

ICF  School
O1 Briefing Packs

Module 2 Structure of ICF

Manfred Pretis

Aleksandra Dimova

with the support of the consortium partners

Open Licence: Attribution 4.0 International (CC BY 4.0)
<https://creativecommons.org/licenses/by/4.0/legalcode>



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Learning outcomes module 2

- The learners know the structure of ICF
- The learners can differentiate components of ICF
- The learners know about assessment of components
- The learners can associate information/observations with ICF components.

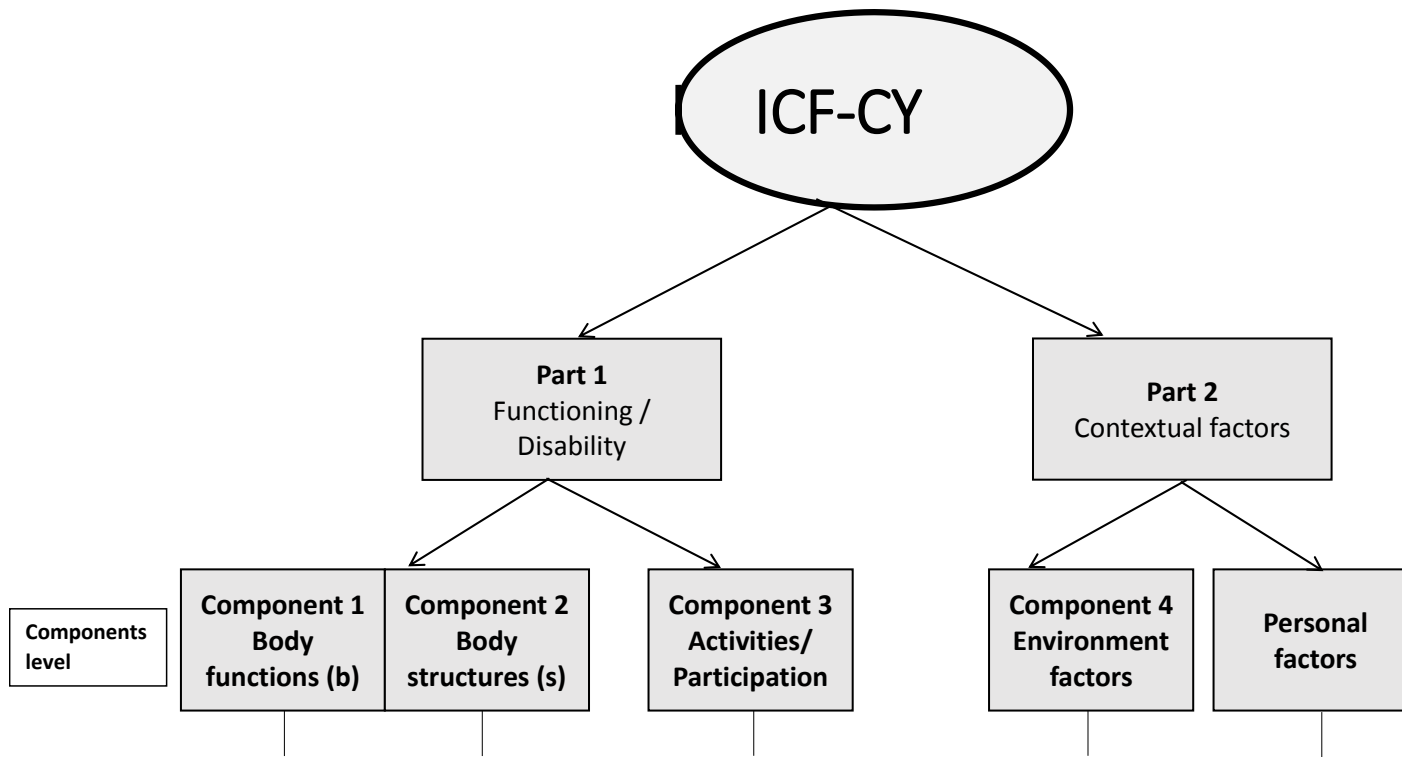
Index

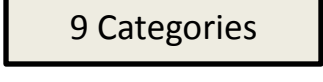
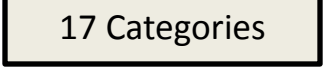
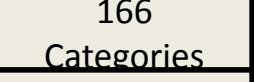
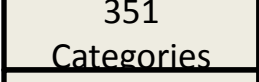
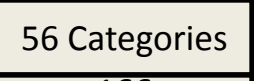
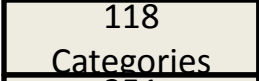
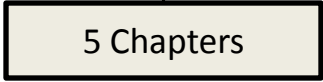
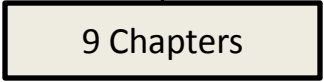
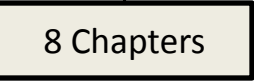
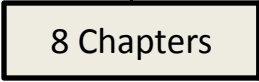
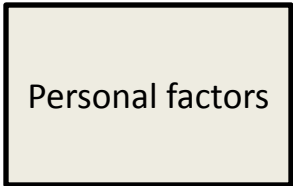
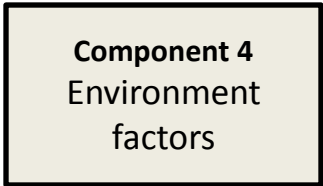
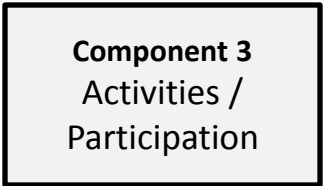
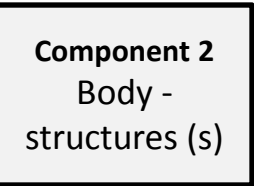
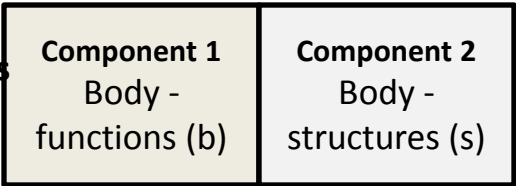
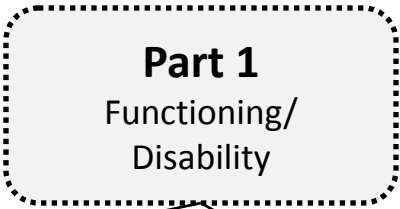
1. Structure of ICF
2. Health components within ICF
3. Assessment of components
4. What is ICF not about?
5. Implementing ICF in school: challenges

2) Health components within ICF

- ICF defines components of health and some health – related components of well-being (such as education and labor). Therefore the ICF domains can be seen as health domains and **health – related domains**.
- These domains are described from the perspective of the the individual and the society in two basic lists:
 - (1) **Body functions** and **body structures** and
 - (2) **Activities and participation**

Overall structure of ICF





Components level

1. Level

2. Level

3. Level

4. Level

Abbreviations

s: body structures

b: body functions

d: participation/activities

e: environment

Personal factors (no coding, no
abbreviaton)

Going deep:

Body structures and functions are classified according to the organ systems.

Impairments can involve anomaly, defect, loss or other significant deviation:

In practice: a missing corpus callosum, shortening of a muscle (=deviation), 4-finger groove = anomaly constitute impairments.

They can be permanent, temporary or progressive.

The impairments are described independently of etiology, (the cause) (this can be injury, genetic aberration...)

Chapters of the body functions and structures

| | Functions | | Structures | |
|-----------|---|------|---|------|
| Chapter 1 | Mental functions | b1xx | Structures of the nervous system | s1xx |
| Chapter 2 | Sensory functions and pain | b2xx | The eye, ear and related structures | s2xx |
| Chapter 3 | Voice and speech functions | b3xx | Structures involved in voice and speech | s3xx |
| Chapter 4 | Functions of the cardiovascular, hematological, immunological and respiratory systems | b4xx | Structures of the cardiovascular, immunological and respiratory systems | s4xx |
| Chapter 5 | Functions of the digestive, metabolic and endocrine systems | b5xx | Structures related to the digestive, metabolic and endocrine systems | s5xx |
| Chapter 6 | Genitourinary and reproductive functions | b6xx | Structures related to the genitourinary and reproductive systems | s6xx |
| Chapter 7 | Neuromusculo skeletal f. and movement | b7xx | Structures related to movement | s7xx |
| Chapter 8 | Functions of the skin ect | b8xx | Skin structures etc. | b8xx |

Going deep: The scope of ICF: PARTICIPATION

- The ICF covers all important life areas of an individual in sense of 9 Health domains

| Domains | |
|---------|--|
| d1 | Learning and applying knowledge |
| d2 | General tasks and demands |
| d3 | Communication |
| d4 | Mobility |
| d5 | Self-care |
| d6 | Domestic life |
| d7 | Interpersonal interactions and relationships |
| d8 | Major life areas |
| d9 | Community, social and civic life |

The ICF is not only about people with disabilities, it is about all people

Activities/Participation

Distinction between „activities“ and „participation“:

Activities can be understood as context free

Participation is an activity in a meaningful life context: „ e.g. to be able to dress independently“

Going deeper in Participation

| Domains | | Qualifiers | |
|---------|--|-------------|----------|
| | | Performance | Capacity |
| d1 | Learning and applying knowledge | | |
| d2 | General tasks and demands | | |
| d3 | Communication | | |
| d4 | Mobility | | |
| d5 | Self-care | | |
| d6 | Domestic life | | |
| d7 | Interpersonal interactions and relationships | | |
| d8 | Major life areas | | |
| d9 | Community, social and civic life | | |

WHO differentiates: 1) The assessment criteria of capacity (what would the child be able to do in a standardized environment) and 2) performance (what is in the real situation observable) However usually this distinction plays a minor role in the concrete work (it is usually about the PERFORMANCE in the concrete situation – in the school).

Furthermore it can be taken into consideration whether tools and personal can compensate performance limitations.

Classification of environment

| Chapter | Code | | What does this means for the child's everyday life |
|---------|------|---|---|
| 1 | e1xx | Products and technology | Toys, Medicines, household objects, tools |
| 2 | e2xx | Natural environment and human-made changes to environment | Air quality, landscape shapes, weather conditions ... |
| 3 | e3xx | Support and relationships | Available attachments and support persons (family, friends, peers, assistants...) |
| 4 | e4xx | Attitudes | Attitudes by family members, friends, peers, assistants |
| 5 | e5xx | Services, systems and policies | Availability of appropriate health/ social policies, services as SPC, Early interventions, kindergarten |

Something forgotten?

Personal factors are e.g. That Max is a happy child, has other siblings, that his parents are E.g. From Syria

- Personal factors are aspects of the particular background of life and life-style.
- Personal factors comprises features of the individuals that are not part of health condition and health states. These factors can be: gender, ethnical background, age, others health conditions,
- fitness, life style, habits, upbringing, coping styles,
- social background, education, profession, past and current experiences (past and current events),
- overall behavior pattern and character, individual psychological assets and other characteristics which can play a role in disability in any level.
- Personal factors are not classified in ICF.

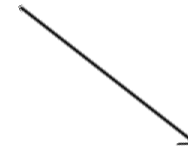
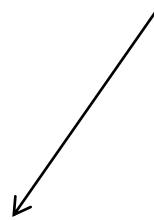
3) Assessment

ICF provides not only a description of health or health related domains, but also an assesement.

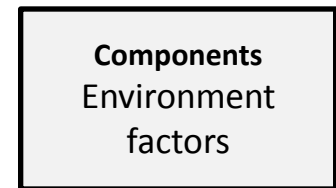
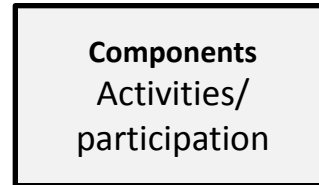
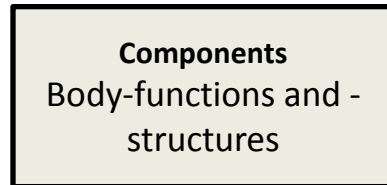
Each component can have a positive (funtioning) or negative (impaired/damaged)aspect.

Environmental factors can be assessed as
Facilitators or barriers.

Components and functioning



Components level



a) Functions: physiologic and psychological b) Structures



Can be functioning or impaired

Can be appropriate for the age or limited/restricted

Can be a facilitators or barriers

How to describe possible the correlation between health concerns and ICF components?

| | Positive/negative terms | |
|--|--|---------------------------------------|
| Body structures | Functional and structural integrity versus impairments as significant deviations | Part 1: Functioning versus Disability |
| Body functions (=physiological functions) | | |
| Activities (=undertake a simple task) | Activities versus limitation/restrictions | |
| Participation (=Involvement in a life situation) | | |
| Environment | Barrier/Facilitators | Part 2: Contextual factors |
| Personal factors | | |

When a person shows functional problems that does not mean that he has a disease or is disabled.

Categories concerning body functions:

- a) Loss or lack
- b) Reduction
- c) Addition or excess
- d) Deviation

Environment factors are in interaction with the body functions./ A loss of a part of the body can be for example replaced with a prosthesis.

However, there might be also an interaction between the structure and the environment : e.g. a replacement with a prothesis is possible e.g. if it is paid by the health insurance...)

A myopia (short-sightedness) can be compensated by a visual aids (if they are available =environment) and the child can use them (E.g. cleaning = activities/participation)

4) What is ICF not about?

- a) Not About stigmatization and labelling: this relates mainly to personal factors (gender, ethnic background...)
- b) ICF is not a diagnostic tool. Diagnostic processes have to rely on validated diagnostic instruments/procedures
- c) ICF does not intend to „reduce“ children to code-systems.
- d) Implementing ICF in school does not (necessarily) require coding. The main goal is to think and act inclusively within the philosophy of ICF

5) Challenges for school to implement ICF

- ICF is a (common) meat-language. Professionals will need training to get used to think in ICF components.
- ICF might challenge existing „professional perspectives“ and ways of thinking: e.g. psychologists regularly use „developmental domains“ which do not always match ICF components
- ICF challenges specific curricula in school. Curricula and assessments (school marks) have to be matched with WHO qualifier.

The structure of ICF and school curricula – Reflection

Which curriculum aspects could be related to ICF-codes?

| ICF item | Curriculum-items of national school systems (e.g. 1st grade primary school) |
|-----------------------|---|
| Learning to write | |
| Learning to read | |
| Learning to calculate | |
| | |

ICF linkage to curriculum

(Example „Lernbegleiter“ by Pfennigparade)

| | + ○ - | | | + ○ - | | | + ○ - | | | <u>Remarks</u> |
|--|-------|---|---|-------|---|---|-------|---|---|---------------------------------------|
| | + | ○ | - | + | ○ | - | + | ○ | - | |
| 1. <u>Calculation</u> (b156; b1800; b1801; b755; b760) | | | | | | | | | | |
| <u>The own body as an access to the world</u> | | | | | | | | | | |
| <u>Moving parts of the body</u> | | | | | | | | | | |
| <u>Name own body parts</u> | | | | | | | | | | |
| <u>Spatial terms (down, up..)</u> | | | | | | | | | | |
| <u>Understanding numbers</u> | | | | | | | | | | <u>numbers</u> 0 1 2 3 4 5 6 7 8 9 |

Take home message

- ICF is based on HEALTH COMPONENTS
- THESE HEALTH COMPONENTS can be QUALIFIED (wether a person is functionally healthy, wether body structures are intact, whether participation is limited..)
- For school settings the LINKAGE between ICF and curriculum aspects will be crucial

Literature and links

- www.dimdi.de (deutsche Entwurfsversion der ICF):
http://www.dimdi.de/dynamic/de/klassi/downloadcenter/icf/endung/icf_endfassung-2005-10-01.pdf
- www.icf-training.eu
- www.icfcy-Meduse.eu
- Lit: Hollenweger, J., Kraus de Camargo, O. (2011). ICF-CY. Die internationale Klassifikation der Funktionsfähigkeit, Behinderung und Gesundheit bei Kindern und Jugendlichen. Bern: Huber
- Kraus de Camargo, O., Simon, L. (2013). Die ICF-CY in der Praxis. Hogrefe
- Pretis, M. (2016). ICF-basiertes Arbeiten in der Frühförderung. München: Reinhardt

Also visit our Erasmus + Project www.icf-school.eu

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein



Co-funded by the
Erasmus+ Programme
of the European Union