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Research articles

Biopsychosocial assessment in the Brazilian Inclusion Law (LBI): a decade of obstacles to the effectiveness of the rights of persons with disabilities

A avaliação biopsicossocial na Lei Brasileira de Inclusão (LBI): uma década de entraves à efetivação dos direitos das pessoas com deficiência

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Abstract
This article analyzes the implications of the lack of regulation of the biopsychosocial assessment provided for in the Brazilian Inclusion Law (LBI). The study adopts a qualitative approach, using a descriptive and analytical method, and was conducted through bibliographic, documentary, and field research, based on Brazilian legislation as well as national and international studies. It examines the political and institutional barriers related to the regulation of this assessment and demonstrates that the persistence of practices based on the medical model is largely due to the lack of coordination and commitment on the part of the Executive Branch, particularly the National Secretariat for the Rights of Persons with Disabilities (SNDPD), linked to the Ministry of Human Rights and Citizenship (MDHC), and the Ministry of Social Security. The study involved 30 school education professionals, and data were collected through an electronic questionnaire. Even 10 years after the enactment of the LBI, practices that violate the rights of persons with disabilities continue to persist, particularly in the context of inclusive education.

Keywords: Brazilian Inclusion Law; biopsychosocial assessment; rights of persons with disabilities.

Resumo
O artigo analisa as implicações da ausência de regulamentação da avaliação biopsicossocial prevista na LBI. A pesquisa possui abordagem qualitativa, com método descritivo e analítico, sendo desenvolvida por meio de investigação bibliográfica, documental e de campo, com fundamento na legislação brasileira e em estudos nacionais e internacionais. Examina entraves políticos e institucionais relacionados à regulamentação dessa avaliação e demonstra que o motivo dos resultados persistirem nas práticas fundamentadas no modelo médico se deve, em grande parte, pela falta de articulação e empenho do Poder Executivo, em especial da Secretaria Nacional dos Direitos da Pessoa com Deficiência (SNDPD), vinculada ao Ministério dos Direitos Humanos e da Cidadania (MDHC) e o da Previdência Social. O público-alvo-objeto da pesquisa foram 30 profissionais da educação escolar com a técnica de questionário eletrônico. Mesmo após 10 anos da promulgação da LBI, persistem práticas que ferem a os direitos das pessoas com deficiência, especialmente na educação inclusiva.

Palavras-chave: Lei Brasileira de Inclusão; avaliação biopsicossocial; direitos da pessoa com deficiência.

INTRODUCTION

The biopsychosocial assessment, provided for in the Brazilian Inclusion Law (LBI), Law No. 13.146/2015, must be carried out by a multidisciplinary and interdisciplinary team under the responsibility of the Executive Branch. Currently under the coordination of the National

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Secretariat for the Rights of Persons with Disabilities (SNDPD), linked to the Ministry of Human Rights and Citizenship (MDHC). It is an essential instrument for the effectiveness of the rights of persons with disabilities (art. 2, §1, Brasil, 2015).

The LBI is in line with the International Convention on the Rights of Persons with Disabilities, to which Brazil became a signatory in 2007, with approval through Legislative Decree No. 186 of 2008 (Brasil, 2008) and subsequent ratification with the United Nations.

This article analyzes the implications arising from the lack of regulation of the biopsychosocial assessment in the lives of students with disabilities, with an emphasis on the impacts produced on the effectiveness of the rights guaranteed by Brazilian legislation.

The research is part of a postdoctoral study structured around two complementary analytical axes. The first focuses on the effects of the non-implementation of the biopsychosocial assessment and the resulting harms that directly affect the access, permanence, and participation in education and learning of students with disabilities in regular school education. The second axis is dedicated to the analysis of provisions related to the right to inclusive education.

The article focuses solely on the first investigative axis, which lies in teachers' perceptions of how the identification of students with disabilities takes place in the absence of regulated criteria for the biopsychosocial assessment. The aim is to understand the procedures adopted by educational institutions and the challenges faced by professionals in recognizing and characterizing this public. The information obtained constitutes the empirical corpus analyzed in this study.

The methodological procedures involved bibliographic, documentary, and field research, based on national and international references, with emphasis on Brazilian legislation.

Among the theoretical references used, Law No. 13.146/2015 (Brasil, 2015) and the Federal Constitution (Brasil, 1988), which establishes the foundation of human dignity and guarantees the principle of equality, stand out. The LBI represented a significant advance in the protection and promotion of the rights of persons with disabilities. However, the lack of regulation of the biopsychosocial assessment compromises the effectiveness of various rights provided for in the legislation, whose implementation depends on this procedure to ensure the recognition of the condition of disability and access to corresponding public policies (Silva, 2020).

In the formal sphere, the LBI transcended conceptions based on rigid typologies and strictly biomedical criteria, adopting instead the principles established by the International Convention on the Rights of Persons with Disabilities. From this perspective, the identification of disability became dependent on a biopsychosocial assessment carried out by a multiprofessional and interdisciplinary team, as "the assessment of disability, when necessary, will be biopsychosocial, carried out by a multiprofessional and interdisciplinary team" (Brasil, 2015, art. 2, §1). From this provision, the research problem itself emerges, as the aim is to analyze whether the reality observed corresponds to what was formally established in the LBI.

The "Results and Discussion" section, immediately following the description of the method, presents the profile of the participants and analyzes the two responses obtained in light of the LBI and the theoretical framework, discussing the social and educational impacts resulting from the absence of regulation of the biopsychosocial assessment.

In the conclusion of this article, which addresses the biopsychosocial assessment, the aim is to demonstrate how educational institutions identify students with disabilities and what challenges persist more than a decade after the promulgation of the LBI. Issues related to the recognition of the type and degree of disability are also discussed, as well as the impacts resulting from the lack of regulation of the biopsychosocial assessment. Finally, possibilities are presented to minimize the damages associated with this regulatory gap.

According to Manica and Caliman (2015, p. 39), "[...] there are advances in inclusion. However, discrimination and prejudice still persist." Inclusion requires transformations in social attitudes and is not limited to the provision of material resources.

Although advances have occurred due to the promulgation of the LBI, the biopsychosocial assessment still requires effective implementation. The already validated instruments, which governmental entities need to recognize, should be used for the identification of people

with disabilities. For this, the valorization of the multiprofessional team's performance in the assessment process becomes essential.

METHOD

The methodological definition constitutes an essential stage of scientific research, as it allows delimiting the study, its procedures, and the object investigated. From this perspective, researchers observe phenomena, formulate questions, and construct answers based on evidence.

This is a qualitative, descriptive, and analytical research, developed through bibliographic, documentary, and field investigation. The study examines the impacts of the absence of regulation of the biopsychosocial assessment on the realization of the rights of persons with disabilities and on their legal and social recognition. The investigation also incorporated a historical-normative analysis of the regulation of biopsychosocial assessment in Brazil.

The articulation between normative analysis, bibliographic review, and empirical data allowed for an interdisciplinary approach, compatible with the research objectives.

Data collection was carried out through an electronic questionnaire prepared on the Google Forms platform and directed to education professionals from Distrito Federal and the state of Goiás - GO. The instrument was disseminated in WhatsApp groups, resulting in the participation of 30 education professionals, randomly selected based on voluntary access to the form.

Two objective questions were presented, with several multiple-choice options, but none allowed for individual written responses from the participant. This does not affect the type of research, which, as already stated, is characterized as quantitative and descriptive, as it used objective questions whose results were treated through frequencies and percentages.

With the aim of preserving the anonymity of the participants, no nominal identification was carried out. Only information regarding the type of educational institution, the school's location, and the role performed by the respondents was collected. Professionals with different roles in the educational area participated. Regarding the type of school in which they work, approximately 76.7% (23 respondents) are employed in public schools, 23.3% (7 respondents) in private institutions, and 6.7% (2 respondents) in rural schools.

In this article, the analytical focus is on issues related to the assessment and recognition of people with disabilities over the last decade, a period marked by institutional, political, and administrative obstacles resulting from the lack of regulation of the biopsychosocial assessment of disability.

Regarding ethical aspects, the research was conducted in a way that ensured the anonymity, privacy, and confidentiality of the participants. Participation occurred through the free expression of interest, with professionals being given the option to answer or not answer the questions, without any form of coercion, financial benefit, or harm resulting from their decision. No personal data, sensitive information, or any elements that could enable the direct or indirect identification of the respondents or the institutions to which they were linked were requested or recorded.

Data collection occurred entirely in a virtual environment. Due to the possibility of free sharing of the questionnaire link among members of WhatsApp groups, it was not possible to exercise individual control over access to the form. All information regarding the research objectives, the guarantee of anonymity, data confidentiality, and the academic-scientific purpose of the study was presented to participants prior to the instrument's introduction.

The data obtained were analyzed in an aggregated manner, ensuring the confidentiality of the information and preventing the individual identification of participants.

Due to these methodological characteristics, the research presented minimal risk, limited to those inherent in participating in opinion surveys, observing the ethical principles of autonomy, privacy, confidentiality, and data protection, in accordance with the legislation and ethical guidelines applicable to scientific research in Brazil.

RESULTS AND DISCUSSION OF THE RESEARCH WITH EDUCATION PROFESSIONALS ON THE BIOPSYCHOSOCIAL ASSESSMENT AND THE SOCIAL AND EDUCATIONAL IMPACTS DUE TO LACK OF IMPLEMENTATION

This section presents the results of the research conducted with education professionals regarding the biopsychosocial assessment, analyzing the profile of participants and the responses obtained in light of the Brazilian Inclusion Law (LBI) and specialized literature. The social and educational impacts resulting from the absence of regulation of the biopsychosocial assessment are also discussed.

Regarding the sex, age (age group), and education level of the respondents, a predominance of female participants (90%) was observed. No respondent was under thirty years of age, with 80% being over forty and 20% over sixty, evidencing extensive professional experience. The participants worked in different educational roles, with a predominance in elementary education (37%), followed by educational guidance (14%), Youth and Adult Education (11%), vocational education and educational support (10% each), in addition to other areas of activity.

Regarding academic background, 90% had postgraduate degrees, including 20% with master's degrees and 10% with doctorates in Education, which reveals a high level of professional qualification among participants.

When questioned about their experience with students with disabilities, 90% stated that they had worked or were currently working directly with this public, predominantly in basic education.

With the aim of understanding the procedures used in the identification of students with disabilities, two questions related to the biopsychosocial assessment were formulated, as part of a broader postdoctoral research project. The first question was based on the provisions of the LBI, according to which the assessment of disability must be biopsychosocial, carried out by a multidisciplinary and interdisciplinary team. Considering the absence of regulation and implementation of this model, participants were asked how the school identifies students with disabilities.

For this purpose, the possible response options included: identification through a medical report issued by a physician specialized in the area; a report issued by a physician without specialization; a report prepared by an expert from the Ministry of Health or the Government of Distrito Federal; an evaluation conducted by a multidisciplinary team from the Distrito Federal Department of Education; an evaluation carried out by a multidisciplinary team from the school itself; identification through another means; or, alternatively, the option for the respondent to state that they have no knowledge of the procedure adopted in their institution.

The answer chosen by the respondents was unanimous: "Medical report issued by a physician specialized in the area." This finding highlights the persistence of the biomedical model as the predominant reference in educational practices, despite the paradigm shift introduced by the LBI.

Five participants reported that physicians are part of government teams responsible for issuing the medical report. Another seven reported conducting complementary assessments in the school context. In turn, five teachers declared that they were unaware of the procedures used for recognizing a person with a disability. The others also relate identification to the medical report and are unaware of the biopsychosocial assessment.

This result reveals weaknesses in the standardization process, where education professionals are not always heard in this process. Santos and Lockmann (2025) observe that the medicalization of life expands the normative power of medical knowledge, transforming it into a mechanism for classifying behaviors considered distant from socially established standards.

From this perspective, the centrality of medical diagnosis can restrict the understanding of disability to strictly clinical aspects, disregarding social, environmental, and contextual factors that influence the individual's participation. The data obtained indicate that the biopsychosocial assessment provided for in the legislation remains distant from the reality observed in the educational institutions investigated.

Despite this normative advance, the results demonstrate that the identification of students still relies predominantly on clinical reports. This situation highlights the discrepancy between

the legal model established by the LBI and the practices effectively adopted by educational institutions.

Thus, after analyzing the first question, which identified that students with disabilities are recognized in the school environment through a medical report, the analysis moved to the second question, which aimed to verify whether schools face difficulties in identifying a student with a disability in the absence of a medical report.

When the answer was positive, participants were asked to indicate the factors that, in their perception, justified this difficulty, being able to indicate more than one alternative: lack of trained people in the school to carry out this identification, lack of guidance from the Department of Education, lack of guidance from the Ministry of Education, or lack of a physician in the school to identify the disability. If the answer was negative, respondents should indicate the alternative stating that the school has no difficulties in identifying a student with a disability.

Among the respondents, eleven attributed this difficulty to the team's fragility, directing the choice of the answer to the insufficiency of qualified professionals to carry out the evaluative process performed by multidisciplinary teams in the education networks. As Silva (2025) points out, socially constructed ways of understanding disability directly influence the attitudes of family members, students, and professionals regarding the processes of identifying and recognizing this condition.

Six participants pointed out the absence of guidelines from the Departments of Education, while another six attributed this gap to the Ministry of Education, indicating insufficient normative and operational directives capable of guiding the actions of school institutions. Moreover, three respondents mentioned the absence of physicians in the school environment as an obstacle to the recognition of disability, highlighting the persistence of the biomedical model as the main reference for legitimizing this condition.

On the other hand, three participants affirmed that there are no institutional difficulties for the recognition of students with disabilities. This divergence reveals the coexistence of distinct perceptions among professionals and suggests possible inconsistencies in the procedures adopted by educational institutions, especially given the absence of uniform parameters for identifying these students. The others are unaware of the weaknesses in identifying students with disabilities.

An apparent contradiction is observed between the results of the two questions. In the first, all participants affirmed that the identification of students with disabilities occurs through the medical report presented to the school. However, in this question, three respondents indicated that the school does not face difficulties in identifying students with disabilities. This result allows inferring that these participants possibly ignore the concept of biopsychosocial assessment provided for in legislation, since they consider the receipt of the medical report sufficient for the identification of disability, without recognizing that this constitutes only part of the evaluative process. Although the data do not allow identifying all causes of this scenario, one of them can be attributed to the absence of regulation of the biopsychosocial assessment, which hinders its consolidation and favors the permanence of the model centered on the medical report.

Such an understanding diverges from the contemporary human rights perspective, which recognizes disability as a phenomenon resulting from the interaction between long-term impairments and the barriers present in social, environmental, and institutional contexts, and proposes the appropriate identification of students with disabilities along with the development of inclusive pedagogical practices and individualized educational planning.

According to the Ministry of Human Rights and Citizenship (Brasil, 2026), the Unified Biopsychosocial Assessment represents a significant advancement in promoting equitable access to public policies aimed at persons with disabilities. Grounded in the principles of the International Classification of Functioning, Disability and Health (ICF), this model understands disability as the result of the interaction between health conditions, personal factors, psychosocial aspects, and environmental contexts, making the assessment process more consistent with human rights principles and with national and international inclusion guidelines.

As highlighted by the Ministry of Human Rights and Citizenship, the use of the Unified Biopsychosocial Assessment has the potential to strengthen the planning, management, and monitoring of public policies aimed at persons with disabilities, facilitating the identification of support needs, the elimination of barriers, and the expansion of conditions for social participation on equal terms (Organização Mundial da Saúde, 2003).

The difficulty in adequately identifying students with disabilities limits the development of pedagogical strategies based on the principles of equity, accessibility, and the valorization of human diversity, restricting the consolidation of inclusive practices in regular education classes. Therefore, the need for the formulation and implementation of public policies capable of enabling the operationalization of biopsychosocial assessment in the educational context is reaffirmed.

In practice, although the Ministry of Social Security is responsible for carrying out disability assessment for social security and welfare purposes, the procedure often restricts itself to a joint analysis performed by the social worker and the medical expert. This configuration results from the use of the Brazilian Functionality Index Applied to Retirement (IFBrA) within the scope of the National Social Security Institute (INSS).

However, researchers and representative organizations in the field of disability argue that such a composition does not fully encompass the concept of a multidisciplinary and interdisciplinary team as established in art. 2, §1 of the Brazilian Law on the Inclusion of Persons with Disabilities, since it restricts the diversity of knowledge required to carry out a comprehensive assessment of functionality, social participation, and the support needs of the evaluated individual.

Paraphrasing Diniz, Barbosa and Santos (2009), the biopsychosocial model understands disability as a result of the interaction between bodily impairments and social barriers, requiring a interdisciplinary analysis of environmental, social, functional, and individual factors that condition social participation. Thus, a team restricted to social work and medical expertise may prove insufficient to address the complexity inherent in the biopsychosocial assessment process.

Given this, criticisms related to the absence of other professionals, such as psychologists, occupational therapists, physiotherapists, speech therapists, pedagogues, and other specialists, are recurrent, whose participation should be considered according to the specificities of each evaluated situation.

This scenario approaches a predominantly formalist and medical-peritial logic, insofar as the final decision remains strongly concentrated in the figure of the expert physician, whose actions tend to privilege biological and pathological aspects of the disability. Consequently, the joint action of the expert physician and the social worker, although relevant, does not fully correspond to the multiprofessional and interdisciplinary team model conceived by the Brazilian Inclusion Law.

Over the last decade, successive attempts at regulation have faced political, administrative, and bureaucratic obstacles, creating gaps in the implementation of inclusive public policies. Such limitations directly impact access to education, social protection, and other essential services for people with disabilities (Costa; Pereira, 2019).

Morais et al. (2025) describe the biopsychosocial model as an interactionist approach founded on the dynamic relationship between biological and contextual aspects. From this perspective, individual and environmental factors are considered in an integrated manner, in line with the principles of the International Classification of Functioning, Disability and Health (ICF).

The ICF encompasses human functionality beyond the health condition or clinical diagnosis, incorporating limitations, potentialities, performance, and social participation. It differs from the International Classification of Diseases (ICD-11) by adopting an expanded concept of disability, articulating biological, individual, social, and environmental dimensions within the same analytical framework. While this perspective is not yet implemented through the regulation of biopsychosocial assessment, teachers continue to receive students identified only by medical diagnosis, remaining subordinate to the absence of this legal instrument.

Although the country has advanced with the adoption of the Brazilian Modified Functionality Index (IFBrM) (Vilela et al., 2023) as a reference for the Unified Biopsychosocial Assessment,

its effective regulation has remained pending since the enactment of the Brazilian Inclusion Law. The persistence of this deadlock across different governments reveals the historically low priority assigned to disability issues within the Brazilian public agenda.

The debates developed during this period focused, above all, on the definition of technical parameters, evaluative instruments, institutional competencies, and legal repercussions of the assessment; in short, we can affirm that we have much to do.

In this context, the assessment process must prioritize the concrete needs of the person, ensuring the materialization of the principles of equality, accessibility, social participation, and non-discrimination. Such understanding approaches the inclusive perspective advocated by special education, according to which social, educational, and institutional environments must adapt to the characteristics and needs of individuals, and not the other way around.

As Boff and Scalzavara (2024, p. 85) emphasize, "The education of a child with hearing impairment/deafness demands differentiated approaches, using various communicative resources adapted to their possibilities, contributing to their social participation." Thus, schools, work environments, and other social spaces must reorganize to accommodate human diversity, ensuring accessibility, assistive technologies, specialized resources, and support compatible with the needs of different publics.

The effectiveness of these actions requires consistent evaluative mechanisms, founded on transparent and technically defined criteria. In the case of people with disabilities, the assessment demands a contextualized and interdisciplinary approach, capable of considering the multiple dimensions that influence functionality, autonomy, and social participation. However, significant challenges persist for strengthening the mechanisms of monitoring, evaluation, and management of public policies, making the regulation of the Unified Biopsychosocial Assessment a central element for the consolidation of the disability model adopted by the Brazilian Inclusion Law.

Over the last decade, successive initiatives aimed at regulating biopsychosocial assessment have faced political, administrative, institutional, and budgetary obstacles. Although the Ministry of Human Rights and Citizenship, through the National Secretariat for the Rights of Persons with Disabilities, has coordinated the development of the instruments necessary for its implementation, difficulties in coordination among federal agencies and operational limitations continue to delay its implementation (Bernardes, 2025). Consequently, the objectives established by the Brazilian Inclusion Law remain compromised.

The impacts of this gap extend beyond the normative field. Furthermore, it impacts the operationalization of legislation subsequent to the LBI, such as Law No. 14.126/2021, which recognizes monocular vision (Brasil, 2021) as a visual impairment, and Law No. 15.176/2025 (Brasil, 2025), which recognizes fibromyalgia as a disability for all legal purposes. Although these norms broaden the legal recognition of certain conditions, the realization of the rights derived from them remains contingent upon the implementation of the biopsychosocial assessment, whose absence limits the full effectiveness of these legal provisions.

The National Council for the Rights of Persons with Disabilities (Conselho Nacional dos Direitos da Pessoa com Deficiência, 2024) has recommended caution in approving new norms of this nature until the effective implementation of the Unified Biopsychosocial Assessment occurs. In this context, the absence of this instrument tends to reinforce the centrality of medical diagnosis as the primary mechanism for disability recognition, leading to legal uncertainty and hindering the realization of rights provided for in legislation (Santos; Lockmann, 2025; Morais et al., 2025).

Similarly, Bernardes (2025) warns of potential distortions arising from the legal recognition of certain conditions without the corresponding implementation of the biopsychosocial assessment. In practice, the absence of the assessment stipulated in the Brazilian Inclusion Law maintains reliance on medical reports as the primary mechanism for disability recognition.

This procedure deviates from the concept adopted by the Convention on the Rights of Persons with Disabilities and by the LBI itself, where disability recognition should occur through an evaluative process conducted by a multiprofessional and interdisciplinary team, capable of considering functional, contextual, and relational aspects that influence social participation.

The lack of coordination among the agencies responsible for regulation is an issue that must be overcome, since the implementation of the biopsychosocial assessment would strengthen the guarantees of rights in strategic areas such as education, social protection, health, employment, and the fight against violence and discrimination. Although its operationalization involves financial, administrative, and structural costs, the lack of investment in this area contributes to the perpetuation of historical inequalities experienced by persons with disabilities and limits the realization of fundamental rights guaranteed by the Brazilian legal system.

This understanding is supported by Ambrosio (2024, p. 141), who emphasizes that the consolidation of an inclusive society requires prioritizing public policies committed to promoting equal opportunities, accessibility, and the guarantee of rights. From this perspective, the regulation of the Unified Biopsychosocial Assessment is not merely a legal requirement but an essential instrument for realizing the principles of inclusion, social participation, and human dignity.

> [...] it must be made clear that inclusive education is the new paradigm for the education of persons with disabilities, nor should it be argued that the financial burden prevents the fulfillment of the constitutional commitment. In this context, the reservation of the impossible must be balanced against the need to preserve the existential minimum, given that inclusion is closely linked to the dignity of persons with disabilities. (Ambrosio, 2024, p. 141).

Although budgetary constraints are frequently cited as one of the main obstacles to inclusion, their existence does not justify the absence of adequate conditions for the reception and participation of students with disabilities across different levels and modalities of education.

The absence of this instrument can lead to mistaken interpretations regarding the actions of educational institutions and employers, attributing responsibilities that exceed their competencies. The regulation and implementation of the biopsychosocial assessment are responsibilities of public authorities, which are tasked with defining the normative, technical, and operational parameters necessary for the effectiveness of this model at a national level.

From a biopsychosocial perspective, understanding disability requires an integrated analysis of personal, environmental, and social factors that influence functionality and participation. Among the environmental factors, accessibility, transportation, housing conditions, access to public services, and social attitudes stand out; personal factors encompass life trajectories, experiences, expectations, and coping strategies. The interaction among these elements occurs dynamically, potentially favoring or restricting social participation. This approach broadens the understanding of the living conditions of persons with disabilities by shifting the focus from bodily impairments to the influence of barriers and facilitators present in different contexts.

In this regard, Kumazawa et al. (2026) emphasizes that functionality and social participation cannot be understood in isolation from the environmental, social, and institutional conditions that influence people's lives. This understanding reinforces the need for evaluative processes capable of grasping the complexity of human experiences and informing public policies committed to inclusion, accessibility, and equal opportunities.

> This gap is both conceptual and contextual. Conceptually, participation is often discussed within the frameworks of the International Classification of Functioning, Disability and Health (ICF) [11] and CBR, yet the mechanisms through which environmental constraints and family decision-making jointly influence participation remain underexplored. [...] A recurring debate in the field concerns whether participation is constrained primarily by environmental barriers or by caregiving patterns and family expectations, particularly in contexts where formal services are limited (Kumazawa et al., 2026, p. 2-3)

The results show that the presence of students with disabilities without adequate identification of their support needs imposes additional challenges on teaching work in regular classrooms. The difficulties reported by participants reveal limitations in the processes of recognizing disability and defining pedagogical strategies compatible with the educational demands of these students. In this context, the absence of a regulated biopsychosocial assessment

compromises not only educational planning but also the implementation of inclusive education principles.

In this regard, it is essential to strengthen the articulation among the different agents responsible for inclusion. Zaga et al. (2024, p. 4) reinforce this perspective by stating that: "*Solo a través de un enfoque integral y una colaboración estrecha entre los gobiernos, la sociedad civil y los actores relevantes, podremos lograr una verdadera inclusión y protección de los derechos de las PCD en toda la región latinoamericana*."

The findings of this study indicate that the consolidation of the biopsychosocial model of disability depends on the advancement of institutional, normative, and intersectoral mechanisms capable of articulating the recognition of disability with the guarantee of rights. This challenge involves not only the regulation of biopsychosocial assessment but also the strengthening of public policies aimed at promoting inclusion, social participation, and equity.

CONCLUSION

The results of this study show that the regulation and implementation of the Unified Biopsychosocial Assessment remain among the main challenges for the consolidation of the disability model established by the Brazilian Law for the Inclusion of Persons with Disabilities.

Although the legislation has incorporated, since 2015, a concept based on the interaction between impairments, barriers, and contextual factors, the findings indicate that disability recognition practices still predominantly rely on medical reports and biomedical references, revealing a mismatch between normative advancements and their materialization in different social spaces.

In the educational field, data show that the absence of an assessment process compatible with the assumptions of the legislation directly compromises the identification of students' support needs, the provision of accessibility resources, and the planning of inclusive pedagogical strategies, hindering their development and learning. The difficulties reported by participants highlight not only operational limitations but also gaps in the understanding and dissemination of the biopsychosocial model, as well as the role of multidisciplinary and interdisciplinary teams provided for in the legislation.

By maintaining the centrality of clinical diagnosis as the main mechanism for recognizing disability, this scenario compromises equitable access to public policies, weakens the guarantee of rights, and hinders the operationalization of legal provisions that depend on assessment for their full application. Consequently, institutional barriers persist, restricting social participation and contributing to the reproduction of inequalities historically experienced by people with disabilities.

The research also shows that the consolidation of this model requires intersectoral articulation among different governmental bodies, definition of institutional responsibilities, public investments, and the establishment of multidisciplinary teams compatible with the complexity of the assessment process. In this sense, the obstacles observed over the last decade demonstrate that the issue goes beyond the development of technical instruments, involving, above all, political priorities related to the promotion of the rights of people with disabilities.

Thus, more than a decade after the enactment of the LBI, overcoming this deadlock remains an indispensable condition for transforming normative advances into effective experiences of inclusion, citizenship, and social justice.

It is concluded that the implementation of the Unified Biopsychosocial Assessment, carried out through a single national instrument, a unified model, and the standardization of disability assessment in Brazil, represents an opportunity to realize the disability paradigm established in Brazilian legislation, replacing the centrality of medical diagnosis with a broader evaluation process capable of promoting inclusion, equity, and the enforcement of the rights of persons with disabilities, particularly in education.

However, federated entities will have great difficulty implementing the process without Federal regulation based on already validated instruments, precisely so that they are unique throughout the country.

Finally, for the biopsychosocial assessment to go beyond the approved legal scope, it will be necessary—not only through the coordination of the responsible agencies and their political will beyond financial considerations—but also through the mobilization and effective demand of society for the enforcement of what is already legally guaranteed.

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Authors contribution

LEM: Conceptualization, Writing – Original Draft, Analysis, and Final Review. GCC: Supervision, Critical Review, and Final Approval.

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