

# European International Classification of Functioning, Disability and Health (ICF) Exchange Among EPR Members

## *Report*

6<sup>th</sup> March 2019

EPR

Avenue des Arts 8, Brussels

An exchange session open to all members was organized by EPR on the 6th of March 2019, to share experiences and developments in the use of International Classification of Functioning, Disability and Health (ICF) in their respective organizations and to explore what future cooperation could take place within the EPR network on this topic.

13 participants from 9 organizations took part to the meeting and two other joined the event online. With the aim of providing case managers support and providing them with a practical and standardized tool, participants were invited to bring their experience and their questions concerning the use of ICF. Most of them presented their own good practice for a total of 7 shared presentations:

- Theotokos (GR): How to link ICF based digital documentation forms to create professional profiles;
- Heliomare (NL): A summary and decision strategy of ICF measurements;
- ONCE / ASPACE (ES) Presentation of a recent tool developed to assess capacities in relation to employment;
- Ekon (PL): The use ICF with older people;
- CRPG (PT): The use of ICF in services with persons with acquired disabilities which are in need for specialized support on vocational rehabilitation and return to work;
- GTB (BE): ICF Core set use and difficulties encountered. The strength-oriented vision of Vocational Rehabilitation and the complaint-oriented vision to receive rights and financial support;
- BfW Cologne (DE): short presentation of an ongoing project.

The open discussion that took place following the presentations helped to identify the strengths and weaknesses of the ICF and highlighted some specific elements.

Obstacles to overcome:



- 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 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.);
- Different organizations use very different levels of ICF scores. Some use the codes completely, others prefer to use only the higher levels and believe that the lower levels are too rigid and impractical;
- Work fields and politics often want a medical point of view rather than a biopsychosocial approach;

#### Strengths, tips and future prospects:

- ICF is very important because it introduced a change of perspective, putting the spotlight on what people can do, while before the focus seemed to be just what was broken or didn't work anymore.
- It is fundamental to keep the perspective. Not to focus on categories and details without seeing the bigger picture, but seeing the person as a whole.
- It's very difficult to go from a microscopic vision (indicator instrument) to a helicopter vision (ICF framework). One solution might be a more multidisciplinary approach, bringing together different professionals in an operational team;
- The shared challenge now is that of being able to move from scores to qualifiers and connect them with other tools;
- To speed up the assessment, many organizations suggest that ICF questionnaires could be completed later (at home) by clients.

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

- Each member is at a different point using ICF. It would be useful to have a webinar to show real cases (some kind a demo);
- The area "Quality of Life" is important because it focuses on the fact that ICF is not only about finding a job; It would be interesting to deepen the topic of how to measure quality of life, keeping it linked to the use of ICF;
- It is necessary to integrate objectives and dreams and ICF assessment. How to integrate ICF and personal planning has to be a topic for future discussions;



- Having an online meeting in 6 months for updates would help members have a further exchange and feedback;
- EPP will open a forum on the website on the ICF topic.

### **Recommendations to Policy makers**

- 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;

The evaluation of the event was positive and participants asked for more similar meeting to be organized in the future to further discuss the topic.

All presentations are available on the EPR website [here](#).

