

## Inclusion in School and Community: Intervention Based on the ICF Framework

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**Introduction:**When children start attending to school, they are away from the parents for long hours. Children present themselves as independent being and socialize with peers and adults around them. While moving into the school settings, children with disabilities participating in the school activities would not happen spontaneously. Solely working to improve the skills of children with disabilities alone does not leads to functional changes, especially in rural areas where physical and attitudinal barriers pose significant limitations.

**Rationale:** With young rehab professionals who join the team with a traditional approach to improving the child's activity level, the following challenges are observed: (1) attitudinal limitations of professionals to see beyond the child's condition, (2)limited parents/caregiver understanding of their child's rights, (3) inexperience in setting goals and choosing the intervention methods and (4)difficulty in managing high number of assessments and tracking monitoring.

**Objective:** To develop a comprehensive assessment system that is easy to use, retrieve and analyse the progress in a Community-Based Rehabilitation setting. The assessment should: (1) cover all areas of functioning including strengths and needs; (2) apply to all types of disabilities within the age group; (3) prioritize child/parent's interests;(4) guide goal-setting and intervention; (5) focus on the physical, attitudinal and social barriers of inclusion in family, school and community which will be a tool for advocacy, and (6)be user-friendly for all community level workers.

**Method:**The WHO'sInternational Classification of Functioning, Disability and Health framework guides participation of persons with disabilities in all life events. The following framework is used as guide. Assessment is divided into *four parts*:

1. *Body structure and function:* Assess the condition and its direct impairments

A. General Assessment, B. Specific Assessment: (1) Motor, (2) Cognitive, (3) Sensory: vision, hearing & others.

2. *Activity:* Assesses the impact of the condition directly at personal level including:

(a) Mobility, (b) Communication, (c) Self-care, (d) Decision-making.

3. *Participation:* Guides possible areas of participation including: (a)household work contribution; (b) attending school; (c) participating in class activities; (d) participating in school activities; (e) socializing with peers and friends; (f) attending family functions; (g) attending religious functions; (h) participating in religious functions; (i) participating in leisure and recreation; (j) learning basic education, and (k) learning class-level education.

4. *Components:* Guides professionals and community workers towards achieving functional goals

**Conclusion:**Addressing physical accessibility and attitudinal limitations was considered as beyond the scope of rehab work. This will be addressed in future work. This effort will collectively lead to improved participation of children in the school and community life.