to apply this somehow together so we will all be working more together.

T2: This brings out, you know, those issues which you have to discuss if you need to look for help like from a psychologist or the social support service or something like that or domestic support or something, and then this is kind of a diagnosing instrument.

T1: There was a pupil in my class whose participation was perhaps not good enough in everyday life and he went through certain tests by psychologist and then it appeared that the activity was much more than the participation displayed. So I believe it is very positive to divide this as it is.

S: And how do you find it would be useful?
T1: I think that it would be useful because if we know that he can do more than he is doing, then we will have to find out why he is not doing everything he can and then try to encourage him and help him to use all his abilities in the everyday environment and in the school for work and play.

T6: Also that you realise that some things have to be practised within special circumstances and then you have to reduce it to daily life situations and maybe it is the connection between that which I find I have to reflect on. For instance, just with pupils’ self-care. You know that there are some issues with some pupils but then it is important that they get support according to that in school, because the home is perhaps not capable of dealing with certain things so it is very good if the school can take part in it and then try to help the home to reduce it to daily life.

3.1.3 Target group for using ICF-CY

| For all children – for some children |
| Takes too much time for all / or goes quick for those without difficulties |
| Find children who need special support but do not get it |

Four of the teachers found that ICF-CY should be used for all children in their classes; it did not take long to fill in for children without difficulties. One teacher found it should be used for all the children in her class but at same time she was not sure if it was possible because it took so long to fill in the questionnaires. One of the teachers found the questionnaire too complicate to use for all the children in her class.

T3: I found this in a way too detailed to go through it for children who don’t have any problems.

T6: I found it good working through the questionnaire for all the children in my class. Because some don’t have any hindrances but then there are others who have some social hindrances, others with some learning hindrances like dyslexia and then there are some with physical hindrances. I believe that it is very good for one to think about all pupils based on a questionnaire like this just to, you know, you may have some
picture in your mind and this helps you to get a more holistic picture of the individual … It is the question if you are going to use it for all pupils or if you will pick some because it is much work.

T2: You do most commentaries on this paper for those with special needs, and then you might see that there was most going on with those children. You need mostly to have contact with someone else, some others because of them and then it is of course good to use this for that. So you can say that this will become very useful for that group.

T4: I find for everyone because it doesn’t take long to fill in for pupils who have no problems, therefore I find it all right to do it too. It took of course a longer time for those who had some problems but yes, I just found that I saw them kind of in a different way afterwards … Often you find out that yes, I need to pep this one a little or discuss something with that one or something like that.

T2: About all. You are used to focusing on those you have special information about, you know that someone is sick at home or something like that, but then there are the others who you just see as a group and where everything is just dandy. If you classify them like this (ICF-CY) then you start thinking more about each and everyone. Then it is like a checklist, is it certain that everything is in order? We think maybe everything is in order but maybe it is not because we are concentrating on some group which we know has some problems, we need to take good care of them all. We work through the questionnaires for all and there may be children we will find.

3.1.4 Filling in the questionnaire

<table>
<thead>
<tr>
<th>Difficult – Takes a long time / Time well spent – Gets easier with practice</th>
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<tbody>
<tr>
<td>What matters – Diagnosis or not</td>
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<tr>
<td>What information the teacher possesses depends on:</td>
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<tr>
<td>How well she knows the pupil</td>
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<tr>
<td>How long she has taught the pupil</td>
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<tr>
<td>How many lessons a week she teaches the pupil</td>
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<tr>
<td>How often she meets the parents</td>
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Two of the teachers found it difficult to fill in the questionnaires, because they did not know all the answers. It took a long time to fill in. They also found it difficult to understand the classification. The other teachers felt that it became easier with practice although there were many issues they did not know and therefore they had difficulties filling in the lists. Some of the teachers wondered what was important to document, when there were some diagnoses or just what the teachers saw. What the teacher knows about her pupils depends on how long or how many lessons a week she teaches the pupils or how often the teacher meets the parents.

T5: I found it incredibly difficult to do this. I never knew if I was doing the right thing or not doing right. I was reading this here all the time to see if I was doing it right, you know, the instructions and I just hope that I did it right but I found it hard. … It took me incredibly long to do this.

T3: I just tried to answer this as well as I could, after just teaching in this class for a year. But I mean, this is extremely detailed and includes many aspects. Mostly, I wanted to do this well, but I found it annoying not knowing more about the children when I was doing this. … But of course I have got information from the other teachers and parents.

T6: I found it was very good to have to think about the pupils in that way and it helps one to see things in a better context.
I: And the time you had to use, this takes time?
T6: I think the time is well spent. Mostly it is, finding time and giving yourself time. It is a question if you should use it and work through it for all pupils or if you should use it for special pupils, but I believe anyway that it is enormously good for teachers to work through questionnaires like this occasionally for pupils to see if there is something. Even to look for information from fellow teachers and so on.

T4: Of course I had big problems with some of this, because I just didn’t have a clue about it. But I am sure when you teach the youngest ones, then there is much more flow of information, both the children tell of course more when they are younger and definitely the parents too, you know, like this, problems with sleeping, I didn’t know anything about things like that.

T2: I found I knew them all very well those kids, it is in a way that kind of group and the parents are very nice. I had spoken to them twice or three times and you know I didn’t find anything surprising there but then it is of course different between classes.

T1: Yes, I mean like perhaps a pupil who has some diagnosis, he is mentally challenged, for example, just as an example. Then you find that it is information which has to be documented and that matters. But then there are perhaps others who you know, always when he interacts with other kids, there is nothing wrong with him, he is not hyperactive or anything like that, just a bright kid. But, for example, in interactions he always lies or always when he talks to other kids he starts pushing them or something like that and you know should it be documented?

T1: No, I didn’t find this especially difficult. But of course one stuttered sometimes in the beginning of the work with the first questionnaires and there were some issues, however, that I was a little bit insecure about. Was one supposed to fill in all issues on this page, or if you were supposed to do it somewhere else. ... Just with practice, just like with everything. As soon as I had worked through two, three questionnaires for different individuals, I became more confident. All the same, when I was finishing filling in the questionnaires some questions came along because then I had some different kinds of problems or difficulties. … I find it is worth it, because I find the possibilities are so many.

3.1.5 Qualifying

| Not difficult to say if there are some difficulties but difficult to put |
| a qualifier to the difficulties |
| Lack of proper knowledge |
| Capacity and performance – Difficult but useful |
| Barriers or facilitators – Difficult to use not specified/not applicable |
| Qualifying matters – Can give leads to what to do |

The teachers found it difficult to qualify the degree of impairments and had to check frequently to learn to know the qualifiers of Activity/Participation and Environmental Factors.

T6: It is perhaps qualifying according to the body structures where you are doing some valuations yourself that are perhaps not quite right. But if one was talking to others, if you had for example a doctor and he was present or something like that then you could get some explanations.

I: So you found qualifying a little bit difficult?
T6: Yes, if there were some difficulties or not was no problem, but then rating the relevance of the difficulties and that, I didn’t always have the knowledge needed. I perhaps know roughly what the pupil’s problem is but not exactly how much or how to describe it.

T4: I found it a little difficult to classify into standardized environment and actual environment. You know then you had to think, if you had the pupil alone, then he can of course do much more than in the class so I
found it often rather difficult to value it because with the teenagers we have just a few opportunities to be with them individually, take pupils outside the classroom and be alone with the pupil. It happens rarely.

I: If we consider the environment factors, what did you think of this component?
T6: I found this the most difficult component. Perhaps that barrier and facilitator, I found some of this very easy to explain, like support of immediate family. But considering questions like the ones about persons in authority and health professionals. It was questions I had difficulties answering and then I sometimes filled in not specified or not applicable. For example, are the required drugs available? I filled in “not applicable” if the pupils didn’t need any drugs. At the same time I know that if he needed some drugs they would be available for him. And “not specified” if I was not quite sure. If I in fact didn’t know anything about it I put “not specified” but I don’t know if it is the right way of filling in the questionnaires.

3.2 The components of ICF-CY

Explanations – Guiding leads – Teachers’ perspective
The teachers felt that working with the classification gave explanations and could guide them in their work. The teachers pointed out that their perspective of the pupils was the child in the school environment.

3.2.1 Body functions and body structures

New perspective – Not enough knowledge about body – Mental health important
The teachers were of the opinion that working with body functions and structures gave them a new perspective, one that they had not considered much because as teachers they focus on learning and difficulties relating to the school work. They did not have enough knowledge about many domains of this component but felt that knowledge about body dimensions could give some explanations of difficulties. All the teachers talked about the children’s mental health as important to their school situation.

T2: I am not used to thinking so much about, like this body function, and have some difficulties with how the heart functions. Of course you have to know about allergy and so on. Have any problems eating? You know, we do not reflect much on that. But I found it good running through this because it gives a kind of new perspective. We do more think of things like cannot learn to read. ... Or like here, have difficulties sleeping? I mean, if you have not slept, then you are of course grumpy by day, then it is perhaps possible to explain some behaviour, bad behaviour or something, this is all issues that matter … yes like movement of wrists, elbows, shoulders or knees. Like the gym teachers, they can see this, of course, but perhaps there is also something we can do in the elementary classes. There we have all kinds of games and if we see that someone is very inactive we can help him to be more active. This namely draws your attention to that, or so.

T4: Mental function is perhaps more important to me as a teacher rather than knowing if they have some problems digesting the food or something like that. But at the same time of course you have to keep in your mind if there are some difficulties so you can pay attention to them. ... You know if pupils often have to go to the bathroom or something like that. Then of course you have to know that and keep it behind your ear ... also with eyes and ears, like if there are some with visual or auditory impairments or something like that. But one finds that what has to do with studying is number one for us.

T3: Yes, I find, there are so many who have something to deal with, I sense that there is much more unhappiness around us than we are aware of. I just think a lot about the pupils’ mental health, in general.
T5: ... does the child have any problems with head and neck or with legs and feet? I don’t even know if they have flatfoot. So these questions about body structures and body functions should have been asked at home more because the parents know much more about this than I do.

3.2.2 Activity and participation

<table>
<thead>
<tr>
<th>The teachers know most about activity and participation</th>
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</thead>
<tbody>
<tr>
<td>The teachers’ own experience – Domestic life difficult</td>
</tr>
</tbody>
</table>

All the teachers were of the opinion that the dimension of activity and participation was what the teacher knew most about. They were able to fill in the questionnaire with knowledge based on their own experience. The teachers mentioned filling in for the domestic life as being difficult for them because they did not know much about how the children acted at home.

T6: This was maybe the part I found one was most reflecting on. Anyway the first part, here, learning and applying knowledge and general tasks and demands and communication, those are important in school work and very important for you to recognize where the children may need more guiding. If there is something wrong, the children are missing something, some functional factors, than this will make it easier for you to see what it is that you have to work with, to localize the problem. If it has something to do with learning or social functions or ... like with one pupil who may need most practice of self-care, and need that support in school. I found it easier to fill in because I could do it more from my experience with the pupils.

T5: There I find we are more talking about what we are in fact working with every day, yes, activity and participation. How does it work, doing this and how does it work, doing that? I find it much more what I can answer. When you are talking about activity and participation just in everyday life, then you are approaching a little the parents’ knowledge. I found these pages the best ones.

3.2.3 Environmental factors

| Difficult – Not enough knowledge – Support and attitudes important |

The teachers found it good to reflect on the environmental factors but found at the same time that this component was the most difficult to qualify. They did not have enough knowledge of all the domains and had some difficulties understanding this component. The teachers emphasised the factors of support and attitudes as important for them in their work.

T2: Yes, I find this very good, to familiarise myself with the children’s situations, just their life situations. You begin thinking of the family, is the family positive, you can feel it during the interviews with the parents. Some are always criticising their children but others always praise them. You begin thinking of in what environment the children are living, such as if is it facilitating, are the attitudes of acquaintances, peers and neighbours favourable. It just matters how the child feels. Perhaps you are not thinking about this in daily work, this may make you more familiar with the children’s common situations. I mean, if there is some other religion at home, then there can be conflicts between the home and the school, it is different, he has to do something at home but is not allowed to participate in something in school, but all the others are. Perhaps you begin thinking more about things like this.
T1: Like service, system, policies, this fits clearly to my work and here I have to know the odds and ends. But like the first factor, it is perhaps totally the parents’ side or you know doctors or somebody else. There I found that I didn’t have the knowledge.

T4: Of course we have to know this, like with the food and all this, but it was at the same time incredibly in-depth. I found something here not applicable. Like here, “are materials for playing available?” It is a question what is meant by playing when you are talking about sixteen-year-old teenagers. ... but of course you began thinking of each and everyone. Is this something that is applicable or not applicable?

T6: I find this component very important although I found it most difficult because it may bring to light if there are possibilities to help the pupil in some way, or if there are some barriers, or if all what is possible to do is done in the school for the pupil. Like here, “are services, systems and policies available concerning specific matters related to the pupil?” This is of course something you have to be able to mark and if there are barriers you will have to see to it that it will become available. ... It was perhaps natural environment and human made changes. I found that quite difficult. Then there is this one: “are there any human caused events that are problems for?” And then I began thinking if there are pupils who have been victims of violence or abuse or something like that. Isn’t it then that there can be some barriers for the pupil, or? It was that kind of questions which popped up and I wasn’t quite sure how to answer.

3.2.4 Contextual information

Chances to connect – Explanations – Enough to have one part / maybe not?
Filling in the contextual information helped the teachers to correlate different information from different parts of the classification. Five of the teachers found it confusing to have two parts in this component; all that mattered could be filled in the first part. One teacher felt that the second part was important because it offered opportunities to emphasise important information.

T5: I found it extremely good to have the opportunity to write down what one found about each child … Then perhaps there is something that becomes clearer of what I have written here before. Where I wrote, yes, then you could explain it here, what it is in fact that I believe is the problem.

T6: These two parts were very similar by me, … but I believe anyway that this (the second part) has to be so if there is something special which is important to emphasise, for example life experience if the pupil has for instance lost a parent or been abused or something like that, then it is very good to have this information here so it will not get lost.

T4: Yes. Here I just gave some information if I found something had to be admitted to explain what was written before. Sometimes there was nothing, but sometimes there was something which was important to document and yes I found this very good too. It took a long time for me with some, trying to find out how to describe these persons. … Sometimes I found that I had to write the same things, it could have been just one together, one just didn’t figure it out, one wrote what you thought of and then it was here but should have been written there.
3.2.5 Brief health information

Do not have all answers – Mental health important

The teachers did not have all the answers to the questions about the children’s health conditions. They sought information in documents. Filling in this part helped the teachers to formulate questions they should ask the parents. The teachers felt that questions about the children’s mental and emotional health were important.

T4: Yes, this was a little difficult to value, but I based it on how they appear and how they do their jobs. I began thinking about how does he attend school? He does not attend well, wait, I have to look at that. If they are malingering in some special lessons or do not at all attend on Mondays. So you can see patterns.

T6: I found it very good, then perhaps question no. 2, “how would you rate the child’s mental and emotional health in the past month?” Then you perhaps began thinking of that it wasn’t always, although you meet the pupil every day, for some pupils you can see if they are not feeling well but some of them are perhaps very good at hiding the way everything is. So I was exactly thinking about that. When I know that a certain pupil in my class has perhaps got some difficult experience, you may not be able to see it directly on their appearance but I cannot be sure that they are feeling well, although everything seems to be all right on the surface.

T1: Just answered this as good as I could, you know, it is possible that they are taking some medication without you knowing about it, they are not necessarily taking it at school time or the nurse giving it to them. … and then you have information about if their attendance is bad or good because of illness or something like that. So you can rate the health but at the same time I found here that I couldn’t perhaps give satisfactory information.

3.2.6 Total school situation

Learning – Feelings – Strength – Add information - Connect

The teachers found they could add information which had not fitted in earlier. Some found this issue overlapped with the contextual information. They connected the child’s strengths and its school situation and emotional health and educational performance. The teachers emphasised the importance of the children’s mental health.

T5: I found it just good to answer this question, this page here because if there was something that didn’t fit here (contextual information) then it fitted here (school situation). First of course I just looked at this and wow, what am I supposed to do now? But at once when one started doing this then I found it good doing this. I began thinking for each child, how or what is happening with this child in school.

T4: It was of course the mental health of the pupil and perhaps the learning situation. Of course this all is connected so if the pupil is not satisfied, not happy, doesn’t feel good, the studies don’t go well, and then the school situation is perhaps not the best. You know, all of this is connected, but of course we want to make the school situation good for everyone. You try but of course it doesn’t always work out. Yes, I found this kind of a good end, to summarise how they are feeling in school and how the situations are. … It was difficult for some but on the other hand very easy for others.

T6: I find this is very good. It forces you to think of, perhaps prods you to be aware, that there is perhaps something we have to improve. It is also just good for you to know that perhaps there are some pupils who are doing good and are thriving well in their situation as it is, but it doesn’t exclude that you have to keep on keeping an eye on the pupil. But anyway, I believe that the stronger the pupils turn out to be here (contextual information), their situation is better here too (school situation).
3.3 Themes from transverse analysis
When transcribed data was analysed transversely considering concepts, the following themes emerged that concern the teachers’ work in the classroom.

3.1.1 Think

<table>
<thead>
<tr>
<th>Working with the classification made the teachers:</th>
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<tbody>
<tr>
<td><strong>Think:</strong></td>
</tr>
<tr>
<td>About each pupil</td>
</tr>
<tr>
<td>What to do?</td>
</tr>
<tr>
<td>More deeply</td>
</tr>
<tr>
<td>In a new manner</td>
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<tr>
<td><strong>Find difficulties</strong></td>
</tr>
<tr>
<td><strong>Become conscious about what they know and what not</strong></td>
</tr>
<tr>
<td><strong>Connect</strong></td>
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Throughout the interviews the teachers highlighted that working with the questionnaires made them think in a different way than before.

T4: I just believe … it makes you become more aware, that you perhaps value each and everyone better. Kind of observe everyone better. Because, as I said before, there are so many issues that made me think, something one had not considered before. It just didn’t occur to me to think of many of the issues in these questionnaires. “Can it be that this is what is wrong with him?” and so on. Yes I believe this makes you more conscious. … It must of course be better as you know the pupils better then you can react better to the situations that occur if you know exactly how this pupil is. … I find this very good. I am just glad that I participated in this because I found that in a way saw my pupils in a new perspective. Found that afterwards I knew them much more and better.

T5: I found it good to do this because then you begin to think in a different way about every child that gets something other than “no” for an answer. At once when you have a “yes” somewhere, you start thinking about what is going on. What shall I do? Why is it like this? And how can it become otherwise? …This shows you exactly, there are those issues you have to observe better and it is likely that it is because of this which is happening here.

I: How do you mean then?
T5: Because you begin to connect. When you work through a big packet like this with one child and you see that some part of the case you are looking at doesn’t fit to what is working for children otherwise, and when you have seen that some things are not as they should be, then you start thinking, why not? What is happening that makes these things not fit to the rest and when you start doing that then of course you must be able to, or have more possibilities to, find out what is happening and shouldn’t be happening and intervene. To interfere and try to make it go good again. This you wouldn’t do without thinking like this about every child, you see.

I: You found it good to?
T4: To have to think, I found it good for me and I sometimes in class, when they were doing mathematics, then I was thinking and observing for instance someone to be able to document better, because it tended to be that some of them would be forgotten, it just happens. Some pupils just are very unobtrusive and others are always twiddling and some demand a lot of the teachers, always talking to you and so on. At the same time there is someone else who just sits and does his mathematics and you kind of “forget” within quotation-marks. I did go systematically through, I observed a few at each time to be able to document
better and describe better and then it was some background information like you know if something was wrong, some loss or something going on in the family then I documented it too, it kind of gives some explanation.

### 3.1.2 Information

The teachers possess information – but also need more information

Although the teachers knew a lot about their pupils there was information asked for in the questionnaires they did not possess. Importance of sharing information was indicated. Parents and other professionals possess information of importance for children’s situations.

T3: I find that parents should answer questionnaires like this. To get a realistic picture, then I find that a questionnaire like this should string along with the child in the autumn and the parents would have filled it in, then the class teacher would get lots of information.

T4: Of course it was many things one didn’t know, but you surely knew most of it. You know as with clumsiness and what you just see. But there are issues like falling asleep or sleeping and something at home that is perhaps what you don’t know as much about teenagers as about younger children. Because this is always less discussed and they are not the same information givers as the younger children, when they tell the teacher everything and everything what happens at home too. I just tried to fill in as well as I could and I looked in the special teacher’s files and in fact asked them in person if there was something I found I had to check out, so I searched for information concerning this.

T2: Like the health information and home situation, family situation and all that. There I cannot fill in as a teacher, so when everything is done, the parents have done it too, then you get some kind of holistic picture, but I believe the teachers cannot do this by themselves.

T1: … It is the parents that meet the physical therapist, the occupational therapist, the doctors, the nurses and even the psychologist. But then perhaps the parents are not hard-hitting enough in sharing it with others. I mean it is the parents that have obligations to inform others and perhaps they might not know who will need to know what and we might not always realize either what questions we should ask to get the information we need. I believe this would open a lot regarding that issue. Everyone would then have precisely the information they need. … Yes use it (the information) perhaps more systematically than before, because you know many things and you are using it but you could do it much better when you have collected it together like this and you have the information available in one place in a system like this.

### 3.1.3 Responsibility

The class teachers – The parents – Other professionals

The class teachers’ responsibility to facilitate the child’s school situation came forward in different ways in the teachers’ reflections on their work. The teachers also talked about the parents’ responsibility to give the teachers information of importance.

T2: Namely, I teach the youngest ones and there everything is easier because you are the class teacher and you are with them very much and if there is something then I know it and I inform the other teachers about it and I follow everything up. Then when the children get older, then it is much more important to do this, I believe. Like for the teenagers, because of the structure of our system where they just have English and Danish, you know, there are new persons arriving all the time, one lesson for just forty minutes and then the next. This could be good ground for discussions if the class teacher was to fill in this and then it would be discussed at meetings. If there were common understanding, it would perhaps open a debate and about the
kids as children, but not just pupils because it is often, or one feels like that, the discussion is that there are more difficulties during the teenage years and then there is no one that sees to the whole situation. It is the parents that do that but there is not the same stability in the school as it was when they were younger.

3.1.4 Documentation

See – Connect – Do
By documenting information became clearer. It made it easier for the teachers to connect different information and to find out what they should do in their work with the children.

T4: Because it is on paper. You can always think, yes this pupil, then differently, you know, and then you start doing something else and just don’t do something, but when you have this black on white you see that this pupil has some problems, it is obvious that I have to look further into it.

T1: Anyway, in some cases I experienced that you looked at the children in a different way, how you could work with them by working through the questionnaires, trying to think this overall and in cooperation with others and so on.

T6: The more you meet the parents the better picture you perhaps get of the child. So then you often get information that is perhaps not directly documented about the child, but this precisely (ICF-CY) helps you enormously by documenting the information so you can localize things.

T6: I found it perhaps more the issues, when I started working with my class last autumn, there were of course many folders concerning different pupils and you had to read through them all and there you failed perhaps in connecting all those aspects you were reading about. This spring, when I worked through this (ICF-CY questionnaire) I found that I would like to have done this last autumn. It may have been difficult because I didn’t know the pupils but it would have been good to have something like this in my hand to draw attention to issues and what it was one needed to do, so you would perhaps know better what it is you need to start doing.

3.1.5 Connect information

Connect different components and domains
See connections between different environments
See the children’s strengths and connect them to the children’s situations
Connect ICF-CY to curriculum, including individualized education
Connect to valuations already used in school

Working with the questionnaires helped the teachers to connect information and situations in different ways. They also connected the ICF-CY as a framework and instrument for their work as teachers.

T1: It came into better context and you, in a way, begin to connect better what comes from the home and what is happening in school. It makes the picture you have of the pupil clearer.

T6: Yes, in participation and just activity and just how the person is, I believe, and then the environment is also connected and the components of body and activity and participation. If there are some physical barriers then there are of course often some barriers both regarding activity and participation in everyday life. And for me as a teacher, it is something about his body structure which hinders him in doing some things in the same way that the average pupil does and then it is good for me to start thinking more about, I
of course knew about these body problems, but I started observing them in a different way by working through this. I found that I began to understand better why the pupil is the way he is. There are reasons for this, but I had perhaps not thought through it deeply enough. If there are some problems in the components it can be an explanation for their learning situation, social situation or emotional situation.

T2: I find this quite in line with emphases ongoing in the school system today. You should have individualized education and all this and you should have the pupils’ strengths as a guiding line in your work and having the diagnoses as negligible as possible, you know, while at the same time you are working with or there is some problem you are trying to minimize … I found it in relation to the ongoing changes of thinking towards that everything in the environment matters so much.

T1: I mean, if this classification was used commonly, you know, connected to the school system and the health care system and the social system and everything like that, then it might be more commonly acceptable that the kids are different from each other, they have different talents and then perhaps you would work further with it … When they have to do all the time things they don’t cope with, it of course breaks them down. On the other hand, the other things would perhaps strengthen their self-confidence or just reinforce them, if they had opportunities to do more of what they are good at.

T2: You can use this also like an instrument for valuation. You know there is something documented and you can see that there are some problems here and there and you work with them and perhaps then work through this again after some years and then you see that there are still some problems. Then the intervention hasn’t gone through or you see that the problems have been worked out. So I find it can be used that way, like a valuation instrument, connected to results.

3.1.6 Perspectives

<table>
<thead>
<tr>
<th>One’s own – see others</th>
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<tbody>
<tr>
<td>Holistic picture</td>
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<tr>
<td>Positive perspective</td>
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<tr>
<td>The child – the pupil</td>
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<tr>
<td>The child’s own perspective</td>
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Working with the questionnaires helped the teachers to expand their perspective of the children and their school situation.

T1: Yes I find this, perhaps the emphasis, you know emphasising the function. I find it perhaps a little bit different from what has been the norm. Perhaps we have thought too little about what the children can do in the school system, too little of that, but we have emphasised too much what they cannot do. That I find enormously positive in this frame, you focus on the capacity and have that as a referent in your work.

T1: Parents often have a totally different perspective on their children than the teacher has. Our perspective is in the first place of children as pupils’ while the parents look at them as their children and there is often a big dissimilarity between those perspectives. Perhaps neither one has quite the right picture of the child. I mean, there is always someone who sits all the time calm and well-behaved and does what is expected of him, but is on the other hand crazy at home. I have a completely different picture compared with that of the parents. Perhaps without me realising what is going on or the parents realising what is going on. In this case it might be possible to find something that could give us a clue about what is happening.

T2: In general I found this very positive because you get a holistic picture. Like all those issues, social aspects and body functions and all that. You get a holistic picture of the child by looking at every detail. When I worked through this with my pupils I found I focused on each child in every detail so you thought of the pupil as a child, not exactly as the pupil studying, rather as a child and tried to see strong and weak issues. So I found it good.
T4: It is a question of what age they (the children) are if they are capable of taking part. If they are capable of participation if they are very young, it may be, but often it is even better if they participate. Then they might feel that they are involved, not just something that is supposed to be repaired, rather it is them and they can come with their opinion and inputs. Then it perhaps will go better if there is something you need to change.

3.1.7 Cooperation – Common language

| The child is part of many different environments |
| Common language – common vision – common ground – common understanding |

Many of the teachers found that use of the classification could give a common language to the people around the pupils. That would lead to a common vision and common understanding of situations which can lead to cooperation between the people around the children and to more proper intervention.

T1: I have a pupil in my class who is in need of special support, because I know that he meets an occupational therapist and a physical therapist and so on. I have never met these people. I don’t know what they are doing and they don’t know what I am doing. So, if we had some common instrument that we all could approve, then we would be talking about the same issues. Then we could begin working together which we are not doing now.

T4: Maybe teachers would have to fill in from their perspective and then other professional about what is relevant for him. Then of course those two would have to meet and discuss. And then of course the parents, because the parents know surely most about their child, yes, I believe it would have to be like that, just that everyone takes part filling in and then discussing the matters and finding out how to solve the problems and what we could do better. … It will be diagnosed in a kind of more detailed way.

Important to cooperate

Teachers – parents – other staff inside the school – professionals outside the school

All the teachers felt that it was important to cooperate with the children’s parents. They also cooperate with others inside the school and with professionals outside the school.

For cooperation inside the school the teachers mentioned:
- Other teachers
- Special educational teachers
- The school’s head master
- Support persons
- Occupational therapists
- Developmental therapists
- The school nurse

Outside the school the teachers’ mentioned cooperation or information meetings with:
- Social service - school department
- Psychologists
- Speech therapists
T1: Yes I find that I experience this. You know that when you fill this in and if a physical therapist or occupational therapist did it too and a doctor and parents, then you know a network will be established and we will work more together toward common goals because we are perhaps all working with the individuals to attain some goals which are not quite different, our goals. Here we could gather around them and I believe it would give so much more. I just found that working through this opened a lot to me, especially in the case of a pupil who has an impairment and for his possibilities. If we all worked together because there are so many people around him.

T4: You just have to be able to discuss something. Can you give me some advice? Can I do this in some other way? Do you find that I reacted in the right way? You have to get feedback from others and others’ perspective too. I believe it is very important.

Difficulties in cooperation

One teacher wondered if using the questionnaire could help in cooperation between the teachers and the parents. She observed that there were often difficulties in cooperation because the parents often refused to hear the truth about their children and the teachers often did not say precisely how the situation was. Another felt that there was little cooperation between teachers because of lack of time.

T5: No, there is almost no cooperation between me and the special educational teachers. They just take care of what is theirs and I of what is mine.

T6: … I found perhaps that this winter it has been difficult to coordinate and work with the other teachers (including the special educational teacher). I believe it is not because we don’t want to cooperate; rather it is lack of time to sit down and discuss.

T1: … gives kind of common picture of the child … flow of information between persons … the parents are obligated to give the required information to the school, so it is kind of an instrument for that. I believe this is just quite positive for both parties. It is positive for the parents who would perhaps have to become more realistic in their picture of their child. It is also positive for the school for giving the parents better information about the child in school. This connects those two parties on a special ground and works in both directions. I don’t find it good enough in school today. That’s the reason why the interaction with parents often misfires. The parents can’t stand hearing the truth about their children or the teachers perhaps don’t say, or go around things or something like that.

No cooperation – Diagnosis – Information meetings

The social services – school department can be involved in children’s situations. The teachers felt that there was no cooperation, only information meetings between them and the social services. Psychologist, psychiatrist and occupational therapists can also work with the child.

T2: No I don’t cooperate much with them (the social services school department); it is just in some emergency situations, if you want to have something diagnosed better.
I: Then there are some professionals who will diagnose the pupils?
T2: Yes, perhaps point out some things that are important for intervention, but it is in our hands at school to solve the problem and work through what is instructed or recommended and to see how it works for us. We get kind of instructions and support if we need but most often you try to work things through in the school in cooperation.

T6: Yes, and there was anyway one of my pupils who got speech therapy once a week and I, in fact, didn’t have much contact with the speech teacher, was in a meeting with him twice this winter, though, it was very useful. It is the special educational teacher, a personal assistant who goes with him a lot and it is him who is perhaps in better contact with the speech therapist.

4 Summary of research findings

In this chapter a summary of the research findings is presented. The first part of the summary is related to the first research question and the second part of the summary is related to the second research question. Answers to the third research question are embedded in the total results. At the same time, there is no definite distinction between the research questions in the results and therefore the results overlapping the questions have to be kept in mind.

The research questions are:

- Do teachers in elementary schools value the use of ICF-CY as a tool for support in their work with children?
- What perceptions do teachers in elementary schools have of the feasibility of ICF-CY in the integrated classroom?
- What are the benefits and disadvantages of using the classification?

The main concepts of the results and relations between them are presented in Figure 4.
Figure 4: Summary of the results

4.1 The ICF-CY

Do teachers in elementary schools value the use of ICF-CY as a tool for support in their work with children?

What are the benefits and disadvantages using the classification?

4.1.1 The ICF-CY questionnaire in general

All the teachers found ICF-CY comprehensive and that it took much time to fill in the lists. Five of the teachers also observed that the classification was complicated. Two of the teachers found it difficult to understand ICF-CY all over. All the teachers felt that an introduction of the classification was necessary before adopting it. They mentioned that there were many concepts used in the classification that they did not use in their everyday lives. Two of the teachers talked about discussing concepts with other teachers as well as what they had difficulties in understanding and that had helped them in their work. All the teachers agreed that an introduction made the classification more understandable and a few pointed out that just by working with the questionnaires had gradually helped them understand the concept and structure and thus made the work easier. One of the teachers
talked about the classification as a big package, but also mentioned that it was accessible. All the teachers talked about possibilities for using the classification in their work. One of the teachers observed that the ICF-CY was not complicated but new to her and that it became easier just by working with it.

4.1.2 Benefits of using ICF-CY
The teachers agreed that the use of ICF-CY was good for documenting information. They indicated that it is very important to work further with the information documented in the questionnaires and that the work with the questionnaires gave ideas on how to proceed. There was also a question whether it might lead to increased possibilities for children with difficulties if ICF-CY was commonly adopted within the school system. It could lead to cooperation and that the network around the children would support the children in tackling their problems to increase their individual possibilities. The documentation could be used as a common ground for intervention plans.

The teachers felt that ICF-CY could be used when there were changes in the school environment. Information documented in the questionnaires could help new teachers to see where to focus intervention. Then teachers would not have to work for a long time learning to know the pupils to find out what would be most important to work with. The teachers were of the opinion that the information they had about their pupils matched with the questions, and it would certainly be of benefit for children in need of special support that information was transferred easily.

4.1.3 Target group for using ICF-CY
Four of the teachers found that ICF-CY should be used for all children in their classes. One teacher observed that the questionnaire should be used for all the children in her class while at the same time expressing some uncertainty if it was possible because it took so long to fill them in. One of the teachers found the questionnaire too complicated to use for all the children in her class. Some of the teachers felt that it was easy to focus on children on whom they had information and that by using ICF-CY they got the opportunity to identify children who might not have been recognized otherwise. Some of the teachers pointed out that it did not take long to fill in the questionnaires for children without difficulties, so they could do it too. You can always find some children who need
more support than they are getting because you see things differently after working with the questionnaires. Although it can take a long time it is worth it because it can help to improve the situation for the children.

4.1.4 Filling in the ICF-CY questionnaire

Some of the teachers found it difficult to fill in the questionnaires and they had to refer to the instructions all the time for guidance on how to proceed. Two of the teachers found it hard to understand the ICF-CY all over, but four of them found it difficult only at the beginning and that after an introduction and with practice it became easier. It took some of the teachers a long time to fill in each questionnaire. One of the teachers indicated that although it took a long time she found it time well spent because of what she got from it, and some of the teachers felt that it took only a short time to fill in information for children with no difficulties. All the teachers observed that they did not know everything about their pupils and could not fill in all the questions. They pointed out that there were differences between teaching younger and older children. The younger children usually told the teacher more about themselves than the older children did and parents of younger children informed teachers more about their children than the older children’s parents did. The teachers’ knowledge about their pupils also depended on the length of time they had taught the pupils and the number of lessons they had with them each week. The teachers who were teaching the older children often taught them just a few lessons a week. One of the teachers wondered what should be documented. She felt that it was obvious when the children had some diagnoses or impairments that such information would be filled in, but what about children’s behaviour? What about things the teacher experienced, like a pupil always lying or always pushing other pupils?

4.1.5 Qualifying

Most of the teachers felt it was rather easy to fill in information on difficulties according to body level, but some of them expressed having difficulties in evaluating the degree of impairment. One teacher said that she lacked sufficient knowledge to evaluate the degree of impairment and that it might be necessary to get others to conduct the assessment, e.g. a doctor. At the same time, some of the teachers found it important to be aware of the degree of difficulties in order to be able to select the proper mode of intervention. One
teacher commented that it was logical to use the qualifiers in the classification while the other teachers felt that the classification became easier just by working with the questionnaires. The teachers felt that the qualifiers of capacity and performance were complicated. One teacher talked about difficulties in qualifying capacity because she had no opportunities to work with the pupils in a standardized environment and another talked about the importance of being aware of the pupils’ capacity versus performance in order to be able to know what to do to increase the pupils’ participation. About the qualifiers for the environmental factors one teacher said that they were different from the other qualifiers and she needed some time to figure out how they worked with facilitators and barriers, but it became easy once she had come to grips with them. Others felt that it was difficult to know how to use the concepts “facilitator” and “barrier” and also those of not applicable (9), not specified (8), no barrier/facilitator (0) and even suggested offering “I don’t know” as an option. Two of the teachers said that discussing the qualifiers with others in order to gain a common understanding of them was helpful.

4.2 The components of ICF-CY

4.2.1 Body
The teachers felt that body structures and body functions could provide explanations of some behaviour or lack of participation. This might help them identify what action they needed to take for or with the children at school. The teachers indicated that everything that had to do with learning was at the same time the most important issue to them in their work. They pointed out that knowledge about the children’s mental health was important for them and that it was not easy to see how the children were feeling. The teachers felt that many of the aspects concerning the body should be answered by the parents because they knew much more about the physical state of their children than the teachers did. The teachers felt that they got a new perspective while working with the components of the body, which made them more conscious of the meaning of physical state for the children’s participation and learning.

4.2.2 Activity and participation
All the teachers felt that the dimension of activity and participation was what the teacher knew most about and was thus the easiest one to fill in. Here they filled in information
about what they had experienced and had some information about. The teachers felt that they had little information on domestic life and self-care; it would be the parents who had more information about that. Filling in information about activity and participation helped the teachers to localise problems and gave guidelines for what action to take. Working with self-care may sometimes be a more important focus for intervention than traditional learning tasks. Some of the teachers wondered about the importance of transferring what was taught or worked with in one environment to another environment and then especially to the children’s everyday life.

4.2.3 Environmental factors
The teachers commented positively on reflecting on the environmental factors, but many of them found this dimension the most difficult to fill in. They could answer some of the questions while other questions were somewhat problematic. All of them found the questions about attitudes, relationships and support good for them, but found it difficult to answer the questions about products and technology, natural environment and human made changes to environment. They even found support of persons in authority and health professionals difficult to understand. The teachers felt that filling in the questionnaires helped them identify possibilities for intervention and review whether the system was taking appropriate care of the pupils’ situation.

4.2.4 Contextual information
Most of the teachers found it good to sum up their views of the pupils by writing the contextual information and some of them indicated that in this summary they were able to give some explanations of what they had written in the questionnaire before. All the teachers found it difficult to know what information was supposed to be included in the first part and what should be written in the second part of this component. They wondered if it perhaps was sufficient to have just one part here. One teacher agreed that it was difficult to know what to write in each part of this component while at the same time expressing the importance of having them both in cases where there were incidents of abuse, loss in families or other special matters which require emphasis so as not the be “lost” among the rest of the information provided.
4.2.5 Brief health information
The teachers all agreed that they could only answer the health-related questions from their perspective at school. They based this on the pupils’ performance at school and were able to look for information in school records, e.g. about attendance or documents from other teachers, which could be interpreted as indicators of the pupils’ feelings. The teachers observed that they did not know everything about their pupils and indicated that it was uncertain that parents or pupils gave information to the school. One teacher felt that answering this helped her think of questions that she should ask parents. If the pupil was taking some medication was one of the questions the teachers realized that they, in fact, knew nothing about but was information that they perhaps should be aware of. What the teachers found best in this part was the question about the pupils’ mental and emotional health. One teacher mentioned that one could not always see how the pupils were feeling because they did not always show it.

4.2.6 Total school situation
Some of the teachers felt as if they were repeating what they had written in the contextual information section, while others felt that here they could add information that had not fitted into other parts of the questionnaire. One teacher observed that here she could see things that she needed to work with further in order to improve the children’s situations. At the same time, she felt it was good to see that there are children who have good situations. Some of the teachers talked about the connection between the children’s strengths, which came forward in the contextual information, and the quality of the school situation. Here the teachers emphasised the importance of the pupils’ mental health.

4.3 Themes from transverse analysis
What perceptions do teachers in elementary schools have of the feasibility of ICF-CY in the integrated classroom?
What are the benefits and disadvantages of using the classification?

4.3.1 Think – ICF as a conceptual model
All the teachers stressed that working with the questionnaires had made them think. They obtained a new conceptual model for thinking that made them think about each child in a
different way than before. They thought of new issues concerning their pupils and their situations and discovered that there were many aspects they had not thought of earlier. At the same time, they became more conscious about the information they already possessed. They became more aware of each pupil’s situation and some problems became evident. This made the teachers seek new ways for intervention.

4.3.2 Information – to give and to get
The teachers felt that they knew a great deal about their pupils and their situations, but at the same time there were many things they did not know and needed to obtain information about from others. Things that happened at home or outside the school were difficult for the teachers to fill in, and also information about the children’s mental or physical health. Some aspects the parents know better, but information related to school the teachers know more about, such as the child’s behaviour in a group of peers. The teachers highlighted the differences between teaching younger children versus older children. Teachers obtain more information about younger children, both from the children themselves and their parents. Other professionals possess information that can be important for facilitating intervention.

4.3.3 Responsibility – the class teacher and the parents
It is the class teachers’ responsibility to have an overview of the children’s situations and to ensure that information is given to persons around them and follow up on what has been done. There was a consensus among the teachers that parents, who possess valuable information about their children, also have responsibilities to provide information to persons around the child. It is not certain that the parents realise what information to give and to whom. Working through the questionnaires can help both teachers and parents to find out what information they have and need to share.

4.3.4 Documentation – a common language to appraise each child
For the documentation the teachers sought information by referring to documents concerning their pupils or by asking other teachers and even the pupils themselves. One teacher talked about folders where all information concerning the pupils was kept. She felt that it was difficult for her to connect information from different papers in order to obtain a holistic picture of the pupils’ situations to know what she had to work with
concerning each pupil. She commented that she would have liked to have the ICF-CY questionnaire when she got her new class the previous autumn because she found it helped her to connect different components and issues concerning the pupils to be able to see what the problem was and to see what to do for supporting each child. Some of the teachers mentioned that having the information documented on paper would rather lead to use of the information for the benefit of the children. The teacher could see what she needed to do and how to recognise children who needed more support than they were getting. One teacher wondered whether information documented in an ICF-CY questionnaire would lead to an improved information flow whereby important information would not get lost and that it would more often be given to all the persons who should have the information. Another teacher felt that it was easy to consider doing something and then not do it because you had so much on your plate. She wondered if she would be more likely to do something about situations if she documented them as in using the questionnaires.

4.3.5 Connect – understand and see what to do
The teachers felt that working through the questionnaires made them think about the different components and observe connections between them. They were also able to connect the children’s difficulties with some components or situations in different environments, such as the home and the school. It became evident that it might not be lack of ability that determined if there were difficulties in school. It could be other aspects, such as peer-relations or motivational and emotional factors. Teachers became aware of the pupils’ strengths and saw connections between the strengths and the pupils’ situations.

Some of the teachers connected ICF-CY to the national curriculum with its emphasis on individualized education. They felt that the use of the classification would encourage the acceptance of differences between children and stimulate intervention based on each child’s strengths and needs. ICF-CY was pointed out as a compliment to a diagnosis which would not lead to labelling children. A paradigm shift with an emphasis on the holistic picture of the child’s situation was also mentioned.
4.3.6 Perspectives – the micro environments of the child
The teachers talked about the way in which children are seen from different perspectives where teachers have the perspective of the pupil at school while the parents have the perspective of the child at home. They felt that it was important for both parties to see the children from both perspectives to obtain a more holistic picture of the child. Working from a positive perspective with the children’s strengths as guidelines is a good starting point. One teacher pointed out that what children cannot do is in fact often the starting point of school work. Finally, the child’s own perspective is important and that the children themselves are active in developing their own learning process, depending on their age and in what manner they can contribute.

4.3.7 Cooperation – common language
Children participate in many environments. The teachers found that use of the ICF-CY could give a common language to the people around the pupils. A common vision and understanding of situations which can create a common ground for cooperation between the people around the children increases the probability of proper intervention. The teachers found that it was important to collect information from many persons to get answers to all the domains included. The teachers felt that it was the parents who knew their children best and who had contact with the different environments in which their children were participating.

Working with the questionnaires made it clear for the teachers that it is very important for the people around the children to cooperate for good results in intervention. The teachers emphasised cooperation with parents, but also with other professionals. They felt that cooperation today often involves planning practical issues, e.g. when the pupil should go to the special education teacher, but not different aspects of the education. The teachers felt that lack of cooperation occurred because of the time-factor rather than as the result of a lack of interests.

Cooperation is not always easy because of the many factors that influence the contact between the teacher and other people around the child. Sometimes there are hindrances in cooperation between the teachers and the parents related to the parent’s reluctance to pay attention to the teachers’ perspective of their children and the teachers’ failure to offer a
sufficient explanation of the situation. The teachers wondered if the questionnaires might serve as a common ground for more realistic and honest communication.

Another factor influencing cooperation is the teachers’ lack of information about what others are doing with the children, which can minimise the success of the intervention. The teachers may, for instance, not be supporting the child to use capacity trained elsewhere within the classroom. The ICF-CY model could be used to find a similar picture and also highlight ways in which the child is seen by different people in different environments. It could be a discussion ground for deciding what to work with to make the child’s situation better.

Contacts with the social support service, school department, included other professionals diagnosing the children, information meetings and the teachers sometimes receiving advice on to how to work with the children. At the same time it was brought to light that it is the teachers’ responsibility to implement intervention at school.

4.3.8 The pupil and the environment
During the process of analysis the children’s environment became a focal point. The child was central in all the teachers’ reflections. Around each child there are systems on different levels of the ecological model that influence its situation and learning. In school there is the class teacher, special educational teacher, the principal and other school personnel and also peers. At home there are the parents and other family members. Professionals at the school department of the social service are outside the school and represented at the exo-level. All those persons have perspectives of the child depending on their relations to it, the settings and personal points of view. At the macrolevel the legislation on schools and economic decisions relating to the school system are factors that influence each individual child.
The teachers felt that using ICF-CY as a common language in cooperation could combine different perspectives which might result in a better understanding of a child’s situation.

5 Discussion
The main goal of this study is to explore whether the use of ICF-CY can support teachers in elementary schools in their work in promoting children’s health, development and learning. Through teachers’ experience of work with the classification, a deeper understanding of the phenomena emerged which gives information about the use of the instrument ICF-CY in school settings.

The research questions are:

Do teachers in elementary schools value the use of ICF-CY as a tool for support in their work with children?
What perceptions do teachers in elementary schools have of the feasibility of ICF-CY in the integrated classroom?
What are the benefits and disadvantages of using the classification?
In this final chapter, the research findings are discussed and connected to theories and other issues of importance presented in the introduction of this study. The chapter begins with a discussion of some limitations of the research. At the end of the chapter conclusions and considerations for further research are presented.

5.1 Limitations of the research
The research findings are based on the experience and opinions of six teachers about ICF-CY. One of the limitations of the study lies in the sampling procedure being a convenience sample. The fact that the teachers volunteered to participate in the research may point to their interest in developing themselves professionally. This can in a way explain the teachers’ positive attitudes towards the classification despite finding it complicated. At the same time, the teachers varied in work experience and also in education. This resulted in different experiences of the work with the ICF-CY questionnaires. That the study includes only six individuals can also been seen as a limitation. The choice of this size of group was governed by the possibility to carry through the research work. The purpose was at the same time not to generalise but to bring out issues of interest regarding ICF-CY and to obtain a deeper understanding of its usefulness to the elementary school environment as seen from a teacher’s point of view. It is important to consider that results from interviews are based on the data collected during the interview. You are dealing with the words spoken at a specific time in a special context.

Concerning the research limitations, it is important to consider the background of the researcher as a teacher and a parent as well as views based on experiences and the theoretical background. The researcher’s presuppositions are of course present throughout the research, but can also be considered beneficial at the same time. In order to increase the validity and reliability of the study, the teachers read through their interviews and summaries from their interviews, which they all accepted. A co-assessor also scrutinised two of the interviews and interpreted the data by transforming it into the ICF model.
5.2 The main findings of the study
All the teachers expressed that they had passed through an active learning process during their work with the ICF Questionnaires. Both pros and cons came forward and these are important to discuss.

5.2.1 Complicated but useful
The teachers saw many possibilities in using ICF-CY in their work with children at school although they found the classification overly detailed, that filling in the questionnaires was time-consuming and many of them found it complicated both to understand and to work with the questionnaires. This can be compared with the ongoing paradigm shift from using mainly the medical model in work with children with disabilities or learning problems to the biopsychosocial framework in ICF (WHO, 2001; Simeonsson, 2006). The shift is based on international ordinances (UN Convention on the Rights of the Child, 1989; Salamanca Declaration, 1995) and changes in laws (Educational Act, 66/1995). It is obvious that the emphasis has shifted from working with biological and psychological factors related to the child (the medical model) towards work with the child and its total situation (biopsychosocial model). These changes can be viewed in the early intervention and special educational literature (Björck-Åkesson & Granlund, 2001; Guralnick, 2000; Odom et al., 2003; Shonkoff & Meisels, 2000; Hornby, 1995; Smith et al., 2001). To move assessment and work with children from the medical model towards a biopsychosocial framework requires a comprehensive approach and instruments that can capture the multiplicity of children’s situations (Florian et al., 2006; Simeonsson, 2006). The International Classification of Functioning, Disability and Health (WHO, 2001) includes a comprehensive and multidimensional framework in order to capture this multiplicity. It offers both a framework for understanding and structuring information, definitions of concepts and a classification system for classifying components concerning body function and structures, activity and participation and environmental factors, and points out the importance of personal factors. In other words, the changes in society and increased knowledge about the human being and its existence have led to changes in what is commonly agreed to be the most appropriate approach to education and intervention for children with disabilities and learning problems involving a multidimensional approach. At the same time it is known that it is necessary to develop
practical work with children to be able to make participation without restrictions a reality for all children in an integrated school system and in society (see Kohler, 2000; Tulinius, 2002; Eriksson and Granlund, 2004; Gunnbjörnsdóttir, 2006).

Knowledge of different, multiple influences and life situations have been developed in ecological system theory (Bronfenbrenner, 1979; Wachs, 2000). The focus has been on making the complicated structure of life, development and learning better observable and providing a conceptual model to organise intervention. ICF is a model and an instrument that can be connected to this knowledge. Using system theory in combination with the structure and components of ICF makes it easier to capture and understand the multiplicity of children’s lives, development and learning. The teachers’ perceptions of using the ICF-CY questionnaires highlighted a process of reflection and learning.

5.2.2 The teacher – Document – Information – Think – Connect – Understand

The teachers came repeatedly to the fact that documenting in the questionnaires made them think about many components and connect aspects of all ecological levels (micro, exo, meso and macro) as well as between levels. The documentation made them see what they knew about their pupils and become aware of things they did not know. They knew a great deal but considered they needed to know more. It made the teachers seek further information by looking in documents and asking others. The teachers felt that working with the classification made clearer for them the importance of cooperation. This presents an active process of reflecting and learning. Using theories can help persons to structure the knowledge they possess.

The practical triangle (Lövlie, 1974; Lövlie, in Lauvås & Handal, 1993) gives structure to a person’s actions and what they are based on. It includes knowledge of theories, the persons’ own experience and knowledge of the experience of others, and the laws and attitudes in the society. Being aware of what one knows and how it influences one’s performance can help teachers to structure the knowledge they possess and to find ways to stimulate further processes of development and learning. That should stimulate goal-directed decision making and acting. The teachers indicated that working with the questionnaires made them think about each child carefully. The teachers experienced the children as individuals who could be seen from different perspectives while their
perspective was the child as a pupil in the school environment. To obtain a holistic picture of children’s situations it is essential to carry out an assessment of both the child and its environment. The teachers wondered whether the use of the classification could support the school in working towards individualised education as the laws direct. Gaining a more holistic picture of the children through a range of information, and by connecting the information in different ways, should lead to a better understanding of the children’s situations.

The teachers’ interactive roles as, for instance, supervisor, teacher, trainer and co-partner, require multiple knowledge and skills. Being aware of the complexity of the world with all its aspects and interactions, it is quite understandable that trying to capture a child’s situation is difficult, as is adopting the multiple instrument of ICF-CY. The structure of the ICF-CY, observable also in the questionnaires, based on the different components of the classification gave the teachers opportunities to structure information, connect and see patterns. This gave a holistic picture of the child and a new understanding of its situation. All the teachers remarked on the importance of using the information documented in further work with the children. What further use the teachers made of the knowledge they obtained was not followed up in this research.

The transactional model of intervention (Sameroff & Fiese, 2000) can help us to understand the process of redefinition and re-education that teachers can gain by receiving new information or new knowledge. New information made the teachers think in a different way than before. The teachers’ new understanding of the children’s situation may lead to changes in the way the teachers interact with the children, which in turn may lead to changes in the children’s activities. When this happens, the simple act of documenting can affect the teachers’ work and interaction with the children. This developing process can also grow for other persons around the children through obtaining new information, such as parents and other professionals.

5.2.3 The children – Participation – Disability - Intervention
Various different pictures of children in elementary schools appeared during the interviews. There were children with different diagnoses, children with some difficulties but no diagnoses and children without earlier known problems, but where the teachers
recognised difficulties during the documentation. Filling in the components of the questionnaires suggested that the difficulties could be physical, mental or social. There were also children without difficulties, or as one of the teacher said: “It is good to see that some children have good situations.” It came to light that intervention was most clearly a resort for children with diagnoses and that teachers most often had numerous information about them. Research has shown that the type and grade of disability is not directly related to children’s participation (Almquist & Granlund, 2005) and also that support tends to be based on a disability notion rather than functional difficulties (Eriksson, 2005). It is also known that children with disabilities participate less in school activities than children without disability (Tulinius, 2002; Eriksson & Granlund, 2004) and that IEP can lead to intervention in the form of segregated alternatives (Gunnbjörnsdóttir, 2006). At the same time, it seems that children’s participation is related to many factors on different levels, such as body functions, personal factors and environmental factors that are special for each child and related to the context and the experiences of the child (Granlund et al., 2002). This is in line with the ecological system theory (Bronfenbrenner, 1979) with its emphasis on interaction and multiplicity. Regarding this, the importance of recognising as many aspects as possible that influence children’s development and learning is essential. It gives opportunities for planning proper intervention. Children participating in integrated settings are offered opportunities of multiple interactions. With proper support based on each child’s needs at each particular point in time should increase their competence, school success and QOL (see Granlund and Schlosser, 2006) because positive experience increases the child’s possibilities to develop its autonomy and to influence its own opportunities.

Research has shown that what is regarded as important for children differs according to who gives the information, be it the children themselves, their parents or professionals. Research has shown that children find subjective parts most important, whereas adults emphasise the activity and the context (Eriksson & Granlund, 2004). This is interesting to consider in light of the fact that the teachers repeatedly brought up their reflections of the children’s feelings and how difficult it was to capture this important aspect. They felt that it was not certain that the behaviour of the children indicated their feelings. If QOL is related to a person’s own experience and feelings (Orley in Simeonsson & Livensky,
it is most important to base education and intervention for children on their own pronounced needs and expectations. To be able to meet the children’s needs, the teachers need specific information and to understand how to use the information for planning the school work. The teachers considered ways in which they could capture the children’s feelings by using ICF. Mental or psychological functions are classified in the component of body functions in relation to the brain (WHO, 2001) and there is no mention of the child’s feelings. Feelings are regarded as a personal factor not classified. It is interesting to consider the room for factors such as feelings and motivation and the lack of consideration for those. Granlund (2007) has questioned if it is enough to classify activities for assessment of participation in light of the importance of subjective aspects such as feelings, locus of control and autonomy in relation to experienced participation and the QOL. The question if and how a classification of health components can capture the subjective parts remains and has to be examined further.

The teachers were unsure whether all children obtained opportunities to use their skills and if their emotional needs were regarded in school. For some children they saw that they just had to give a child a little more attention for encouragement, and with other children they had to consider planned interventions including cooperation with others. Here one can consider system theory again (Bronfenbrenner, 1979; Wachs, 2000) placing an emphasis on interactions inside and between systems. Being aware of the child’s needs and situation, understanding and knowing what to do is essential for proper intervention. Knowing the extent of the child’s proximal developmental zone (Vygotsky, 1986) is essential. The activities the child has to execute for participation in its everyday life have to be accommodated to its abilities so the child will do what it can more often and be provided with support to do things that are difficult for continuing development and learning. Planning proper intervention for all children, both at actual and potential risk, requires that the teachers are clearly aware of the strengths of the child and know the facilitators in the environment as well as if there are some impairing or hindering factors.

The concept disability has been used in various different ways and the ICF is meant to offer a common language where people can agree about functional descriptions and focus on the same understanding. Seeing that secondary conditions can be the cause of participation restrictions (Simeonsson & Leskinen, 1999) expanded the picture the
teachers had of the children. It is interesting to consider what effect the more holistic picture of the child had on the teachers’ perception of the child’s function and disabilities.

5.2.4 Different perspectives – Information – Cooperation – Holistic picture
The teachers could not answer all the questions in the questionnaires. There was information about activities in environments in which the children participated and not the teacher, such as in the children’s homes or in training situations with professionals. In ICF-CY there are requests for information about body functions and structures that teachers do not normally possess. Others around the children, such as parents, family, peers and professionals, have different perspectives of the child depending on their relations, knowledge and experiences of the child. The persons even possess different knowledge of importance for the interpretation of the information documented. Filling in the lists made the importance of cooperation clearer for the teachers.

Cooperation can bring the work with children towards a process including the families instead of just the child, which is highly recommended in intervention and special educational literature (Björck-Åkesson & Granlund, 2001; Guralnick, 2000; Odom et al., 2003; Shonkoff & Meisels, 2000; Hornby, 1995; Smith et al., 2001). The Educational Act emphasises cooperation and the teachers’ responsibility to make it happen in a constructive way (Educational Act, 1995). Both the teachers’ description of the cooperation in which they take part on a regular basis as well as the literature (Soriano, 1998; Guralnick, 2000) suggest that the cooperation happening today seems to be mostly of a multidisciplinary or interdisciplinary nature where the cooperation partners work side by side, each person dealing with his or her own work. This research highlights the issue of cooperation since there can be many different people around each child, especially if the child has a problematic school situation. The teachers felt that cooperation was important, especially between the home and the school. The teachers said that working with the questionnaires had made them more certain of the importance of cooperation because of all the information they did not possess. The teachers also expressed their need for interaction with others in order to stimulate their development at work. They talked about discussing with others for obtaining a better understanding of concepts and getting advice or feedback for their work. Evidence-based knowledge shows the
importance for the people around the children to work in teams with a dynamic interaction, where all partners give information, learn from each other and carry on the work based on each person’s skills. Through transdisciplinary teamwork, the whole system is supposed to develop in a positive manner using the maximal skills of the system (Woodruff & Hansson, 1987; Woodruff & Hansson in Granlund & Steensson, 1999). The teachers believed that ICF could make it easier for different professionals to meet each other with improved understanding. They felt that the classification could provide a common language. People around the child would then be using the same concepts and therefore be able to work better together. This is one of the purposes of the classification (WHO, 2001). The teachers also wondered if increased cooperation between different professionals might encourage children to transfer more often the skills they attain in one environment into others, e.g. from physical therapy to the classroom, from the classroom to the home, and so on. As for focusing on assessment, the present research does not cover ways in which continuing work with intervention for children could be actualised.

5.2.5 Responsibility
The teachers talked about their responsibility to meet each child’s needs. The rights of the child to receive education related to its needs and the teachers’ obligations are presented in the Educational Act (1995). The teachers’ responsibility towards the children came forward both directly and also through the teachers’ reflections on how they could meet the needs of the children to stimulate their development and learning in a positive direction. The Educational Act (1995) contains provisions concerning the teachers’ responsibility for the children’s education and also the parents’ responsibility to nurture the child. The teachers talked about the parents’ responsibility to disseminate information to those who needed it. They also mentioned that it might not be easy for the parents to know to whom they should give certain information. Difficulties in relations between the teachers and parents were pointed out in the interviews on the basis of different relations towards the children, experience and understanding of situations and concepts. The responsibility for promoting cooperation between the school and the homes rests with the teachers. If ICF can help teachers find out what they know and what information they
need to obtain from others, it may facilitate the cooperation process both with the homes and other concerned parties.

5.3 ICF-CY as an instrument and a framework in the school system

This research was confined to the teachers using the ICF-CY questionnaires. There was no time for the teachers to adopt thorough knowledge of the classification or to use the assessment for further work. Therefore the results only bring forward the influences of ICF-CY on the teachers in the process of assessment by using the questionnaires. It included their subjective reflections of the children, their situations and themselves as teachers. It also included the objective documentation using the questionnaires and seeking information by talking to others, observing the children or surveying documents. It became clearly evident that this process influenced the teachers in a constructive way. All the teachers placed an emphasis on the importance of the continuation of this work on intervention for the benefit of the children. The teachers did, however, not find it clear how they could use the information documented in the questionnaires for further work.

Vygotsky’s (1986) theory of the Proximal Developmental Zone can be used to understand what teachers found useful for them, such as specific domains of activity and participation related to school activities and learning. At the same time, they found it more difficult to capture issues which belong to other professionals or the parents’ zones, such as body functions and environmental factors. This fact, as well as the complexity of ICF, may be connected to the teachers’ Practical Triangle (Lövlie, 1974; Lövlie, in Lauvås & Handal, 1993) were the teachers may need more knowledge about theories or experiences to lean on for their understanding, connections and activities. New experience and knowledge of new theories or attitudes change and expand each person’s Practical Triangle and give new opportunities to react and value proximal processes (see Sameroff & Fiese, 2000), including immediate interactions and intervention for longer time periods.

All the teachers pointed out that introduction to ICF and guidance in using the framework was necessary. This brings us back to the fact that the medical model has dominated all work with children with disabilities with its emphases on work with only the child and through multidisciplinary or interdisciplinary teamwork (see Guralnick, 2000; Soriano,
1998; Woodruff & Hansson in Granlund & Stensson, 1999). In the introduction to ICF it is made clear that the model is based on a new approach where many concepts are given different meanings from earlier common use. The classification is intended to bring attitudes and understandings of human existence and the multiple influences on the individual together in a constructive, non-labelling manner (WHO, 2001). Therefore, the ways in which the main concepts are understood and used are of primary importance. Problems concerning the use of ICF and ICF-CY may also be the result of translation difficulties. Translating the classification has to be done carefully so ICF’s purposes can be attained. Considerations of meanings in relation to the classification have to be related to previous understandings of concepts.

The teachers found that using ICF could support them in their work with children, but some of them questioned the framework because of the enormous work they experienced in using the questionnaires. At the same time, five of the teachers felt that ICF should be used for all children because children at risk and in need of special support not earlier detected would then be more easily identified. In general, the teachers’ opinions of the possibilities and restrictions for the use of ICF-CY are in line with the opinions of Swedish professionals (Björck-Akesson, Granlund and Ibragimova, 2006) although they did not cover quite the same aspects, for instance the teachers in the present research did not mention usefulness as a research tool but rather focused on practice. Philosophy of pedagogy is practically directed (Lövlie, 1974) and the teachers pointed out aspects they considered as useful for them in their practice.

Adoption of a new framework and instrument requires thorough considerations reviewing the pros and cons of its usefulness. ICF is the result of many years of interdisciplinary international cooperation. Many articles have been written to convince potential users of the usefulness of ICF while at the same time there has been some criticism of the framework. The critics discuss unclear definitions of concepts, for example capacity and performance in relation to activities and participation (Nordfelt, 2003). Also that ICF must be further developed to capture the subjective aspects of activities and participation (Granlund, 2007). This criticism also came forward in the present research where the teachers found it difficult to understand some of the concepts and failed to see how ICF-CY could be used to capture the children’s feelings.
It is interesting to consider ways in which the use of ICF might support teachers in discussing more pedagogic and subjective issues in education. Professionals may become more interested in issues and processes that help the development of the new paradigm towards one school for all, where all children get the opportunities and support they need at each time, through a common language, understanding and cooperation of all the people surrounding the children. It seems to be easier to see and plan the objective part of life. At the same time, awareness of the importance of the subjective aspects is an important issue today. Basing the work on the medical, the social or the functional model is simpler than adopting a biopsychosocial model. In a modern society there is in fact a general agreement on the necessity to regard the multiple influences on each situation. The question is how this can be reached and whether ICF is the framework or instrument which can facilitate the development of this work.

Iceland a modern community with highly developed health-care, social services and educational systems based on research and experience gained through the decades as reflected in the laws, attitudes and practices in the country. It is a system with organized health control, easy access to services and different resources for intervention. The system is in line with the developmental system for early intervention described by Guralnick (2001). Opportunities to enter and depart from the system are flexible and it offers different kinds of intervening possibilities. There will always emerge situations that can hinder positive development and there are changes in the structure, both among the individuals (e.g. according to age, body, feelings) as well as in the environment (e.g. a new teacher, new group, loss), either objective or subjective, that will disturb the development. Many efforts are made to influence the processes in a positive way by using controlled methods, such as through organisations and services in the Icelandic society. At the same time the children in Iceland, as in the other Nordic countries, have good living situations although there is always room for improvements.

We have to structure the information we possess and then choose what is most important to deal with at each particular time. Both parts are complicated and difficult. In this thesis, information from six teachers about the use of ICF in school settings has been structured in relation to theories. When choosing themes, it was sometimes difficult to decide what was most important and often the themes overlapped. A perfect structure
does not exist. However, it is important that choices are made on the basis of knowledge and then further developed. If no choices are made, it is likely that nothing will be further developed.

The teachers indicated that using ICF-CY helped them to recognise difficulties. Classifying health components with ICF is meant to bring forward children’s health situations and to recognise if children have functional difficulties in everyday life without giving a diagnosis, grouping or labelling. The starting point should be the child’s function and its positive aspects and by recognising impairments, restrictions or hindering factors intervention should be implemented to prevent the appearance of a disability or participation restriction (WHO, 2001, 2007). Finding children in need of intervention is important, as well as recognising situations that could lead to restrictions for children, in order to prevent a negative development (Wachs, 2000; Boat & Sites, 2001; Simeonsson, 1994). Regarding the child as both the product and producer of the influences and interactions (Bronfenbrenner, 1979; Wachs, 2000; 1999) the teacher’s understanding of the child and his/her own behaviour is of importance. An active reflection leading to an awareness of teachers’ own knowledge and behaviour and the affordances in the environment can be a positive step in the process towards working for children in a proactive way.

5.3 Conclusions
This thesis is based on data from interviews with six teachers about their experience of using ICF-CY for classifying information about children in their classes. ICF-CY is a multidimensional instrument giving opportunities for classifying information to describe the individual and the environment in order to highlight connections or interactions between different components. The theories chosen for analysing data attribute to the complex interactions between components in children’s living environments as well as other factors. The focus is on the documentation of aspects related to children’s situations and reflections on these situations in the school settings. The teachers emphasised that using ICF-CY had made them think, document, connect, receive and give information, resulting in increased awareness of each child. They structured information, looked for new information and detected what information they needed to submit to other people
who were involved with the child. The importance of cooperation became clear for them because they did not possess all the information they needed to obtain a good picture of the child.

The results of this study indicate that using ICF-CY as a tool to classify information in a systematic way has a constructive influence on teachers’ way of thinking and reflecting about children. At school, each child shall be met with respect and the school environment shall reflect a society without discrimination. The paradigm shift (Salamanca Declaration, 1995; Educational Act, 1995) towards providing all children with opportunities for education in an inclusive school can be enhanced by knowledge about each child’s positive sides and special needs. In order to attend to the total variation of children within the school system, there is a need for changes to the schools’ approach to education towards reaching the goal of inclusion. There needs to be an increased emphasis on cooperation and making the complicated interaction of factors in the school-environment, as well as those related to each child, better observable and understandable. Being aware of the knowledge of theories and teachers’ own experiences, and how this influences actions and possibilities to make deliberate choices, also needs to be pointed out. Moving from a paradigm based on the medical model, where segregation often is created, to a biopsychosocial model where inclusion is promoted, requires further education of teachers and other professionals.

After interviewing the teachers and analysing the results, the conclusions are that ICF-CY should be considered for use in work with children in the Icelandic school system. The fact that the teachers emphasised that using ICF-CY resulted in increased awareness of each child and the importance of cooperation may encourage teachers to make decisions and plan their work in a more goal-oriented manner.

The fact that the research sample is small calls for a further study of the way in which teachers and other parties within the school system value the use of ICF-CY. This will only be possible by involving more people connected with intervention and educational processes within the school system in obtaining experience in using the classification. Finally, the ICF-CY has not been used frequently in school settings. Therefore, further
experiences from using ICF-CY in intervention and education for children are essential in order to develop the classification and related instruments to use in schools.

5.4 Considerations for further research into the use of ICF-CY in the school system
This study focused on documentation and reflections about the possible influence that the use of ICF-CY might have on teachers’ activity and participation in their work and then on the children’s participation and QOL (Figure 6). The impact of cooperation between the school and the homes and the development of cooperation between professionals is of immense interest in promoting good learning and participation in a school for all.

Figure 6: The results and important aspects for studies of the use of ICF-CY in elementary schools
Inclusion is one of the most highlighted concepts in the discussion about education today. With its focus on the use of ICF-CY, the data from the interview study does not reflect information directly useful for analysing ICF-CY in relation to inclusion. The literature points out that intervention for children in need of special support is often based on
diagnosis and carried through in a segregated manner. However, diagnoses are most often used by professionals outside the school.

Analysing the data from the questionnaires might provide interesting information in relation to inclusion and the school environment. The teachers did connect the aims of ICF-CY to the Educational Act and indicated that working with the questionnaires made them see each child in a more holistic way than before. Seeing the needs of all children and being able to meet them properly in a constructive environment creates participation, which is the point of inclusion.

In this study, the teachers focused on documentation and reflection around each child. At the same time they were unsure of how to use the information in their work. In ICF-CY there is an emphasis on working with the strengths of the child and its environments while concurrently paying attention to aspects that may need intervention. Components regarding the child and the environment are of the same importance. The teacher is not to look at just the child or just the environment. Instead, the teacher is to obtain a holistic picture to be able to use the positive factors and intervene when needed. The teachers in this study felt that activities and participation were the components they knew most about and included aspects that were most related to their work in school. At the same time they felt that issues related to body and to environment were aspects they needed to know more about. Working with the classification made them aware of new issues. With ICF-CY they used a functional perspective. It is of interest to examine the focus in school work on activities versus participation and the connection to the other components of ICF-CY, body and environment. The structure of ICF-CY and its components may help the school system to support its teachers in developing their work to create a school that meets the needs of all children.

This study does not include whether or how the information classified in ICF-CY is related to the teachers’ need for information. Nor does it focus on whether there are aspects of importance for the teachers that are not included in the classification. Such aspects of importance comprise, for instance, questions on how to capture children’s mental health with the classification. The teachers felt that some concepts were difficult
to understand, especially in the beginning, and also to know how to use qualifiers. They felt, however, that after working with a few checklists it became easier and clearer. The consideration of adopting ICF-CY for use within the school system requires an analysis of the concepts and domains of the classification and how they fit to the use of concepts and the work in each particular school. It is interesting to examine what possibilities the frame, structure and components of ICF-CY may provide for the future.
Bibliography


To the principals of the elementary schools in …

With this letter I ask for permission to carry out research in the elementary schools in … . The research I intend to do is for my master’s thesis from the Malardalen University in Sweden. The research is also part of international field-testing of the use of the International Classification of Functioning, Disability and Health, Version for Children and Youth, by the World Health Organisation.

Our society has undergone various changes. This is reflected, for instance, in the activities of schools where teachers are constantly adopting new methods in the development of their profession. Emphases in education have focused on meeting all pupils on the basis of their own needs and skills. This requires that teachers have available instruments to use in assessing the situation of their pupils. There is also an emphasis on cooperation between teachers and others who are involved in the pupils’ lives, first the parents and then even other professionals.

Recently, an International Classification of Functioning, Disability and Health (ICF) was developed through cooperation between professionals in many countries. In the year 2001 ICF was endorsed by the World Health Organisation. ICF offers opportunities to assess the individuals’ body functions and structures, activity and participation in life situations, as well as environmental factors that can influence the situations of individuals and personal factors in an assessment. In ICF there is an emphasis on positive factors that can strengthen the individuals while negative aspects are regarded at the same time with a view to the need for proper intervention. One of the goals of ICF is to provide a framework and a common language that can enable communication and cooperation, both in practice and in research on a domestic and international level. Research has shown possibilities for the use of ICF at different levels of society, ranging from the assessment of individuals to political decision making (See, for example, Socialmedicinsk tidskrift. Ett socialt och socialmedicinskt forum. Ny klassifikation av funktionsstillstånd och functionshinder. 79(6)).

The situations of children are in many ways different from those of adults. Children are, for instance, undergoing continuing development and they are always dependent on the care of grown-ups. This has been taken into consideration in the development of ICF and at the beginning of 2004 WHO will publish a special version of ICF for children and youth: ICF-CY (International Classification of Functioning, Disability and Health, Version for Children and Youth) available for field-trials.

Iceland has been a passive participant in Nordic cooperation on developing ICF. The classification has been translated into all the Nordic languages except Icelandic and is used in practice and research in all the Nordic countries except Iceland. Teachers are the adults that have the biggest influence on children outside the family. It is interesting to study if ICF-CY can support teachers in their profession. To make that possible, teachers will have to learn about ICF-CY and use it in some way to be able to form an opinion on the use of ICF-CY in their work.

In order to conduct a study of the use of ICF-CY in schools in Iceland, it is important for me to become involved with three elementary-school teachers from the same school in … , one teaching the beginner classes, another in charge of the more advanced classes and one who teaches the oldest pupils, and who are interested in participating in my study. As well as the study
participants from … , there will be three teachers from another school outside … . The teachers’
participation in the research involves attending a lecture about ICF-CY, filling in questionnaires
for their pupils and then being interviewed about their experience of using ICF-CY.

I will also ask for permission to give questionnaires to the pupils in the classes concerned, asking
about the pupils’ participation in school. For permission of the pupils’ participation in the
research I will send a letter to the homes of the children involved. In this research, the children as
a group are of interest but not the children as individuals. No names will be used and no analyses
made of separate children’s situations. The children’s anonymity will be respected.

My plan is to collect the data in February and March 2004. The teachers will have to meet me
three or four times. At the first meeting, the teachers will receive information about ICF-CY in a
lecture. Then we will meet so the teachers can fill in the questionnaires (one to two times) and
then finally for the interview. The timing will be decided in cooperation with the teachers. Then I
will have to be able to visit the classes so the pupils can fill in the questionnaires about their
participation.

All data will be treated in the strictest confidence where the rules of HSFR (Hermerén, 1996) will
be observed. Participation in the research is by free will of the teachers and their pupils, I will
give all possible information to those who require more information about the research, the
confidentiality of all participants (teachers and pupils) will be observed and if there is any doubt it
will be discussed with the participants. The results of the study will be used for the purposes of
research only.

Respectfully, in anticipation of your support,

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My supervisor is Eva Björck-Åkesson, Professor of Education. Information about
research on the use of ICF and children’s participation can be found at Mälardalen
University homepage:
Appendix 2

To the parents/custodians of the children at ... school

With this letter I ask for permission to carry through a study on your child’s participation at school. This study is a part of my master’s thesis from Mälardalen University in Sweden. It is also a part of an international survey of the World Health Organisation for the use of the International Classification of Functioning, Disability and Health, Version for Children and Youth (ICF-CY).

Your child’s class teacher is taking part in a research project where a framework for classifying children’s functioning and their participation in daily activities at home and in school is being studied. This classification, International Classification of Functioning, Disability and Health, Version for Children and Youth (ICF-CY), gives possibilities to classify body functions and body structures, activities and children’s participation in daily life, environmental factors and to take in account personal factors which can affect children’s situations in school. The classification emphasises the positive aspects which can facilitate the individuals’ situations. At the same time, negative or hindering aspects are explored to make it possible to intervene. One of the aims of ICF is to give a framework for organising information and giving a common language which can make relations and communication more constructive, both in practical work and in research.

I ask for permission for the children in the classes of the teachers participating, including your child, to fill in a questionnaire about aspects connected to their participation in school situations. Different questionnaires are answered by the teachers and the children. To safeguard your child’s interests, the ethical roles of research are honoured (HSFR in Hermerén, 1996). Participation in this research is totally depending on the decision of the pupils and their parents or custodians. I guarantee that the children’s anonymity will be ensured. In this research the focus is on studying the pupils as a group but not as individuals. No names will be used nor analysis done for specific pupils. Confidence to all participants (teachers and pupils) will be respected and if some uncertainties arise, they will be discussed with the persons concerned. The results of this study will be used for research only.

Your child’s participation includes the child filling in a questionnaire on its participation in different situations in school. The children will answer the questionnaires in school.

Please sign the enclosed paper for your approval or rejection to participate and give it to your child’s class teacher as soon as possible. If you want more information about the research, you are welcome to contact me in person.

Best regards in hope of positive response,

_________________________________
Halla Kristín Tulinius
Beykilundi 13
600 Akureyri
Sími 462 4037
hallatul@isl.is

My supervisor is Eva Björck-Åkesson, Professor of Education. Information about research on the use of ICF and children’s participation can be found at Mälardalen University homepage:
Akureyri, 12 March 2004

Dear parents/custodians of the children at ... school

Please sign this paper if you give your approval for the participation of your child in the study of the International Classification of Functioning, Disability and Health, version for Children and Youth, or if you do not want your child to participate. Please leave the letter with your child’s class teacher no later than 25th March. I emphasise that there will be no names written in the data and I guarantee the children’s anonymity. In this study the information about specific children is not in focus but the children as a group in connection to the utility of the classification.

Best regards in hope of a positive response,

________________________________________
Halla Tulinius
hallatul@isl.is
Tel: 462 4037

1. I, the parent/custodian of a child in class ..., accept that my child takes part in the study of ICF-CY, which will be carried out in April 2004.

Signature of pupil: _____________________________________________

Signature of parent/custodian:

2. I, the parent/custodian of a child in class ..., do not accept that my child takes part in the study of ICF-CY, which will be carried out in April 2004.

Signature of pupil: _____________________________________________

Signature of parent/custodian:
ICF CY QUESTIONNAIRE

Version 1.B, >13 years (Adolescents) (for research purpose only)

International Classification of Functioning, Disability and Health

This is a questionnaire of selected categories of the children and youth version of the International Classification of Functioning, Disability and Health (ICF-CY) of the World Health Organization related to youth aged >13 years of age. The ICF Questionnaire-CY (>13) is a practical tool to elicit and record information on the functioning and disability of youth aged 13 years of age or greater. The questionnaire can be used as a first step to document functional characteristics, and should be completed using the ICF-CY as a guide.

1. Information obtained from the following source-s: please check the appropriate:
   [ ] Written records  [ ] Direct observation
   [ ] Primary respondent: specify_________________[ ] Other informant: specify

2. Respondent:
   Health, educational, social service professional: specify__________________________

   3. Date __ __ /__ __ / __ __

   DEMOGRAPHIC INFORMATION Case #_____ Country__________________

   1. NAME: First _______ FAMILY____________________ 2. SEX: [ ] Female [ ] Male
   3. DATE OF BIRTH _ _/_ _/_ _ (date/month/year)
   4. Where does the child live: [ ] Home [ ] Institution
   5. Location: [ ] Urban [ ] Suburban [ ] Rural
   6. Who does this child live with on a day to day basis?
      Specify_________________________
   7. Current Educational program: [ ] None [ ] Home-based [ ] Center-Based
   8. MEDICAL DIAGNOSIS of existing Main Health Conditions, if possible give

      ICD-10 Codes.

   a. No Medical Condition Established
   b. ..............................
      ICD code: __. __
      __’’’’’ __
   c. ..............................
      ICD code: __. __
      __’’’’’ __
   d. ..............................
      ICD code: __. __
      __’’’’’ __
   e. A Health Condition (disease, disorder, injury ) exists, however its nature or diagnosis is not
      known: [ ]
GUIDELINES FOR THE USE OF ICF-CY CHECKLIST VERSION 1A

1. The checklist should be used along with the ICF-CY draft version prepared in October 2003. The raters should familiarize themselves with the ICF-CY before completing the checklist.

2. All information from written records, primary respondent, other informants and direct observation can be used to fill in the checklist. Please record all sources of information.

3. Parts 1a, 1b & 2 should be filled in two steps; first determine if there is a presence of a problem against each of the function, structure, activity and participation terms; second, write the appropriate qualifier codes against each of the function, structure, activity and participation terms for which there is a problem. Appropriate codes for the qualifiers are given on the relevant pages.

4. Part 3 (Environment) has both negative (barrier) and positive (facilitator) qualifier codes. For all positive qualifier codes, please use a plus (+) sign before the code.

5. Part 4 can be used to provide any additional information on contextual and personal factors thought to be significant for the case being evaluated.

6. Please complete the attached form, Part 5, providing evaluative comments on the checklist and the ICF-CY.

PART 1a: BODY FUNCTIONS

- **Body functions** are the physiological functions of body systems (including psychological functions).
- **Problems** in body function are manifested as significant deviation, loss or delay.

**Qualifier:** The extent or magnitude of a problem: deviation, loss or delay
- 0 No problem
- 1 Mild problem
- 2 Moderate problem
- 3 Severe problem
- 4 Complete problem
- 8 Not specified
- 9 Not applicable

Complete this part in two steps:
1. Indicate with YES/NO if there is a problem: deviation, loss or delay;
2. If the extent or magnitude of deviation, loss or delay can be determined, use the qualifier.

<table>
<thead>
<tr>
<th>Short List of Body Functions</th>
<th>Step 1 Presence of Problem</th>
<th>Step 2 Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>b1. MENTAL FUNCTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b110 Does____ have any problems being alert and awake?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b120 Does____ have any problem with tasks requiring thinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b134 Does____ have any problem falling asleep or staying asleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b140 Does____ have any problems paying attention to something or someone?.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b144 Does____ have any problems remembering or recalling something?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b147 Does____ have any problems with clumsiness or coordinating parts of the body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b156 Does____ have any problems distinguishing sounds, shapes or smells?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part 1 b: BODY STRUCTURES

- **Body structures** are anatomical parts of the body such as organs, limbs and their components.
- **Problems in structure** are significant deviation, loss, or delay.
- **Qualifiers:** 1) extent, 2) nature, 3) location

<table>
<thead>
<tr>
<th>First Qualifier:</th>
<th>Second Qualifier:</th>
<th>Third Qualifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of problem</td>
<td>Nature of the change</td>
<td>Location</td>
</tr>
<tr>
<td>0  No problem</td>
<td>0  No change in structure</td>
<td>0  More than one region</td>
</tr>
<tr>
<td>1  Mild problem</td>
<td>1  Total absence</td>
<td>1  Right</td>
</tr>
<tr>
<td>2  Moderate problem</td>
<td>2  Partial absence</td>
<td>2  Left</td>
</tr>
<tr>
<td>3  Severe problem</td>
<td>3  Additional part</td>
<td>3  Both sides/median</td>
</tr>
<tr>
<td>4  Complete problem</td>
<td>4  Aberrant dimensions</td>
<td>4  Front</td>
</tr>
<tr>
<td>5  Not specified</td>
<td>5  Discontinuity</td>
<td>5  Back</td>
</tr>
</tbody>
</table>

| b164 Does ____ have any problems with abstract thinking and complex problem-solving? |
| b2. SENSORY FUNCTIONS AND PAIN |
| b210 Does ____ have any problem seeing things? |
| b230 Does ____ have any problem hearing sounds? |
| b280 Does ____ experience pain more than other children of the same age? |
| b3. VOICE AND SPEECH FUNCTIONS | Does ____ have any problems making sounds/saying words? |
| b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS |
| b410 Does ____ have any problems with how the heart functions? |
| b435 Is ____ allergic or hypersensitive to any food, plant or animal? |
| b440 Does ____ have any problems breathing? |
| b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS |
| b510 Does ____ have any problems eating? |
| b515 Does ____ have any problems digesting food? |
| b525 Does ____ have any problems with bowel movements? |
| b540 Does ____ have any problems getting the right amount of nutrients? |
| b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS |
| b620 Does ____ have any problems with urination? |
| b645 Does ____ have any problems with arousal of the genital organs? |
| b650 Does ____ have any problems with the onset of menstruation? |
| b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS |
| b710 Does ____ have any problems with movement of wrists, elbows, shoulders or knees? |
| b730 Does ____ have any problems with muscles of the body, arms or legs? |
| b735 Does ____ have problems with stiffness of body, arms or legs? |
| b750 Does ____ have any problems with automatic muscle reflexes? |
| b760 Does ____ have problems controlling arm and leg movements? |
| b765 Does ____ have tics, tremors or other unusual movements? |
| b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES |
| Does ____ have any problems with sensitivity or irritation of skin? |
Complete this part in two steps:
(1) Indicate with YES/NO if there is a problem: deviation, loss or delay;
(2) If the extent, the nature, the location of deviation, loss or delay can be determined, use the qualifier.

<table>
<thead>
<tr>
<th>Short List of Body Structures</th>
<th>1STEP</th>
<th>2 STEP</th>
<th>Nature of the change</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>s1. STRUCTURES OF THE NERVOUS SYSTEM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s110 Does ___ have any problems with head, skull or brain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s120 Does ___ have any problems with spinal cord or nerves?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s2. THE EYE, EAR AND RELATED STRUCTURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does ___ have any problems with eyes or ears?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s3. STRUCTURES INVOLVED IN VOICE AND SPEECH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does ___ have any problems with nose, throat, mouth or teeth?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s4. STRUCTURES OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s410 Does ___ have any problems with heart or blood vessels?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s430 Respiratory system Does ___ have any problems with lungs or chest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does ___ have any problem with stomach, intestines or glands?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does ___ have any problems with kidneys, bladder, vagina or penis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s7. STRUCTURES RELATED TO MOVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s710 Does ___ have any problems of the head or neck?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s730 Does ___ have any problems with arms or hands?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s750 Does ___ have any problems with legs or feet?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s8. SKIN AND RELATED STRUCTURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does ___ have any problems with skin, hair or nails?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART 2: ACTIVITY & PARTICIPATION

- Activity is the execution of a task or action by an individual.
- Activity limitations are difficulties an individual may have in executing activities.
- Participation is involvement in a life situation.
- Participation restrictions are problems an individual may have in involvement in life situations.
- Qualifiers of Activity and Participation are Performance and Capacity

The Performance qualifier describes what an individual does in his or her current environment.
The Capacity qualifier describes an individual’s ability to execute a task or an action. This construct indicates the highest probable level of functioning that a person may reach in a given domain at a given moment without assistance. To assess the full ability of the individual, would require a “standardized” environment to neutralise the varying impacts of different environments on the individual.

**Complete this part in two steps:**
1. Indicate with YES/NO if there is a problem at activity or participation level;
2. If the extent of the limitation of activity or restriction of participation can be determined, use the qualifiers

<table>
<thead>
<tr>
<th>First Qualifier: Performance</th>
<th>Second Qualifier: Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of Activity and Participation in the actual environment</td>
<td>Extent of Activity and Participation in a standardized environment</td>
</tr>
<tr>
<td>0 No difficulty</td>
<td>0 No difficulty</td>
</tr>
<tr>
<td>1 Mild difficulty</td>
<td>1 Mild difficulty</td>
</tr>
<tr>
<td>2 Moderate difficulty</td>
<td>2 Moderate difficulty</td>
</tr>
<tr>
<td>3 Severe difficulty</td>
<td>3 Severe difficulty</td>
</tr>
<tr>
<td>4 Complete difficulty</td>
<td>4 Complete difficulty</td>
</tr>
<tr>
<td>8 Not specified</td>
<td>8 Not specified</td>
</tr>
<tr>
<td>9 Not applicable</td>
<td>9 Not applicable</td>
</tr>
</tbody>
</table>

**Short List of A&P domains**

<table>
<thead>
<tr>
<th>d1. LEARNING AND APPLYING KNOWLEDGE</th>
<th>Presence of problem</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>d66 Does ___ have any problems reading?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d170 Does ___ have any problems writing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d172 Does ___ have any problems calculating?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d175 Does ___ have any problems with solving problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d2. GENERAL TASKS AND DEMANDS</th>
<th>Presence of problem</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>d210 Does ___ have any problems performing a single task or responding to a single communication?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d220 Does ___ have any problems performing multiple tasks or responding to a command with multiple components?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d230 Does ___ have any problems following the requirements of a daily routine?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d235 Does ___ have any problems being consistent in behaviour from day to day?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d3. COMMUNICATION</th>
<th>Presence of problem</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>d310 Does ___ have any problems understanding what others say?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d315 Does ___ have any problems understanding the meaning of gestures or pictures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d330 Does ___ have any problems speaking?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d335 Does ___ have any problems using gestures, pictures, or drawings to communicate?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d4. MOBILITY</th>
<th>Presence of problem</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>d410 Does ___ have any problems sitting up or getting to stand?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d415 Does ___ have any problems remaining seated or standing when it is</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
required by a task?

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>d440 Does _____ have any problems using hands, fingers and thumb?</td>
<td></td>
</tr>
<tr>
<td>d445 Does ____ have any problems using hands and arms?</td>
<td></td>
</tr>
<tr>
<td>d450 Does ____ have any problems walking?</td>
<td></td>
</tr>
</tbody>
</table>

**d5. SELF CARE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>d510 Does ____ have any problems washing self?</td>
<td></td>
</tr>
<tr>
<td>d530 Does ____ have any problems using the toilet?</td>
<td></td>
</tr>
<tr>
<td>d540 Does ____ have any problems dressing self?</td>
<td></td>
</tr>
<tr>
<td>d550 Does ____ have any problems eating?</td>
<td></td>
</tr>
<tr>
<td>d565 Does ____ have any problems avoiding harm to self?</td>
<td></td>
</tr>
</tbody>
</table>

**d6. DOMESTIC LIFE** Does ____ have any problems participating in the activities of the household?

**d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>d710 Does ____ have any problems relating to others?</td>
<td></td>
</tr>
<tr>
<td>d720 Does ____ have any problems in forming and keeping social relationships?</td>
<td></td>
</tr>
</tbody>
</table>

**d8. MAJOR LIFE AREAS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>d817 Does ____ have any problems participating in school education?</td>
<td></td>
</tr>
<tr>
<td>d840 Does ____ have any problems participating in programs to prepare for employment?</td>
<td></td>
</tr>
<tr>
<td>d860 Does ____ have any problems in using money?</td>
<td></td>
</tr>
</tbody>
</table>

**d9. COMMUNITY, SOCIAL AND CIVIC LIFE** Does ____ have any problems have engaging in activities in school, neighborhood or community?
PART 3: ENVIRONMENTAL FACTORS

- **Environmental factors** make up the physical, social and attitudinal environment in which people live and conduct their lives.

- **Qualifier in environment**:
  - **Barriers (B) or facilitator (F)**
    - 0 No barrier 0 No facilitator
    - 1 Mild barrier +1 Mild facilitator
    - 2 Moderate barrier +2 Moderate facilitator
    - 3 Severe barrier +3 Substantial facilitator
    - 4 Complete barrier +4 Complete facilitator
    - 8 Not specified +8 Not specified
    - 9 Not Applicable +9 Not applicable

Complete this part as follows; for each item, use the qualifiers, if a barrier or a facilitator can be determined.

<table>
<thead>
<tr>
<th>Short List of Environment</th>
<th>Qualifier barrier or facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e1. PRODUCTS AND TECHNOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>e1110 Is needed food available for ____?</td>
<td></td>
</tr>
<tr>
<td>e1101 Are needed drugs available for ____?</td>
<td></td>
</tr>
<tr>
<td>e115 Are things needed or personal use available for ____?</td>
<td></td>
</tr>
<tr>
<td>e120 Are indoor and outdoor nodes of transportation available for ____?</td>
<td></td>
</tr>
<tr>
<td>e125 Are products for communication available for ____?</td>
<td></td>
</tr>
<tr>
<td>e127 Are materials for playing available for ____?</td>
<td></td>
</tr>
<tr>
<td>e130 Are materials and products for education available for ____?</td>
<td></td>
</tr>
<tr>
<td>e150 Are public buildings accessible for ____?</td>
<td></td>
</tr>
<tr>
<td>e155 Is the place where ____ lives accessible?</td>
<td></td>
</tr>
<tr>
<td><strong>e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT</strong></td>
<td></td>
</tr>
<tr>
<td>e215 Are any characteristics of the population a problem for ____?</td>
<td></td>
</tr>
<tr>
<td>e225 Are any aspects of the climate a problem for ____?</td>
<td></td>
</tr>
<tr>
<td>e230 Are there any natural events that are problems for ____?</td>
<td></td>
</tr>
<tr>
<td>e235 Are there any human caused events that are problems for ____?</td>
<td></td>
</tr>
<tr>
<td>e260 Is air quality a problem for ____?</td>
<td></td>
</tr>
<tr>
<td><strong>e3. SUPPORT AND RELATIONSHIPS</strong></td>
<td></td>
</tr>
<tr>
<td>e310 Is the support of the immediate family available to ____?</td>
<td></td>
</tr>
<tr>
<td>e315 Is the support of the extended family available to ____?</td>
<td></td>
</tr>
<tr>
<td>e325 Is the support of acquaintances, peers, and neighbours available to ____?</td>
<td></td>
</tr>
<tr>
<td>e330 Is the support of persons in authority available to ____?</td>
<td></td>
</tr>
<tr>
<td>e340 Is the support of personal care providers and personal assistants available to ____?</td>
<td></td>
</tr>
<tr>
<td>e350 Is the support of domesticated animals available to ____?</td>
<td></td>
</tr>
<tr>
<td>e355 Is the support of health professionals available to ____?</td>
<td></td>
</tr>
<tr>
<td><strong>e4. ATTITUDES</strong></td>
<td></td>
</tr>
<tr>
<td>e410 Are attitudes of immediate family members favorable toward ____?</td>
<td></td>
</tr>
<tr>
<td>e415 Are attitudes of extended family favorable toward ____?</td>
<td></td>
</tr>
<tr>
<td>e425 Are attitudes: acquaintances peers, and neighbours favorable toward ____?</td>
<td></td>
</tr>
<tr>
<td>e430 Are attitudes of persons in authority favorable toward ____?</td>
<td></td>
</tr>
<tr>
<td>e440 Are attitudes of care providers and personal assistants favorable toward ____?</td>
<td></td>
</tr>
<tr>
<td>e450 Are attitudes of health professionals favorable toward ____?</td>
<td></td>
</tr>
<tr>
<td><strong>e5. SERVICES, SYSTEMS AND POLICIES</strong></td>
<td></td>
</tr>
<tr>
<td>e540 Are transportation services, systems and policies available to address the needs of ____?</td>
<td></td>
</tr>
</tbody>
</table>
89

| e570 | Are social security, services, systems and policies available to address the needs of ____? |
| e580 | Are health services, systems and policies available to address the needs of ____? |
| e583 | Are general education services, systems and policies available to address the needs of ____? |
| e586 | Are special education services, systems and policies available to address the needs of ____? |

### Part 4: OTHER CONTEXTUAL INFORMATION

4.1 **Give a thumbnail sketch of the individual and any other relevant information.**

4.2 **Include any Personal Factors as they impact on functioning (e.g. lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and assets of the individual).**
Appendix 1:

BRIEF HEALTH INFORMATION

[  ] Self Report                  [  ] Clinician Administered

1. **Height**: __/__/__ cm (or inches)  
2. **Weight**: __/__/__ kg (or pounds)

3. **Dominant Hand**: Left [ ]  
   Right [ ]  
   Both hands equally [ ]

4. **How would you rate the child’s physical health in the past month?**
   [  ] Excellent [  ] Very Good [  ] Good [  ] Fair [  ] Poor [  ]

5. **How would you rate the child’s mental and emotional health in the past month?**
   [  ] Excellent [  ] Very Good [  ] Good [  ] Fair [  ] Poor [  ]

6. **Were there any problems at birth?**
   [  ] NO [  ] YES If YES, please specify

7. **Did the child ever have any significant injuries?**
   [  ] NO [  ] YES If YES, please specify

8. **Has the child ever been hospitalized?** [  ] NO [  ] YES
   If YES, please specify reason(s) and for how long?
   1. __________________________; ___.___. ___ days
   2. __________________________; ___.___. ___ days
   3. __________________________; ___.___. ___ days

9. **Is the child taking any medication (prescribed/non-prescribed)?** [  ] NO [  ] YES
   If YES, please specify major medications
   1. __________________________
   2. __________________________
   3. __________________________

10. **Does the child use any assistive device such as glasses, hearing aid, wheelchair, communication board etc.?**
    [  ] NO [  ] YES: If YES, please specify __________________________

11. **Is the child receiving any kind of treatment for her/his health?** [  ] NO [  ] YES
    If YES, please specify: __________________________

12. **Additional significant information on the child’s past and present health:**

13. **Do you have any person assisting you with your self care, shopping or other daily activities?**
    [  ] NO [  ] YES: If YES, please specify person and assistance they provide
14 Are you receiving any kind of treatment for your health?  
[ ] NO [ ] YES If YES, please specify:

15 Additional significant information on your past and present health:

16 IN THE PAST MONTH, have you cut back (i.e. reduced) your usual activities or work because of your health condition? (a disease, injury, emotional reasons or alcohol or drug use)  
[ ] NO [ ] YES If yes, how many days? _____

17 IN THE PAST MONTH, have you been totally unable to carry out your usual activities or work because of your health condition? (a disease, injury, emotional reasons or alcohol or drug use)  
[ ] NO [ ] YES If yes, how many days? _____
Appendix 2:

INFORMATION ON PRIMARY CAREGIVER

Code:

How would you describe the pupil’s total school situation? Mark the option you find most appropriate.

Very good □   Good □   Acceptable □   Bad □   Very bad □

Explain your valuation: ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Appendix 4

Semi-structured questionnaire for interviews with teachers regarding the use of ICF-CY for assessment of children’s situation in school work in elementary school.

Background information
Gender
Age
Profession
Years as a teacher
Years teaching at this school

What do you find about using ICF-CY for assessment of children’s situation in schoolwork?
  The frame
  The classification system

How do you value the part of body level?
  Structure
  Function

How do you value the part of activity/participation?

How do you value the part of environment?

How do you value other information asked for in the questionnaire?
  Other contextual information
  Brief health information
  Information on primary caregiver

With whom do you cooperate in your work with your pupils?

How do you value the use of ICF-CY in collaborative work with other professionals?

How do you value the use of ICF-CY in cooperation with your pupils’ families?

How do you value that the use of ICF-CY can affect your work as a teacher?
<table>
<thead>
<tr>
<th>Interview 4</th>
<th>App. 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>General aspects</td>
<td>Body function</td>
</tr>
<tr>
<td>Important to know the aspects in the list</td>
<td>- some aspects didn’t know, - at home - mental function more important for the T - to do with studying - at same time be aware of body and take it into account</td>
</tr>
<tr>
<td>- didn’t know</td>
<td>- some aspects not for teenagers. Maybe for mentally handicapped - OK to fill in – little time 0/9</td>
</tr>
<tr>
<td>- connection with</td>
<td>- one for all OK - detailed list, nothing missing Qualifying - difficult with P&amp;C, although important, imagine pupils in standardized situation - many perspectives important - able to take better care of them</td>
</tr>
<tr>
<td>professionals &amp; families</td>
<td>- have to know this - detailed - many not fitted - to her pupils - in Iceland - OK anyway, maybe someone - think of each pupil - good issues - support</td>
</tr>
<tr>
<td>- common language</td>
<td>- relationships - not neighbours but peers - service system</td>
</tr>
<tr>
<td>- defined – not wide and open</td>
<td>- people in authority - connection support and attitudes</td>
</tr>
<tr>
<td>- individuals – not group, how they are feeling</td>
<td>Environment</td>
</tr>
<tr>
<td>- go deeper</td>
<td>- good to answer - long time for some</td>
</tr>
<tr>
<td>- nothing unusual</td>
<td>- explained earlier documentation - answered mostly one question but the second is necessary</td>
</tr>
<tr>
<td>- fits to schoolwork</td>
<td>Contextual information</td>
</tr>
<tr>
<td>- makes it better</td>
<td>- Parents</td>
</tr>
<tr>
<td>- each child</td>
<td>- know most about their children</td>
</tr>
<tr>
<td>Main concept</td>
<td>Cooperation with families</td>
</tr>
<tr>
<td>Qualifier</td>
<td>- should fill in the list</td>
</tr>
<tr>
<td>Aberrant dimensions difficult to understand Translation?</td>
<td>- take part in discussion and planning</td>
</tr>
<tr>
<td></td>
<td>- home and in school</td>
</tr>
<tr>
<td></td>
<td>- pupil</td>
</tr>
<tr>
<td></td>
<td>- participate</td>
</tr>
<tr>
<td></td>
<td>depending on age</td>
</tr>
<tr>
<td></td>
<td>more successful being involved in own process</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td>Qualify</td>
<td>- different from earlier, took time to master</td>
</tr>
<tr>
<td></td>
<td>- logical</td>
</tr>
<tr>
<td></td>
<td>not difficult to work with</td>
</tr>
<tr>
<td></td>
<td>- service system</td>
</tr>
<tr>
<td></td>
<td>- people in authority</td>
</tr>
<tr>
<td></td>
<td>- connection support and attitudes</td>
</tr>
<tr>
<td></td>
<td>Main concepts</td>
</tr>
<tr>
<td>Questions</td>
<td>Total school situation</td>
</tr>
<tr>
<td>- Finding difficulties</td>
<td>Repeating herself</td>
</tr>
<tr>
<td>- documenting</td>
<td>- much didn’t know</td>
</tr>
<tr>
<td>- complicated</td>
<td>- difficult to answer</td>
</tr>
<tr>
<td>- not easy to start in school</td>
<td>- did good as she could</td>
</tr>
<tr>
<td>- facilitating</td>
<td>- the pupil in school</td>
</tr>
<tr>
<td>- instrument to see individuals – possibil.</td>
<td>- frame complicated</td>
</tr>
<tr>
<td>- curriculum – individualized educ.</td>
<td>- introduction and work with the list made it understandable</td>
</tr>
<tr>
<td>- Connection between dimensions</td>
<td>- easy to understand the concepts</td>
</tr>
<tr>
<td>- feel situation</td>
<td>- in line with curriculum</td>
</tr>
<tr>
<td>- not only lack of ability</td>
<td>- individualized education</td>
</tr>
<tr>
<td>environmental factors</td>
<td>- knew much – much didn’t know</td>
</tr>
<tr>
<td>Body structure</td>
<td>- seek information documents – ask pupils</td>
</tr>
<tr>
<td></td>
<td>Health information</td>
</tr>
<tr>
<td></td>
<td>- Difficult to value</td>
</tr>
<tr>
<td></td>
<td>- the pupil in school</td>
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<tr>
<td>Questions</td>
<td>- think more about the pupil in school</td>
</tr>
<tr>
<td>Total school situation</td>
<td>cooperation</td>
</tr>
<tr>
<td></td>
<td>positive with ICF-CY</td>
</tr>
<tr>
<td>For whom</td>
<td>- easier connection between professions</td>
</tr>
<tr>
<td>ICF-CY and the teacher</td>
<td>- common language</td>
</tr>
<tr>
<td></td>
<td>- more understanding</td>
</tr>
<tr>
<td></td>
<td>- common language</td>
</tr>
<tr>
<td></td>
<td>- more cooperation?</td>
</tr>
<tr>
<td></td>
<td>- T don’t get feedback</td>
</tr>
<tr>
<td></td>
<td>- all pupils</td>
</tr>
<tr>
<td></td>
<td>- learn to know them better</td>
</tr>
<tr>
<td></td>
<td>- see in different light</td>
</tr>
<tr>
<td></td>
<td>- see more clearly</td>
</tr>
<tr>
<td></td>
<td>- some need a little attention</td>
</tr>
<tr>
<td></td>
<td>- some get little attention</td>
</tr>
<tr>
<td></td>
<td>- quick to fill no difficulties</td>
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<tr>
<td></td>
<td>- longer with difficult</td>
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<tr>
<td></td>
<td>- filling in made her</td>
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<tr>
<td></td>
<td>- observe the pupils</td>
</tr>
<tr>
<td></td>
<td>- go through all</td>
</tr>
<tr>
<td></td>
<td>- more aware</td>
</tr>
<tr>
<td></td>
<td>- each child</td>
</tr>
<tr>
<td></td>
<td>- issues not thought of earlier</td>
</tr>
<tr>
<td></td>
<td>- knowing the pupils better</td>
</tr>
<tr>
<td></td>
<td>- respond</td>
</tr>
<tr>
<td></td>
<td>- Good to take part in this work</td>
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<td></td>
<td>- see in different way</td>
</tr>
<tr>
<td></td>
<td>in higher classes</td>
</tr>
<tr>
<td></td>
<td>- know pupils less</td>
</tr>
<tr>
<td></td>
<td>- Pupils tell less</td>
</tr>
<tr>
<td></td>
<td>- Parents tell less</td>
</tr>
</tbody>
</table>