

ICF IN ITALY AND MORE....

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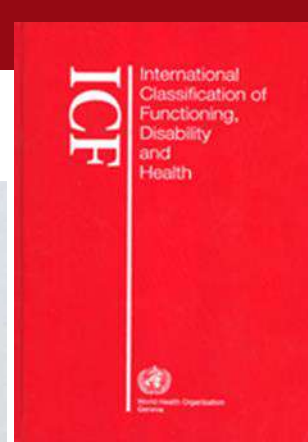


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HaeJung Li, KOREA



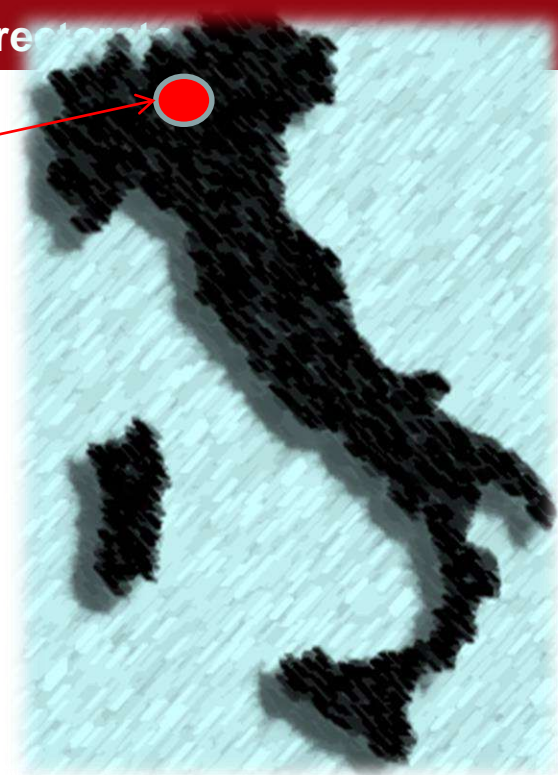
Matilde Leonardi ITALY





Milan, Italy

WHO CC Research Branch



National Neurological Institute

Carlo Besta

Neurosurgery,

Neurological disorders, Child Neurology.

- Research in Pre-clinical/ Clinical Neuroscience
- Translational neurology: from basic to science and society
- Public Health impact, disability and burden of neurological disorders

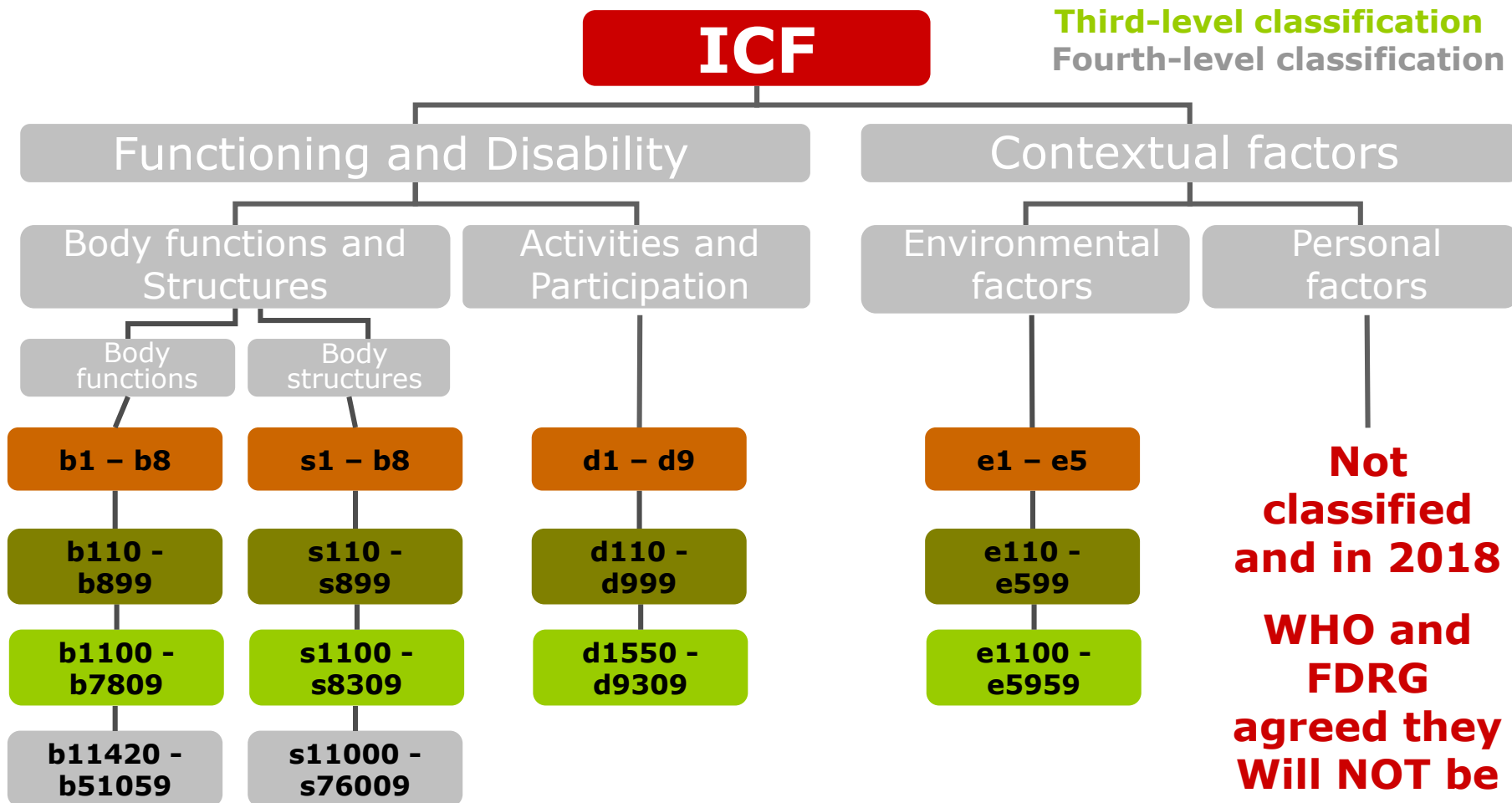


The International Classification of Functioning, Disability and Health



The structure and codes of the ICF classification

Parts
 Components
 Chapters
 Second-level classification
 Third-level classification
 Fourth-level classification



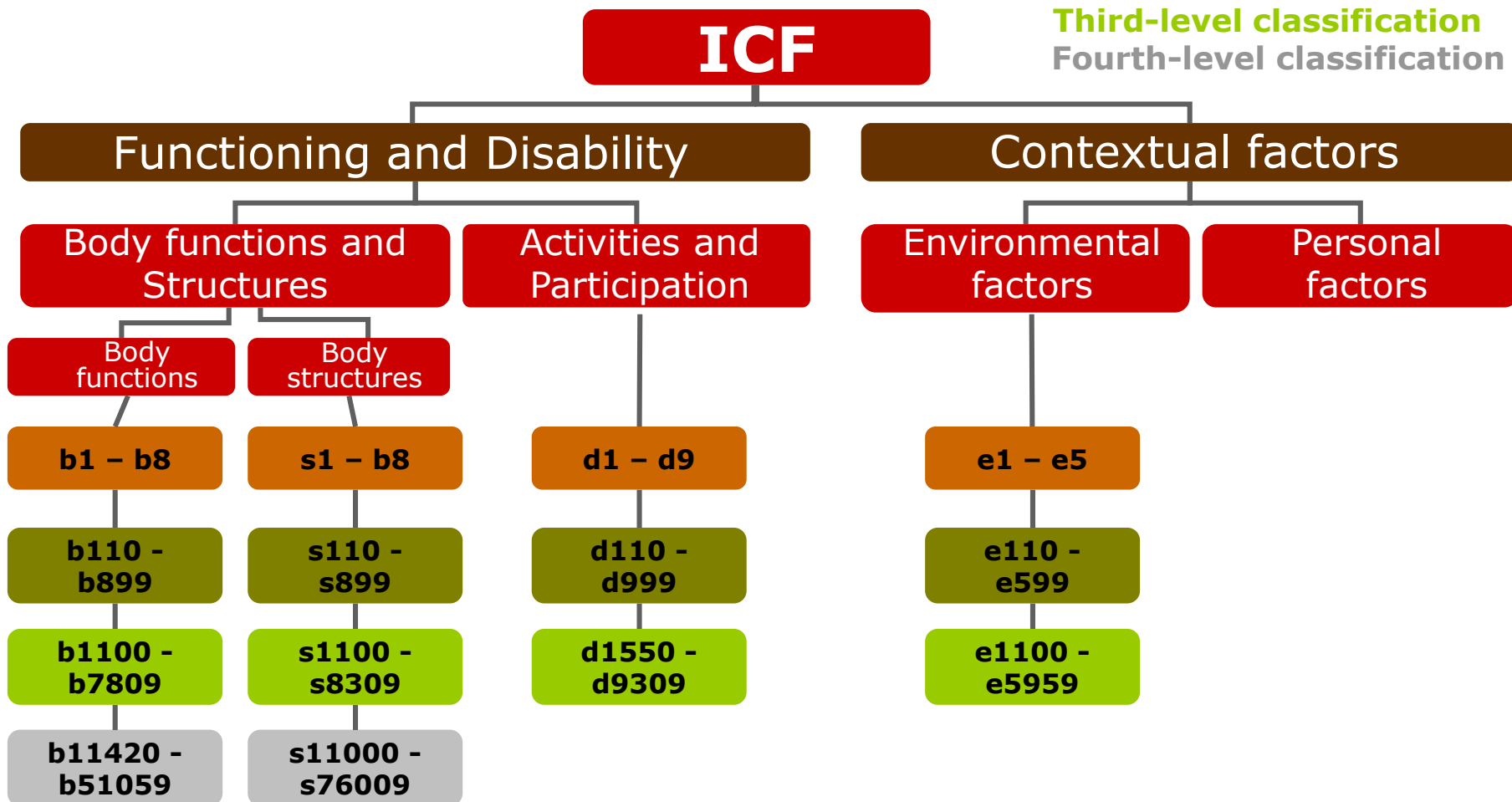
Not classified and in 2018
WHO and FDRG agreed they Will NOT be

b **s** **d** **e**

ICF code = Prefixes + Numeric codes + ICF Qualifiers

The structure and codes of the ICF classification

Parts
Components
Chapters
Second-level classification
Third-level classification
 Fourth-level classification



b 110

s 54002

d 4401

e 1101

ICF code = Prefixes + Numeric codes + ICF Qualifiers

The Epidemiological Transition

Underlying reasons for the demographic transition

- Change in disease pattern
 - Reduction in malnutrition and communicable diseases





MORE THAN
50%

OF THE WORLD LIVES
WITH CHRONIC DISEASE

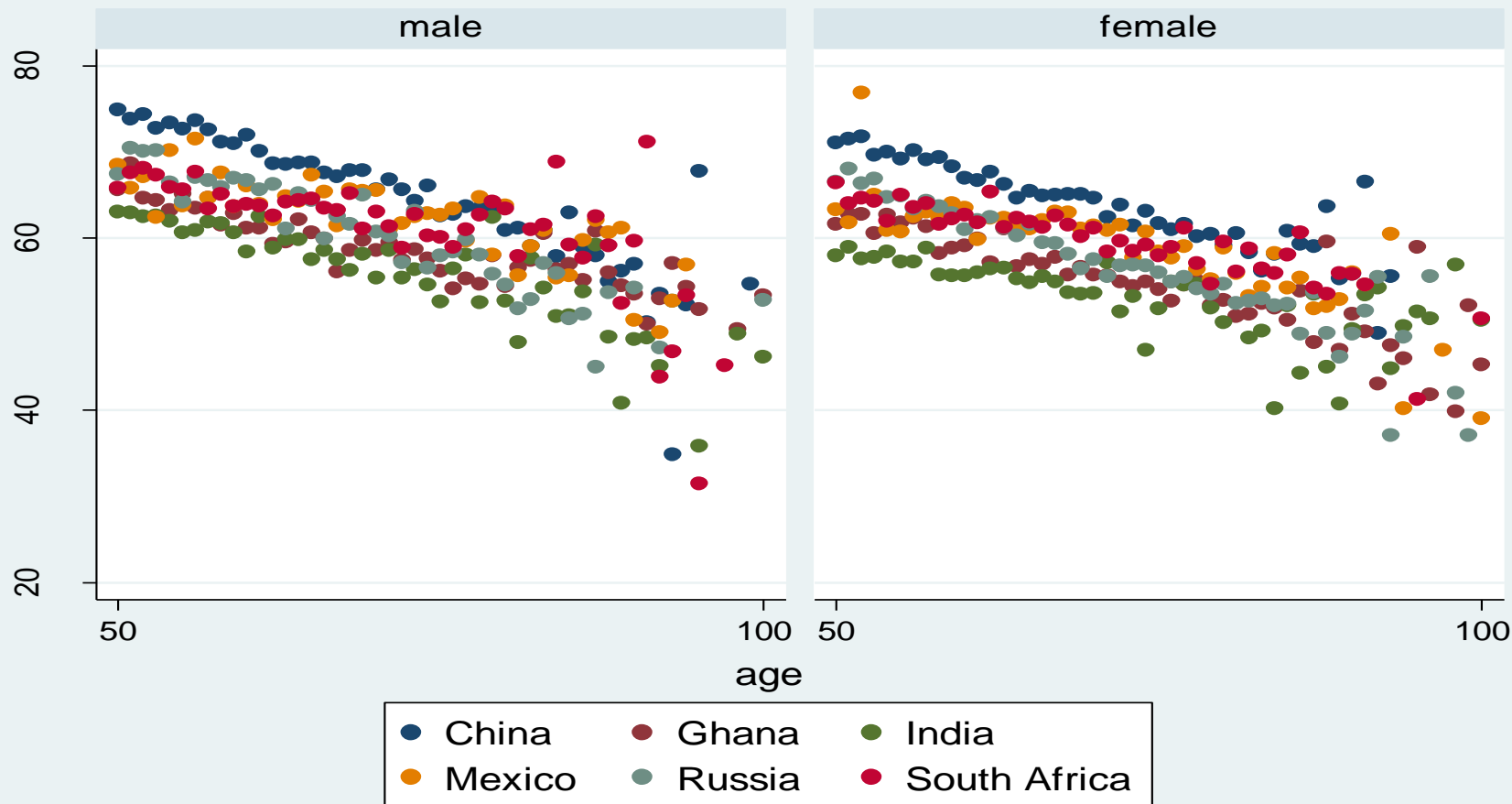
WHAT IS A CHRONIC CONDITION?

- General WHO definition of non-communicable diseases ('not passed from person to person; They are of long duration and generally slow progression')

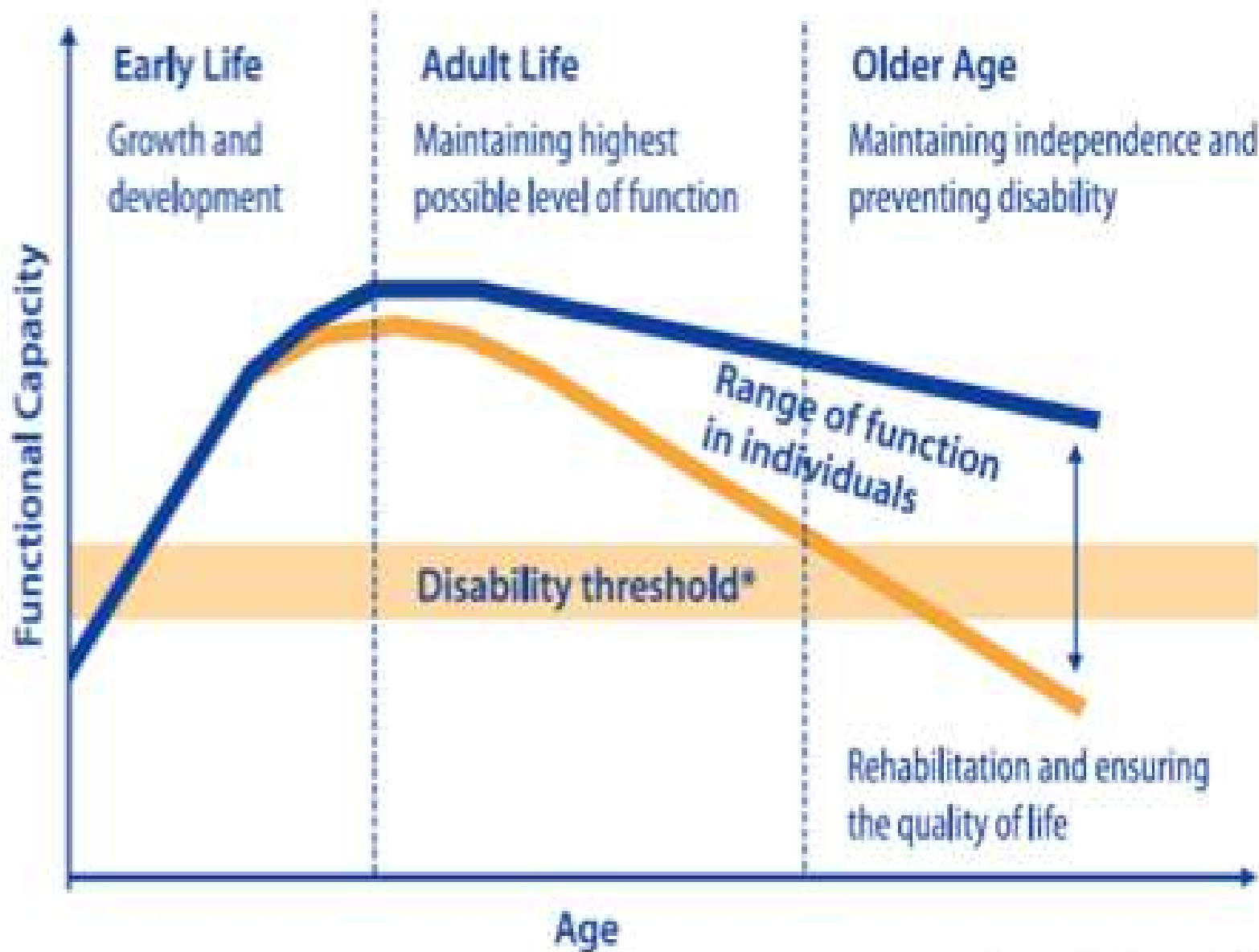


Agequake

Health state (from SAGE 2013)



SAGE



Source: Kalache and Kickbusch, 1997

Problems in definition: impact on people life

People with disability

People with chronic conditions

People with NCDs

Old people

Ageing people

Are we considering people's **FUNCTIONING??**

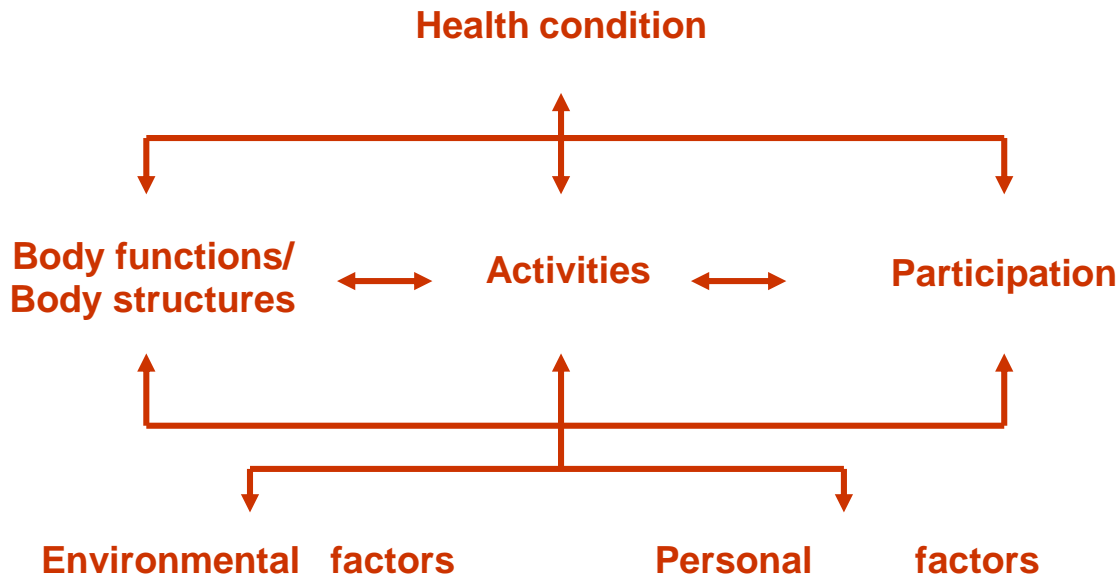
 www.badin.org.net

 badin@marchofdimmes.ca

 [@badin_org](https://twitter.com/badin_org)

Pressing Need for the ICF

The International Classification of Functioning, Disability and Health (WHO, 2001) provides a comprehensive, universal and globally accepted model and taxonomy to describe functioning.



ICF

International
Classification of
Functioning,
Disability
and
Health

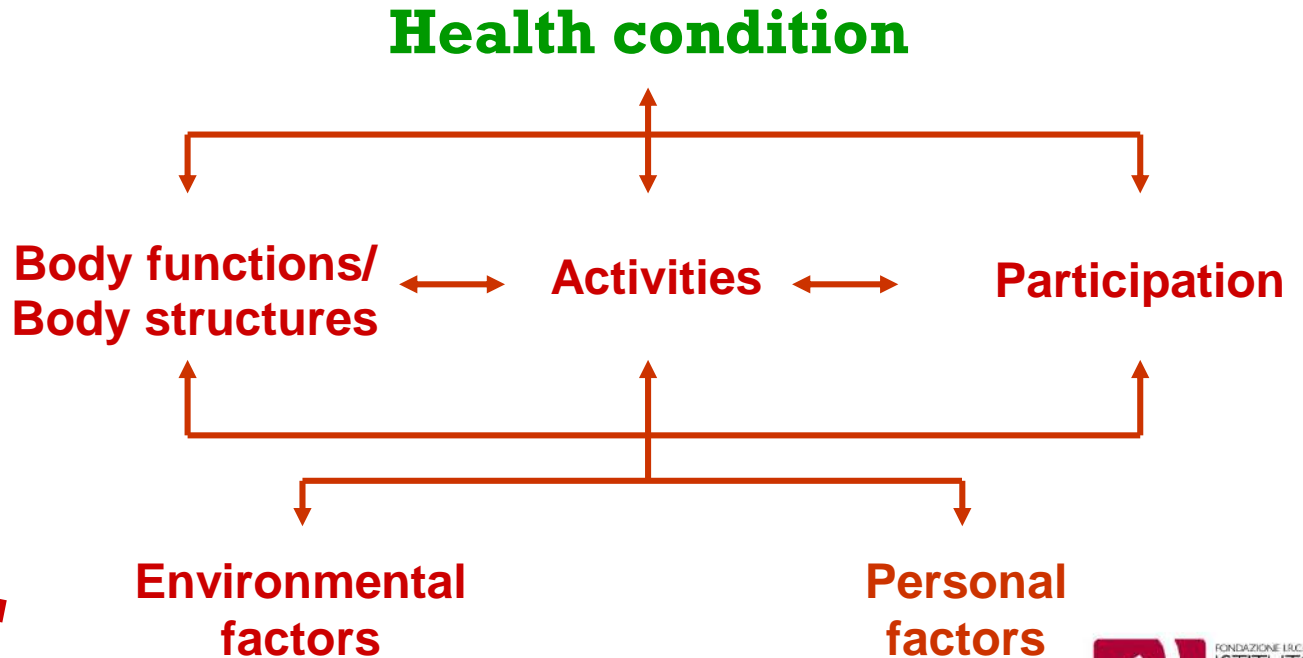
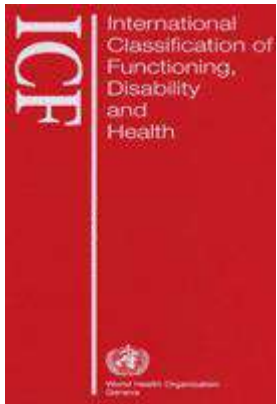


World Health Organization
Geneva

WHO Family of International Classifications

ICD and ICF

ICD and ICF complement each other

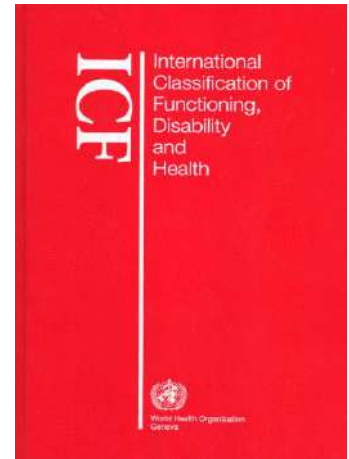
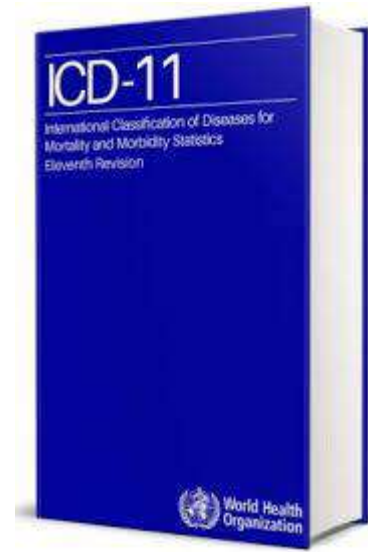


WHO Family of Classifications (WHO-FIC) **the three reference classifications (2019)**

**International Classification
of Diseases – ICD**
(ICD 11 approved May 2019)

**International Classification
of Functioning, Disability
and Health – ICF**
(updated version ICF 2020)

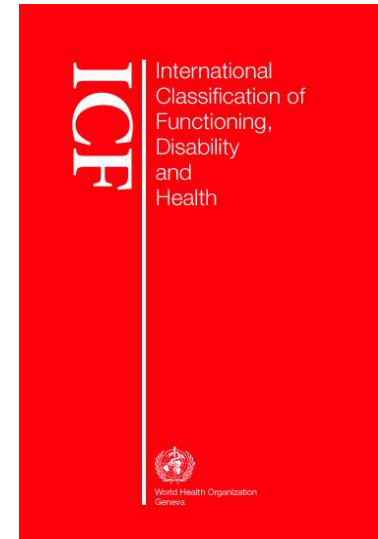
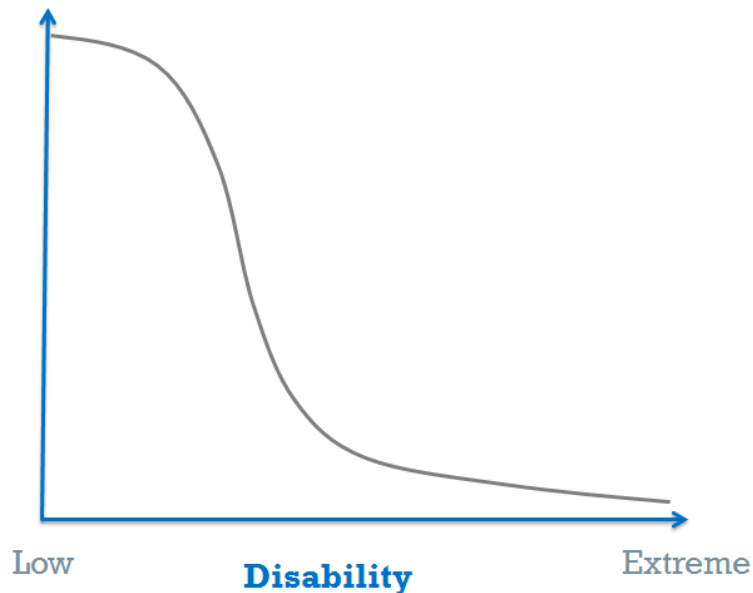
**International Classification of
Health Interventions – ICHI**
(new in 2020)



Disability understood as:

A continuum ranging from low to high levels of disability

Distribution of the world population on the disability continuum

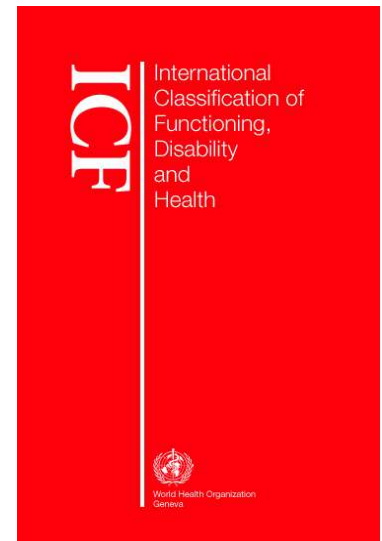
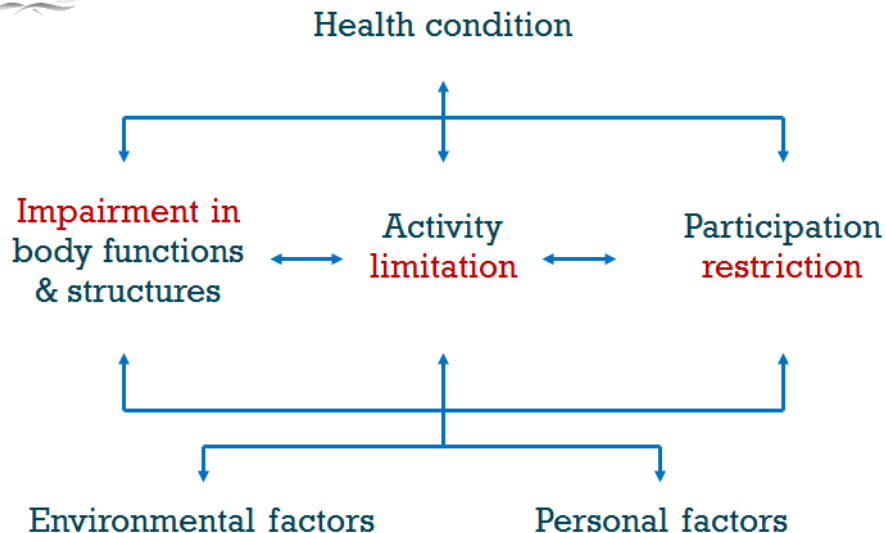


Disability understood as:

Outcome of the interaction between health condition and environmental factors

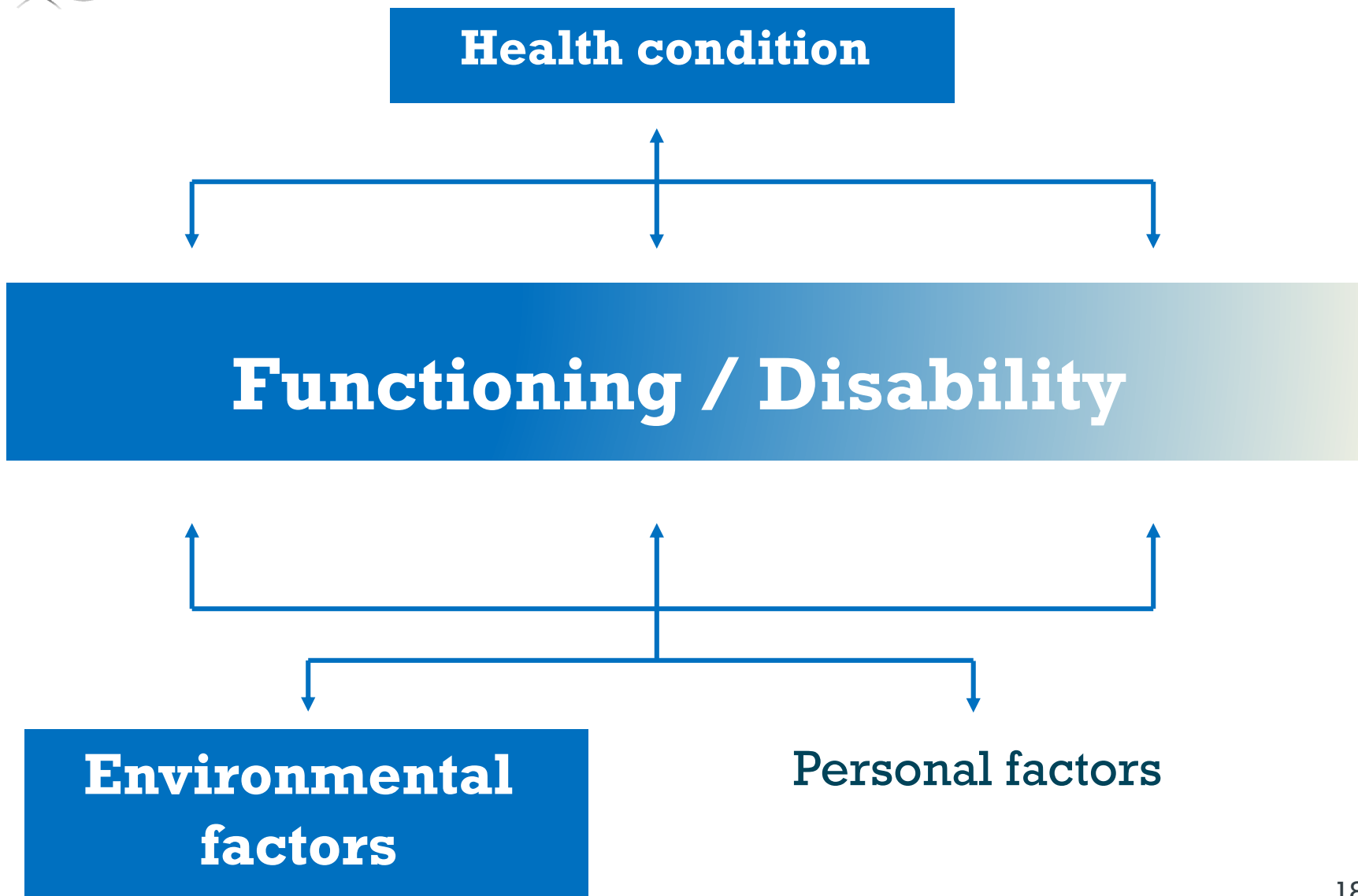


Model of Functioning, Disability and Health





Model of Functioning, Disability and Health

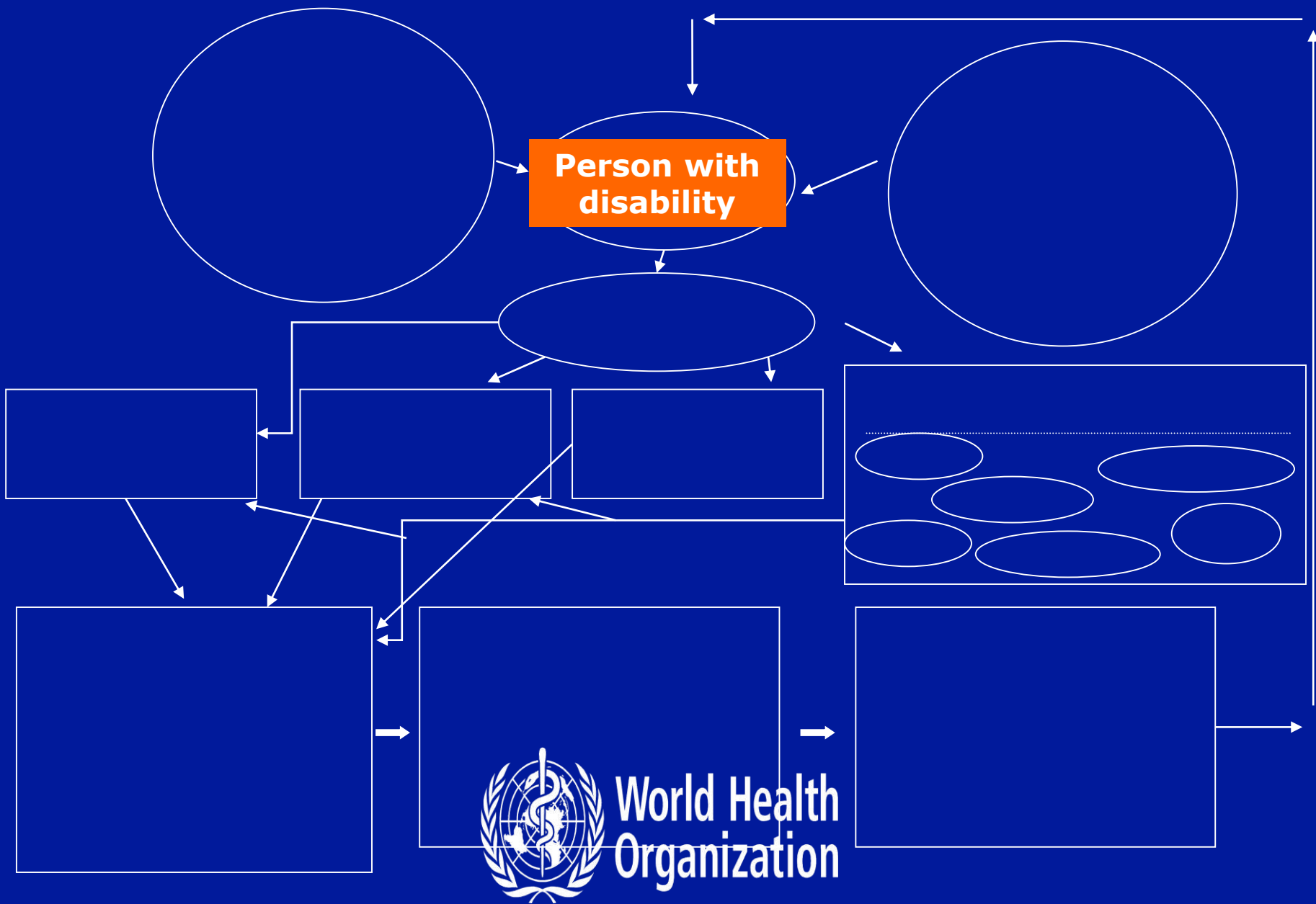


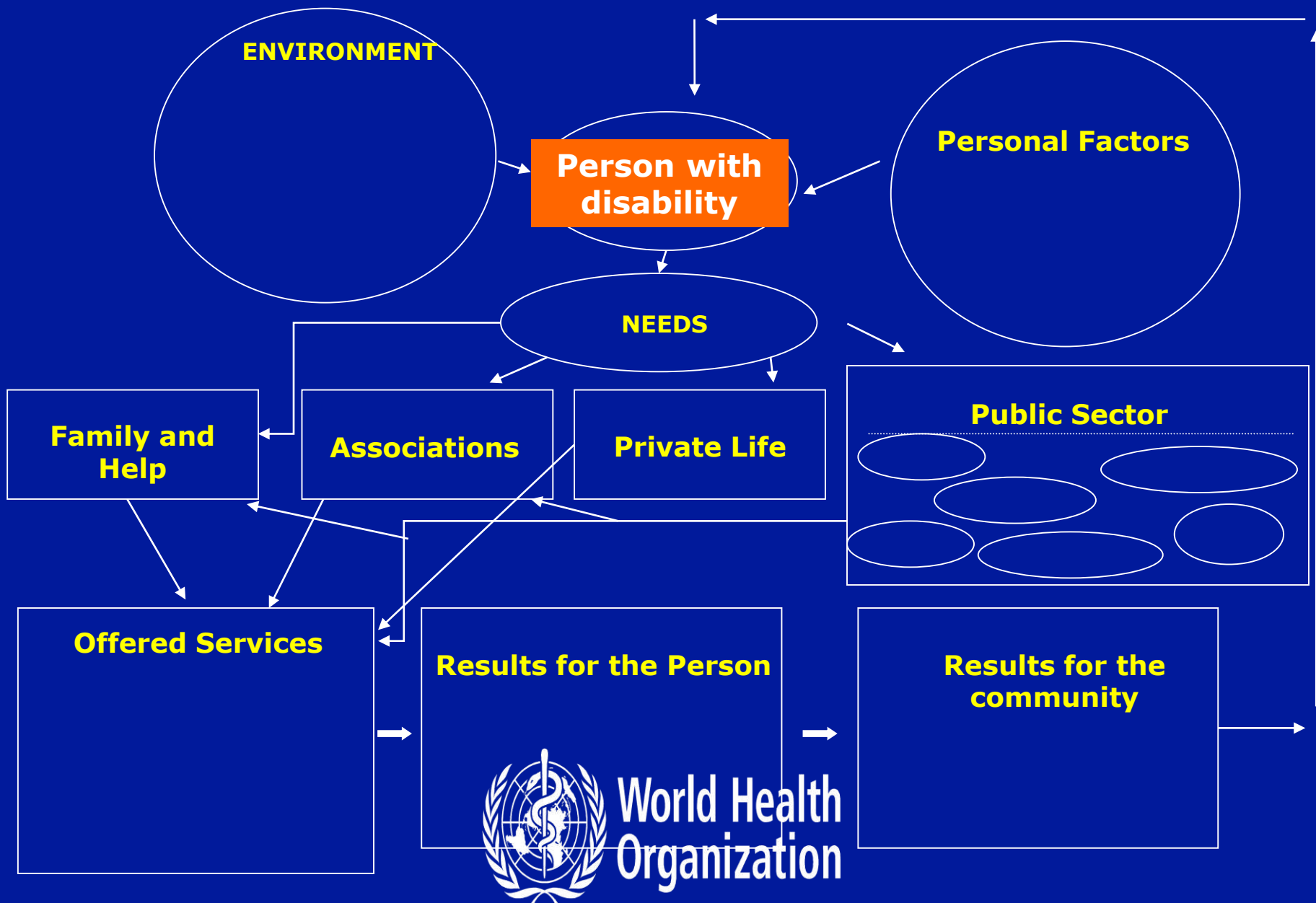
Importance of defining a profile of disability and functioning

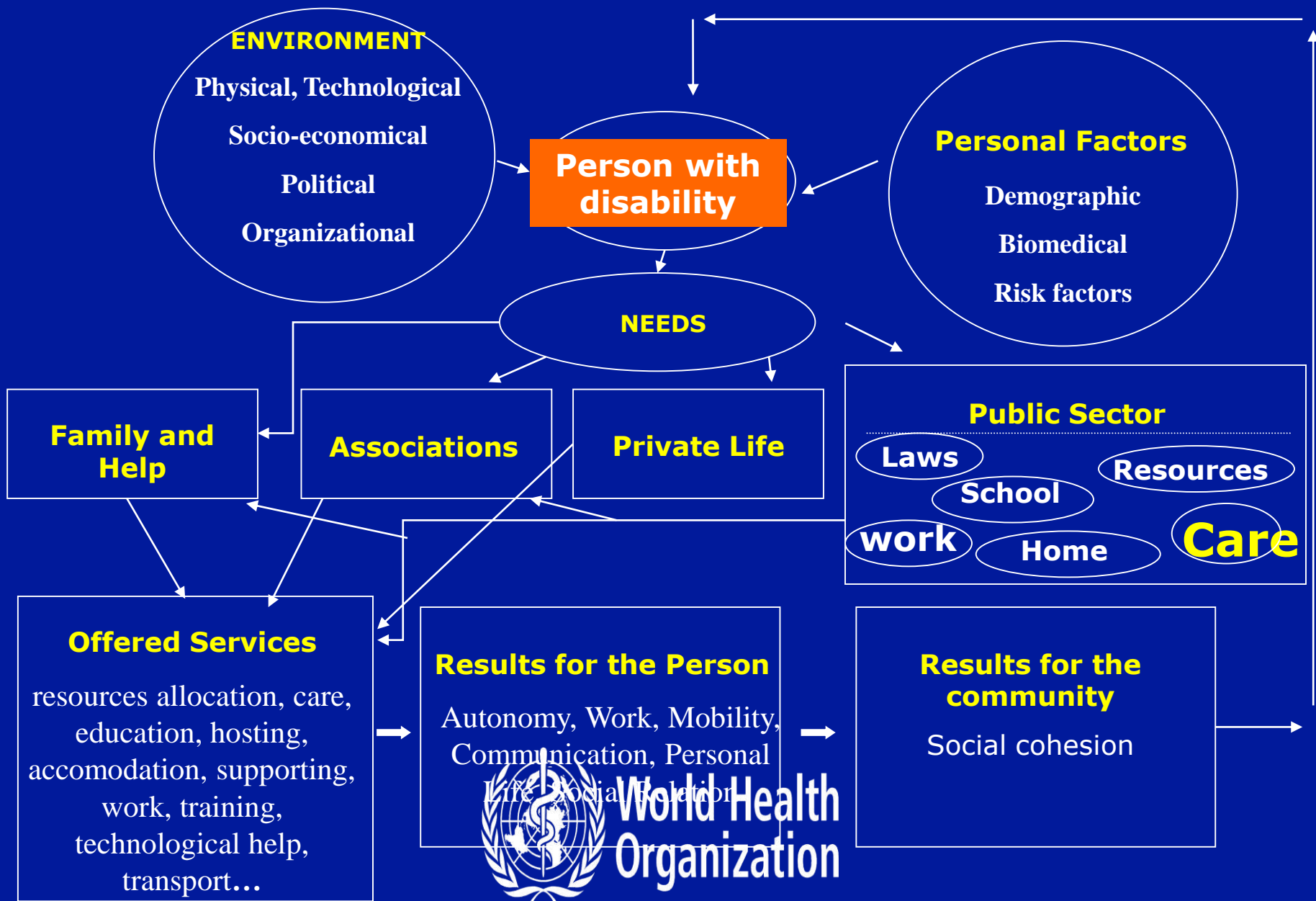
- it is important to not only treat problems (impairments) but also address people's needs in relation to their lived experience and in their own context.
- **A biopsycosocial profile of functioning is the best indicator of treatment needs and service outcomes**

The Biopsicosocial model allows a description of the global picture: an holistic approach to the person









People with disabilities face barriers in all areas of life



- **Education**
- **Employment**
- **Social & political life**
- **Community participation**
- **Health**

Disabling barriers: widespread evidence

- Inadequate policies and standards
- Negative attitudes / discrimination
- Lack of provision of services
- Problems with service delivery
- Inadequate funding
- Lack of accessibility
- Lack of consultation and involvement
- Lack of data and evidence



Barriers have negative consequences

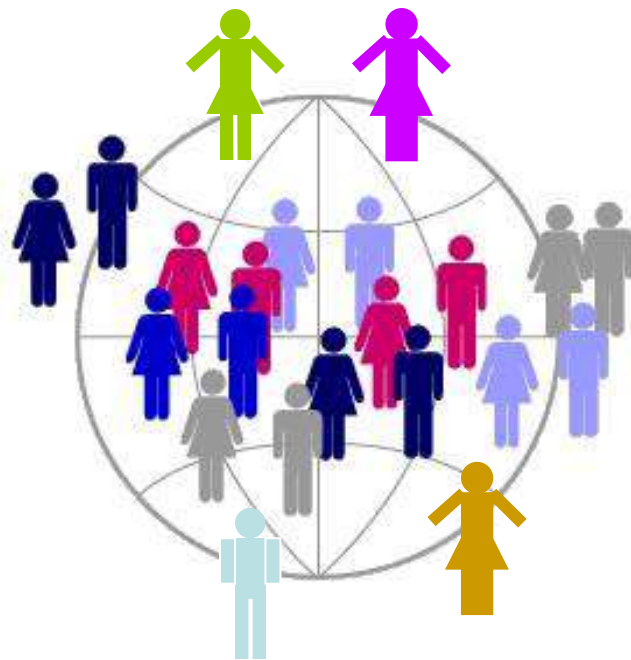
- Lower educational achievements
- Lower levels of employment
- Higher rates of poverty
- Poorer health outcomes



Need for the ICF

A description of functioning is fundamental to identify the health problems and needs of individuals and populations.

It is the **starting point for any approach to achieve or maintain optimal levels of functioning** in individuals and populations.



Uses of the ICF

ICF can be used in the areas of:

Policies (Macro level)

Systems and Organizations (Meso level)

Service provision (Micro level)

Uses of the ICF

- ICF has been accepted as **one of the United Nations social classifications.**

The **Convention on the Rights of Persons with Disabilities** refers to and incorporates the ICF.

ICF provides an appropriate instrument for monitoring the **implementation of international human rights mandates** as well as **national legislation**





Journal

Disability and Rehabilitation >

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Editorial


Eight years of ICF in Italy: Principles, results and future perspectives

Carlo Francescutti , Andrea Martinuzzi, Matilde Leonardi & Nenad Friedrich Ivan Kostanjsek

Pages 54-57 | Accepted 01 Sep 2009, Published online: 07 Dec 2009

Download citation  <https://doi.org/10.3109/09638280903317898>

 Full Article

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 Citations

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Abstract

Purpose. To report on the process of implementation and dissemination of the

International Classification of Functioning, Disability and Health (ICF) in Italy.

 Seleziona lingua | ▼

Translator disclaimer

Latest two
FREE to y

- ▶ The value of ICF profiles in defining personalised programmes of interventions was explored by evaluating the link between ICF items and the UN Convention, which was taken as a criterion of clear ethical and political orientation in the evaluation of the disability condition. The first and main effort of ICF implementation was directed in the field of public health and welfare policies.
- ▶ Two main nationwide projects were launched: *ICF and the labour polices in 2003 and ICF and the disability certification reforms in 2006.* ICF also received a strong attention by the professional working in the school system, and was used to define the functioning profile of children and to establish personalised educational programmes.
- ▶ *Conclusions.* The implementation of ICF in Italy was strongly facilitated by a favourable cultural and scientific context.

"ICF in Italy" Project



Ministero del Lavoro e
delle Politiche Sociali
www.welfare.gov.it



The European
Year of People
with Disabilities

ICF in Italy Project

 [Versione italiana](#)

THE PROJECT

ICF IN ITALY PROJECT

Introduction

The Project

ITALIA LAVORO AND ICF IN ITALY

ICF CLASSIFICATION



The Italian Ministry of Welfare and Labour intends to promote the use of ICF, International Classification of Functioning, Disability and Health from the World Health Organisation by its 'ICF in Italia' project, within the context of its institutional competence.

The conclusions drawn from the National Conference on policies regarding disability in Bari, held from 14 to 16 February 2003 to mark the opening of the European Year for People with Disabilities, confirm over and over again the need for a modern system of classification able to verify and assess health and disability to be introduced in Italy.

The ICF is indeed able to assess performance and ability, and put the personal skills of disabled people to use. Moreover, it can measure the

impact that the environment in which the disabled person lives has upon him or her. More specifically, within the context of work policies, the overall approach of evaluation of environment, ability and potential of the person means that in respect to the workplace each individual's identity is recognised.

Furthermore, in the European union the excluding of disabled people from the workplace, both in approved documents dealing with the issue of disability and in the European employment strategy, is considered one of the most serious issues, also in terms of understanding the rights, needs and potential of disabled people, and improving awareness regarding disability.

Therefore, we wanted to underline the dedication of our country and in particular the Ministry of Welfare and Labour during 2003 by starting an experimental project intended to introduce the new ICF classification in Italy with a view to reworking new, more efficient procedures to assess disability and the impact that it has on the process of social inclusion, starting with the procedures stipulated by Italian Legislation on assessing disability for the inclusion of disabled people in the workplace.

I trust that this initiative can contribute to a spreading of a new culture regarding disability in Italy and in Europe, so that rights and opportunities may be fully enjoyed, and obstacles preventing still today disabled people from true integration in the life in the European Union may be removed.

Roberto Maroni

Italian Minister of Welfare and Labour

PARTNERS



Ministero del
Lavoro e delle
Politiche Sociali



ItaliaLavoro



DIN - Disability
Italian Network

DOCUMENTS

- Background
documentation

LINKS

- Useful links



Italy receives the
Roosevelt Disability
Award 2003



World Health
Organization

2002-2004

MHADIE 2005–2007



MHADIE-Measuring Health and disability in Europe: Supporting policy development

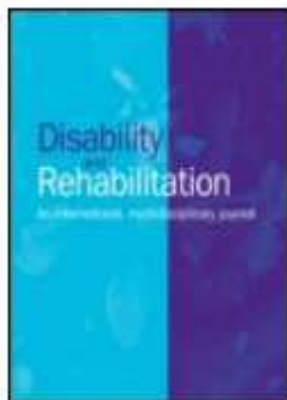
- MHADIE is a three-year Coordination Action financed by the EU Commission, within the Sixth Framework Programme – coordinated by Dr. Leonardi
- Involves 16 European Centres and 10 different countries
- Aims to demonstrate the utility and feasibility of ICF model in measuring different types and prevalence of impairments and limitations.





ICF in clinical and rehabilitation settings
N = 1200 patients





Integrating research into policy planning: MHADIE policy recommendations

Matilde Leonardi, Somnath Chatterji, José Luís Ayuso-Mateos, Judith Hollenweger, Bedirhan Üstün, Nenad Friedrich Ivan Kostanjsek, Alistair Newton, Eva Björck-Åkesson, Carlo Francescutti, Jordi Alonso, Marina Matucci, Adriana Samoilescu, Anne Good, Alarcos Cieza, Olga Svestkova, Monika Bullinger, Crt Marinček, Helena Burger, Alberto Raggi & Jerome Edmond Bickenbach

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To link to this article: <https://doi.org/10.3109/09638288.2010.520807>



RESEARCH

Open Access

Validation of the "World Health Organization Disability Assessment Schedule, WHODAS-2" in patients with chronic diseases

Olatz Garin^{1,2}, Jose Luis Ayuso-Mateos³, Josué Almansa¹, Marta Nieto³, Somnath Chatterji⁴, Gemma Vilagut^{1,2}, Jordi Alonso^{1,2}, Alarcos Cieza⁵, Olga Svetskova⁶, Helena Burger⁷, Vittorio Racca⁸, Carlo Francescutti⁹, Eduard Vieta¹⁰, Nenad Kostanjsek⁴, Alberto Raggi¹¹, Matilde Leonardi¹¹, Montse Ferrer^{*1,2,12} for the MHADIE consortium

Abstract

Background: The WHODAS-2 is a disability assessment instrument based on the conceptual framework of the International Classification of Functioning, Disability, and Health (ICF). It provides a global measure of disability and 7 domain-specific scores. The aim of this study was to assess WHODAS-2 conceptual model and metric properties in a set of chronic and prevalent clinical conditions accounting for a wide scope of disability in Europe.

Methods: 1,119 patients with one of 13 chronic conditions were recruited in 7 European centres. Participants were clinically evaluated and administered the WHODAS-2 and the SF-36 at baseline, 6 weeks and 3 months of follow-up. The latent structure was explored and confirmed by factor analysis (FA). Reliability was assessed in terms of internal consistency (Cronbach's alpha) and reproducibility (intra-class correlation coefficients, ICC). Construct validity was evaluated by correlating the WHODAS-2 and SF-36 domains, and comparing known groups based on the clinical

To read this article in full, please review your options for gaining access at the bottom of the page.

The International Classification of Functioning, Disability and Health: development of capacity and performance scales

[Josue Almansa^a](#), [Jose Luis Ayuso-Mateos^{b,c}](#), [Olatz Garin^{a,d}](#), [Somnath Chatterji^e](#), [Nenad Kostanjsek^e](#), [Jordi Alonso^{a,d}](#), [Jose Maria Valderas^{f,d}](#), [Alarcos Cieza^g](#), [Alberto Raggi^h](#), [Olga Svestkovaⁱ](#), [Helena Burger^j](#), [Vittorio Racca^k](#), [Eduard Vieta^{l,c}](#), [Matilde Leonardi^h](#), [Montserrat Ferrer^{a,d,m,*}](#)  [The MHADIE Consortium¹](#)

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DOI: <https://doi.org/10.1016/j.jclinepi.2011.03.005>



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Abstract

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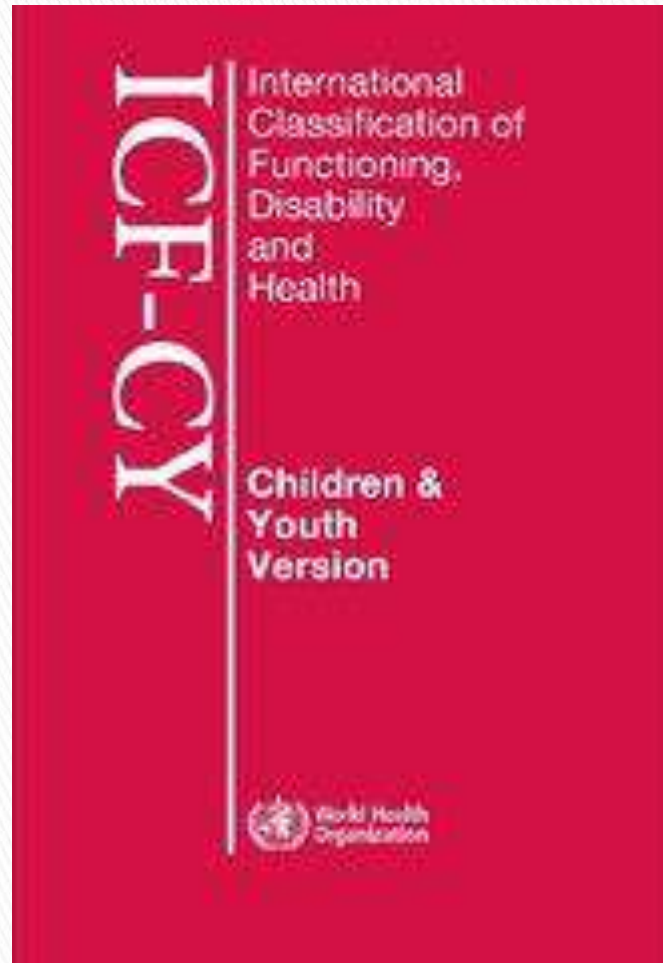
[Images](#)

[References](#)

[Supplemental Materials](#)

Abstract


ICF Children and Youth 2007







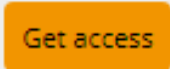
Applying the International Classification of Functioning, Disability and Health (ICF) to measure childhood disability

R.J. SIMEONSSON, M. LEONARDI, D. LOLLAR, E. BJORCK-AKESSON, J. HOLLENWEGER & A. MARTINUZZI

Pages 602-610 | Published online: 07 Jul 2009

 Download citation  <https://doi.org/10.1080/0963828031000137117>

ICF CY 2007

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Abstract

The International Classification of Functioning, Disability and Health-ICF addresses the broad need for a common language and classification of functioning and disability. A parallel need is appropriate measures compatible with the content of the ICF to document the nature and impact of limitations of function, activities and participation. The interaction of developmental characteristics and disability among children represent special challenges for classification as well as measurement. Demographic trends



CONVENTION on the RIGHTS of PERSONS with DISABILITIES

2006

**People with disabilities have to be able to
participate in society
“on an equal basis with others”**

Countries are therefore requested to identify barriers, and take action to eliminate them, as well as to identify needs, and take action to meet them, so that the participation level of people with disabilities is comparable to the level of the general population of a country.


Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation

Milda Cerniauskaite, Rui Quintas, Christine Boldt, Alberto Raggi, Alarcos Cieza, Jerome Edmond Bickenbach &


Matilde Leonardi  ...show less

Pages 281-309 | Accepted 01 Sep 2010, Published online: 13 Nov 2010

 Download citation  <https://doi.org/10.3109/09638288.2010.529235>

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Abstract

Purpose. To present a systematic literature review on the state of the art of the utilisation of the International Classification of Functioning, Disability and Health (ICF) since its release in 2001.

Method. The search was conducted through EMBASE, MEDLINE and PsychInfo covering the period between 2001 and December 2009. Papers were included if ICF was mentioned in title or abstract. Papers focussing on the ICF-CY and clinical research on children and youth only were excluded. Papers were assigned to six different groups

People a

Article
Refiner
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Results. A total of 672 papers, coming from 34 countries and 211 different journals, were included in the analysis. The majority of publications (30.8%) were conceptual papers or papers reporting clinical and rehabilitation studies (25.9%). One-third of the papers were published in 2008 and 2009.

Conclusions. The ICF contributed to the development of research on functioning and on disability in **clinical, rehabilitation as well as in several other contexts, such as disability eligibility and employment**. Diffusion of ICF research and use in a great variety of fields and scientific journals is a proof that a cultural change and a new conceptualisation of functioning and disability is happening.

Uses of the ICF

Assessment of population health

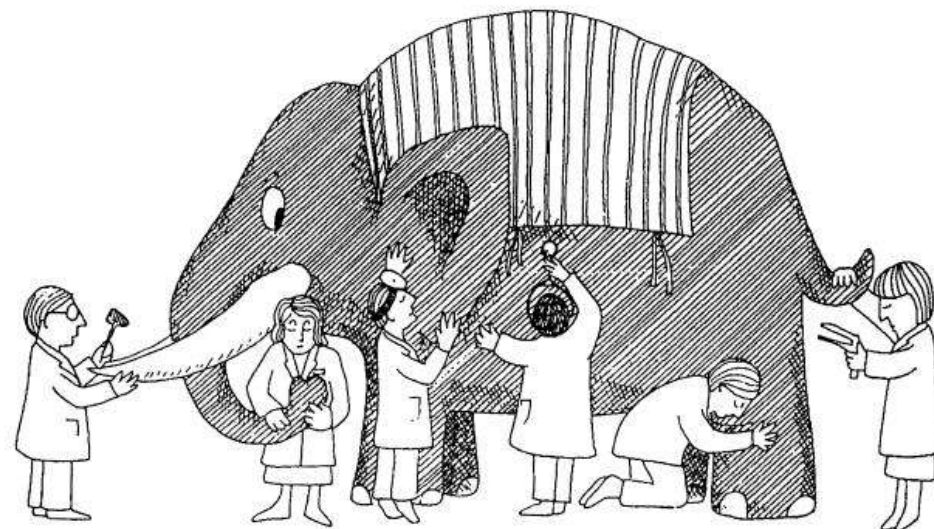
•ICF based disability surveys can be used to estimate the number of people with disabilities in a population and the sorts of disabilities they experience. The sorts of services needed can thence be based on the population picture of functioning.



ICF as the basis for decision making

Uses of the ICF - Service provision

- A common understanding, language and description of functioning enables:
 - patient involvement in assessment and intervention planning
 - inter-professional collaboration during planning and intervention
 - better understanding of the contribution of each service provider
 - effective referral across sectors and disciplines



Uses of the ICF - Service provision

- **Comprehensive approach to describing functioning**

Looking beyond impairments

1. ICF encourages people to **look beyond treating problems** and **towards addressing people's broader needs**

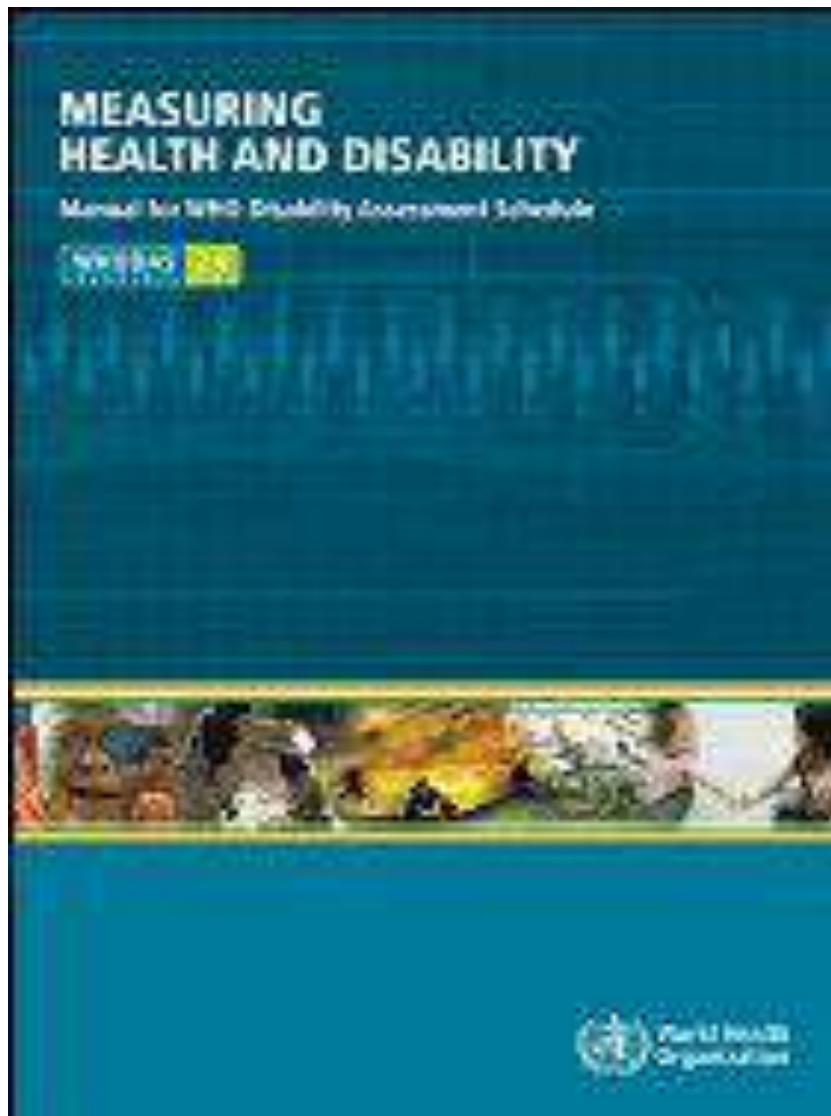


Focus on the individual and his/her context

2. **Personal and environmental factors** considered when developing **intervention strategies**



There is a growing recognition that disability assessment **should be based on the full, contextualised lived experience of health, rather than merely on diagnosis, impairments or evaluation of functional capacity,** which indirectly infers disability from health conditions or impairments.



The WHO Disability Assessment Schedule (WHODAS) 2.0 2014



The new WHODAS 2.0 supersedes WHODAS II and shows the following advantages:

- A generic assessment instrument for health and disability
- Used across all diseases, including mental, neurological and addictive disorders
- Short, simple and easy to administer (5 to 20 minutes)
- Applicable in both clinical and general population settings
- A tool to produce standardized disability levels and profiles
- Applicable across cultures, in all adult populations
- Directly linked at the level of the concepts to the International Classification of Functioning, Disability and Health (ICF)

WHODAS 2.0 covers 6 Domains of Functioning, including:

- **Cognition – understanding & communicating**
- **Mobility– moving & getting around**
- **Self-care– hygiene, dressing, eating & staying alone**
- **Getting along– interacting with other people**
- **Life activities– domestic responsibilities, leisure, work & school**
- **Participation– joining in community activities**

World Health Organization disability assessment schedule 2.0: An international systematic review.

Abstract [Federici S](#)¹, [Bracalenti M](#)¹, [Meloni F](#)¹, [Luciano JV](#)^{2,3}

- **PURPOSE:**

- This systematic review examines research and practical applications of the World Health Organization Disability Assessment Schedule (WHODAS 2.0) as a basis for establishing specific criteria for evaluating relevant international scientific literature. The aims were to establish the extent of international dissemination and use of WHODAS 2.0 and analyze psychometric research on its various translations and adaptations. In particular, we wanted to highlight which psychometric features have been investigated, focusing on the factor structure, reliability, and validity of this instrument.

- **METHOD:**

- Following Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) methodology, we conducted a search for publications focused on "whodas" using the ProQuest, PubMed, and Google Scholar electronic databases.

- **RESULTS:**

- We identified **810 studies from 94 countries published between 1999 and 2015. WHODAS 2.0 has been translated into 47 languages and dialects and used in 27 areas of research (40% in psychiatry).**

- **CONCLUSIONS:**

- The growing number of studies indicates increasing interest in the WHODAS 2.0 for assessing individual functioning and disability in different settings and individual health conditions. The WHODAS 2.0 shows strong correlations with several other measures of activity limitations; probably due to the fact that it shares the same disability latent variable with them. Implications for Rehabilitation WHODAS 2.0 seems to be a valid, reliable self-report instrument for the assessment of disability. The increasing interest in use of the WHODAS 2.0 extends to rehabilitation and life sciences rather than being limited to psychiatry. WHODAS 2.0 is suitable for assessing health status and disability in



Development and implementation of instruments for quality of life assessment



Authors: Krejčová, D¹; Zvolský, M¹; Sládková, P² & Šmíd, V³

¹Institute of Health Information and Statistics of the Czech Republic, Prague

²First Faculty of Medicine, Charles University in Prague and General Faculty Hospital in Prague, Clinic of Rehabilitation Medicine, Prague

³Faculty of Biomedical Engineering, Czech Technical University in Prague

Abstract Instruments for assessing disability and quality of life of patients already exists in the Czech Republic but it is important to develop, implement and update new tools to facilitate work of experts in practice. The activities of the Institute of Health Information and Statistics of the Czech Republic (IHIS CR) in this area were focused on improvement of the use of the WHODAS 2.0 questionnaire and development of the 36-Item Short Form Health Survey (SF-36).

Introduction/Background

The work was carried out due to insufficient assessing tools for determining patient's disability in the Czech Republic. The main reason to develop the instruments for quality of life assessment was to facilitate the work of healthcare and social workers with assessing patient's disability and work and social skills, guarantee a reasonable evaluation time, streamline the assessment for follow-up care of the patient and the allocation of funds.

Methods & Materials

The IHIS CR Department of Clinical Classifications (DCC) used existing questionnaire "WHO Disability Assessment Schedule 2.0 (36-item, self-administered)" which is developed and provided by World Health Organization and after the license agreement realized translation of this questionnaire into the Czech language. The DCC also realized translation of

Results



Picture 2: Instructional video for the Czech WHODAS 2.0 (clinician-patient interview)

DCC developed and created new tools for assessing disability. The Czech self-administered version of WHODAS 2.0 was created next to an existing interviewer-administered version. Both versions were also developed in electronic form as web applications (Picture 3). The application can be used in the same way as a paper form, immediately calculates the resulting score, alerts the missing values, and

Conclusions

By developing these instruments, clinicians are able to better assess patient's status and identify patient's needs. It helps to compare results of therapy and to identify working ability and entitlement to social benefits. The DCC is currently working on creating a web application of the SF-36 and creating an instructional video for this questionnaire.

This year, the topic of annual conference on Clinical Classifications organized by IHIS CR should be "ICF and related tools", therefore the DCC plans to show and promote all new tools.

The work should have impact in clinical practice, particularly in more effective care and therapy determination, in both physical and mental health. Improved and correct treatment should consequently have impact on lower costs for healthcare facilities. Due to the work, the DCC expects improvement in distribution of social

WHO DAS 2.0 training by Olga Svestkova

the patient and the allocation of funds.

Methods & Materials

The IHIS CR Department of Clinical Classifications (DCC) used existing questionnaire "WHO Disability Assessment Schedule 2.0 (36-item, self-administered)" which is developed and provided by World Health Organization and after the license agreement realized translation of this questionnaire into the Czech language. The DCC also realized translation of the 36-Item Short Form Health Survey developed and provided by RAND Corporation into the Czech and supplemented by calculator created in Excel to calculate the score of the questionnaire. Both assessment tools were then formatted, edited, reviewed by experts and prepared into the final forms.

WHODAS 2.0 questionnaires were also developed in electronic formats by programming web applications. It contains the interviewer-administered and self-administered versions. DCC also created an instructional video as a training tool for users of the Czech version of WHODAS 2.0 (Picture 1 and 2).



Picture 1: Instructional video for the Czech WHODAS 2.0 (expert's review)

Picture 2: Instructional video for the Czech WHODAS 2.0 (clinician-patient interview)

DCC developed and created new tools for assessing disability. The Czech self-administered version of WHODAS 2.0 was created next to an existing interviewer-administered version. Both versions were also developed in electronic form as web applications (Picture 3). The application can be used in the same way as a paper form, immediately calculates the resulting score, alerts the missing values, and allows to enter only valid values for each item in the questionnaire. The questionnaire is prepared in the form of a web page which is solely processed at the client's side (computer, tablet, mobile electronic device) and does not send patient's data outside of the healthcare provider. The final filled questionnaire can be saved or printed.

In co-operation with the Clinic of Rehabilitation Medicine, an instructional video explaining detail use of Czech WHODAS 2.0 questionnaire was created and serves as training material. It includes interview with an expert and use of the web application.

Another developed tool is the Czech SF-36 as a tool for determining the quality of life in relation to health. In addition to the questionnaire, a score calculator and manual for correct use were also created.

All questionnaires, web applications and related materials are available to all users on the institution's website:

<http://www.uzis.cz/katalog/klasifikace/WHODAS> for WHODAS 2.0 and <https://www.uzis.cz/dotaznik-kvality-zivota-sf-36> for SF-36 questionnaire.

Conference on Clinical Classifications organized by IHIS CR should be "ICF and related tools", therefore the DCC plans to show and promote all new tools.

The work should have impact in clinical practice, particularly in more effective care and therapy determination, in both physical and mental health. Improved and correct treatment should consequently have impact on lower costs for healthcare facilities.

Due to the work, the DCC expects improvement in distribution of social benefits which are based on the disability assessment.

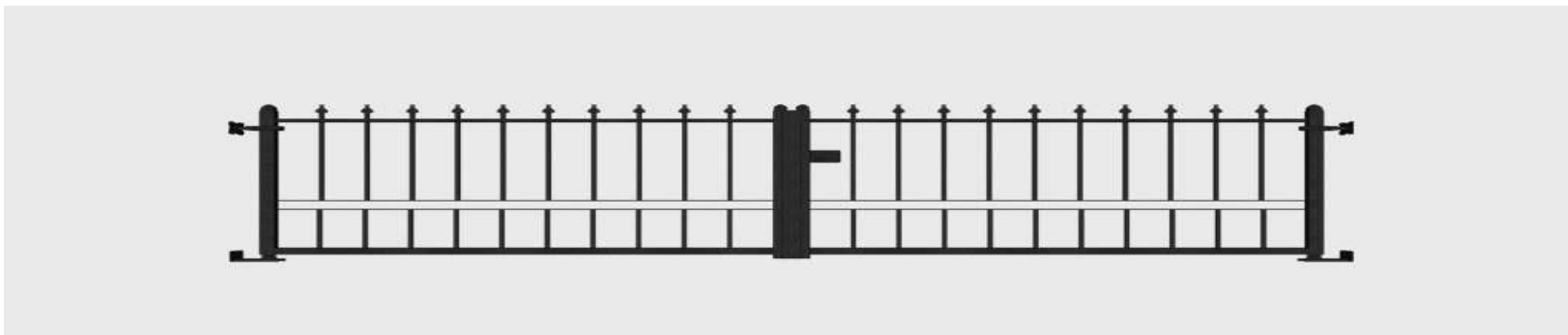
The assessing instruments will provide statistical data for further work in the field of disability research.

Picture 3: The WHODAS 2.0 web application, interviewer-administered version

Acknowledgements / Funding

The work was completely unfunded, questionnaires were provided free of charge and work on developing questionnaires and creating of the video was held as voluntary.

- **Disability assessment** is the gate through which anyone claiming publicly or privately provided disability related benefit, service or product **must pass**.



- Further criteria, such as age, residency, or level of contribution or insurance, can then be used to assess what **benefits, services, and/or supports** a person is eligible to receive.

The distinction between disability assessment, determination and eligibility has to be clearly defined:

Disability assessment is the authoritative determination of the kind and extent of disability used as part of a broader administrative process known as 'disability determination'.

Disability Eligibility refers to establishing what benefits and/or supports one has access to.



Disability assessment purposes and issues WHO Expert meeting 12-13 March 2016- Alex Cote, IDA

- Depending on the contours of the country's disability policy, **these may include social security and disability pensions; health and rehabilitation services; general social benefits such as income support; and employment-related benefits, such as unemployment benefits and workers' compensation.**
- Work capacity or work ability assessment is the most prominent application of disability assessment, since for adults, being able to work is key to economic self-sufficiency and social standing.

There is a growing recognition that disability assessment **should be based on the full, contextualised lived experience of health, rather than merely on diagnosis, impairments or evaluation of functional capacity**, which indirectly infers disability from health conditions or impairments.

Three approaches to Disability Assessment:

- **IMPAIRMENT APPROACH**
- **FUNCTIONAL LIMITATION APPROACH**
- **DISABILITY APPROACH**

The 'impairment approach'

- makes inferences from the presence of disease, injury or impairment to problems with performance, including work capacity. An example of an 'impairment approach' assessment includes the Bareme assessment, which attaches percentage values to levels of disability **based entirely on impairment level of specific body parts.**
- Most used and oldest approach

The 'functional limitations approach

- **makes inferences based on limitations in functional domains.**
- The physical rehabilitation community introduced this approach in the 1970s-1980s based on the idea that it is **how people conduct basic activities that has implications for their ability to work, more so than their specific impairments.** Consequently many countries have added a 'functional limitations' layer to their disability assessment methods.
- For example, after initially establishing the impairment (considered essential for detecting malingering), the applicant is then asked about functional limitations within the domains of lifting, standing, handling, hearing, seeing and concentrating.

The ‘disability approach

- takes into consideration the impact of environmental factors on performance. This approach is non-inferential, in the sense that it does not make assumptions about performance based entirely on impairments or health states but **directly assesses what a person’s does in their daily life.**

The ‘disability approach’

- The ‘disability approach’ is the only one of the three that aligns with the ICF in the assessment of disability as a lived experience, rather than using functional or capacity limitations as a proxy for disability.

International Benchmarking

ICF Based disability eligibility assessment (Leonardi et al. In progress 2019)

1. Maroc
2. France
3. Taiwan
4. Senegal
5. Cyprus
6. Switzerland
7. Italy
8. Argentina
9. Russia
10. Romania
11. Germany
12. Kyrgistan
13. Australia
14. New Zealand
15. Canada



Preliminary Conclusions international Benchmarking on ICF and ICF based disability eligibility

All the countries found

- Ratified the UNCRPD
- Have legislation concerning the use of ICF in disability eligibility

Furthemore

- **Italy and Switzerland** have ICF in the disability eligibility regulations for education
- **Germany** has introduced for some insurance schemes
- **Australia** has a wide experience with disability eligibility and ICF use and their general experience could be very useful to implement the procedures in Maroc
- **France, Taiwan, Senegal, Cyprus and Argentina** have embedded the full disability eligibility scheme in their national procedures
- **Russia, Romania, New Zealand, Kyrgistan** are starting the process but still are not into a full national ICF based assessment scheme

Italian Law 66/2018

4th International Symposium: ICF Education – 6 & 7 April, Kuwait City, Kuwait



Implementing ICF in Italian policies for disability assessment of children: national guidelines and accompanying measures



9

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Abstract In 2017, Italian law n. 66 introduced new requirements for ascertaining disability status in children for educational inclusion purposes. The Italian Ministry of Health has the responsibility to define and introduce guidelines in the National Health System (NHS) for assessing disability and setting up an ICF-based Functioning Profile taking into account the bio-psycho-social model of disability. These new requirements are necessary for allowing education institutions to set up individualized education plans. This contribution aims at presenting the preliminary results of this national action.

Introduction / Background

In Italy, educational inclusion was generalised at the end of the 1970s and the separation between mainstream and special needs classes (established in 1962) was abolished.

Labour, Family and Disability, Education-Research and University, Finances), State-Regions Conference, National Association of Italian Municipalities, Union of Italian Provinces, three Italian scientific societies, and the Italian WHO FIC

(v) reasons and ways for introducing ICF in NHS, without training professionals in ICF coding. Specific tools and educational materials were designed: a glossary, a web tool aimed at collecting and analysing ICF-based information: templates for

Obstacles to transitioning to ICF approach:

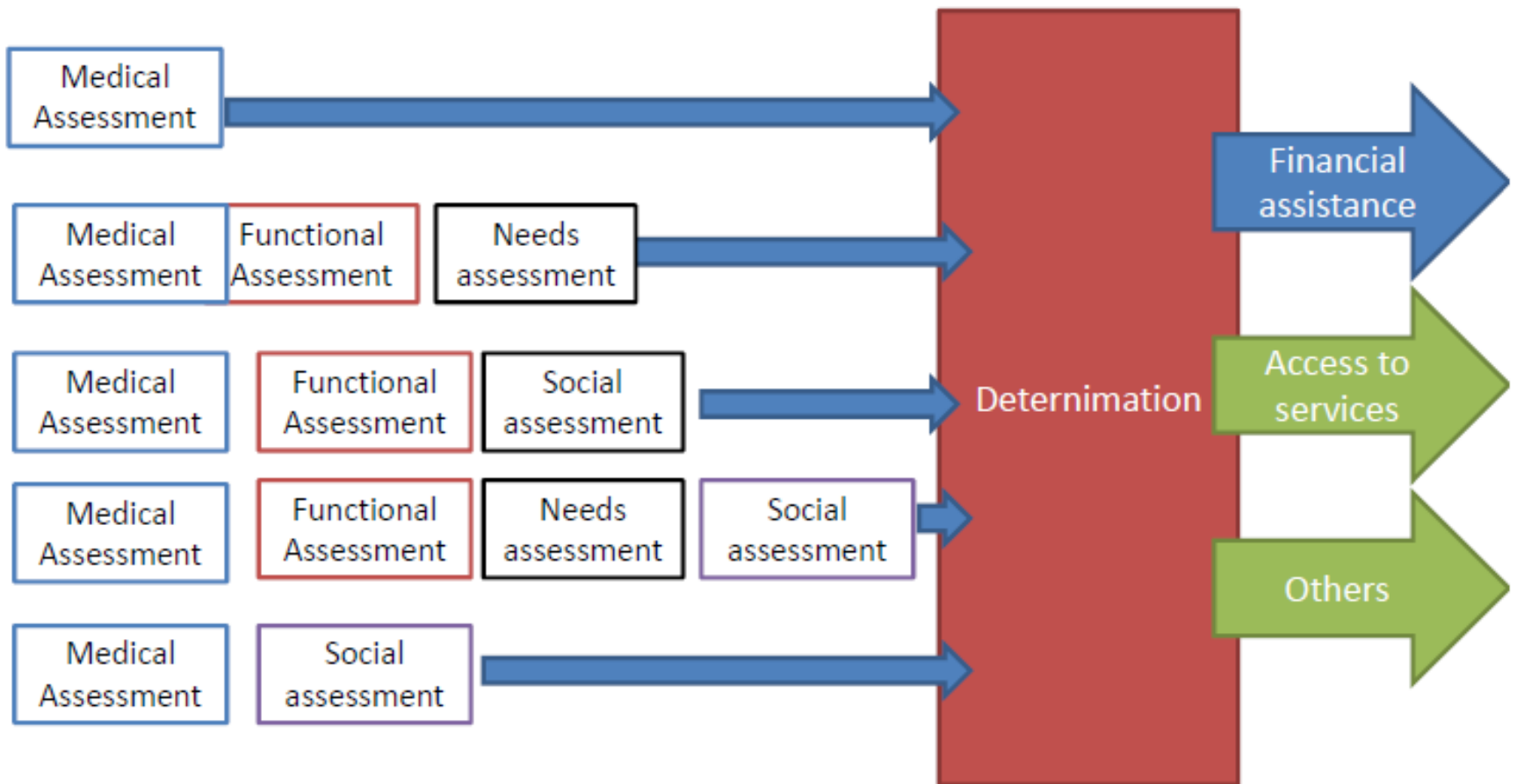
- Perceived and real costs of transition
- Perception that ICF will bias toward fewer or more successful beneficiaries.
- Need for progressive transition protocols for LMIC
- Importance of integrating disability assessment into system-wide changes

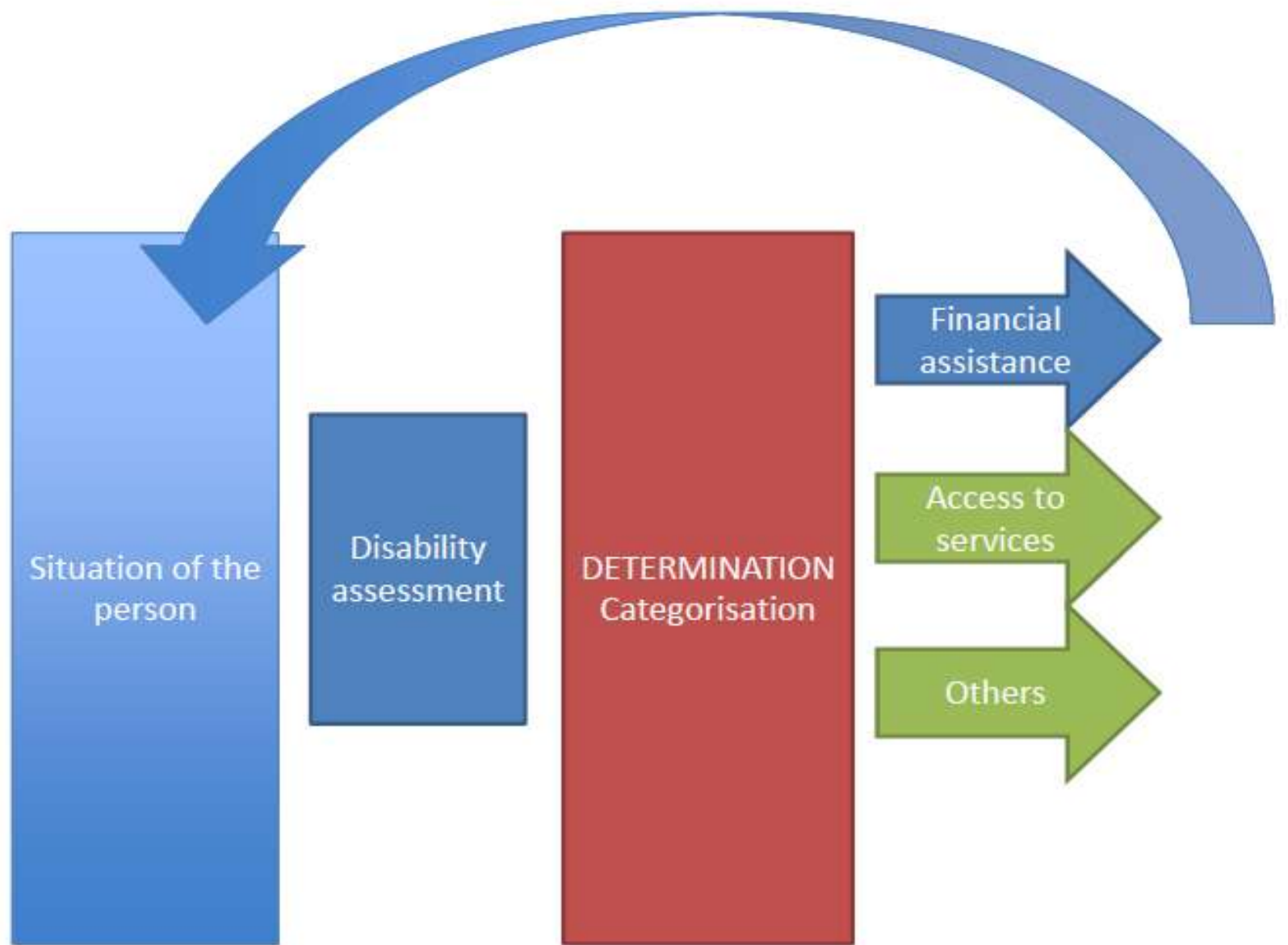
Advantages of using ICF for Disability Assessment

- **•ICF as an optimal reporting structure**
- –Provides What to Measure and How to Measure.
- –International standard for functioning and disability information
- **•ICF guarantees process legitimacy**
- **•ICF is a platform for assessment and measurement**
- **•ICF-based information relevant to CRPD**

Different scenarios

CARD





Situation of the person

Disability assessment

DETERMINATION
Categorisation

Financial assistance

Access to services

Others

Culture of Functioning: Nobody left behind



Common aim: Participation in all sectors

Employment : a key environmental sector



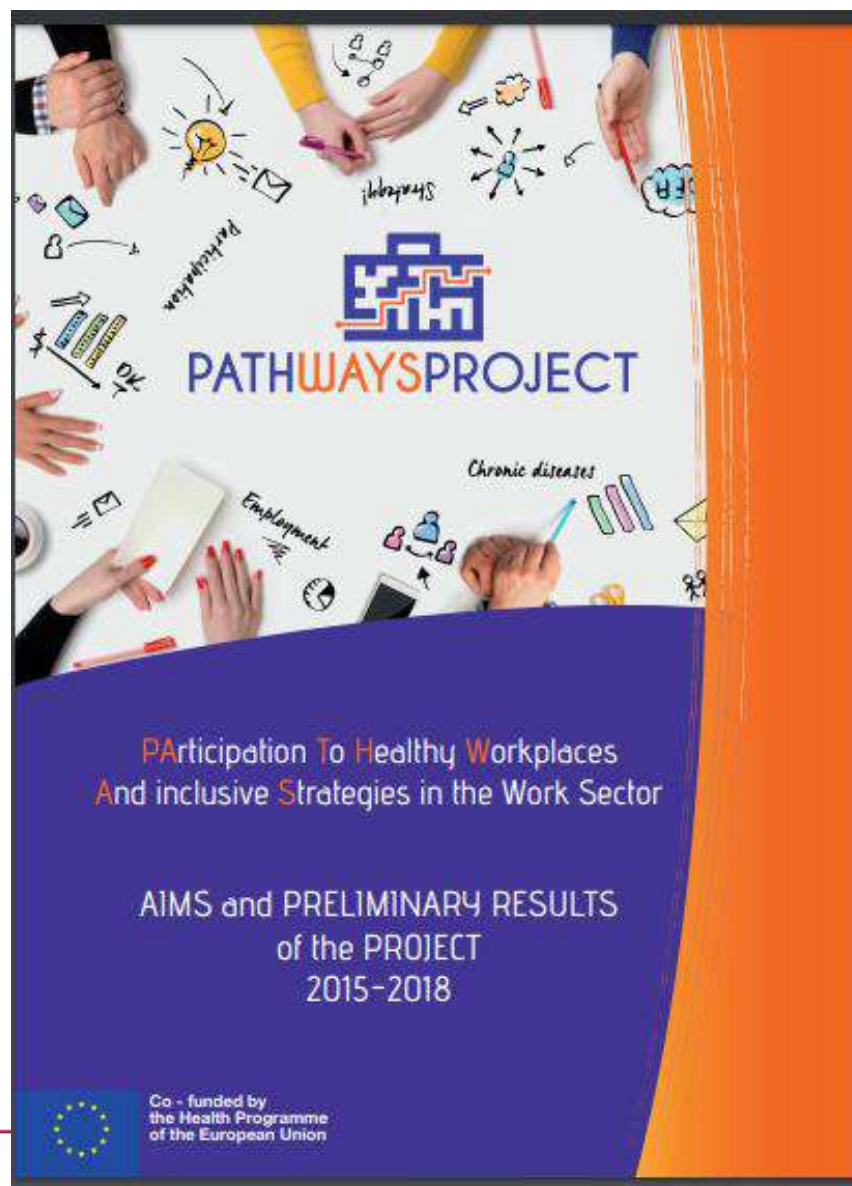
Co-funded by
the Health Programme
of the European Union



PATHWAYS

Participation To Healthy Workplaces And inclusive Strategies in
the Work Sector

PATHWAYS 2015-2018





Article

Mapping European Welfare Models: State of the Art of Strategies for Professional Integration and Reintegration of Persons with Chronic Diseases


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Unemployment of PwCDs is not high in National agendas

Table 2

Views on the availability of work re-integration strategies by country (n, %).



Statements	Austria		Czech Republic		Greece		Italy	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Unemployment reduction among PwCDs is currently very high on the National agenda.	4 44.4%	4 44.4%	1 12.5%	7 87.5%	0 0.0%	6 66.7%	4 50.0%	3 37.5%
2. The existing National legislation for reducing unemployment among PwCDs in the open labour market is adequate.	1 11.1%	7 77.8%	2 25.0%	4 50.0%	1 11.1%	5 55.6%	1 12.5%	6 75.0%
3. The existing National legislation for re-integrating PwCDs in the open labour market is adequate.	1 11.1%	7 77.8%	1 12.5%	5 62.5%	0 0.0%	5 55.6%	1 12.5%	6 75.0%
4. Developing strategies for re-integrating PwCDs in the open labour market is a high priority on the National agenda.	3 33.3%	5 55.6%	0 0.0%	7 87.5%	1 11.1%	5 55.6%	2 25.0%	5 62.5%
5. The implementation of policies for re-integrating to work PwCDs is effectively coordinated on national level.	1 11.1%	7 77.8%	0 0.0%	5 62.5%	0 0.0%	8 88.9%	1 12.5%	6 75.0%
6. The implementation of policies for re-integrating to work PwCDs is effectively coordinated on local level.	0 0.0%	6 66.7%	1 12.5%	5 62.5%	0 0.0%	7 77.8%	1 12.5%	6 75.0%
7. At National level, specific outcome measures have been set for the evaluation of policies targeting re-integration to work of PwCDs.	1 11.1%	1 11.1%	0 0.0%	5 62.5%	0 0.0%	2 22.2%	2 25.0%	4 50.0%
8. The implementation of national policies for re-integrating to work PwCDs is supported by specialists in the area of work integration.	6 66.7%	0 0.0%	1 12.5%	4 50.0%	1 11.1%	4 44.4%	3 37.5%	3 37.5%
9. Service providers are well informed about the rights of PwCDs concerning their re-integration to work.	3 33.3%	3 33.3%	1 12.5%	5 62.5%	1 11.1%	4 44.4%	1 12.5%	4 50.0%
10. Service providers are well informed about the available services supporting re-integration to work of PwCDs.	2 22.2%	5 55.6%	1 12.5%	6 75.0%	0 0.0%	3 33.3%	1 12.5%	5 62.5%



Article

Policy Guidelines for Effective Inclusion and Reintegration of People with Chronic Diseases in the Workplace: National and European Perspectives

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Abstract: The increasing prevalence of chronic diseases among the European working age population, as well as the implications for the individual and societal level, underline the need for policy guidelines targeting the effective inclusion of persons with chronic diseases in the workplace. The aim

- ..appropriate support to employers' needs should be accompanied with interventions for awareness raising as well as services for managing the long-term sick leaves and the return to work process. **Respectively, the financial benefits to persons with chronic diseases should be used as an incentive for participating in the workforce, rather than a compensation for those remaining inactive.**
- However, this perspective presupposes the provision of adequate measures for facilitating and assisting persons with chronic diseases to re-integrate into work, including the **adoption of a person-centred and individualized approach, in which the particular person with a chronic disease plays an essential role**, and the provision of services incorporating supports in different sectors.

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Work package members at the CHRODIS PLUS Budapest Conference - May 2019

CHRONIC DISEASES AND EMPLOYMENT

WORK PACKAGE 8

A road map for social justice

- To identify the domains of human life to which human rights are applicable, **the ICF model is the ideal platform and conceptual tool.**
- **It characterizes disability in terms of both biomedical and social experiences, thereby avoiding confusing debates about the ‘real’ nature of disability, and sets out areas of participation that form the operational content of the rights set out in the *Convention*.**
- In short, it is ICF that should guide us in the development of the components of the monitoring mechanism.

The normative value of description

- The descriptive analysis of the situation of a person, the knowledge of his/her health condition, of his barriers, his facilitators, has an implicit “normative” value.
- Knowing that a person is denied rehabilitation for his age (e.g above 65) or for her gender (girls with disability in some countries) or denied a job due to TBI is not only a description as it **highlights the lack of respect of human rights, thus opening a request for justice**

How much disability?

- All this brings us to consider the role of environment (the political, economic, social contest) in another perspective: **how much disability countries CHOOSE to keep?**
- It is important to know that **this is not a destiny**, but as instruments such as UN Convention and ICF exist, **it is a choice.**

Dedicated to OLGA

Where a
beautiful

SOUL

has travelled
beautiful

memories

remain
forever

This
is
sto

are
he
st.