



'No policy is an island': How the ICF international classification system may support local education planning in England

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Implications for rehabilitation

- The ICF can be regarded as a useful framework for supporting professionals developing targets for children with Education Health and Care (EHC) plans in England.
- For developing SMART targets with the ICF, professionals can use the taxonomy to look for detailed aspects of functioning, relevant to a certain developmental stage.
- Using the ICF can support in making more measurable targets in EHC plans if the universal qualifier scale is applied when describing detailed aspects of functioning.
- Professionals trained on the ICF recognise its usefulness for writing EHC targets;
- More in-depth training is recommended for supporting the development of more holistic biopsychosocial EHC plans in England.

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3 'No policy is an island': How the ICF international classification system may support
4 local education planning in England
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11 **Abstract**
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16 Background: A crucial issue in special educational needs and disability policy and provision
17 is the documentation of children's functioning, for which many countries have a statutory
18 document. In England this is the Education Health and Care plan. Recent research challenges
19 the quality of these plans.
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24 Purpose: To provide evidence on the usefulness of the International Classification of
25 Functioning, Disability and Health as a system with potential to support the development of
26 higher quality plans in England.
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31 Methods: Twenty-five professionals participated in a one-day training session on the
32 International Classification of Functioning Disability and Health, with a focus on designing
33 higher quality SMART targets to be included in children's plans.
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37 Results: Overall, participants regarded the system as useful. Comparison of targets written
38 before and after the training show improvements in relevance, specificity and on the extent to
39 which they were action-oriented and measurable.
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44 Conclusion: Results are discussed in light of international lessons learned around the
45 potential of the International Classification of Functioning Disability and Health to support
46 policy change. A 'no policy is an island' approach is proposed, suggesting local policy-
47 makers should open horizons beyond geographical boundaries in evidence-based decision-
48 making for supporting children with disabilities.
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Keywords: special educational needs (SEND); SEND policy; ICF; Education, Health and Care (EHC) plans; disability; SMART

Introduction

One of the most important aspects of service provision for children with special educational needs and disabilities is the statutory documentation describing in detail their functioning and behaviour – strengths, needs and goals for the long-term and short-term future. These documents exist in many countries with a policy for [special education](#) provision and they take a variety of names, illustrating slightly different purposes; we see Individualised Education Plans, for example, in the United States of America, which coined the term, but also in New Zealand and in most European countries; according to the European Agency for Development in Special Needs Education, at least Finland, Switzerland, Czech Republic, Sweden, Netherlands, Austria, Belgium, and Malta have IEPs [1, 2]; we also see *habilitation* plans in Sweden [3] and, more recently, we see Education, Health and Care plans in England [4]. The [Education Health and Care](#) plan is the current statutory document for children with [special needs and disabilities](#) in England, although it co-exists with the [Individualised Education Plan](#). The latter is still used by some schools as a tool to record strategies employed to help children progress if they are under [special education needs and disability](#) support [services](#). However, it does not have a statutory nature; children with [Individualised Education Plans](#) might not necessarily have an [Education Health and Care](#) plan, which has been the statutory document since 2014, with the introduction of the Children and Families Act.

Despite subtle differences which might be context- and policy-specific, all these documents have in common the fact that they should provide a clear picture of each child's functioning; however, there seems to be no consensus on whether their purpose is to provide evidence to inform service provision, or whether they serve the purpose of legal protection and

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3 compliance with regulatory processes, with different countries adopting different positions in
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5 this respect [1]. In England, it has been pointed out that [Individualised Education Plans](#) have
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7 been serving the purpose of ensuring accountability within the field of special needs
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9 education and the targets that they included were less for the children and professionals than
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11 they were for measuring the performance of special education as a system [5]. However, with
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13 the recent introduction of [Education Health and Care](#) plans, there is a clear shift in policy
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15 from producing mere accountability documents towards producing documents that inform
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17 service providers. An explicit requirement in the new SEND Code of Practice (2014) is that
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19 children's targets are SMART: the acronym for *Specific* [6, 7], *Measurable* [8], *Action-*
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21 *oriented* [9], *Relevant* [6, 7] and *Time-framed* [8]. It is important to highlight that the term
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23 'targets' has a few synonyms in the international literature on [special needs and disability](#),
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25 with other terms such as 'goals' and 'outcomes' used just as often, e.g. [10, 11]. In this paper
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27 we will consistently adopt the term 'target' to describe the objectives written for children
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29 with [disabilities](#), specifying skills and behaviours that are set for them to achieve in a certain
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31 period of time and with the support of [special education and disability support](#) professionals.
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33 Recent research has provided evidence on the various challenges faced by professionals in
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35 England regarding the implementation of the [Education Health and Care](#) plans, triggering the
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37 debate around the quality of those plans [12-14]. Similarly, more general challenges
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39 surrounding the new policy for SEND in England have been systematically analysed and all
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41 seem to stem from a gap between ideology and implementation; the idea behind the
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43 [Education Health and Care](#) plans is consensually well accepted, but the way that they have
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45 been implemented lacks evidence-based guidance [12, 14]. The International Classification of
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47 Functioning, Disability and Health [15, 16] has been highlighted as a framework with the
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49 potential to help overcome these issues, based on evidence available from research in other
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51 countries [12, 17].
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5 In this paper we will argue for a ‘no policy is an island’ approach, by which evidence-based
6 internationally-recognised models should be considered for local policy and provision in
7 special educational needs and rehabilitation, on the condition that evidence is made available
8 that they support higher quality documentation of children’s needs and targets. We argue that
9 local policy makers in England should open horizons beyond the borders of ‘the island’ and
10 welcome international lessons learned about how to develop higher quality statutory
11 documents for children with disabilities. Building upon the international body of research on
12 the usefulness of the [International Classification of Functioning Disability and Health](#) for
13 [special education and disability provision](#), to our knowledge, this study is the first to provide
14 evidence that the adoption of the ICF in England would be welcomed by [special education](#)
15 [and rehabilitation](#) professionals and has the potential to help them develop [SMART outcomes](#)
16 [in the Education Health and Care](#) plans; This evidence is provided by means of analysing the
17 targets written for children with [disabilities in their](#) plans; targets were analysed before and
18 after a training session on the [International Classification of Functioning Disability and](#)
19 [Health](#), with professionals that are involved in the writing process of the plans. This research
20 is informed by international research on the usefulness of [this classification system](#) for
21 guiding provision and simultaneously it feeds back into this body of knowledge, by bridging
22 the gap between policy ideology and implementation. [The main argument is that although the](#)
23 [literature on SMART targets is widely known and regarded, professionals still feel they do](#)
24 [not have the skills and supporting resources to develop good quality targets \[14\].](#)

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50 **The Special Educational Needs and Disability policy in England and the potential of the**
51 **[International Classification of Functioning Disability and Health](#) to support service**
52 **provision**

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3 In England there is a new policy for [special education needs and disability](#) provision – the
4 Children and Families Act 2014 – which is accompanied by the [Special Education Needs and](#)
5 [Disability](#) Code of Practice [4, 18]. The two policies define a set of changes introduced in the
6 system which have been systematically and critically analysed [12, 13, 17], and include:
7 enhanced emphasis on multi-agency working to achieve an integrated, holistic assessment of
8 the child or young person; the definition of a wider age range for the provision of [special](#)
9 [education](#) services (now from birth to 25 years of age); a child-centred approach, in which the
10 voices of the children and families themselves should be taken into account; an increased
11 focus on child *participation*, quality of life in adulthood and removal of *barriers* to learning;
12 and lastly, the replacement of the previous statements of Special Education Needs with
13 [Education Health and Care](#) plans, as a result of a more collaborative and holistic assessment
14 process. The Statements of [special education needs](#) were the documents that preceded
15 [Education health and Care](#) plans in setting out the child's main needs and ideal supports.
16 While the [former](#) were based mostly on diagnosis, the [latter](#) are not diagnosis-bound and they
17 should focus on providing a good picture of the child's *participation* [4]. The government has
18 set the deadline of April 2018 for all Statements to be converted into [Education Health and](#)
19 [Care](#) plans [19]. However, this process has been markedly slow. In June 2016, only 29% [had](#)
20 [been converted](#) [20], and between January 2016 and January 2017 only 32.7% [conversions](#)
21 [were finalised](#) [19], indicating that perhaps difficulties are being encountered. Additionally, it
22 has been demonstrated that the quality of the newly developed [Education Health and Care](#)
23 plans is questionable [21]. In this context, the new policy has been the object of various
24 critiques, from all stakeholders and experts in the field, for not being clear enough in regard
25 to its implementation.

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27 It has been argued that the [International Classification of Functioning Disability the Health](#)
28 [\(from hereon designated ICF\)](#) could support the development of higher quality [Education](#)
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3 | [health and Care](#) plans, as its main principles are closely aligned with the principles of the
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5 Children and Families Act 2014, for example, that the descriptions of the child's functioning
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7 should not be based on diagnosis, but instead should provide a holistic picture of the child in
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9 all areas of life, and that multi-agency working is necessary to achieve holistic plans,
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11 therefore requiring a common language across professional areas [12, 17]. The ICF
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13 framework has long been recognised as the gold standard for describing disability in this
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15 manner and constitutes a common language for [special education and disability](#) across
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17 disciplines and social contexts [15, 16]. Part of the 'family of classifications' developed by
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19 the World Health Organisation, [it](#) has been endorsed by all member countries as the gold
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21 standard taxonomy to describe disability for its unique characteristics of facilitating in-depth
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23 and individualised functioning profiles, which are also holistic, biopsychosocial and
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25 independent of diagnosis [22]. The potential of the ICF [Classification](#) as a supporting tool to
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27 develop rehabilitation targets for children with [disabilities](#) has been described in the literature
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29 [23, 24]. The challenges of using [this taxonomy](#) have also been recognised extensively,
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31 namely the need to have some level of training and familiarisation with [it](#) before it can be
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33 adequately used, especially within a multi-disciplinary team, in which each member has a
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35 very unique level of expertise [25]. Despite these widely acknowledged challenges, the ICF
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37 remains the main systematic international and evidence-based classification system of
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39 functioning and disability, enabling the description of functioning characteristics across all
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41 areas of life – from *Body Functions and Structures* and *Activities and Participation*
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43 dimensions, to *Environmental Factors* – that interact with and influence each other to result
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45 in one unique functioning profile [15, 16]. For this reason, the ICF framework questions the
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47 medical model of disability and moves beyond the alternative proposed by the social model
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49 of disability. Through the ICF taxonomy, understanding disability from a functional and
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51 biopsychosocial perspective has been made practical as it enables a common language across
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professionals and contexts [26]; this common language can be adopted in day-to-day practice, with the adequate training in place.

The ICF has been introduced by law or by central disability services in many countries in which joint provision is required for supporting children with [special education needs and disabilities](#). This is the case in Japan [27], Switzerland [28], Portugal [29], Italy [30] and most recently Germany [31], to name a few. Different countries have dealt with the need for training on the ICF in different ways but, overall, training has been provided to professionals through in-service continuous professional development, training at undergraduate and post-graduate level to facilitate qualifications that include some level of knowledge of the ICF framework and taxonomy and lastly, through government-funded initiatives.

In England, the ICF has been mentioned as a framework that is very closely aligned with the ideology of the recently introduced Children and Families Act 2014, and as a system with potential to help overcome some of the challenges observed in relation to the implementation of the new policy [for special education needs and disability provision](#) (e.g. [12, 13, 17]).

However, the actual use of the ICF [taxonomy](#) in service provision and rehabilitation is limited and it is restricted to very few examples in the health sector, e.g. [32], thus not meeting the requirement for holistic assessment and intervention that the actual [Children and Families Act](#) endorses. ICF [applications in education alongside rehabilitation](#) are rare and deserve further attention, given the *goodness of fit* between the [this classification system](#) and the English policy. One of the best examples of the goodness of fit between the ICF and the new [special education needs and disability](#) policy in England is the clearly specified requirement in the Code of Practice 2014 that the targets written for children (which comprise an entire section of the [Education Health and Care](#) plans) should be SMART. The acronym SMART is currently very popular in education but it has been adopted in a variety of settings across the social sciences, with slightly different variations of criteria terms; a large body of

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3 literature refers to SMART criteria as standing for *Specific* [6, 7]; *Measurable* [8], *Action-*
4 *oriented* [9], *Relevant* [6, 7] and *Time-framed* [8]. The latter is the definition we use in this
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7 paper. Although the ICF was not developed with the specific purpose of facilitating goal-
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10 setting, it has been used successfully in this way [23, 24]. It can support the development of
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12 targets that are: *specific* –it constitutes an exhaustive taxonomy of activities, forms of
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14 participation, body functions, body structures and environmental issues; *measurable* –by
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16 providing a universal qualifier scale it reminds the user that identifying the functioning
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18 problem or the functioning area to target is not enough, and the magnitude of the problem
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20 observed in that area should also be documented with a clear measure for attainment decided;
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22 *action-oriented* –the ICF is, to date, the only participation-focused international taxonomy;
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24 *relevant* –the level of detail within the ICF supports the differentiation between children who
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26 might have the same diagnosis but present slightly different functioning features, so the
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28 selection of the most important functioning features to describe each child has the potential to
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30 make outcomes more relevant; *time-framed* – the ICF is organised following a developmental
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32 hierarchy which underlines the importance of chronology in planning achievable targets.
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38 The purpose of this paper is to report the results of a one-day training session on the ICF
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40 framework and classification system that was delivered in England for professionals working
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42 with children with [special education needs and disabilities](#) in three Greater London Local
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44 Authorities. The overall aim of this session was to increase awareness on the utility of the
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46 ICF framework for [service](#) provision in the current English policy context. In this study, our
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48 specific aims were to gauge the participants' views on the utility of the ICF for SEND
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50 provision in light of the new policy, and to measure the impact of the ICF training session on
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52 the quality of the targets written by the participants before and after the training, using the
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54 SMART criteria as quality indicators.
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Method

Design and participants

This study follows a pre- and post-test intervention design. The intervention is a training session on the ICF, delivered to professionals working with children with [special education needs and disabilities](#) and involved in the [Education Health and Care](#) writing process.

Professionals from a variety of backgrounds within three Greater London local authorities were invited to attend a training session on the ICF system and its application as a supporting tool to write targets for children with [special education needs and disabilities](#). These professionals had collaborated with the research team in various previous studies, though had never received any form of training or feedback from the research team on how to design better targets for children or higher quality [Education Health and Care](#) plans.

The first 25 participants that booked a ticket and met the criteria of working with children with [disabilities](#) and involved in writing [Education Health and Care](#) plans, were offered a place in the training. These included five Educational Psychologists, eight Special Educational Needs Coordinators, seven [special education](#) specialists from local authorities, three [special education](#) teachers and two speech therapists with local authority work experience. These are typical professional roles in the [special education needs and disability support](#) system in England. Local Authorities are sub-regions in charge of the provision of social, educational and health services for the community within their boundaries. Each local authority has a team of Educational psychologists who work in partnership with schools in the same geographical area. Each school has a [Special Needs Coordinator](#), who is specially trained in, and responsible for, the provision of [support](#) services, and undertakes considerable leadership within this provision. Every local authority has a number of [Special Needs](#)

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3 | [Coordinators](#) and specialists. [The provision](#) often include the ad-hoc intervention of speech
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5 | and occupational therapists.
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9 ***Training Content and Approach***

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11 The training session was six hours long and its main purpose was to raise awareness about the
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13 | ICF and its potential to support service provision for children with [special education needs](#)
14 | [and disability](#) in three main ways: as a new way of conceptualizing disability (which, in this
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16 | context should be understood as a multi-dimensional, biopsychosocial construct, independent
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18 | of diagnosis); as a tool for discussions in multi-disciplinary teams and multi-agency working;
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20 | and lastly, as a supporting tool to develop higher quality targets for children with [special](#)
21 | [education needs and disabilities](#). The following learning outcomes were defined for the
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23 | training session: participants will gain familiarity with the ICF as a classification system;
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25 | participants will gain familiarity with the ICF as a framework to conceive disability, as well
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27 | as with the history and purpose of its development; participants will be able to critically
28
29 | reflect on the usefulness of the ICF in the English socio-political context; and participants
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31 | will be able to use the ICF system to perform simple coding and to write higher quality
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33 | targets for children with [disabilities](#).
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39 The content of the session included an introductory part that explored in detail the rationale
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41 | of the ICF and a brief history of its development. After this, an exploration of the coding
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43 | system itself was undertaken: here, the structure of the taxonomy, the significance of the
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45 | codes contained in it and how to find a specific dimension of functioning within the manual
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47 | were the main topics covered. Lastly, various case studies were presented - narratives
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49 | describing children with some form of [special education need or disability](#); in small multi-
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51 | disciplinary groups, the participants were invited to find the codes/dimensions in the ICF that
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53 | would better describe the child in consideration.
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3 The two instructors, who were both trained and experienced instructors on the ICF
4 classification system, supervised, monitored and facilitated the discussions, providing input
5 when necessary. The format of the training session was decided based on previous research
6 providing evidence that instructor-led methodologies are the most efficient to increase
7 knowledge on the ICF coding system itself [33], and on [publications by the World Health
8 Organisation](#) which suggest training should be based on case-study reflection [15, 16, 34].
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15 All participants were given access to the ICF manual on-site, either through printed copies or
16 online copies which are available to the public.
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20 21 22 ***Measures and procedure*** 23

24 Before the training session, participants were asked to bring to the session one anonymised
25 [Education Health and Care](#) plan of a child that they were very familiar with. [This was an
26 important criterion to ensure that the participants would be in a position to write relevant
27 holistic and individualised targets.](#) The targets for the children included in these anonymised
28 plans were regarded as pre-test measures of the effectiveness of the training.
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34 Additionally, as part of examining the effectiveness of the training session in promoting the
35 defined learning outcomes, specific forms were developed for which participants were invited
36 to focus on the needs description section of the plan, as well as on the targets. Here,
37 participants were asked to discuss and record their thoughts in relation to the extent to which
38 the needs description could be improved; the extent to which the ICF could help to improve
39 that section; and the extent to which the targets could be improved. The remaining item on
40 the form invited the participants to write one new target using the ICF as a supporting tool to
41 develop targets that are more *specific*, more *measurable*, *action-oriented*, *relevant* and *time-*
42 *framed* (SMART); this served as a post-test measure of the effectiveness of the training
43 session. The forms were filled in at the end of the training. The quality of the targets was
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3 rated independently by two experts in SEND in relation to each SMART criterion and the
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5 proportion of agreement between the two experts was calculated and used to decide upon the
6
7 overall quality improvement of target writing.
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9 At the end of the session, participants were also invited to fill in an evaluation questionnaire
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11 regarding the quality of the training. This was a paper and pencil questionnaire which took
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13 the participants five minutes to complete, and it included a mix of rating-scale questions and
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15 open-ended questions to gauge their views on the format and content of the training.
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19 ***Data Analysis***

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21 Data resulting from the forms in which participants described their views on the needs and
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23 targets sections of the plans were analysed through systematic content analysis. Following an
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25 adaptation of procedures recommended in the literature for linking content with the ICF [35,
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27 36], and similarly to procedures previously adopted in other studies [e.g.37-39], meaning
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29 units were extracted from the qualitative answers given in the forms regarding the items:
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31 *quality of the needs description of the EHC plan under analysis, how the ICF could help*
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33 *improve the needs section and quality of the targets of the EHC plan under analysis.* These
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35 meaningful units were identified jointly by the two researchers with similar expertise in the
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37 using the ICF system and framework. Following the identification of meaningful units, the
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39 two researchers independently clustered the meaningful units into common
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41 themes/categories. The percentage of agreement in assigning meaningful units to the themes
42
43 was computed. Lastly, two independent experts on [Special Education Needs and Disabilities](#)
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45 were asked to rate each pair of targets according to which of the pair is more Specific,
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47 Measurable, Action-oriented, Relevant and Time-framed. Inter-rater agreement level was
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49 calculated with Cohen's Kappa and, where disagreement occurred, the final decisions were
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51 made by a third expert with similar background and experience.
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Results

Participants' views on the descriptions of needs included in the EHC plans

The participants' views on the descriptions of needs included in the EHC plans were gathered through forms designed to record their opinion on this. Participants wrote down their qualitative feedback in the respective area. Content analysis with meaningful unit identification and matching with main themes was conducted independently by two main researchers. The two researchers agreed on 97.2% of the matching between meaningful units and themes (78 of 81 meaningful units).

The majority of participants thought that the description of needs written before training could be improved (20 participants said yes and five did not respond to this question). Amongst the participants' responses in relation to *how the needs' section could be improved* the final agreed number of meaningful units to be analysed was 39. The most frequently mentioned problem was the *lack of individualisation and specificity* in the descriptions of the child and *vague statements* (N=28). Other issues pointed out by the participants were: *language that is too technical* (N=2), *writing that is unclear* (N=1), *the impact of difficulties not being documented* (N=2), *duplicated information* (N=3) the lack of information about the child's *environment* (N=1), and the lack of *supporting evidence* (N=2). Table 1 provides quotations as examples for each theme.

Amongst the participants' responses in relation to *how the ICF could help improve the needs section*, the most frequently mentioned advantage of the ICF in supporting the description of needs was its usefulness in *reducing the vagueness of the statements* (N=14), thus making them more specific (which has been pointed out before as the most problematic issue in the description of needs); this was followed by its capacity to support *hypothetical thinking in*

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3 *developing targets for children*, or in other words, of functioning as *a problem-solving tool*
4 (N=8); Other frequently mentioned advantages included the ability to *help organise*
5 *information in writing* (N=10), use of *less technical language* (N=3), serving as a *common*
6 *language* (N=4) and the possibility of describing *children's abilities/positive aspects of*
7 *functioning* (N=1). Two participants were of the opinion that the ICF does not have the
8 capacity to improve the process of writing needs descriptions. Examples of quotations
9 extracted from the evaluation forms and matched with the themes described above are also
10 included in Table 1.
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22 [Insert around here Table 1: Examples of quotes matching themes found in the
23 participants' evaluation of needs sections in anonymised [Education Health and Care](#) plans]
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29 ***Participants' views on the targets included in the EHC plans***

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31 Seventeen of the 25 participants reported that the outcomes needed to be improved. The
32 remaining participants did not provide a response to this question. Seventeen meaningful
33 units were arranged in themes with two independent coders agreeing on all meaningful units
34 identified. Table 2 provides a summary of the justifications given by the participants as to
35 why the outcomes need improvement: the units mostly match various aspects of the SMART
36 criteria, or they actually state that the *outcomes could be 'SMARTer'*; one participant
37 mentioned the use of *language that is too technical* and *absence of a clear link to the child's*
38 *needs*.
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50 [Insert around here Table 2: Examples of quotes in response to the item: Why do you think
51 the targets' section could be improved?]
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Comparison of targets before and after the ‘taster’ session

Table 3 shows the targets that were analysed and written before and after the training session by each participant, along with the agreed ratings according to SMART criteria. Sixteen participants had pairs of targets written before and after the session. Both independent experts have been working and researching in the field of SEND provision for more than 20 years and are educated at Doctoral level in this field. Agreement was reached for 76% of the 80 items (16 items per SMART criterion); Cohen’s kappa level of agreement was .52, which is considered moderate [40]. For this reason a third independent judge was called upon for decision-making on items disagreed.

Overall, the majority of the targets developed by the participants after the training session improved in quality against all SMART criteria, with the exception of the *time-frame* criterion, with only 6 targets out of 16 rated as having higher quality. The targets improved mainly in terms of *relevance*, with 15 out of 16 outcomes rated higher after the training session. Thirteen out of 16 targets were rated as more *specific*, 10 out of 16 were rated as more *Action-oriented* and 8 out were rated as more *measurable*.

[Insert around here Table 3. Children’s targets before and after the ICF training session and quality rating against SMART criteria]

Participants’ views on the training session

Twenty-three participants replied to the evaluation forms. Twenty-one out of 23 participants had never heard about the ICF before, but after the training session, 19 participants considered there to be a clear match between the ICF and the new [special education needs and disability](#) policy in England. When asked about which aspects they believed the ICF could help improve in relation to the implementation of the new policy, the most frequently

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3 mentioned were: supporting multi-agency work (N=19); the development of more
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5 individualised descriptions of functioning (N=18); developing holistic [Education Health and](#)
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7 [Care](#) plans (N=17); and developing plans with less technical jargon (N=14). Twenty-one out
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9 of 23 participants would recommend this training session to other colleagues working in
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11 [service provision](#) (the remaining participants did not provide an answer to this item).
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14 15 16 **Discussion**

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18 This study aimed to report the results of a one-day training session on the ICF framework and
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20 classification system that was delivered in England for professionals working with children
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22 with [special education needs and disabilities](#), to support the development of higher quality
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24 [Education Health and Care](#) plans, and specifically, higher quality targets for children.
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26 Overall, the results of this study provided some indication that professionals are able to
27
28 identify quality issues within the plans currently being developed for children;
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30 simultaneously, and although ICF applications [in](#) service provision are rare, professionals
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32 seem receptive to an internationally recognised model and classification system that seems to
33
34 have clear potential to help overcoming these issues. There seems to be professional
35
36 willingness to bridge the gap between policy and implementation [11] and adapt evidence-
37
38 based international models, if they help to improve our system. For the professionals, it looks
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40 like ‘no policy is an island’ and that there are lessons to be learned from the international
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42 research on [special education needs and disability](#).
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46 Regarding the participants’ views on the usefulness of the ICF to support the development of
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48 [Education Health and Care](#) plans, most agreed that the plans could be improved, in particular
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50 by reducing the vagueness of the statements included in the ‘description of needs’ section [of](#)
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52 [the plans](#); here, the ICF was regarded by most participants as a tool with considerable
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54 potential to support the development of more specific statements. When asked about the
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3 quality of the targets, most participants referred to aspects related to the need for SMARTer
4 targets, in particular that they need to be a lot more *specific* and *relevant*. Research on the
5 quality of the actual content of the plans is scarce; however our results seem to match recent
6 findings from a systematic analysis of the quality of the plans, showing questionable quality
7 standards including, for example, inadequate portrayal of the views of the children and
8 families themselves, a very high number of vague statements and low level of
9 individualisation [21]. This has been attributed to the absence of evidence-based systems or
10 guidelines to support professionals in the development and implementation of the recently
11 introduced [Education Health and Care](#) plans, thus suggesting the existence of a gap between
12 the ideology conveyed in the English policy and its practical implementation [12, 21]. The
13 views of the participants in this study regarding the quality of the plans they analysed in the
14 training session is a reflection of this gap. However, most professionals agreed that the ICF
15 has the potential to help overcome these issues and could provide the necessary framework to
16 guide higher quality practices.
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33 Regarding the comparison of targets written before and after the training, we have seen an
34 improvement in the majority of the outcomes written after the training session, especially in
35 the extent to which they are *action-oriented*, *specific* and *relevant*. For example, participant
36 number 2 improved the written target against all SMART criteria, by specifying *how* the
37 child will develop his listening skills (through assistive technology) and in *which* daily
38 settings/opportunities (group situations). Here, the structure of the ICF, which includes a
39 component on environmental factors that restrict or facilitate *participation*, where a detailed
40 list of these factors is presented, has helped the participant to identify ‘assistive technology’
41 (coded in the ICF as *e1251 – Assistive products and technology for communication*) as a
42 factor that should be added to this target. Similarly, the ICF chapter on ‘supports and
43 relationships’ has helped the participant to identify the daily routine moments when he/she
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3 would like to work on this target – ‘group situations’, which promote peer relationships
4 (coded in the ICF manual under *d7504 – Informal relationships with peers*). Participant
5 number 12 improved against all SMART criteria; the rather vague statement ‘*improve her*
6 *independent working skills*’ was replaced with a specific indicator of independence – *making*
7 *choices between two options*; this makes the target more *specific* and *measurable*, but also
8 more *relevant* as its context is made more concrete. It was by looking at the ICF’s extensive
9 level of detail and focusing on finding potential indicators of independence and autonomy,
10 that the participant identified the code *d177 – Making decisions*, in chapter 1 of the *Activities*
11 *and Participation* component, which related to *Learning and Applying Knowledge*. The
12 taxonomy structure of the ICF provides a guideline, or a ‘reminder’ of skills that can be
13 mentioned and used as points of reference in writing targets for children. The reliability level
14 obtained as a result of inter-rater agreement is similar to that obtained in similar previous
15 studies. For example, in the study by Nijhuis and colleagues [24] on the role of the ICF in
16 supporting goal-setting in Dutch paediatric rehabilitation facilities, Cohen’s Kappa reliability
17 checks between raters ranged from ‘fair’ to ‘good’.

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36 Regarding the participants’ views on the usefulness of the training, most of the participants,
37 not having heard about the ICF before, now recognise its value in multiple ways, and in
38 connection to the English [special education needs and disability](#) policy. It is interesting to see
39 that most participants mentioned the ICF’s added value as a tool to support multi-agency
40 working, after having had the experience of using it to write new targets for children in small
41 multidisciplinary groups; this attests that the ICF can facilitate a positive multi-agency
42 working experience and be seen by professionals as a helpful tool to design higher quality
43 [Education health and Care](#) plans. It also shows that the circumstances in England are not
44 atypical: despite a unique local policy on [special education needs and disability provision](#),
45 this policy would benefit from including an internationally recommended framework such as
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3 the ICF; 'no policy is an island' and we should study the possibilities of integrating good
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5 practice observed in other countries into our own local policy.
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8 Some limitations of the study should also be mentioned alongside recommendations for
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10 future research. The study reports one single training session on the ICF, potentially the first
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12 conducted in England, to our knowledge. Thus, it provides an indication of the general lack
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14 of awareness of the [taxonomy](#) and also an indication of how it can be well-received by
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16 professionals if it was to be considered at policy level. [However, more widespread training](#)
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18 [would be necessary to fully understand the implications of introducing the ICF in service](#)
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20 [provision. Future research should invest on other models of ICF training \(including models](#)
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22 [embedded in context and involving a multi-disciplinary team\), and on tracking the use of the](#)
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24 [ICF by the professionals trained in a long-term follow-up; this would provide more definite](#)
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26 [evidence of the usefulness of this system for education planning and provision. Another](#)
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28 [limitation is that although](#) the improvement in the targets developed by the participants in this
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30 study demonstrates the potential of the ICF to help improve quality, the resulting targets
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32 could still be further improved when considering international good practices for [special](#)
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34 [education needs and disability service provision. Moreover, even though the professionals](#)
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36 [knew the children for whom the outcomes were being written in the session, this was still an](#)
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38 [exercise removed from its context and results should, therefore, be interpreted as an](#)
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40 [indication, not as a definite conclusion.](#) Additionally, the ICF training has not helped improve
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42 the criterion *time-frame* in the analysed targets, which still lack quality at this level. This is,
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44 however, an indication that higher quality training might be needed for professionals [in](#)
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46 [England](#), regardless of the introduction of the ICF. Further research initiatives should focus
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48 on larger scale studies on the impact of widespread ICF training on the quality of service
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50 provision at various levels.
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Conclusion

Nationally, there has been some debate on the challenges of the [special education needs and disability](#) policy and even less consideration has been given to possible alternative models that have the potential to retain the ideological assets of the English policy, while simultaneously helping to overcome the gap in ideology and implementation. Our study has provided evidence that the ICF has the potential to become such an alternative model and we argue, based on this evidence, that perhaps we need to move beyond the ‘indoor’ criticism of the local policy and open our horizons to international policy on [special education needs and disability service](#) provision. For 18 years the ICF has been considered the international gold standard for disability classification by the [World Health Organisation](#). [Member countries](#) (including the [United Kingdom](#)) have ratified the commitment to promote its use at local level [22]. However, this study shows there is very little local awareness of the classification and of its potential at professional level; at policy level, even though the principles (of multi-agency working, interdisciplinary work and holistic interventions) reflect internationally recognised good practices [41, 42], in practice we are not opening doors to frameworks that have shown efficacy beyond our borders. The results of our study suggest that ‘no policy is an island’, and there are reasons to invest in considering international lessons learned to help improve our SEND policy and provision. One way of doing this is to start the debate on the role of the ICF in promoting good practices, at national level. There can be value for money in adopting the ICF framework at this stage in England, when most necessary research to introduce the system into provision services has already been done internationally: forms of training are available in various formats and ICF-based checklists, measures and guidelines have been widely distributed [43, 44]. Only political willingness seems to be necessary for bridging the gap beyond ‘the island’.

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Table 1. Examples of quotes matching themes found in the participants' evaluation of needs sections in anonymised Education Health and Care plans

Item: How does the needs section of the EHC plan require improvements?		
Theme	Quote	Participant Number
Lack of individualisation and specificity and vague statements (N=28)	<i>Some of the descriptors and terms used were too broad and required further clarification and context.</i>	17
	<i>The description is very much at the skill level for individual (...) writing tasks; does not provide any general sense of how he interacts with reading and writing</i>	6
Writing that is unclear (N=1)	<i>some sentences do not make sense</i>	5
Impact of difficulties not documented (N=2)	<i>focus more on each difficulty / area of need and how it impacts on the child's everyday life and learning</i>	7
Duplicated information (N=3)	<i>some information duplicated in different sections, e.g about making mistakes – in 'cognition and learning and in 'social, emotional & mental health'</i>	5
Lack of information about environment (N=1)	<i>More descriptions of support environment</i>	1
Lack of supporting evidence (N=2)	<i>some (...) assertions without evidence</i>	18
Language that is too technical (N=2)	<i>inclusion of too technical language</i>	8
Item: How do you think the use of the ICF could help improve the needs section?		
Theme	Quote	Participant Number
Usefulness in reducing the vagueness of the statements (N=14)	<i>I think the ICF breaks areas of need down so much more that you can get a better picture of needs in each area.</i>	4
	<i>It serves as a reminder to be more specific and prompts discussion about what is meant</i>	17
Functioning as a problem-solving tool (N=8)	<i>use of multiple codes to pair up so that reason for presenting need can also be addressed;</i>	2
	<i>makes you pinpoint the reason for certain behaviours</i>	9
Helps organising information in writing (N=10)	<i>prompts phrasing / terminology</i>	8
	<i>to help organise description of needs into sections – this should make it easier to locate information</i>	10
Use of less technical language (N=3)	<i>much clearer, easier to put in simple language, without jargon and write a lot less</i>	9
The possibility of describing children's abilities/positive aspects of functioning (N=1)	<i>useful to identify initial stage of learning achieved as .0 and severity of need where expected level not achieved. Represents positives as well as developmental needs.</i>	2
Serves as a common language (N=4)	<i>it can offer a narrative that consists of a common language to simplify this section.</i>	20
ICF does not help (N=2)	<i>I don't think the ICF would improve that much.</i>	6

Table 2. Examples of quotes in response to the item: Why do you think the targets' section could be improved?

Theme	Sub-Theme	Quote	Participant Number
Being SMART (N=17)	More measurable (N=3)	<i>require consistent use of appropriate quantification</i>	2
	Not relevant (N=5)	<i>The outcomes are generally very aspirational and not necessarily realistic/achievable.</i>	21
		<i>There was not one outcome that was connected to the child's needs</i>	16
	More specific (N=5)	<i>they need to be more specific, more related to the individual child</i>	18
	Indicate timeline (N=2)	<i>indicate the timeline by which we expect the child to achieve the target</i>	7
	Could be SMARTer (N=2)	<i>the goals are not smart</i>	3
Use of language (N=1)	Less technical language (N=1)	<i>I have reflected on phrases such as '50%' and realised they may not be meaningful to parents and teachers.</i>	16

Table 3. Children's targets before and after the ICF training session and quality rating against SMART criteria

Participant	Target 1	Target 2	Improvement from time 1 to time 2 after inter-rater agreement				
			Specificity	Measurability	Action-oriented	Relevant	Time-framed
4	Will be able to work at an appropriate developmental level	Will be able to express his needs and wishes, for example by reaching to show his communication device by request	✓	✓	✓	✓	X
9	Will be taking other people's feelings into consideration before she reacts	Will be able to regulate her emotions and impulses, verbal aggression and physical aggression in interaction with others in a contextually and socially appropriate manner	X	X	X	✓	X
10	Will be able to access all areas of the national curriculum at his own individual pace	Will develop her understanding of complex spoken messages so that she can follow simple instructions given to the whole class with independence	X	X	✓	✓	X
11	Will develop his receptive and expressive skills to a level where he can follow simple verbal instructions (initially two part) when supported with visual cues, such as 'now' and 'next' or simple visual timetable	By the end of year 5, X will be able to start, sustain and end an interchange of thoughts and ideas carried out by means of spoken language with one or more persons	✓	✓	X	X	✓
12	Will develop her attention and concentration skills so that she can improve her independent working skills	Will be able to make a choice when given two options and then implement and evaluate the effects of this choice through guided reflection with an adult	✓	✓	✓	✓	✓
13	Will build his receptive and language skills, understand key concepts, time and activities and follow adult-directed instructions	Will be able to describe a picture by producing a sentence using subject-verb-object structure (e.g. the boy is kicking the ball) supported by colourful semantics (intervention where parts of a sentence are colour-coded)	✓	✓	✓	✓	X
14	Will develop social communication skills and be confident to speak in a variety of situations	Will be able to initiate conversation with a peer in each school day by the end of key stage 2	✓	✓	✓	✓	✓
15	Will develop his approach to learning so that he can continue making progress	Will improve her receptive and expressive language skills using visual prompts like within-task prompt sheets	✓	X	✓	✓	X
16	Will develop a more dynamic grasp to facilitate his pencil control and writing stamina	Will be able to converse with many peers and adults by participating in a group interchange during lesson starters until the lesson starter has finished and to do this everyday	✓	✓	✓	✓	✓
17	Will develop his social skills to a level where he can develop healthy social relationships	Will be able to initiate and maintain and interchange with a peer during a structured classroom activity for 10 minutes on a daily basis	✓	✓	✓	✓	✓

18	By the end of the year will be able to use a checklist to support her independent learning	Will participate in a group discussion for a short period of time by responding to a contribution from someone else and staying in the topic	✓	X	X	✓	X
21	Will be able to follow instructions independently	G will be able to develop an awareness of needing to go to the toilet and communicate this to adults	X	X	X	✓	X
22	Will be able to communicate his basic needs wishes and comments through use of short phrases/sentences and/or augmentative communication systems and will be able to follow familiar instructions and new information.	Will be able to produce words, phrases and longer passages in spoken language with literal and implied meaning such as expressing a fact or telling a story	✓	X	X	✓	X
1	Will develop his social interaction skills so that he can form relationships and participate in school life	To sustain a conversation with another person and responding on the same topic for several exchanges	✓	X	X	✓	X
2	Will develop his listening and attention skills to a level where he can carry out classroom instructions and complete a task independently	The child will be able to follow instructions, understand the work set in the classroom using assistive technology at all times and participate fully in group situations	✓	✓	✓	✓	✓
5	Will be able to interact with people in a contextually and socially appropriate manner	Will be able to interact with people in a contextually and socially appropriate manner by showing consideration and esteem when appropriate or responding to the feelings of others	✓	X	✓	✓	X

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Review