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SHORT PAPER

A Study of the New System for Certifying Disabilities and Undertaking Needs Assessment for Persons with Disabilities in Taiwan : Focusing on the Introduction of the International Classification of Functioning, Disability, and Health (ICF) Adopted by the World Health Organization

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ABSTRACT

　　Taiwan's social welfare system for persons with disabilities acquired its present form after two major revisions to the Welfare Law for Handicapped Persons (1980). In the latest revision to the law in 2007, the aim of social welfare for persons with disabilities was changed to "protect the legal rights and interests of people with disabilities, secure their equal opportunity to participate in social, political, economic, and cultural activities fairly, while contributing to their independence and development." The revised law specified that after the trial period of five years in 2012, social services would be provided through a new system for certifying disabilities and a needs assessment system would be undertaken, based on the International Classification of Functioning, Disability, and Health (ICF), adopted by the World Health Organization (WHO).

　　This paper investigates the impacts of this new system on Taiwan's social welfare for persons with disabilities. The results demonstrate that the introduction of the ICF framework has created the possibility of developing social services for persons with disabilities, but there are a number of difficulties in certifying disabilities and in assessing the needs for persons with disabilities.

I. Introduction

In the latest revision to the law in 2007, the aim of social welfare for persons with disabilities was changed to "protect the legal rights and interests of people with disabilities, secure their equal opportunity to participate in social, political, economic, and cultural activities fairly, while contributing to their independence and development." Further, the Guiding Principles for R.O.C. Centenary Social Welfare Policy (Executive Yuan, 2012), set goals of fairness, inclusion, and a just society. One of the most important aspects of the amendments to the law that warrants particular attention is the statement that the WHO's ICF will be the foundation for a system for certifying disability and undertaking a needs assessment for social services.

Three years have passed since the launch in July 2012 of the system for certifying disabilities and undertaking needs assessments for social services. Therefore, this paper investigates the impacts of this new system. There have been many calls globally for the ICF framework to be reflected in social welfare policy for persons with disabilities. Consequentially, analyzing Taiwan's attempt to introduce the ICF framework is extremely useful for exploring the possibilities in other countries.

II. Background to the Establishment of the New System

Problems with the former system formed the background to the establishment of the new system. The disability identification was defined in the Welfare Law for Handicapped Persons, enacted in 1980. It is based on a certification of disability by a medical institution and is the entrance point for access to social services (Jeng, 1982). If a person does not have the identification, he or she could not use social services. The following three difficulties with the former system have been cited.

The first is the problem of certification of disability based on a medical or individual model. Doctors' certifications emphasize physiological and psychological aspects, and tend not to consider the impact of the disability on a person's opportunities for activity and social participation, or the person's environment. As a result, there are concerns that doctors overlook the individuality of the person with a disability (Lai, 2011).

The second issue is the difficulty of establishing categories of disability. When the 1980 law was enacted, there were 7 categories of disability, which was increased to 11 in 1990, 12 in 1995, 14 in 1997, and 16 in 2001 (Lin, 2011). This increase in the number of categories of disability was a result of demands by organizations for persons with disabilities to obtain social services. Whether or not they are legally certified as having a disability is important for them. There was also the possibility that the current system results in the loss of equality among persons with different disabilities. Further, the names of the categories of disability could not conform to the method of classifying disabilities according to the cause of the disability (for example, a chromosomal

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abnormality), the diagnosis of a disease (e.g., dementia), or to the broad classification of the disability (for example, a physical disability) (Lin, 2010). Therefore, situations arose in which people were identified differently because of doctors' decisions, even if in reality their disabilities were the same. Furthermore, Hong (2006) described the following problems with the system of classifying disabilities: ① the classification system was unable to include all categories, and different categories were not mutually exclusive; ② analyses and comparisons with the data of other countries could not be carried out because the classification system was not in use throughout the international community; ③ the system could not be used as a clinical and evaluation tool; ④ it could not be used for statistics and research; and ⑤ it was difficult to use as a tool for formulating a country's social policy.

The third difficulty is the system for providing social services, as summarized by the following two points. First, it is impossible to identify appropriate and necessary social services for the individual from the certifications of disability alone. Second, prior to the enactment of the current law, except for some specific social services, disability identification holders who were identified as having needs were able to access social services. In the context of there being no function to adjust resources as a whole, and limited resources (particularly financial resources), this meant that social services that consumed significant amounts of money naturally ate into the financial resources of the other social services. In this situation, essential social services could not be accessed by the people in need (Lin, Wu & Lin, 2011).

Ⅲ. The Content of the New System and the Present Situation

1. The content of the new system

The characteristics of the content of the new system are described below.

First, needs assessments have been introduced into the system for certifying disabilities and providing social services, based on the ICF framework. Codes are used to document the degree of ability within a classification.

Second, in addition to the codes of the domain of body functions and structures, the codes of the domains of activities, social participation, and environmental factors have been added to the survey items for certifying disabilities. The codes of body functions and structures are certified by doctors, while the new items in the areas of activities, social participation, and environmental factors are certified by other professionals. These professionals include physiotherapists, occupational therapists, language therapists, social workers, clinical psychologists, counseling psychologists, nurses, and speech therapists (Ministry of Health and Welfare, 2014a).

Third, the process for issuing the disability certification has been changed. Previously, a person acquired their disability identification after a disability certification by a doctor. In the current system, a team of medical and other professionals is created, and the

certificate is issued after the needs assessment has been completed. The social welfare government agency carries out the needs assessment after receiving the disability certification report from a health administrative agency, and subsequently issues the certification. The assessment includes information on the user's domestic economic situation, needs of care services, home-life, and social participation, in addition to the level and category of disability (Ministry of Health and Welfare, 2014b).

Fourth, different social services are provided depending on the level of disability.

Fifth, the 16 categories of disability have been reduced to eight.

Sixth, the disability identification must be renewed every five years (Ministry of Health and Welfare, 2014c).

2. The situation after the implementation of the new system (including the trial period for the law's implementation)

The current situation, which occurred after the new system became operational, is set out below.

1) The certification of disability

During the initial introduction period the certification of disability remained centered on certifying disability according to the codes in the domain of body functions and structures in order to minimize gaps in the level of disability and provisions of social services due to the new system (Department of Social Affairs, Ministry of the Interior, 2013a).

Chou (2015) carried out an interview survey about the new system with 24 persons with disabilities and obtained the following findings. ① The individual's level of disability has changed in some assessments, with some higher and others lower than their previous certification. ② There is an unequal power relationship between the person with disabilities and those carrying out the certification. Persons with disabilities feel that those implementing the certification are superior to them and they are inferior. ③ There are disparities in the certification of disability system across regions and implementing institutions. ④ The activities and social participation of persons with disabilities are not reflected in the results of the certification of disability. ⑤ Ultimately, there has been no change to the fact that the system is still centered on a medical model. ⑥ Despite the law, a system does not yet exist in which certifications are made through a conference between the doctor (who makes the decision on body functions and structures) and the other professionals who make the decision on activities, social participation, and the environment.

2) Needs assessment for service provision

There are four major points, as set out below.

The first point is the recognition of the significance of the needs assessment. Hsu (2012) stated that the user's opinions and wishes can be incorporated into the needs

assessment process, in order for them to be able to use the services they want. However, users have pointed out that, as assessment items are not connected to their life experiences and the assessment system lacks a mechanism to change the services that should be provided, discrepancies occur between the results of the assessment and users' actual needs (Wang, 2013). There have been other substantive complaints. Chou (2015) confirmed the following points from a survey of users about the needs assessment and subsequent services use. ① While users are provided with an explanation of the needs assessment, it is difficult to understand. ② The assessment cannot ascertain the users' real needs, as there is no assessment of the users' social participation and individual factors. ③ The independence of persons with disabilities has disappeared, as they have no opportunity to be asked questions or to express their own opinions. ④ Persons with disabilities do not really understand all of the process, do not understand how the certification is determined for their category of disability, and do not understand the roles played by the professionals in medical institutions. ⑤ The users do not expect the government to protect their own interests, and have a passive attitude that providing just a small amount of assistance is sufficient. ⑥ In many cases, users have received an identification for services as a result of the certification, but have not been contacted by the Social Welfare Bureau.

The second point is procedural. It takes considerable time to move from the certifications and needs assessment stage to the disability identification being issued. As a result, social services have established a simplified process for persons with disabilities whose needs are simple. If a needs assessment is necessary, it is carried out immediately after the disability certifications (Department of Social Affairs, Ministry of the Interior, 2013b). After obtaining the disability identification, only those people requiring services in the second and third areas described above have to undergo a needs assessment (Ministry of Health and Welfare, 2014d).

The third issue is promoting an understanding of the system. According to a government report (Department of Social Affairs, Ministry of the Interior, 2013b), central government is carrying out the following initiatives: ① allocating additional funds for needs assessment professionals and strengthening their training and development; ② providing the service users with information and explanations about the new system; ③ forming professional teams of academics and members of groups representing persons with disabilities, to ascertain the system's implementation status in various local governments, providing local governments with the necessary advice, and encouraging them to propose policies to improve the needs assessment system; ④ providing support to private organizations in local government areas to promote social service provision; ⑤ promoting various other activities, including evaluations of the needs assessment system and research into modifications. Further, in order to enhance implementation of the new system at the local government level, the implementation status of services has been included in the two-yearly evaluation of local governments' social services for persons

with disabilities (Ministry of Health and Welfare, 2013). This includes the status of the budget created for social services (management system, deployment of professionals, and status of the provision of services), and the extent to which the content of the needs assessment report has been enhanced. The aim of this evaluation system is to strengthen the implementation of social services in each region (Social and Family Affairs Administration, Ministry of Health and Welfare, 2014).

The forth point is the deployment and development of professionals. Lin et al. (2013) summarized the problems and improvement policies ascertained through practical experience in Tainan City. The problems are as follows. ① As government employees still do not fully understand the system, they are unable to provide accurate answers to questions about it. Staff turnover is high, due to the considerable burden of implementing the new system, and hard-earned experience not being passed on. ② There is uncertainty about whether service provision should be based on the needs cited by the users, the results of the assessment of the applicant's living environment, or the results of the assessment by the team of professionals. ③ There are cases where people do not receive the results of their needs assessment as the system and administrative financial resources are limited. ④ Welfare services do not necessarily meet the needs of each individual with a disability. However, in practical terms, it is not yet possible to identify accurately how best to provide services that will meet the needs of each individual with a disability. ⑤ As the volume of work required for the needs assessment and the subsequent series of related tasks is considerable, there are concerns about whether the deployment of professionals has been sufficient.

3) Conditions of service use

Hsu (2012) described the results of the trial implementation of the system in Hualien County as follows. In the former system, subsidies for living expenses were primarily used in the social services. However, the content of services in the new system has been diversified and there has been an increase in the use of family care-related services that were hardly used in the past. The ratio of subsidies for living expenses to subsidies for assistive devices was low under the former system, but, as before, persons with disabilities are selecting cash benefits in many cases. There are two primary reasons for this. Firstly, if individual needs are not recognized by the persons with disabilities themselves, services relating to individual care will not be considered effective or important. As a result, many persons with disabilities select cash benefits. Secondly, social resources are often restricted. Since the population and resources of Hualien County are concentrated in some areas, resources for services are insufficient in other areas.

According to a government report (Social and Family Affairs Administration, Ministry of Health and Welfare, 2014), there are differences among the needs cited by the three

parties; namely, the needs submitted by the system user (the person with a disability), the needs that the needs-assessment professionals confirmed with the person with a disability in question, and the needs advised by the professional team. There are two major reasons why people are not accessing the services. First, when services are provided, individual factors, such as the costs they have to pay, a change of opinion, or a lack of the support they need to use them (for example, transport access), prevent them from using the services. Second, services may not be provided in their region, or some other factor may be preventing them from accessing the services (for example, they still have not been contacted by the facilities providing the services or the facilities have more applicants than the prescribed number).

3. Post-implementation evaluations of the new system

　There have been various evaluations of the new system since its implementation. The social worker Caiqiao Wang (2013) summarized the current situation as noted below. ① Persons with disabilities and their families lack an understanding of the objectives of the new system and are worried that their wellbeing may be made worse by this system. In addition, they become even more anxious if they do not obtain a precise answer to their question from the responsible official, as they do not fully understand the process. ②The knowledge and skills of the professionals involved in the certification of disability and needs assessment, in terms of understanding the system and carrying out their tasks professionally, affect the results of the certification. Henghao Chang (2013) analyzed the situation after the implementation of the new system as follows. ① ICF incorporates a social model into the medical model of certification of disability, so the real problems are questions such as the following. How should the social system treat persons with disabilities? How should it treat disabilities caused by the interaction of physical and psychosocial factors? How should the system be implemented in practice in a public policy setting founded on the principle of universalism? It seems that residualism and the charity principle in the current system of welfare for persons with disabilities should be reconsidered at the same time as the new system is implemented. ② Other important questions include how the movement for the rights of persons with disabilities can be communicated by the disabled themselves during their needs assessment (communication) and how they can protect their own rights (advocacy). Obtaining many social services is not necessarily a good thing and their use of services should not be a matter of course. If the environments of persons with disabilities can be improved, it is possible through these means to reduce the extent of difficulties in their lives.

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Ⅳ. Considerations

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As discussed above, the introduction of ICF into the system of welfare for persons with disabilities has been clearly set out in Taiwan. The following three points were considered in this paper.

1. The certification of disability and the provision of services

The introduction of ICF into the system is significant on two grounds. First, standards for establishing the categories of disability have been enhanced. The new system was implemented with reference to international standards and, if the person fully meets the criteria for disability based on these standards, they are certified as being a person with a disability. This leads to the setting of consistent categories of disability. Second, implementation of the new system has resulted in a weakening of the medical perspective in the decisions on certification and service provision. While the certification and needs assessment has been still focused on that of disability according to an assessment of body functions and structures by a doctor, the system now enables assessment of activities, social participation, and environmental factors. The system has been liberated from certifications that are made solely from a medical perspective. However, the needs assessment items are not linked to the user's life experience and the process lacks a mechanism to connect to service provision at a later date. Therefore, there has been criticism that discrepancies occur between the results of the assessment and users' actual needs. It is very important, however, that professionals other than medical professionals participate in the certification of disability and in decisions on service use. Doubt remains about whether, realistically, it will be possible for non-medical professionals to intervene, or to introduce social aspects of the model. The attempt to introduce it is a grand experiment that asks: to what extent is it really possible to use the social model in certification of disability that was administrative certification? It appears that a careful debate will be required in the future based on the accumulation of research.

2. The relationship between the ICF framework and the social system

The introduction of the ICF does not take place in a vacuum and will dramatically affect a country's social welfare system. Post-implementation evaluations have noted that the current system has elements of residualism and the charity principle. In the context of limited social resources, social services are not always provided to meet needs, even when those needs are recognized. In actuality, rather than selecting the services that are fundamentally required, persons with disabilities and their families in Taiwan tend to select monetary benefits. Either services or monetary benefits must be selected. Therefore it is likely that monetary benefits will be more attractive to persons with disabilities and their families if they do not understand what services are on offer, and if

they are uncertain whether they will use the services sufficiently. However, the ICF can also be used to improve each individual's welfare situation. Recognizing the deficiencies in the social structure can become an opportunity for improving it. This is one of the objectives of the ICF framework.

3. The development and deployment of professionals

As noted earlier, it appears that the deployment of professionals differs depending on the local government involved. The person's environment needs to be taken into consideration and the professionals must have the ability to discern the needs of persons with disabilities in order to provide appropriate services based on this discernment and to carry out advocacy if there is a lack of social resources. The professionals active on the ICF's front line are required to understand the ICF and provide support based on their understanding. The development and deployment of professionals is an important issue.

V. Conclusion

This paper has investigated how the introduction of the ICF-based system, described above, has affected Taiwan's welfare for persons with disabilities. The results of this investigation demonstrate that the introduction of the ICF has made developing welfare services for persons with disabilities possible, but there are a number of problems with the certification of disability and the needs assessment.

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