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O2 Training materials ICF-CY MedUse

In the frame of Erasmus+ Project ICF-CY Meduse

Module 1 The Philosophy of ICF-CY

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Learning outcomes from Module 1:

The participants

- Have basic knowledge about the philosophy of ICF-CY
- Understand health and disability within the frame of WHO-definition
- Know that the ICF-CY belongs to the „WHO-Family “ of international classifications
- Have basic knowledge about the aims and scopes of ICF-CY
- Understand the structure of ICF-CY
- Can understand the importance of ICF-CY in relation to the Early Childhood Interventions, Social pediatric care and Integrative Kindergartens or similar services

ICF-CY as possibility for description of the real life of a child with
„Health condition“

ICF-CY provides a holistic description of the
participation-aspects of a person in interaction
with his current environment.

Willkommen beim Projekt ICFCY-MedUse

[Bearbeiten](#)

ICF-CY als Tool zur Problemlösung

ICF-CY-MedUse ist ein Europäisches Projekt bzw. eine Strategische Partnerschaft im Rahmen des Programms Erasmus+ .

Von 1.9.2015 bis 30.8.2018 wird das Projekt im Bereich verbessertes Wissen und Anwendung der ICF-CY in den Gebieten Sozialpädiatrie und Frühförderung arbeiten und Ergebnisse publizieren.



ICF



What does this means for Early childhood intervention, Social pediatric care and Kindergarten?

Focus on PARTICIPATION

- What meaningful things can a child, a family do?
- Which goals in sense of self-efficient behavior are individuals pursuing?
- Clear focus in the design of the intervention and treatment goals related with the activities/participation

The WHO-understanding of functional health (summarized)

- The term functioning includes all aspects of functional health
- A person is functionally health, considering the background of contextual factors
- Their body functions and structures correspond to those of a healthy person
- When they act in a way, that can be expected by a person without impairments in the health conditions
- When they can develop themselves (their existence) in all important life areas in a way, which can be expected from a person without health problems.

What is the result out of it for Early childhood interventions, Social pediatric care and Kindergarten?

A view at the person (the child) as a WHOLE.

This correspond at a high rate with the person concept in early assistance measures.

It is about „Expectations“ (what can be expected from a person).

Children are still in development stages, i.e. this changing process must be considered (importance of the orientation to age-typical development).

The definition of disability within ICF-CY

Disability is understood as „umbrella term“ including impairments of functioning of a person.

The components of functioning are divided in the following domains:

- Body structures
- Body functions
- Activities/Participation
- Environment

What does this mean for Early childhood intervention, Social pediatric care and Kindergartens?

Disability must not NECESSARILY be a result from a structural (e.g. Chromosomal aberration like Trisomy 21) or functional (e.g. Potential epileptic attack) deviation.

This kind of understanding would correspond in a high rate with a medical model.

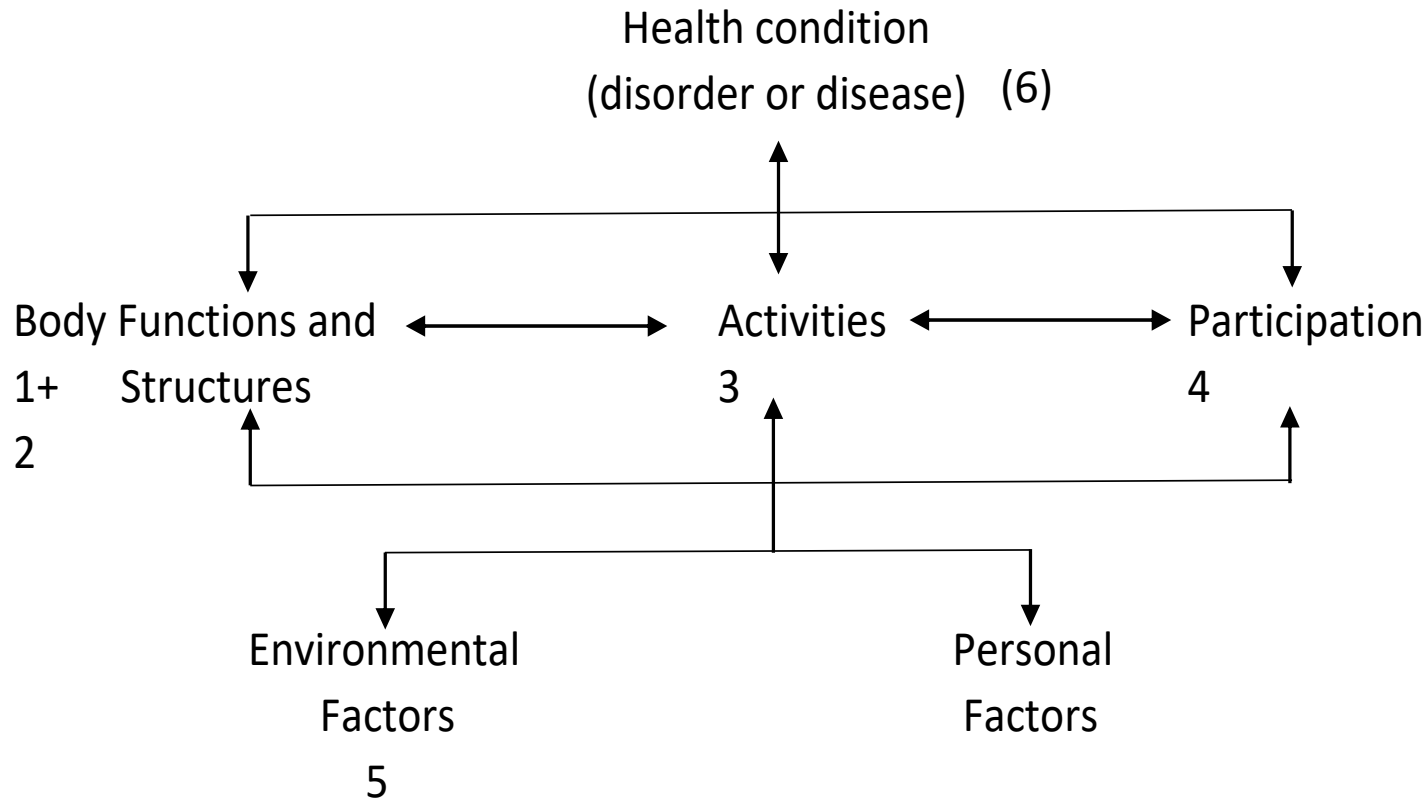
ICF-CY is based on a **Bio-psycho-social model** (Engel, 1977)

Disability (in sense of interaction between people and their environment) can be manifest itself also

In the sense of (limitations) of **PARTICIPATION** a child cannot **communicate** with others (unknown person) (elective mutism) or

- In sense of **ENVIRONMENTAL** barriers e.g. regarding the necessary (special needs) services or personal daily necessary objects (rollator, medicines..).

The „world famous“ WHO-graphic understands: „BIG 6“



What does this foil means?

A health condition/ health problem can be seen as the starting point (e.g. an existing ICD-10 diagnose or suspected diagnose)

The „BIG 5“of ICF-CY are in mutual dynamic interaction

Where users start to think in categories of ICF-CY might be different:

You might start to think with the „ENVIRONMENT“

Initial point: ICD as a medical diagnostic key

The ICF (CY) belongs to the “family” of international classifications developed by WHO for description of the people’s relevant health aspects and health related states.

The full name behind the abbreviation is

„The International Classification of Functioning, Disability and Health for Children and Youth“

What can we know – on a base of an ICD 10 - diagnosis – about the functioning and restrictions of a child with F83 diagnose?

- Points of criticism on a pure orientation of an ICD-10 description of the people:
- Barely reveal about the functioning of people with disabilities
- Description system that primarily is used by the medical system
- People are barely described in their interaction with the relevant environment
- ICD-10 classifications are frequently deficit oriented

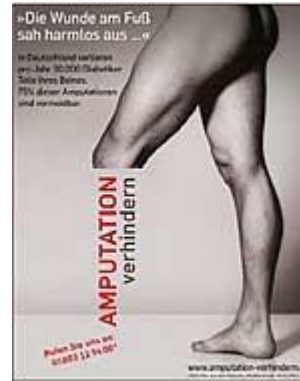
Further development: ICDH – Classification of the „consequences of disease“

- Contemplating the „consequences of disease“
WHO proposed a differentiation
- between **structural damages**
- functional **impairments** and
- social consequences. (=disability)
- These various aspects of the data were to be
classified separately in different fields or
parallel classifications.

Initial steps for ICF: **ICIDH - Classification of the „consequences of disease“**

International Classification of Impairments, Disabilities and Handicaps

-(Structural) damage



<http://www.diabsite.de/aktuelles/nachrichten/2012/120321c.html>

- Loss of function



- Disability



http://www.google.de/imgres?imgurl=http%3A%2F%2Fwww.schule-und-familie.de%2Fassets%2Fimages%2FMalen%2FSport%2Fmalvorlage-fussballspiel.jpg&imgrefurl=http%3A%2F%2Fwww.schule-und-familie.de%2Fausmalbild-drucken%2Fmalvorlage-fussballspiel.html&h=600&w=800&tbnid=D4JA904JpaGl3M%3A&zoom=1&docid=74gKIJGEOypOBM&ei=IjXJU_WDIfOX0QWKhyCAAw&tbm=isch&iact=rc&uact=3&dur=420&page=2&start=16&ndsp=23&ved=0CHYQrQMwGw

Comparison of concepts (Simplification)

	ICIDH	ICF-(CY)
Concept	No overarching concept	Functional health
Model	Disease model	Bio-psycho-social model
Orientation	Classification of disability	Classification of domains in which disabilities can occur. (E.g. Life areas). The components can be expressed in positive and negative terms.
	Umbrella term for impairments	Distinction between impairments (Structures/Functions) and limitations/restrictions (Activities/ Participation)
Environment factors	Are not considered	Are integral component
Personal factors	Implicitly is considered	Explicitly is mentioned but not classified
Areas of use	Only in the context of health and health – related states.	

What does this further development means?

1) Focus on environmental factors.

2) FUNCIONAL health:

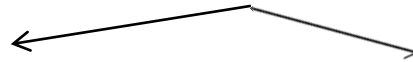
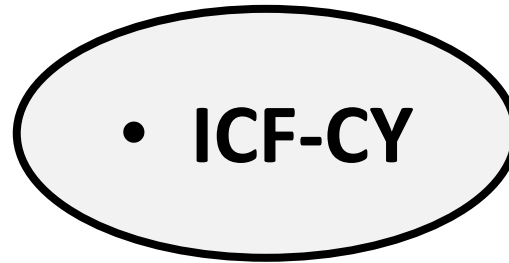
„Functioning“ – a person can do everything what others (comparable peer/age groups) in an appropriate social context can do (body, functional, in relevant life areas)

3) Involvement of positive aspects (thus functioning or resources in the terminology of early prevention)

Definition of health components

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

Components of ICF-CY (Start)



Level of the
components

Components Body - functions and - structures	Components Activities/ Participation
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Aims of ICF-CY (summarized)

- = Multipurpose classification system for various disciplines
- = Scientific model for health and health-related states
- = To establish a common language for describing health and health – related states in order to improve communication between different professionals/users
- = To permit comparison of data
- = To provide a systematic coding scheme
- = Can be used as quality assurance system
- = Require practical implementation instrument

What does this means for Early childhood intervention, Social pediatric care and Kindergartens?

- Can be used as a description instrument of support/treatment processes or needs (what are the needs of our children or families as expression of individual representations)
- Can be used as a state social /health policy instrument (How does the coverage between the needs and offers look like E.g. in a circle? Can we compare the services?)
- Can be used as an instrument for intervention/treatment planning
- Can be used as reflexive instrument in „Team around the Child“ reflection processes

The ICF-CY as instrument for equal opportunities

The ICF-CY describes children's functioning and environment.

What a child is able to do (=activities/participation)

What is the role of the environment (=facilitators and barriers as environmental factors)

Which structures – functions are „functional“ but also which impairments can be observed

-> When the functioning of the child/the family and also the limitations are appropriately mapped within the ICF-CY, then specific support-needs can be defined.

Thus the ICF-CY facilitates steps toward equal opportunities.

Scope of ICF-CY

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

What is ICF-(CY) not about?

- a) About personal factors (gender, ethnic background...)
- b) About bigger socio – economic factors (which are not related with the health)

For example the individuals might also be restricted to perform tasks because of their

ethnic background, their gender, their religion or other socio economic issues in their current environment but these are not health-related restrictions of participation

What does this mean for Early childhood intervention, Social pediatric care and Kindergartens?

- The usage of ICF-CY is not primarily about social disadvantage or ethnical discrimination, but rather is about health.
- In reality it is not always easy to differentiate these (interconnected aspects). For example the environmental factors (availability of medicines, Ortheses, materials, services..) or the empathy of the childs educator often are interconnected to the child development.

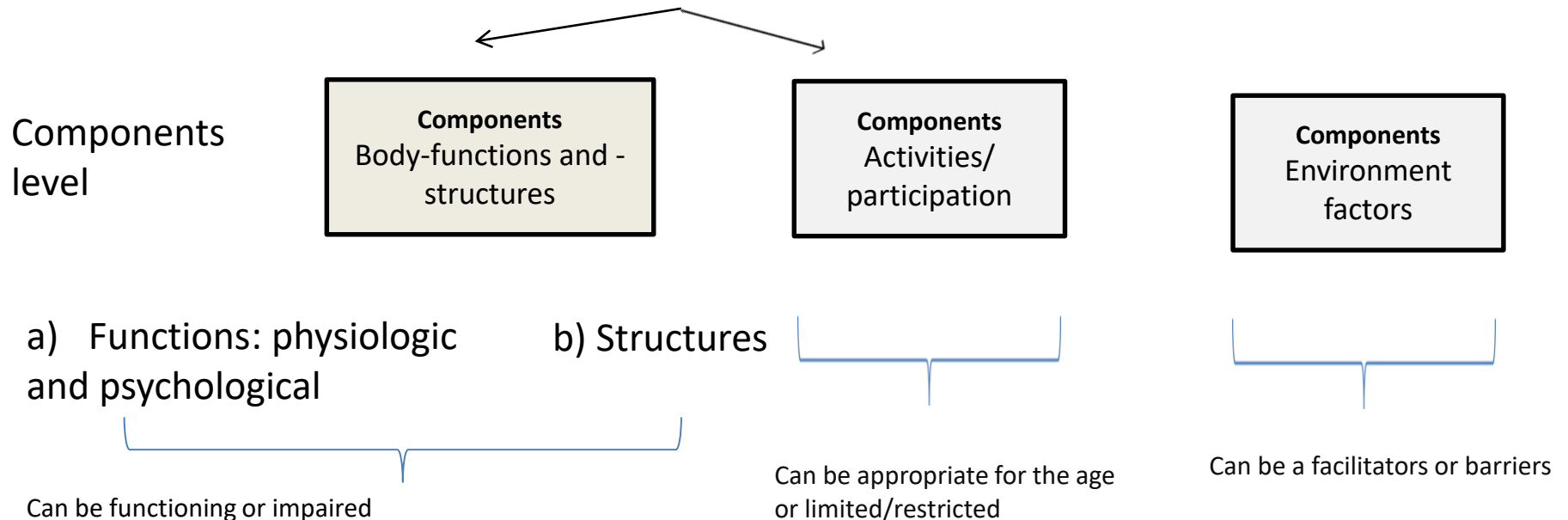
Classification by use of ICF-CY

- The ICF-CY classifies the health related states. Therefore different categories are present (which are not entities of an individual), to describe the situation of a person.
- Person A will not be described (F84 -> child with autistic spectrum disorder),
- But the health situation of A with F84 can be described as follows:

Participation: A is exploring an object (d110), undertake a simple task (d210), producing phrase with 2 words (d330) ...

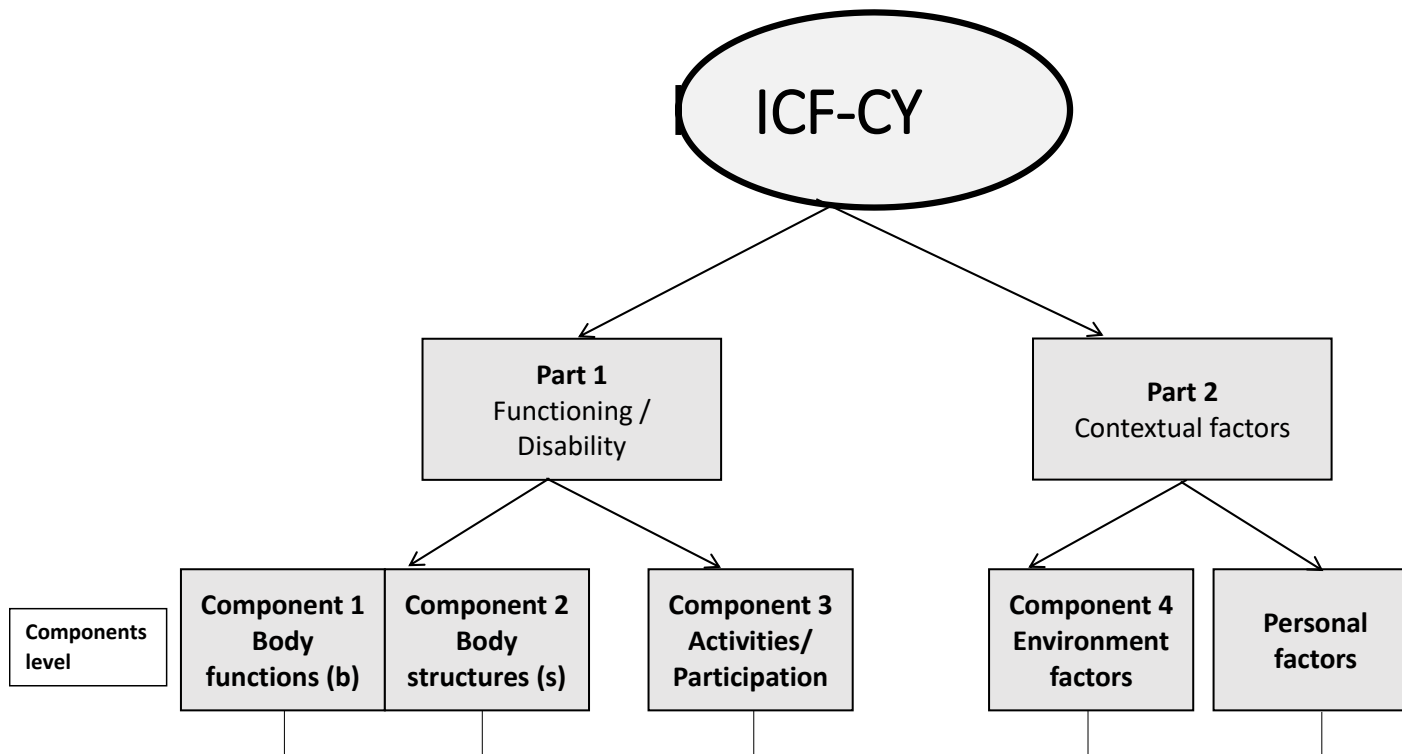
The components of ICF-CY (Continuation)

- ICF-CY



	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)		
Enwironment	Barrier/Facilitators	Part 2: Contextual factors
Personal factors		

Structure of ICF-CY: Increasing the complexity (Continuation)



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...)

When a person shows functional problems that does not means 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)

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

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“

What does this means for Early childhood interventions, Social pediatric care and Kindergarten

Intervention and treatment are mostly about the PARTICIPATION and ENVIRONMENT.

A pure training of ACTIVITIES (without involving the environment, i.e. the parents of the child or the relevant environment of the child) appears less efficient because children will lose quickly their motivation and „compliance“ (cooperation).

LIFE AREAS 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 kindergarten).

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

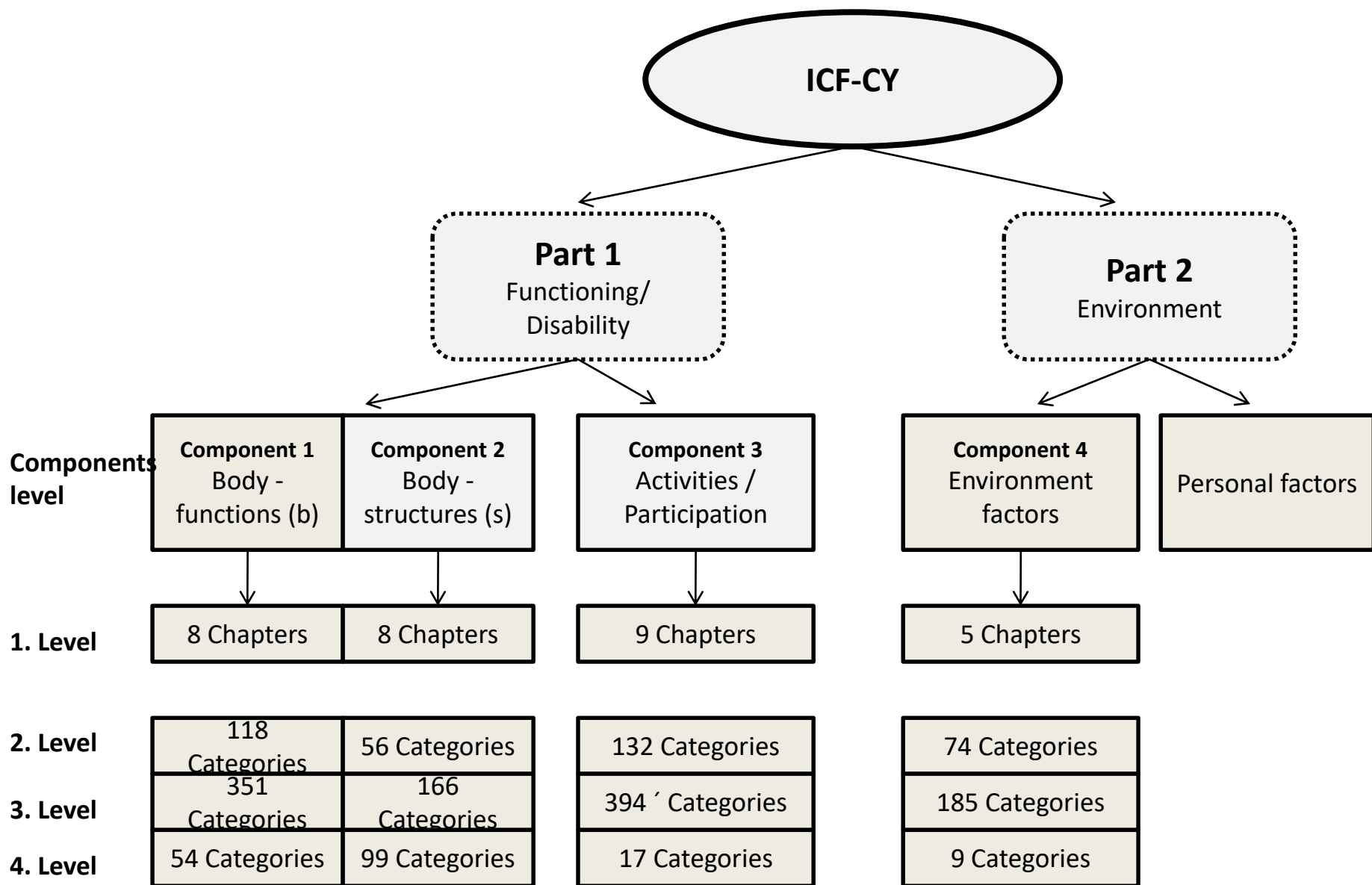
Classification of environment

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: 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.



Take home „Message“

- ICF-CY is a description instrument
- ICF-CY is based on a bio-psycho-social model of health/disease
- ICF-CY understands disability as an interaction between the individual and his relevant environment
- ICF-CY appears complex and differs based on a the „BIG 5“ (Structures, Functions, Activities/Participation, Environment and personal factors)

Literature and links

- www.dimdi.de (deutsche Entwurfsversion der ICF):
http://www.dimdi.de/dynamic/de/klassi/downloadcenter/icf/endungfassung/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