



Co-funded by the  
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*Concrete application of ICF*  
*Module 3*

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# Background hypothesis

- 1) The current practice of assessing the entitlement of families for financial allowances will not change (based on the former rulebook)
- 2) parallel processes of assessing the entitlement and functional assessment will be introduced
- 3) Both processes should allow maximum synergies

The possible relation between  
anamnesis/testing/examing/disability assessment and  
coding

## Suggested STEPS

- 1) Exchange relevant ANAMNESIC data from the parents/documents and ASSOCIATE IT with the ICF-structure (personal, environment, body structure, body function, participation)
- 2) COMPLETE with relevant own OBSERVATIONS and EXAMINATIONS

# Suggestion towards an ICF-integrated procedure

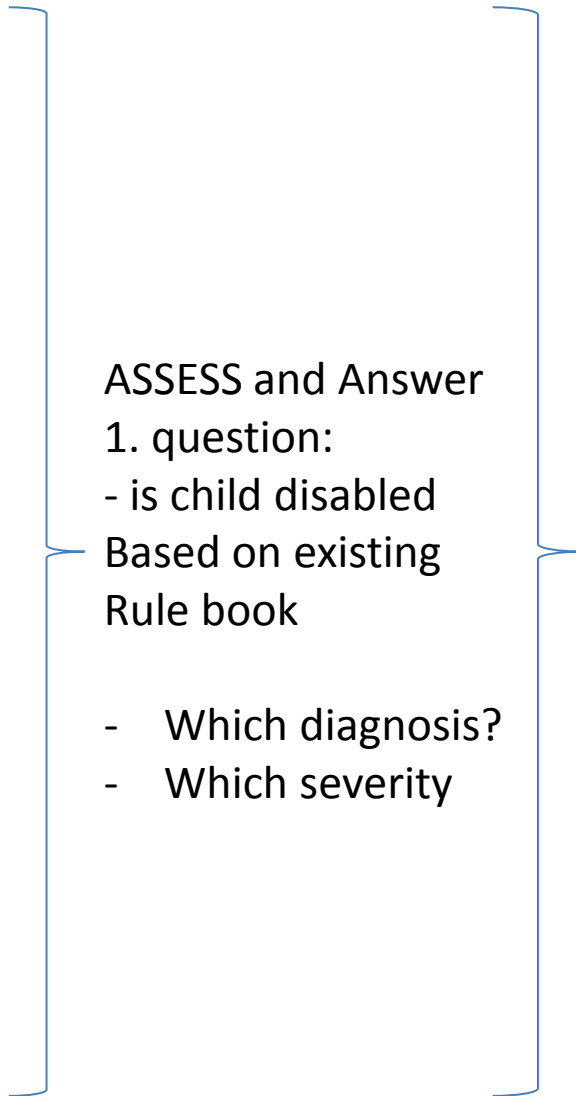
1) Personal aspects  
- From anamnesis  
- From own observations/examinations

2. Environmental aspects  
- From anamnesis  
- From own observations...

3) Body Structures  
- From anamnesis  
From own examinations

4. Body functions  
- From anamnesis  
- From own examinations

5. Participation  
- From anamnesis  
- from own observations



Use same data base towards ICF- coding and qualifying

# What is important at this stage?

- ABILITY based description! Describe what you can observe/examine:

The child uses 3 words

The child crawls on the floor

The child counts 1,2 5..

The child uses his whole hand (palmar) to grab an object

The child obtains 23 points in the intelligence test (PR 14)

The child keeps his attention for 2 seconds with one object

....

# Perform ASSESSMENTS (link observations with age-relevant statistical norms: strenghts and problems)

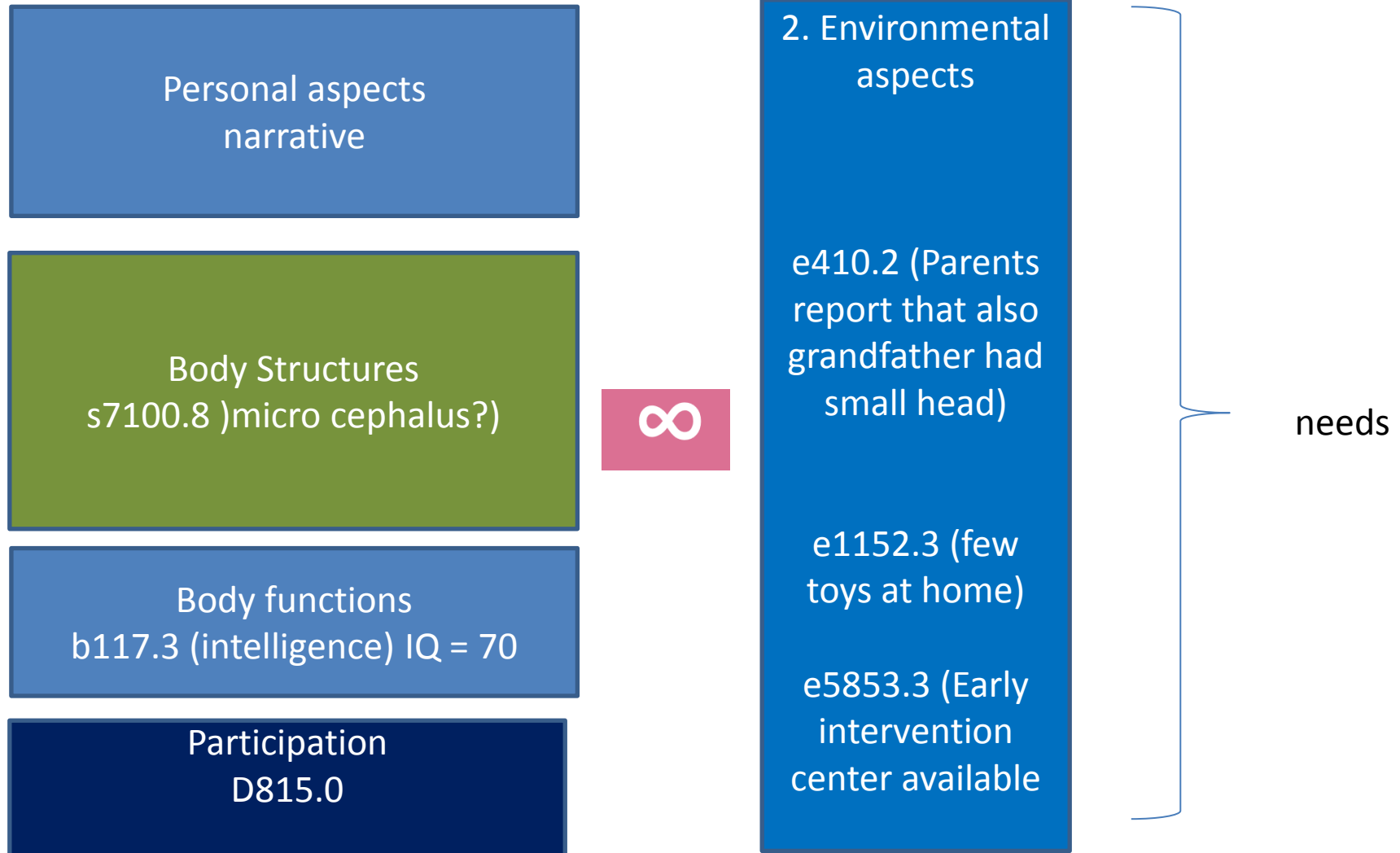
Boy, 4 years	
Observation	Assessment
Personal factor: Goran is a friendly open boy	= Strength as Goran is open towards support or educational offers.
e Parents keep regular contact with the kindergarten teacher and ask what they can do at home	= strength/facilitator in terms of empathy, interest of the parents
d The child communicates with 3 words (no, come, open)	Significant delay in expressive language concerning age norms ((supposed to talk in full sentences)
b: The child is tiptoeing	Delay in gross motor deveopment (autonomous walking with 18 months)
b: The child counts 1,2 5..	Some delay in calculation
d: The child uses his whole hand (palmar) to grab an object	Massive delay in fine motor deveopment
b: The child obtains 23 points in the intellegence test (PR 14)	result on the borderline of typical development

**Diagnosis F83**  
Child disabled:  
yes/no?

# From qualifying to needs and service

- Choosing relevant ICF codes (s, b, d,e) represent the basis towards a needs analysis
- Choosing relevant codes (N>20!) should also contain codes which DO NOT represent problems (to facilitate a balance between strengths and problems (barriers and facilitators))

# Suggestion towards an next ICF-integrating step





# Suggestion towards an ICF-integrated procedure (examples)

Personal aspects  
narrative

Body Structures  
s7100.8 (micro cephalus?)

Body functions  
b117.3 (intelligence) IQ = 70

Participation  
D815.0



2. Environmental  
aspects

e410.2 (Parents  
report that also  
grandfather had  
small head)

e1152.3 (few  
toys at home)

e5853.3 (Local  
Playgroup  
Available)

d1: Learning processes  
Need to be supported  
at home due to environ-  
mental barriers

d8: Learning in an  
Institutional way  
needs to be initiated



# Open issue: Goals

At the moment it remains unclear, whether the commissions should define GOALS of the interventions.

If goals are included, they should be PARTICIPATORY:

This means they should follow to a high extend participation aspects (d1-d9) and represent EXPECTED OUTCOMES of the child or the family.

# Assessment of services

d1: Learning processes  
Need to be supported  
at home due to environ-  
mental barriers



Professional service

1x/week home visiting

d8: Learning in an  
Institutional way  
needs to be initiated



Attendance of the  
Play group together with  
Family member

# What is needed for the commission?

- Taxative list of (theoretically) available services
- Mapping of concrete (realistic service in the
- Target region)
- Logical (contingent) connection
- Quantification algorithms (based on evidence)
- Assessment whether services will be accessible in a realistic WAY

# Re-assessment of the situation

The new commissions foresee a re-assessment of the situation for children within a defined periode.

This re-assessment focuses on 3 aspects

- Whether the disability status is still observable
- How the functional status of the child can be assessed
- Whether suggested services were provided and which impact these services had on the child and the family