What is ICF?

The International Classification of Functioning, Disability and Health (ICF) is the international standard for framing, describing, recording and measuring functioning and disability (WHO2001). This is a bio-psycho-social model that represents a broad view of functioning and disability – across all domains of functioning in daily life (participation, activities, body functions and structures) – and requires an accounting for environmental factors that influence functioning.

The ICF classifies all the components of functioning and disability as well as the physical, social and attitudinal environmental factors affecting them.

Ethical guidelines for use of the ICF include the need for respect and confidentiality and ensuring that people have opportunities for participating in recording functioning.

Where can I apply the ICF?

• **Clinical practice**: The ICF is relevant to many activities in clinical practice such as the consideration of health and functioning, setting goals, evaluating treatment outcomes, communicating with colleagues or the person involved. It provides a common language across clinical disciplines and with patients or clients. The ICF is complementary to the ICD – the global standard for classifying diseases – and, when used together, they present a full picture of the health status of an individual.

• **Support services and income support**: The ICF model and classification can support eligibility assessment, service planning, and system-based data generated by administrative processes. In particular, the focus on environmental factors makes it possible to articulate clearly whether the needs of the individual require environmental changes or the provision of personal support.
• **Population statistics:** Classification systems have been described as the building blocks of statistical information (Madden et al 2007). When population data – such as from censuses and surveys – as well as administrative and service data are based on the same concepts and frameworks, a strong, integrated national information array can be developed. This information resource can then be used to compare the numbers of people in need of various services to the number receiving them, or can indicate which areas of the social environment are most disabling for people experiencing functioning difficulties, as just two examples.

• **Education:** The same general advantages apply in the field of education as with other policy and program areas. The ICF, as a common language, can assist with integrating perspectives from the child, the family, the school, and service systems.

• **Policy and programs:** The ICF supports clear, conceptual thinking about disability and health related policies at a high level. The classification can further support eligibility assessment, service planning and system-based data generated by administrative processes. If the ICF is used for these purposes across policy and program areas as well as in population statistics, then coherent, interconnected national and international data on functioning and disability can be assembled within the population. This, in turn, facilitates planning, managing, costing, resource allocation and monitoring within and across programs.

• **Advocacy and Empowerment:** The term ‘advocacy’ may include both advocacy by a person on their own behalf or on behalf of someone else, as well as broad advocacy which seeks to influence system and environmental change. The ICF, as a conceptual framework for functioning and disability related to the UN Convention on the Rights of Persons with Disabilities, supports logical arguments based on international standards, and on related information and data.
In the *context of health*: Functioning is an umbrella term for body functions, body structures, activities and participation. It denotes the positive aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).

Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).

**Body functions** - The physiological functions of body systems (including psychological functions).

**Body structures** - Anatomical parts of the body such as organs, limbs and their components.

**Impairments** - Problems in body function and structure such as significant deviation or loss.

**Activity** - The execution of a task or action by an individual.

**Participation** - Involvement in a life situation.

**Activity limitations** - Difficulties an individual may have in executing activities.

**Participation restrictions** - Problems an individual may experience in involvement in life situations.

**Environmental factors** - The physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person’s functioning.

*WHO 2001, 212-213*