Opening Remarks

– Prof Gwynnynth Llewellyn, Head of WHO Collaborating Centre for Health Workforce Development in Rehabilitation and Long-term Care

– Ms Jenny Hargreaves, Head of the WHO Australian Collaborating Centre for the Family of International Classifications
Rationale and background of the first event of the Australian ICF Network

Rosamond Madden
Centre for Disability Research and Policy
ICF: Interaction of concepts

Health Condition (disorder/disease)

Body functions & structures (Impairment)

Activities (Limitation)

Participation (Restriction)

Environmental Factors (Facilitator or barrier)

Personal Factors
The idea of an Australian ICF Network

**International and national developments**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993-2001</td>
<td>ICF development</td>
</tr>
<tr>
<td>2001</td>
<td>ICF published by WHO</td>
</tr>
<tr>
<td>2006</td>
<td>UN Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>2011</td>
<td>World Report on Disability</td>
</tr>
<tr>
<td></td>
<td>ICF to underpin improved data for planning, research and policy making</td>
</tr>
<tr>
<td></td>
<td>ICF as infrastructure to tackle global inequity in health and disability</td>
</tr>
<tr>
<td>2013</td>
<td>ICF Practical Manual published on WHO website</td>
</tr>
<tr>
<td>2014</td>
<td>WHO’s DAP – again ICF</td>
</tr>
<tr>
<td>2015</td>
<td>WHO-FIC groups consider next educational priorities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-2001</td>
<td>Australian involvement in ICF development</td>
</tr>
<tr>
<td>2006</td>
<td>Australian ICF-related data standards agreed</td>
</tr>
<tr>
<td>2012</td>
<td>1st Australian ICF updates workshop</td>
</tr>
<tr>
<td>2013</td>
<td>2nd Australian ICF updates workshop</td>
</tr>
<tr>
<td></td>
<td>Australian ICF Network with information sharing opportunities proposed</td>
</tr>
<tr>
<td>2014</td>
<td>3rd ICF updates workshop and 1st Network meeting</td>
</tr>
<tr>
<td>2015</td>
<td>4th ICF updates workshop and 1st Network event</td>
</tr>
<tr>
<td></td>
<td>ICF education webinar</td>
</tr>
</tbody>
</table>
Ideas about an Australian ICF Network

From the 2014 workshop

- The **objective** of the Network is to contribute to
  - Knowledge and understanding of and education about the ICF and its use
  - The development of practical tools based on the ICF, designed to generate knowledge of and improve policy, practice, services and the lives of people with disability
  - Improvements in the ICF itself, including its cross-cultural relevance and applicability
- The Network would be guided by the **values** embodied in the UN Convention on the Rights of Persons with Disabilities
- Key **methods** of the Network will include:
  - Information
  - Communication and linking
  - Collaboration nationally and internationally
- Importance of online strategies to involve people across Australia
Recent events in Helsinki

– Symposium on ICF education


– Mid-year meetings of WHO Family of International Classifications (FIC) groups:
  – Education and Implementation Committee
  – Functioning and Disability reference group (FDRG)
  – Joint day on ICF education
Why an ICF education webinar?

Why are the WHO-FIC Network and the Australian Network thinking about ICF education in 2015?

– The ICF is recognised as infrastructure for equity in health and disability
– There is unmet demand and face-to-face education cannot meet the demand
– There are new demands for education about practical use of the ICF
– Universities are thinking about curriculum, disability, long-term care, person-centred and integrative care
  – Recognising the value of the common language and integrative framework of ICF
The pre-webinar survey

Q.2 Main audiences for ICF education

- Other
- Human rights and advocacy
- Statisticians
- People with disability
- Health administrators
- Gov't officials
- Researchers
- Service providers
- Students (health)

[Bar chart showing the distribution of audience preferences for ICF education]
The pre-webinar survey

Q3. Uses of educational resources

- Other
- Human rights advocacy
- Policy & planning
- Educating others
- Disability eligibility
- Surveys
- Censuses
- Administrative data
- Clinical applications
- Introductory

Q3. Uses of educational resources
Thank you
We hope to hear from you!

Centre for Disability Research and Policy
www.sydney.edu.au/health_sciences/cdrp/
and
WHO CC for Health Workforce Development in Rehabilitation and Long-term care
Email: ros.madden@sydney.edu.au
Initial Questions

— Do you have any initial questions in response to this introduction or the ICF in general?
The ICF and University Education
The ICF in University Curriculum

Dr Michael Millington

(also prepared by Dr Michelle Villeneuve)
ICF Experiences in Education

- ICF in Undergraduate Health Science Survey Class
  - History, Principles, & Ecological Conceptualising Disability
  - Preprofessional grounding in values (CRPD) and Intro to Scientist-Practitioner Worldview

- ICF in Occupational Therapy Course transitional across 2 (senior and graduate level) units
  - 2 sessions: Introduced as system; introduced in Care & Support Model
  - Exposure to multidisciplinary aspect; relationship with other tools (appreciative inquiry); and heuristic to carry forward in practice

- ICF in Rehabilitation Counselling
  - Evolving Literature
    - Rehabilitation & Health Assessment: Applying ICF Guidelines (Mpofu & Oakland, 2009)
    - Families in Rehabilitation Counselling: A Community-based Rehabilitation Approach (Millington & Marini, 2015)
  - Evolving Curriculum & Profession
    - ICF scaffolding; links to professional development training
    - New community identity as scientist-practitioners in diverse & networked professional settings
ICF in health and disability practice
Use of the ICF in two areas of practice - care planning and occupational therapy - and implications for education

Sue Lukersmith
Associate
Centre for Disability Research and Policy
International trends in practice

- Evidence informed
- Person-centred approach
- Community based non-acute interventions
- Integrated care and support
## Practice and ICF

<table>
<thead>
<tr>
<th>Practice component</th>
<th>ICF feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic approach</td>
<td>Person and their context</td>
</tr>
<tr>
<td>Client functioning</td>
<td>All domains</td>
</tr>
<tr>
<td></td>
<td>Capacity and performance</td>
</tr>
<tr>
<td>Managing complexity</td>
<td>Framework</td>
</tr>
<tr>
<td>Practice strategies e.g. strengths based practice</td>
<td>Barriers and facilitators</td>
</tr>
<tr>
<td>Quality analysis</td>
<td>Measuring change</td>
</tr>
</tbody>
</table>
Occupational therapy practice

- Core business
  - activities and participation, environmental factors

- Community based – capacity and performance

- Supports intervention
  - Understanding the target
    Target: the entity on which the action is carried out’

Body function, A & P, Environment, Behaviour

- Measuring progress – outcome measurement

1. Extracted from ICHI Alpha2 Updated 2014 (September 2014), Introduction
Support and care planning practice

- Assessment

- Planning – sources of knowledge

- Goal setting – steps, actions and the supports needed

- Identifying supports - Barriers and facilitators
Implications for education

- Framework to understand functioning and the domains of health
- Common language between practitioners, disciplines, client (plain English)
- Training and skill development
- Framework to inform evidence based practice
  - Clinical and rehabilitation guidelines
  - Complex interventions
  - Measuring progress – outcome measures
References


ICF Education and Mental Health

Prof. Luis Salvador-Carulla
luis.salvador-carulla@sydney.edu.au
ICF & Mental Health Update

- Domains
- Environmental Factors
- Personal factors
- Other issues
  - Links with ICD-11
  - Planning and Financing
ICF: Structural Equation Modelling

– The body structures’ component of impairment may be distinct from body functions.
– A bidirectional relationship was found between participation and activity components.
– “Activity limitations” were found to be distinct from “Participation restrictions”.
– Contextual factors such as family relationships act as moderators on ICF pathways.
– Mental health is a mediator from activity limitations to participation restrictions.

PERSONAL FACTORS

**DISABLED AND REHABILITATION**

_A international, multidisciplinary journal_

**DISABILITY AND REHABILITATION**

An international, multidisciplinary journal

http://informahealthcare.com/dre
ISSN 0963-8288 print/ISSN 1464-5165 online

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**PERSONAL FACTORS**

**PERSPECTIVES IN REHABILITATION**

**ICF and ICF-CY lessons learned: Pandora’s box of personal factors**

Rune J. Simeonsson, Don Lollar, Eva Björck-Åkesson, Mats Granlund, Scott C. Brown, Qiu Zhuoying, David Gray, and Yi Pan

**DISABILITY AND REHABILITATION**

An international, multidisciplinary journal

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Disabil Rehabil, Early Online: 1–9
© 2014 Informa UK Ltd. DOI: 10.3109/09638288.2014.923527

**PERSPECTIVES IN REHABILITATION**

**Lessons learned from different approaches towards classifying personal factors**

Rachel Müller and Szilvia Geyh

Rachel Müller and Szilvia Geyh
Table 2. Comparison of the 8 categorizations of PF according to their structure.

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<td>61</td>
<td>546</td>
<td>82</td>
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<tr>
<td>1st level^a</td>
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<td>6</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>7</td>
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<tr>
<td>2nd level^b</td>
<td></td>
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<td>3rd level^c</td>
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<td>7</td>
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<td>23</td>
<td>–</td>
<td>141</td>
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<td>4th level</td>
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<td>–</td>
<td>49</td>
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<tr>
<td>5th level</td>
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<tr>
<td>6th level</td>
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<td>–</td>
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<td>–</td>
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<tr>
<td>Instances/examples^d</td>
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<td>54</td>
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<td>46</td>
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<td>104</td>
<td>41</td>
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<td>Socio-medical expertise in Germany</td>
<td>Social Medicine and Prevention</td>
<td>Motor neuron disease (MND)</td>
<td>Health-related behavior</td>
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<td>ICF, bio-psycho-social perspective</td>
<td>ICF, bio-psycho-social perspective</td>
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<td>ICF, models of person-centeredness and change</td>
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<td>Working group discussion</td>
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<td>Cross-sectional survey</td>
<td>Working group discussion, multidisciplinary focus groups, pilot study</td>
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<td>Socio-demographic and biographic factors, Genetic factors, factors of age and aging, Physical factors Psychological factors, Factors of lifestyle and protection of health, Medical history</td>
<td>General personal characteristics, Physical factors, Mental factors, Attitude, basic skills, behavioral pattern, Life situation and socio-economic/cultural factors, Other factors of health</td>
<td>Demographic factors Emotional factors Coping strategies and styles Personality Beliefs Attitudes “Other”</td>
<td>Health descriptors, Cognition, Vitality and stress, Sleep, Diet and exercise, Substance use, Other health risk habits</td>
<td></td>
<td></td>
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<tr>
<td>General (guidance, “work hypothesis”)</td>
<td>General (guidance, “work hypothesis” in the application of the ICF)</td>
<td>Research/ Rehabilitation</td>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
ICD11 & ICF

- Structural Map
- Content model
  - Functioning Properties
    10.1. Impact on Activities & Particip.
    10.2. Contextual factors
    10.3. Body functions
- Mirror codes (ICD / ICF)

Kohler et al Towards the join use of ICD and ICF. J Rehab Med 2012; 44: 805

- ICD-11 alpha draft is INCOMPLETE
- updated on a daily basis
- NOT TO BE USED for CODING at this stage
- Not yet been approved by the TAGs, RSG or WHO

http://www.who.int/classifications/icd/revision
http://apps.who.int/classifications/icd11/browse/l-m/en
Fig. 1. Clinicians’ organization of disorders by dimensions 1 and 2. See Table 2 for abbreviations of disorders depicted.
“Disorders of intellectual development refer to a group of etiologically diverse conditions that are present from birth or that arise during the developmental period characterized by significantly below average intellectual functioning and adaptive behavior that is approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests or by comparable clinical indicators when standardized testing is unavailable. In cases where the underlying pathology and etiology for a Disorder of intellectual development can be determined, the identified etiology should be classified separately”.

**SUBTYPES:** - Mild, Moderate, Severe, Profound, Provisional

http://apps.who.int/classifications/icd11/browse/f/en#/http%3a%2f%2fid.who.int%2fid%2fentity%2f605267007
**DID MILD: IMPACT (1)**

**Children And Youth Impact**
- d140. Learning to read
- d145. Learning to write
- d150. Learning to calculate
- d310-d325. Communicating – receiving written, spoken, non-verbal & formal sign-language messages
- d335. Producing nonverbal messages
- Attending school
- Taking exams
- Playing with others

**Communication Impact**
- d310-d325. Communicating - receiving written, spoken, non-verbal & formal sign-language messages
- d330. Speaking
- d3500. Starting a conversation
- d3501. Sustaining a conversation
- d310-d329. Communicating - receiving
- d330-d349. Communicating - producing
- d335. Producing nonverbal messages
- d340. Producing messages in formal sign language
- d345. Writing messages
- d349. Communication - other unspecified
- d350-d369. Conversation and use of communication devices and techniques
- d329. Communicating - other unspecified
- d320. Communicating with - receiving - formal sign language messages
- d310. Communicating with - receiving – spoken messages

http://apps.who.int/classifications/icd11/browse/f/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f1207960454
DID MILD: IMPACT (2)

Interpersonal Relations Impact
- d7200. Forming relationships or d7500.
- Informal relationships with friends
- d740. Formal relationships or d750.
- Informal social relationships
- d760. Family relationships
- d730. Relating with strangers
- d7702. Sexual relationships

Household Activities Impact
- d620. Acquisition of goods and services
- d660. Assisting others

Life Management Activities Impact
- d210. Undertaking a single task
- d220. Undertaking multiple tasks
- d230. Carrying out daily routine
- d240. Handling stress & other psychological demands

School Activities Impact
- d820. School education
- d825. Vocational training
- d830. Higher education

Work Activities Impact
- d850. Remunerative employment
- d8450. Seeking employment
- d8451. Maintaining a job
- d860. Basic economic transactions

Mobility Impact
- d475. Driving

Self Care Impact
- d570. Looking after one's health

Social Participation Impact
- d910. Community life
- d9201. Sports
- d920. Recreation and leisure
- d9205. Socializing
- d940. Human rights
- d950. Political life and citizenship

http://apps.who.int/classifications/icd11/browse/f/en#http%3a%2f%2fid.who.int%2ficd%2fentity%2f1207960454
DID MILD: IMPACT 3

Understanding Impact
- d110. Watching
- d115. Listening
- d160. Focusing attention
- d130-d155. Basic learning
- d166. Reading
- d170. Writing
- d172. Calculating
- d175. Solving problems
- d1550. Acquiring basic skills
- d1551. Acquiring complex skills
- d1559. Acquiring skills, unspecified
- d159. Basic learning, other unspecified

- d160-d179. Applying knowledge
- d1750. Solving simple problems
- d1751. Solving complex problems
- d1758. Solving problems, other specified
- d1759. Solving problems, unspecified
- d199. Learning & applying knowledge, unspecified
- d163. Thinking
- d179. Applying knowledge, other - unspecified
- d198. Learning & applying knowledge, other
- d145. Learning to write
- d130. Copying
- d150. Learning to calculate
- d1558. Acquiring skills, other specified
- d177. Making decisions
- d135. Rehearsing

http://apps.who.int/classifications/icd11/browse/f/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f1207960454
Other issues

- Links with ICD-11

  Schizophrenia

  - Profile of Specific Psychosocial Difficulties (PSDs) in Schizophrenia

  - Schizophrenia Core Sets
    • 97 categories in the Comprehensive ICF Core Set
    • 25 categories in the Brief ICF Core Set for schizophrenia
    Barcelona, May 2015:
    http://www.icf-research-branch.org/download/category/9-mentalhealth

- Planning and Financing
  - Functioning and case-mix
    • IHPA Australia: HONOS and LSP (Life Skills Profile)
Looking Forward
Scaling up: a vision for on-line ICF education

Rosamond Madden

Presentation to and discussions at Helsinki symposium and WHO-FIC meetings, June 2015
Unmet demand for ICF education & why it matters

Face-to-face education not the only solution

– Educators report being unable to meet demand for face-to-face education
– They need more educational resources
– It is a matter of equity: The ICF is a recognised part of the solution to global inequalities in health and disability
– Online education can be cost effective for providers and consumers
  – Feasible solution for target audiences
  – Input from educators across the world
A vision for online ICF education

- Diverse audiences
- Rich diversity of resources:
  - ICF basics; ICF and services; Participation, policy, advocacy and service environment; Information and statistics; Planning an ICF application.
- Varied teaching strategies
- Accessibility
- Quality
- Collaborative, interactive and inclusive – towards communities of practice:
  The solution should be collaborative in design and inclusive in products.
Long term and short term strategies: Discussion at Helsinki meetings

Long-term:

– something like a MOOC (massive open online course)
– courses covering (at least) the main topic areas of the ICF Practical Manual
– diverse methods of teaching and learning
– educators from around the world.

A medium term project, requiring considerable resources. Should be actively pursued.

Shorter term:

– Acknowledged significant unmet demand for diverse ICF education and examples of application
– A matter of equity - ICF is a recognised part of the solution to global inequity in the health and disability fields; cost effective online options are required to complement face-to-face educational options
– There is an increasing number of ‘players’ in the ICF educational field around the world and FDRG/EIC members can offer some form of coordination and ‘light touch’ quality monitoring, to capitalise effectively on these existing resources.
A Portal and Network for ICF Collaborations on Educational Resources

- Free, online, accessible ICF education, collaboratively maintained, to foster, inform and expand ICF use
- Portal to diverse resources to equip users to apply ICF in clinical practice, policy, advocacy, statistical or research work
- Providers and users communicate via a central portal to resources and two-way communication
A pathway forward

Prepare consultation document outlining key features of the project (EIC/FDRG members and colleagues):

a. Audience, content, accessibility

b. The portal as an exploratory initiative of the WHO-FIC membership: for evaluation and later consideration more formally as WHO-FIC work

c. Editorial Board and reviewers involving FDRG and EIC members, and other education specialists

d. Members of the Network control their own resources; Creative Commons agreement needed

Prepare prototype and gauge:

- wider likelihood of cooperation, willingness to share resources
- use and interactivity capacity
Thank you
Please let us know if you would like to be involved or have ICF educational resources to share

Centre for Disability Research and Policy
www.sydney.edu.au/health_sciences/cdrp/

and

WHO CC for Health Workforce Development in Rehabilitation and Long-term care

Email: ros.madden@sydney.edu.au
Final Questions

— Do you have any additional or general questions?
Ways Forward

— Professor Gwynnyth Llewellyn and Jenny Hargreaves