

## EPR Innovation Taskforce – Employment, inclusion and ICF

2 and 9 April 2020

Online meeting

*Report*

*This report includes best practices, success factors, stakeholders needs and recommendations for policy makers. An abstract from the evaluation is also included.*

EPR has worked on ICF in depth in previous years, and many EPR members have implemented ICF-based tools in their organisations thanks to previous EPR activities and support.

Following a successful first exchange in March 2019 EPR organizes a second meeting among its members to discuss the International Classification of Functioning, Disability and Health (ICF). The meeting was set and organized for April 2<sup>nd</sup> and was to be hosted in Brussels by EPR member INAMI (Institut national d'assurance maladie-invalidité). Due to the spread of the Coronavirus, the meeting was held online instead.



A total of 14 participants from 9 organizations took part in the meeting.

With the aim of explaining their use of ICF to coordinate services or support case managers, participants were invited to bring their experience and their questions concerning the use of ICF.

To facilitate the management of the online meeting and to allow participants to take part in multiple discussion groups, the meeting was divided into 3 different sessions:



1. Plenary session (April 2, morning)
2. Group discussion on the relationship between ICF and Employment (April 2, afternoon)
3. Group discussion on the relationship between ICF and (April 7, afternoon):
  - Quality of Life
  - ICT in ICF (possible digital developments on the ICF)

The meeting was opened by EPR, with a summary of the event held in 2019 focused on the major challenges and recommendations that emerged during that meeting.

All participants were then asked to present and describe in detail how the ICF is used and implemented in their organizations. Specifically, these are the EPR members that shared their experience with the group:

- Theotokos (GR);
- Heliomare (NL);
- CRPG (PT);
- GTB (BE);
- BfW Cologne (DE);
- Mariaberg (DE)
- Fundacion Rey Ardid (ES);
- INAMI (BE).

EPR's introduction and all presentations can be found on the webpage dedicated to ICF resources in EPR website's forum [here](#).

As planned, the afternoon session on the first day and the second meeting the following week gave the group the opportunity to focus more on the relationship between ICF and employment, its digitization and its relationship with quality of life. The open discussions that took place in in the two meetings helped to identify the strengths and weaknesses of the ICF and highlighted some specific elements:

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### **Obstacles to overcome:**

- The use of the ICF is heterogeneous, sometimes partial and at other times influenced by external expectations and requirements;
- ICF is not the only classification system recognized locally. Different nations often have other assessment systems that are difficult to integrate or overlap with ICF.



The relationship between ICF and employment has proven to be very complex and presents numerous obstacles:

- The use of the ICF is often influenced by the fact that some organizations use it with the objective of finding a job to their clients, rather than measuring their functions;
- The approach of organizations towards companies is very different, and affects their use of the ICT. Some organizations try to work with companies and involve them as much as possible, considering them to all intents as “clients” on the same level of people looking for a job. Other organizations give an exclusive focus to the people to be employed, not including companies in their intervention, except in an instrumental and partial way. Others are put under pressure from their funding bodies and must necessarily guarantee the client's employability assessment and use the ICF for this purpose. This difference is also reflected in the use of the ICF, transforming it into a mere instrument for measuring the employability of the users;
- At the same time, however, ICF is not enough to guarantee a complete job profile;
- In many countries there are different tools that can be used (or must be used) to build a job profile, which do not integrate sufficiently with ICF.

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### **Success factors, needs and future prospects:**

- There is an evident correlation between the scores obtained in some ICF items and the scores obtained through SIQOL. This suggests that there is a positive correlation between the two tools and between ICF items and Quality of Life that should be studied and investigated.

EPR members proposed to continue to work together and share their experiences on ICF, suggesting these next steps:

- Having an online meeting in 6 months for updates would help members have a further exchange and feedback;
- EPR will update the dedicated forum page on the EPR website.

During the 2 meetings, supported by EPR, the participants identifying the items that, if collected and shared, could facilitate knowledge and exchange among members of the network, supporting the continuous interaction of the Task Force. The collection tool will cover 4 categories:

1. ICF based core sets used by organizations;



2. Tools in use to facilitate the scores of the ICF core sets;
3. Processes / success factors / challenges related to the implementation of the ICF;
4. ICF tools used with different type of patients.

EPR secretariat will implement 4 tables to collect this info and make them available to the Task Force members. The document (EPR ICF WORKING GROUP COLLECTION) is available online [here](#).

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### Recommendations to Policy makers

- The ICF often overlaps with other tools necessary to create a job profile. Policy should provide clarity on what the objectives of the ICF are and / or propose its improvement, so as to make it sufficiently integrated with the other instruments.
  - Research on the correlations between ICF and quality of life could support the quality of life of the clients themselves. However, this research must be supported by ad hoc funding in order to be implemented.
  - The biopsychosocial approach must be supported by adequate policy decisions. Too often the strictly medical approach overcomes all efforts to maintain a more holistic and all-inclusive approach to the person, eventually damaging them. The biopsychosocial approach must be placed at the center of the intervention;
  - The specific legislation of the different countries often runs the risk of using the assessment compiled through ICF for purposes other than the one desired (monitoring of absenteeism, assessments by insurance companies, etc.). It is necessary to establish common rules at European level that prevent the instrumentalization of this tool according to the needs of national policy or legislation;
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Participants were asked to rate the overall event from 1 (poor quality) to 5 (excellent). The average rating of the event was a **4.4 out of 5**.

