

## THE ICF – AT A GLANCE

This document provides a brief introductory overview of the International Classification of Functioning, Disability and Health, published by the World Health Organization in 2001 [1]. The ICF is part of the WHO Family of International Classifications, a set of integrated classification products that share similar features and can be used individually or jointly to provide information on different aspects of health and health systems. The classifications are designed to cover the core dimensions of death, disease, functioning, disability and health interventions.

The ICF is the world standard framework and classification for organising information about functioning and disability. A brief description of the ICF is provided here, along with an outline of some of its uses in Australia and internationally, and links to key resources.



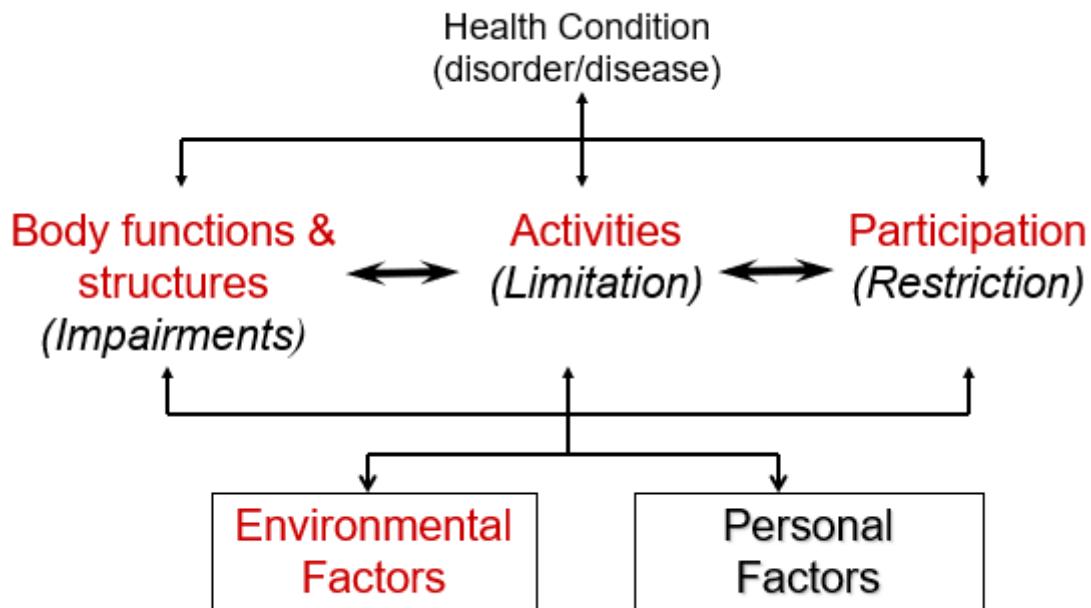
## ABOUT ICF: A MULTI-DIMENSIONAL, INTERACTIVE MODEL

The ICF conceptualises a person's level of functioning as a dynamic interaction between their health conditions, environmental factors, and personal factors (Fig 1). Functioning and disability are on a continuum described by:

- the **body functions and structures** of people (and impairments thereof),
- the **activities** of people and the life areas in which they **participate** (and the activity limitations or participation restrictions they experience), and
- the **environmental factors** which affect these experiences (and whether these are facilitators or barriers).

Disability is thus seen as multidimensional and interactive. All components are important and any one may affect any other. Environmental factors are crucial, affect everything, must be understood, and may need to be changed to support people in achieving their maximum level of functioning and realising their rights to participate fully in society.

Figure 1: Interactions between the components of ICF



Box 1: Definitions of ICF components

**Body functions** are the physiological functions of body systems (including psychological functions).

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

**Impairments** are problems in body function and structure, such as significant deviation or loss.

**Activity** is the execution of a task or action by an individual.

**Participation** is involvement in a life situation.

**Activity limitations** are difficulties an individual may have in performing activities.

**Participation restrictions** are problems an individual may experience in involvement in life situations.

**Environmental factors** make up the physical, social and attitudinal environment in which people live and conduct their lives.

## DOMAINS WITHIN THE ICF COMPONENTS

Each component in the ICF is composed of hierarchically arranged domains and categories. The ICF has a separate chapter for each of the domains. Box 2 lists ICF components and domains.

**Box 2: ICF components and domains (Chapters)**

<b>Body Functions</b>	<b>Activities and Participation</b>
Mental functions	Learning and applying knowledge
Sensory functions and pain	General tasks and demands
Voice and speech functions	Communication
Functions of the cardiovascular, haematological, immunological and respiratory systems	Mobility
Functions of the digestive, metabolic, and endocrine systems	Self-care
Genitourinary and reproductive functions	Domestic life
Neuromusculoskeletal and movement-related functions	Interpersonal interactions and relationships
Functions of the skin and related structures	Major life areas
	Community, social and civic life
<b>Body Structures</b>	<b>Environmental Factors</b>
Structures of the nervous system	Products and technology
The eye, ear and related structures	Natural environment and human-made changes to environment
Structures involved in voice and speech	Support and relationships
Structures of the cardiovascular, immunological and respiratory systems	Attitudes
Structures related to the digestive, metabolic and endocrine systems	Services, systems and policies
Structures related to genitourinary and reproductive systems	
Structures related to movement	
Skin and related structures	

## MEASUREMENT

Qualifiers are measures recorded after the relevant ICF category. A uniform or 'generic' five-point qualifier scale is provided to record the extent of the 'problem' in relation to impairment, activity limitation and participation restriction. It is recognised that the generic qualifier requires calibration to relate its scale to existing measurement tools. The Environmental factors qualifier uses both a positive and a negative scale, to indicate the extent to which an environmental factor acts as either a facilitator or barrier to a person's functioning.

Two constructs, 'performance' and 'capacity', are also used with the generic qualifier scale for the Activities and Participation domains. These constructs provide one way of indicating the environment in which measurement has taken place and how it can be changed to enhance functioning. 'Capacity' relates to what an individual can do in a 'standardised' environment (this often involves some kind of clinical assessment) while 'performance' relates to what the person actually does in their 'current' (usual) environment.

'The gap between capacity and performance reflects the difference between the impacts of current and uniform environments, and thus provides a useful guide as to what can be done to the environment of the individual to improve performance' [1].

The ICF is a framework and classification system on which assessment or measurement tools may be based and to which they can be mapped [2]. The broad framework puts assessment in context; it provides the focus for selecting relevant aspects of functioning and disability for assessment.

The WHO [Disability Assessment Schedule](#) (WHO-DAS 2.0) [3] is an ICF based tool available on the [WHO website](#). Measurement using ICF is an area of active development with further work to be done.

## THE AIMS AND USES OF ICF

The ICF is a multipurpose classification system designed to serve various disciplines and sectors across different countries and cultures. Many examples are included in the [ICF Practical Manual](#) [4]. People may use the ICF across sectors including health, disability, community care, insurance, social security, employment, education, economics, social policy and legislation, and environmental design and modification.

The ICF provides a standard language and framework for the description of human functioning, on a continuum – not just at the extremes. It is important

to remember that ICF classifies functioning, not people. The development and testing of the ICF involved people from a broad range of backgrounds and disciplines, including people with disability, so the ICF has a wide range of potential applications. Appropriately collecting functioning status information across health and other relevant service systems allows the evaluation of outcomes, comparison of treatments, prediction and management of costs, and assessment of eligibility for government programs.

The aims of the ICF [1] are to:

- provide a scientific basis for understanding and studying health, functioning and disability, outcomes and processes;
- establish a common language to improve communication between different users, including people with disability, health and community care workers, researchers, policy-makers and the community generally;
- permit comparison of data across time, services, disciplines and countries, and
- provide a systematic coding scheme for health information systems.

The ICF has been used as the basis for Australian population surveys for almost 30 years by the Australian Bureau of Statistics [5]. The Australian Institute of Health and Welfare uses the ICF in disability data collections and related publications [6]. The [National Disability Insurance Scheme Act 2013](#) [7] uses concepts aligned with the ICF in recognising the dimensions of disability and the areas of life in which people undertake activities and participate. Madden & Madden describe how the ICF has influenced disability services and statistics in Australia [8].

Internationally, the ICF is increasingly used in many fields and has been found to be making a difference to measurement and statistics in practice [9-11].

Ethical use of the ICF is of paramount importance. Ethical guidelines were published in the ICF [1] and include requirements to respect the value and autonomy of individual people, to carry out research and classification with the full knowledge, cooperation and consent of the people concerned, and to provide them with the opportunity to participate.

## THE ICF IN DISABILITY AND REHABILITATION RESEARCH

The ICF is used in disability and rehabilitation research because:

- it is a world standard, based on worldwide testing, including involvement of people with disability;
- the ICF is suitable for use in community-based life and across multi-disciplinary service settings;

- its use is burgeoning in practice and in the research literature. Students use it at universities, for instance for analysing complex cases;
- using consistent language and concepts helps information from different systems to complement, compare and build knowledge. Synergy is enabled between different information systems – surveys, research, health records; and
- the ICF can be used to underpin continuity of care, case planning, monitoring of progress, and outcomes evaluation. It is consistent with an approach to support and service delivery and treatment that is person-centred, a partnership, and holistic.

The ICF is useful, not only for identifying people's health, rehabilitative and support needs, but also for identifying and measuring the effect of the physical, social and policy environments in their lives.

## THE ICF AUSTRALIA INTEREST GROUP

Since 2011, the ICF Australia Interest Group has met both face-to-face and online, for symposia and seminars to exchange information about the ICF.

The objectives of the Interest Group are to contribute to:

- knowledge and understanding of, and education about, the ICF and its use;
- the development of practical tools and initiatives to enhance the accessibility and ease of use of the ICF;
- the use of ICF to generate knowledge and to improve policy, practice, services and the lives of people with disability; and
- improvements in the ICF itself, including its cross-cultural relevance and applicability.

The Interest Group is guided by the values embodied in the UN Convention on the Rights of Persons with Disabilities [12], and the ethical principles set out in the ICF itself.

Membership of the group is broad and includes representatives of non-government organisations (NGOs), organisations of persons with disability (DPOs), people with disability, disability advocates, clinicians, policy makers, researchers, and teachers.

Visit the website: <https://bit.ly/39sUCNx>

## FURTHER INFORMATION ON THE ICF

Further information on ICF can be found through the following links

<https://www.who.int/classifications/icf/en/>

<https://www.icf-elearning.com/>

<http://www.icfeducation.org/>

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