

## THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH

The International Classification of Functioning, Disability and Health, known more commonly as ICF, is a classification of health and health-related domains developed by the World Health Organization. These domains are classified by means of lists:

- A list of body functions and structure
- A list of domains for activity (tasks) and participation (involvement)
- A list of environmental factors

The ICF puts the notions of 'health' and 'disability' in a new light by shifting the focus from **cause** (medical) to **impact** (function). Furthermore ICF takes into account the social aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction.

The ICF places the emphasis on function rather than condition or disease. It also is carefully designed to be relevant across cultures, age groups and genders.

All three components classified in ICF (*Body Functions and Structures, Activities and Participation, and Environmental Factors*) are quantified using the same generic scale. A student's problem or difficulty may be defined as an impairment, limitation, restriction or barrier to the student.

Generally, the scoring range for the identified impairment is from 0-4 as below:

- 0 - NO problem (none, absent, negligible) 0-4 %
- 1 - MILD problem (slight, low) 5-24 %
- 2 - MODERATE problem (medium, fair) 25-49 %
- 3 - SEVERE problem (high, extreme) 50-95 %
- 4 - COMPLETE problem (total) 96-100 %

The ICF can be used to help develop student skills and objectives within the IEP by focusing on their functional abilities by identifying:

- Physical, social, cognitive or communicative impairment (e.g. dysarthria secondary to spastic quadraplegia)
- How the impairment limits activity (speech is not understood by others in the class)
- How this 'activity limitation' affects the student's participation (cannot participate in class discussions)

The plan might be for this student to develop his/her strengths in their communication by:

- Using more gestures
- Responding more consistently in ways identified in their Personal Dictionary
- Becoming proficient with a specific voice output device

This common framework moves us from the 'medical' model to a '*functionally based model*' (i.e. bio psychosocial) and provides those working with a student (teachers, parents, therapists etc.) ways to be consistent in identifying their student's goals and skills.