Using the ICF-CY to Support Inclusive Education in Ghana

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Abstract

The international classification of functioning, disability, and health for children and youth (ICF-CY) developed by the World Health Organization (WHO) is a framework for understanding concepts of disability specific to children and youth. This framework has been used in countries around the world to support the education of children with disabilities. In this article, we argue that the ICF-CY has the potential to inform and support Ghana's education system and to improve the implementation of education for children with disabilities, particularly inclusive education, in Ghana. Specifically, we use children with intellectual and developmental disabilities (IDD) as an exemplar to examine how the ICF-CY can support inclusive education for children with disabilities within its main components: Body Functions and Structures, Activities and Participation, Environmental Factors, and Personal Factors. Examining the ICF-CY in these areas is significant, as many similar low- and middle-income contexts have yet to adopt the framework and may draw insights and lessons for its significance in educational contexts.

On July 31st, 2012, the Republic of Ghana ratified the United Nations Convention on the Rights of Persons with Disability. This convention emphasized equal educational opportunities for all persons with disabilities (United Nations, 2006). In addition to this important international policy commitment, Ghana also has national policies that confirm state responsibility for education for all. For example, in its Education Strategic Plan (2003–2015), the Republic of Ghana committed to including all children with mild to moderate disabilities in general education settings by 2015 (Republic of Ghana, 2003). However, critics have argued that existing policies for the right to education for children

with disabilities have not yet resulted in equal educational opportunities for children with disabilities in practice (Agbenyega, 2006, 2007; Lamptey, Villeneuve, Minnes, & McColl, 2015). For example, Lamptey et al.'s (2015) appraisal of Ghana's policy on inclusive education identified that the policy did not provide adequate resources, special materials, and supportive infrastructure to enable children with disabilities to benefit from general education settings. Further, the authors found public documents either to have not defined disability or to have defined disability in alignment with the medical model that perceives disability as problem inherent within an individual—and one to be fixed by medical treatment or interventions. The medical model does not recognize the influence and effects of social, environmental, and cultural factors on disability (Avoke, 2001; Oliver & Barnes, 2012). Taking such a narrow perspective on disability can limit a child's opportunity to access environments that are physically, socially, and attitudinally conducive for appropriate education. Currently, the prevalence of the medical model in understanding disability in Ghana further isolates children with disabilities from inclusive to special segregated schools by its view of disability as a biological problem of the individual. The time, therefore, seems ripe for the exploration of concrete strategies for increasing translation of policy to practice.

The *International Classification of Functioning, Disability, and Health* (ICF) with its version for children and youth (ICF-CY) developed by the World Health Organization (WHO), is a universal framework for understanding concepts of health, functioning, and disability specific to children and youth. In contrast to the medical model, the ICF-CY views disability from a biopsychosocial perspective (World Health Organization, 2007), providing a holistic framework that examines functioning and environment in childhood and seeks to identify the needs of persons with disabilities (Hellblom-Thibblin, Klang, & Åman, 2012). Thus, unlike the medical model, the ICF-CY framework recognizes the effects of biological, psychological, environmental, and social functioning on disability (Dahl, 2002; World Health Organization, 2001). In this article, we argue that the ICF-CY has the potential to inform and support Ghana's education system and to improve the implementation of inclusive education for children with disabilities. Specifically, we use children with intellectual and developmental disabilities (IDD) as an exemplar to examine how the ICF-CY framework can advance inclusive education for children with disabilities within its main components: Body Functions and Structures, Activities and Participation, Environmental Factors, and Personal Factors.

Background

The concept of inclusive education has been internationally accepted as a strategy for providing equal educational opportunities for children and youth with and without disabilities (World Health Organization & World Bank, 2011). The literature identifies access, equity, and support as the core features of inclusive education (Ainscow, Booth, & Dyson, 2016; Booth & Ainscow, 2002; Hutchinson & Martin, 2012; Jongbloed & McColl, 2006). The extent to which environmental barriers to educational opportunities are addressed to promote the inclusion of students with disabilities in inclusive schools is termed *access* (Ainscow, 2000; Ainscow, Farrell, & Tweddle, 2000; Chowdhury, 2011). *Equity* is fair treatment and equal opportunities for all students regardless of their disability status. *Support* refers to the availability of resources and services for students

with disabilities to fully benefit from inclusive education opportunities in their respective communities (Villeneuve et al., 2013). Although governments are increasingly supporting inclusive education practice (i.e., access, equity, and support), there remains a lack of consensus about best approaches for moving policy and practice in a more inclusive direction (Ainscow & Sandill, 2010). Many countries across the globe encounter challenges in implementing inclusive education; however, the situation demands more attention in low- and middle-income countries such as Ghana, where disability often signifies a disqualification from education (Ainscow & Sandill, 2010; Botts & Owusu, 2013; Reindal, 2010). The Republic of Ghana reports that approximately 3% of its population are living with some form of disability (Ghana Statistical Service, 2012). However, global estimates record 10–15% of disability prevalence (World Health Organization & World Bank, 2011). The discrepancies in prevalence estimates can be attributed to the perception and conceptualization of disability by researchers in various contexts. For example, in developing contexts in which persons with disabilities are often segregated, researchers often only include persons with visible disabilities in surveys (Yeo & Moore, 2003). In a recent review on the status of inclusive education systems in Ghana, Ametepee and Anastasiou (2015) found that only 3% of children with disabilities receive a basic primary education. The implementation of an inclusive education system in Ghana has been less effective due to diverse challenges including absence of modification of school curriculum, negative teacher attitudes and beliefs, lack of effective teacher training, and the absence of clear educational policies that are inclusive (Ametepee & Anastasiou, 2015; Avoke, 2001; Bawa & Mangope, 2011; Kuyini & Desai, 2007).

Critical Reflections on Educational Policies in Ghana

The Republic of Ghana's commitment toward achieving education-related goals is reflected in several policy frameworks and legislation, including its 1992 Constitution's Free Compulsory Universal Basic Education policy of 1996; Children's Act (Act 560) of 1998 (Republic of Ghana, 1998, 2003); Persons with Disability Act (Republic of Ghana, 2006); and Education Strategic Plan (ESP) of 2003–2015 and 2010–2020 (Republic of Ghana, 2003, 2012). Table 1 summarizes the contents of the main guiding policy documents relating to the education of children with disabilities in Ghana.

The ESPs of 2003–2015 and 2010–2020 have declared inclusive education as the most appropriate educational provision for students with disabilities. These policies sought to include all students with mild to moderate disabilities in inclusive education systems by 2015 (Republic of Ghana, 2003, 2012). In particular, the ESP of 2003–2015 sought (a) an increase in attendance for students with disabilities in schools to 50% in 2008, 80% in 2012, and 100% by 2015; and (b) the achievement of an inclusive education system for students with mild to moderate disabilities by 2015 (Ametepee & Anastasiou, 2015). It is not clear, however, who constitutes children with non-severe and severe disabilities as the definition of disability; and criteria for determining levels of disability are not explicit in policy documents (Lamptey et al., 2015; Republic of Ghana, 2003, 2010). Also, it is interesting to note that a definition of inclusive education is not provided in the ESP of 2003–2015 or 2010–2020, making it difficult to compare Ghanaian definitions with global definitions of inclusive education.

Table 1.
National Policies Pertaining to Education and Disability in Ghana

Year	Policy Document	Educational Goal	Summary Contents
1992/1996	Republic of Ghana 1992 Constitution—Free Compulsory Universal Basic Education of 1996	Achieve free compulsory universal primary or basic education for all by 2005 (Article 38)	Details government targets and strategies to achieve free compulsory and quality education for all
1998	Children's Act (Act 560)	Enforce the educational rights and social- well-being of all children (section 10[2])	Details the rights of the child including education , maintenance and adoption, regulation of child labour, and all general matters relating to children
2006	Disability Act (715)	Mandate the enrolment of all children in school (section 16-18)	Details the rights of persons with disabilities relating to education , employment, health care services, family life, and other related matters
2003–2015 and 2010–2020	Education Strategic Plan (ESP)	Achieve inclusive education for all children with non-severe disabilities by 2015	Education sector policies, targets and government strategies for the plan period [2003–2015] and [2010–2020] and targeted outcomes

Although it does not provide a concrete definition, in each ESP the government associates inclusive education with integrating students with mild to moderate disabilities into mainstream schools (Republic of Ghana, 2003), enabling us to hypothesize that Ghana holds a definition of inclusive education that is in alignment with common ideals about the practice. Although the ideals and intentions associated with inclusion is access, equity, and support (Booth & Ainscow, 2002; Hutchinson & Martin, 2012; Jongbloed & McColl, 2006), placement is the most frequent focus in practice. In particular, adaptations in teaching strategies, curriculum, and learning processes are often a lower priority in inclusive education (Haug, 2017). We believe that given (a) its roots in the biopsychosocial approach to understanding disability (World Health Organization, 2007) and (b) its use to guide disability policies around the world (Campbell & Skarakis-Doyle, 2007; Cieza et al., 2004; Sanches-Ferreira et al., 2013), the ICF-CY framework may be a crucial, concrete tool that could be used by policy makers and practitioners to make a shift from policy on paper to policy in action in Ghana.

Understanding the Influence of the ICF-CY Framework on Inclusive Education

The ICF-CY was derived from the ICF to understand concepts of disability specific to developing children and youth that could be universally used by them in health, education, and the social sector (World Health Organization, 2007). The ICF-CY framework comprises two main parts, Functioning and Disability (Part 1) and Contextual Factors (Part 2), each of which has two components (WHO, 2002, pp. 9–10). Part 1 consists of Body Functions and Structures and Activities and Participation (i.e., tasks and

activities). Part 2 comprises Environmental Factors (e.g., policies and legislation, societal attitudes) and Personal Factors (e.g., age, gender, intellectual level). Each component of the ICF-CY framework has various corresponding domains and categories.

The ICF-CY framework has been widely applied across multiple sectors, including health, education, and disability public policy (Cieza et al., 2004). Professionals have employed the framework to understand disability and have further developed brief core sets for specific health conditions (Cieza et al., 2004; Steiner et al., 2002). The ICF has also been used as an educational problem-solving tool to guide eligibility policy and practice in special education (Campbell & Skarakis-Doyle, 2007; Hellblom-Thibblin et al., 2012; Sanches-Ferreira et al., 2013). For example, the government of Portugal employed it to assess type and severity of disability required for children to benefit from special education services (Sanches-Ferreira et al., 2013). Similarly, the Swiss government used the framework to establish the eligibility of children with disabilities in special schools (Hollenweger, 2011). We believe that the ICF-CY framework could serve as a concrete tool for advancing inclusive education for children with IDD in Ghana and similar contexts. Using its four main components, the following section identifies how the ICF-CY framework could support key stakeholders in advancing inclusive education for children with IDD in Ghana.

Body Functions and Structures

The World Health Organization's International Classification of Diseases Working Group defines IDD as "a group of developmental conditions characterized by significant impairment of cognitive functions, which are associated with limitations of learning, adaptive behaviour and skills" (Salvador-Carulla et al., 2011, p. 177). Generally, persons with IDD experience difficulties in perceptual reasoning, verbal comprehension, processing speed, and working memory due to cognitive impairment (Salvador-Carulla et al., 2011). Generally, children with IDD receive education in special segregated schools, which excludes them from mainstream societies and from inclusive educational opportunities (Avoke, 2001; Gyimah, 2001; Lamptey et al., 2015). Research in low- and middle-income contexts shows that children with IDD who receive education in inclusive schools experience challenges in maintaining motivation in the learning process (Engelbrecht, Nel, Smit, & Deventer, 2016; Okyere, Aldersey, & Lysaght, in press; Westbrook & Croft, 2015). For example, in a study that explored the experiences of children with IDD in inclusive schools in Ghana, Okyere et al. (in press) found that unlike their peers without disabilities, children with IDD exhibit problem behaviours and experience difficulties in learning and applying practical knowledge in the general education classroom.

The domains for Body Functions and Structures most related to the child with IDD are: (b1) Mental Functions (e.g., b117, intellectual functions; b126, temperament and personality functions); (b3) Voice and Speech Functions; and (s1) Structures of the Nervous System. The domains for Body Functions and Structures are a significant reference guide to the assessment of functioning profiles, identification of specific needs, and development of systematic intervention plans (Selb et al., 2015; World Health Organization, 2007). We believe that introducing the ICF-CY framework into educational

systems in Ghana may help teachers to better understand functioning or deficits in mental functions and brain structure that affect problem behaviours and learning challenges as it relates to the child with IDD. Subsequently, the framework can guide the development of specialized assessments and adaptations or modifications in instructional strategies and curriculum, ultimately leading to increased participation and inclusion of the child with IDD. In a study that explored professionals' perception of the ICF-CY in Sweden, Adolfsson, Granlund, Björck-Akesson, Ibragimova, and Pless (2010) found that introducing the ICF-CY framework in school systems increased teachers' understanding about students' individual needs, which also supported the establishment and evaluation of individualized support. Similarly, in an investigation of the feasibility of applying the ICF-CY in school settings in De Polo, Pradal, Bortolot, Buffoni, & Martinuzzi (2009) found that the ICF-CY aided educational teams' and professionals' understanding of students' individual needs, which also aided their understanding of the most suitable environments for satisfying their students' specific needs. It is noteworthy that these best practices come from developed countries with a history of using the ICF-CY to understand and support the inclusion of children with disabilities including those with IDD. This demonstrates a need for an exploration of the ICF-CY framework with children with IDD in inclusive education settings in Ghana.

Activity and Participation

The domains for Activity and Participation include a range of life areas, from learning and applying knowledge to areas such as interpersonal interactions and relationships, and community, social, and civic life (World Health Organization, 2007). In educational settings, the Activity and Participation component describes the ability or difficulties a child may encounter in executing school tasks, activities, and daily routines typical of their respective age (World Health Organization, 2007). This component lists nine domains, four of which are particularly applicable to children with IDD: (d1) learning and applying knowledge, (d2) general tasks and demands, (d3) communication, (d5) self-care, and (d7) interpersonal interactions and relationships. Research shows that children with IDD often experience significant activity limitations and participation restrictions in learning to read and write, completing exercises, and joining in play activities and conversations with peers in inclusive schools (Dalton, McKenzie, & McKenzie, 2012; Franck & Joshi, 2017; Mapuranga, Dumba, & Musodza, 2015).

Generally, teachers encounter diverse challenges supporting children with IDD, including navigating strategies to support their social participation and relationship building (Leeuw, de Boer, Bijstra & Minnaert, 2018; Okyere, Aldersey & Lysaght, in press). The literature identifies four key features of social participation: friendship, interaction, social self-perception, and acceptance by peers (Koster, Nakken, Pijl, & van Houten, 2009). Children with IDD can achieve social participation in the general education classroom through positive interactions with friends and classmates, which leads to an overall sense of belonging (de Leeuw et al., 2018; Koster et al. 2009). The significance of the ICF-CY lies in its role as an important guide to how teachers might remove physical barriers to accommodate potential impacts of impairments and activity limitations and to encourage opportunities for interactions and co-operation

between children with and without IDD (World Health Organization, 2013). Accommodating potential impacts of activity limitations can take the form of (a) individualized outcomes that match functioning profiles, (b) suitable physical environments and modified classroom activities that support social participation and relationship building, and (c) policies that make provisions for the realization of these accommodations.

Contextual Factors

Contextual Factors “represent the complete background of an individual’s life and living” (World Health Organization, 2007, p. 15). It comprises two components—Environmental Factors and Personal Factors—that either act as facilitators or barriers to an individual’s functioning (World Health Organization, 2007). Considerations of the specific needs of children with disabilities in inclusive education contexts can be identified and met if all relevant Contextual Factors are addressed to promote their inclusion (Hollenweger, 2011). Teachers’ understanding of the influence of Contextual Factors on the child with IDD could serve as a useful guide to the creation of learning environments that improve their capacity and performance (De Polo et al., 2009). As Taylor (2004) noted, “Services for students with disabilities should come with a presumption in favour of environments that are least restrictive and most normalized, independent, and integrated” (p. 219).

Environmental Factors. The functioning of the individual in this component is documented into five domains: (e1) products and technology; (e2) natural environment and human-made changes to environment; (e3) support and relationships; (e4) attitudes; and (e5) services, systems, and policies. The application of the ICF-CY could influence the development and monitoring of clear educational policies related to equitable access that would promote inclusive education environments, given its holistic approach to disability and participation (Maxwell & Koutsogeorgou, 2012). Within Ghana’s inclusive education system, the ICF-CY could shape educational policies and legislation to support children with disabilities by broadening the lens of how disability is viewed and defined. With the current medical lens, the influence of cultural factors (beliefs and practices) on disability is not recognized in policy and legislation (Oliver & Barnes, 2012). From the educational perspective in Ghana, a solely individual-deficit-based model for understanding disability translates to a number of concerns: (a) negative teacher attitudes toward children with IDD, (b) isolation of children with IDD into special segregated schools and thus less access to integration and, (c) feelings of underachievement on the part of children with IDD (Adjei, 2006; Agbenyega, 2007; Kuyini & Desai, 2007). Introducing strategies for identification and classification of students based on the ICF-CY into Ghana’s educational contexts might have a reciprocal influence on policies, causing policy makers to consider contextual effects on the educational attainment of the child with IDD. Specifically, the ICF-CY framework could influence special education policies to clearly embed the core features of inclusive education—access, equity and support—that would further support their integration into schools and communities.

Personal Factors. These factors are the “features of the individual that are not part of the health condition” (World Health Organization, 2007, p. 15). These include age, gender, motivation and intellectual level, and coping styles. It is noteworthy that despite its influence on functioning and on intervention outcomes, Personal Factors are not classified on the current version of the ICF-CY framework due to disparities in societies and cultures around the globe (Westby & Washington, 2017; World Health Organization, 2007). Compared to their typically developing peers, children with IDD are more likely to exhibit destructive behaviours, negative dispositions, and poorer self-regulation and temper tantrums (Lakhan & Kishore, 2018). An identification and in-depth understanding of Personal Factors such as motivation, intellectual capacity, and temperament of the child with IDD can guide the development of the most suitable instructional strategies that support their functioning and, ultimately, inclusion (Sanches-Ferreira et al., 2013). Instructional strategies may take forms such as individualized education plans (IEPs), modifications and adaptation of curriculum, and instructional practices (Dee, 2010; Gal, Schreur, & Engel-Yeger, 2010). For example, teachers can use multiple-sensory-approach flexible teaching methods (i.e., visual and auditory instructions), offer regular feedback, break tasks into small learning chunks, or create an accessible classroom to ensure that children with IDD benefit in inclusive schools.

Some basic and junior high schools in Ghana encourage the adoption of pedagogical strategies that are considerate of Personal Factors, inclusive, and child-centred (Ampiah, 2008). However, recent studies have shown few or no adaptations in instructional strategies and curriculum to accommodate the factors unique to each child with a disability in the general education settings (Eller, Fisher, Gilchrist, Rozman, & Shockney, 2016; Singal, Salifu, Iddrisu, Casely-Hayford, & Lundebye, 2015). Factors such as inadequate resources, overcrowded classrooms, and lack of teacher training and preparation have led to the absence of the development of individualized support based on the personal factors and unique needs of the child with IDD (Avoke, 2001; Bawa & Mangope, 2011). The development of individualized support such as IEPs has thus been inconsistent and limited in scope, due to educational materials and programs or instructional methods that are inappropriately matched to the unique Personal Factors of each child (Avoke, 2001; Okyere & Adams, 2003). The application of the ICF-CY in Ghana’s education system may serve as the first concrete and applicable step that stakeholders (e.g., Ghana Education Systems, Special Education Division, and teachers) can take, to support the development of individualized support that is consistent, comprehensive, and in alignment with the specific Personal Factors of the child with IDD. By considering the Personal Factors of each child with IDD, teachers can better understand the characteristics of the child that affect their behaviours, capacity, and performance and can adapt resources and services to ensure their full participation and inclusion (Washington, 2007).

Table 2.
Application of the ICF-CY Framework in Inclusive Education

Components ¹	Applicable Domains ²	Application to the Child with IDD	Integrating the ICF-CY into Inclusive Education
Body Functions and Structures Physiological or psychological functions of body systems and anatomical parts of the body (i.e. organs and limbs)	(b1) Mental Functions (b3) Voice and Speech Functions (s1) Structures of the Nervous System	Impairments in intellectual functioning (e.g. memory functions) and in adaptive behaviour	<ul style="list-style-type: none"> • Provides a framework for a better understanding the child with IDD's needs • Can serve as the basis for determining the eligibility of the child with IDD for inclusive education • Can identify educational needs and goals of the child with IDD
Activity and Participation <i>Activity:</i> Execution of a task by the individual <i>Activity limitation:</i> Challenges an individual may encounter executing a task. <i>Participation:</i> An individual's involvement in a life situation. <i>Participation restriction:</i> Problems an individual may encounter while involved in a life situation	(d1) Learning and Applying Knowledge (d2) General Tasks and Demands (d3) Communication (d5) Self-care (d7) Interpersonal Interactions and Relationships	Limitations in activities (e.g. difficulties in learning, reading, writing completing class exercises) Participation restrictions (e.g. decreased involvement in classroom and recreational activities. Decreased involvement in conversations with peers and play activities)	<ul style="list-style-type: none"> • Provides a framework for accommodating individual needs: <ul style="list-style-type: none"> - Identifying appropriate individual instructional strategies - Modifying curriculum and classroom/school activities and assessments • Facilitates full participation and inclusion of the child with IDD
Contextual Factors <i>Environmental factors:</i> The physical, social and attitudinal environment (e.g. family, school) surrounding an individual life. <i>Personal factors:</i> The characteristics (e.g. sex, age, gender, health conditions) that makes each individual unique.	(e2) Natural Environment and Human-Made Changes to the Environment (e3) Support and Relationships (e5) Attitudes, Services, Systems and Policies	Environmental Factors (e.g. special education policies/legislation that do not make provision for appropriate resources and services). Personal Factors (e.g. level of intellectual capacity and motivation)	<ul style="list-style-type: none"> • Provides insights into environmental and personal factors that facilitate or impede the functioning of the child with IDD within an inclusive settings • Provides a framework for assessing and adapting contextual factors to accommodate the inclusion of the child with IDD

Notes: ¹ WHO (2001), p. 10. ² WHO (2007) pp. 31–42.

Potential Challenges of the ICF-CY

While the ICF-CY has been beneficial in assessing the health of children and youth and for analyzing educational processes and systems (Adolfsson et al., 2010; De Polo et al., 2009; Hellblom-Thibblin et al., 2012; Maxwell & Koutsogeorgou, 2012), some concerns have been raised in the literature regarding its application in educational contexts. First, the use of the ICF-CY in establishing the eligibility of children with disabilities to benefit from special education services may form the basis for further segregation and discrimination rather than support and equalization of opportunities (Hollenweger, 2013). While a significant concern, it is important to note that the purpose of the ICF-CY is not to categorize people, but rather the impairments and participation restrictions they experience, and to identify the environmental factors that affect their experiences (Simeonsson et al., 2006). Therefore, we believe that countries could employ the ICF-CY to define and support the unique needs of children with disabilities in inclusive education systems rather than categorize them in a way that might compromise equalization of opportunities. This way, the ICF-CY's purpose of a non-discriminatory approach to disability would be promoted (Simeonsson et al., 2006). Second, some education professionals have rated the ICF-CY as complex due to their difficulty in understanding its concepts (Sanches-Ferreira, Silveira-Maia, & Alves, 2014). Again, while an important concern, it is noteworthy that the ICF-CY has been instrumental in promoting collaborative service delivery among clinicians and education professionals as it relates to addressing the individual needs of students with disabilities in school settings (Campbell & Skarakis-Doyle, 2007). We believe that the ICF-CY also provides a framework for collaborative partnerships through which educational professionals can receive the support they require to understand core concepts.

In developing contexts such as Ghana, the contribution of rehabilitation professionals to persons with disabilities has often been limited to therapeutic services such as occupational therapy, physical therapy and speech and language therapy outside educational settings (Kumar, Roy, & Kar, 2012; Sayers, 2008; Teerink, 1999; Tinney, Chiodo, Haig, & Wiredu, 2007). The Department of Social Welfare and Department of Health in Ghana are required to assist in assessing children's educational needs. However, there is little or no collaboration among these departments and education professionals in Ghana (Gyimah, Sugden, & Pearson, 2009). The common language for communication that the ICF-CY offers could contribute to the development of strong collaborations among health and educational professionals, which also supports educational professionals' understanding of core concepts (World Health Organization, 2007).

Further, in terms of resources, efforts, and time, De Polo et al. (2009) described the process of using the ICF-CY "as neither simple nor easy" (p. 73). We believe that the complexities surrounding the applicability of the ICF-CY in educational contexts can be mitigated by an investment into specialized training of educational professionals on all key elements and concepts of the ICF-CY (Sanches-Ferreira et al., 2014). To that end, despite the outlined limitations of ICF-CY use, we believe that the positive aspects of its application outweigh the potential negative impacts, particularly when intentional steps are made to safeguard against the limitations. Although the potential cautions against the

ICF-CY are valid and must be taken into consideration, we believe that the potential positives for closing the gap between policy and practice outweigh the potential negatives.

Conclusion and Future Directions

Given the standing international requirement for inclusive approaches for all children with disabilities, the ICF-CY framework can play an important role in supporting inclusive education. The challenges that children with IDD in Ghana face can be attributed to environmental factors, i.e., education policies and legislation that are embedded within the medical model, and a society that discriminates against all children with disabilities. The ICF-CY offers a framework for inclusion without compromising core educational principles. Using a biopsychosocial approach to disability, it offers a holistic basis for assessing children and developing appropriate, individualized supports for full participation and inclusion. The ICF-CY can also support teachers in developing and implementing teaching strategies to support children and can offer a common language for collaborating among disciplines. The use of the ICF-CY in Ghana's education system can thus promote effective inclusive education implementation by guiding policy makers and professionals to identify and document characteristics relevant to improving the functioning and participation of children with disabilities in inclusive classrooms. Examining the applicability of the ICF-CY in educational contexts is relevant to its adoption in Ghana and similar low- and middle-income contexts. This paper was the first in this process.

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