



ICF

ICF Türkiye Congress | 2023



ATILIM
ÜNİVERSİTESİ

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İşlevsellik Yetiyitimi ve Sağlığın
Uluslararası Sınıflandırılması (ICF) Kongresi,
Türkiye 2023
Bildiri Özetleri e-Kitabı

International Classification of Functioning,
Disability and Health (ICF) Congress,
Turkey 2023
Abstract e-Book

23-24 October/Ekim 2023

Editörler/Editors

Assoc. Prof. Dr. D. Melek ER

Assist. Prof. Dr. Filiz ASLAN





İşlevsellik, Yetiyitimi ve Sağlığın Uluslararası Sınıflandırılması Sistemi (ICF) Türkiye Kongresi 2023

International Classification of Functioning, Disability and Health (ICF) Congress Turkey 2023

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All responsibility for the content of the book belongs to the authors.

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ÖNSÖZ

Değerli profesyoneller,

Atılım Üniversitesi'nin düzenlediği, II. ICF Türkiye Kongresi'nde sizlerle birlikte olmaktan onur duymaktayız.

Dünya Sağlık Örgütü (DSÖ) tarafından 2001 yılında yayınlanan İşlevsellik Yetiyitimi ve Sağlığın Uluslararası Sınıflandırılması (ICF), dünyada pek çok ülkede eğitim, sağlık, yasal düzenlemeler, araştırmalar, özel gereksinimin değerlendirilmesi ve istatistik alanlarında etkin ve yaygın olarak kullanılmaktadır.

Ülkemizde ICF, ilk olarak 2006 yılında yayımlanan "Özürülük Ölçütü, Sınıflandırması ve Özürülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmelik" ile yasal mevzuattaki yerini almıştır. Ülkemizde ICF'nin akademide yüksek lisans ve doktora tezlerinin yanında bazı araştırmalarda yer aldığı ancak ülke genelinde sunulan hizmetlerde henüz yer almadığı bilinmektedir.

Bu gereksinimlerden yola çıkarak, Atılım Üniversitesi Sağlık Bilimleri Fakültesi Çocuk Gelişimi Bölümü gerek ICF'nin ülkemizde akademisyenlere, politika yapıcılara ve alanda çalışanlara tanıtılması; ayrıca alan uygulamalarında kullanımına yönelik farkındalık yaratmak adına Rektörlüğümüzün ve Fakültemizin destekleri ile çalışmalar yapmaktayız.

Bu çerçevede ICF Türkiye Konferansı - I, Prof. Dr. Manfred Pretis'in katılımı ile 1 Haziran 2022 tarihinde gerçekleştirilmiştir. Akademisyenler, STK'lar, resmi kurumlar ve uygulayıcıların katılımı ile gerçekleşen konferansta Prof. Pretis "ICF Planlama ve Değerlendirme Aracı Olarak Kullanmak" konusunu hem teorik hem de uygulama zemininde katılımcılarla paylaşmıştır.

ICF Türkiye Konferansı - I'e katılım sağlayan akademisyenler, STK'lar, resmi kurumlar ve uygulayıcıların konferansta aktif söz alarak bildirdikleri görüşler ve konferansın ardından alınan geri bildirimlere dayanarak 2023 yılında bir toplantının daha düzenlenmesinin alana ve alanda hizmet alan bireylere olumlu katkılar sağlayacağı ve politika yapıcılara yol gösterici olacağı anlaşılmıştır.

ICF Türkiye Konferansı - II, 23-24 Ekim 2023 tarihlerinde iki günlük olarak planlanmış ve gerçekleştirilmiştir. Konferansın uluslararası konuşmacıları hem ulusal ve hem de uluslararası alanda ICF çalışmaları ile tanınan ve aynı zamanda Dünya Sağlık Örgütü ve UNICEF danışma kurulu üyelerinden oluşmuştur.

ICF-TR2023'ün ana teması "Farklı Sektörlerde ICF Kullanımı" olarak belirlenmiş olup, konferans 23-24 Ekim 2023 tarihlerinde çevrimiçi gerçekleştirilmiştir. Dünyanın ve ülkemizin dört bir yanından ICF'ye ilgi duyan, çalışan, uygulayan, araştırma yapan eğitimciler, klinisyenler, savunucular, danışmanlar ve araştırmacıların yanı sıra sağlık, sosyal ve eğitim alanlarındaki politika yapıcılar ve yöneticiler, istatistikçiler ve engelliler, bakım verenler ve engelli sivil toplum örgütleri deneyimlerini bu küresel platformda paylaşmaya ve birbirlerinden yeni bilgiler öğrenmeye davet edilmişlerdir.

Kongre, Kongre Başkanı Doç. Dr. D. Melek ER, Milli Eğitim Bakanlığı Özel Eğitim ve Rehberlik Hizmetleri Genel Müdürü Doç. Dr. Mustafa OTRAR, Atılım Üniversitesi Sağlık Bilimleri Fakültesi Dekanı Prof. Dr. Nurhan BAYRAKTAR ve Atılım Üniversitesi Rektörü Prof. Dr. Serkan ERYILMAZ'ın konuşmaları ile açılmıştır.

Kongrenin davetli konuşmacıları Prof. Dr. Manfred Pretis (Avusturya), Prof. Dr. Andreas Seidel (Almanya), Prof. Dr. Andrea Martinuzzi (İtalya), Prof. Dr. Eva Björck (İsveç), ICF konusunda kendi çalışmalarını, deneyimlerini ve ülkelerindeki uygulamaları anlatmışlardır. Sözlü sunumlarda dünyada ve ülkemizde ICF konusunda yapılan çalışmalar anlatılmış ve katılımcıların katkı ve soruları ile oturumlar ICF yeni bakış açılarının kazanımını sağlamıştır.

Kongreye ABD, Almanya, Avusturya, Guatemala, Hindistan, İspanya, İsveç ve İtalya'dan katılan uluslararası katılımcılar ve Türkiye'den Aile ve Sosyal Hizmetler Bakanlığı, Çalışma ve Sosyal Güvenlik Bakanlığı, Milli Eğitim Bakanlığı, Sağlık Bakanlığı, Türkiye İstatistik Kurumu uzman personeli, çeşitli üniversitelerden akademisyenler, STK temsilcileri, alanda görev yapan profesyoneller ve öğrenciler katılmışlardır.

Kongrede yer alan davetli konuşmacılar ve sözlü bildiriler kadar katılımcıların bilgi, deneyim içeren katkıları sayesinde başarılı bir bilgi paylaşımı gerçekleştirilmiştir.

Tüm katılımcılara ve kongrenin gerçekleşmesinde görev alan Düzenleme Kuruluna, Bilim Kuruluna ve destek veren kurumlara teşekkür ederiz.

Doç. Dr. D. Melek ER
Kongre Başkanı

PREFACE

Dear Professionals,

Atilim University was honored to host the second ICF Turkey Congress. The International Classification of Functioning, Disability, and Health (ICF), published by the World Health Organization (WHO) in 2001, is widely used in various fields, including education, health, legal regulations, research, special needs assessment, and statistics, in many countries around the world. In Turkey, ICF was incorporated into legal legislation with the "Regulation on Disability Criteria, Classification, and Health Board Reports to be Given to Disabled People," first published in 2006. While ICF has been used in some research and master's and doctoral theses in Turkey, it is not yet fully integrated into services offered nationwide.

In an effort to address this need, Atilim University has been working to introduce ICF to academics, policymakers, and professionals working in the field and to raise awareness about the implementation of ICF in different sectors. As part of this initiative, ICF Turkey Conference-I was held on June 1, 2022, with the participation of Prof. Dr. Manfred Pretis. The conference brought together academics, NGOs, official institutions, and practitioners, and Prof. Pretis presented 'Using ICF as a Planning and Evaluation Tool' to participants on both a theoretical and practical basis.

Based on the feedback received from participants of ICF Turkey Conference-I, it was decided to organize another conference in 2023 to further contribute to the field and to provide guidance for policymakers. ICF Turkey Conference-II was held as a two-day event on October 23-24, 2023. The conference's international speakers were recognized nationally and internationally for their ICF work and included members of the advisory board of the World Health Organization and UNICEF.

The main theme of ICF-TR2023 was "Use of ICF in Different Sectors," and the conference was held online on October 23-24, 2023. Educators, clinicians, advocates, consultants, and researchers, as well as health, social, and education policymakers and managers, statisticians, disabled people, caregivers, and disabled non-governmental organizations from all over the world and our country who are interested in, work with, implement, and do research on ICF were invited to share their experiences on this global platform and learn from each other.

The congress commenced with a speech by the Congress President Assoc. Prof. Dr. D. Melek Er, followed by opening speeches by Assoc. Dr. Mustafa Otrar (General Director of Special Education and Guidance Services of the Ministry of National Education), Prof. Dr. Nurhan Bayraktar (Dean of Atilim University Faculty of Health Sciences), and Prof. Dr. Serkan Eryilmaz (Rector of Atilim University).

Invited speakers of the congress included Prof. Dr. Manfred Pretis (Austria), Prof. Dr. Andreas Seidel (Germany), Prof. Dr. Andrea Martinuzzi (Italy), and Prof. Dr. Eva Björck (Sweden), who spoke about their own ICF studies, their experiences, and practices in their respective countries.

Oral presentations highlighted ICF studies conducted in Turkey and around the world, and the sessions provided new perspectives on ICF with the contributions and questions of the participants.

International participants attending the congress from the USA, Germany, Austria, Guatemala, India, Spain, Sweden, and Italy, as well as expert staff from the Ministry of Family and Social Services, Ministry of Labor and Social Security, Ministry of National Education, Ministry of Health, Turkish Statistical Institute from Türkiye, academicians from various universities, NGO representatives, professionals working in the field, and students.

The congress was a success, with participants, including invited speakers and oral presenters, contributing to a rich exchange of knowledge and experience about ICF. We would like to express our gratitude to all participants, the Organizing Committee, the Scientific Committee, and the supporting institutions that made the congress possible.

Assoc. Prof. Dr. D. Melek ER
Congress President

Bilimsel Program, 1. Gün

Scientific Program, 1st day

23 October/Ekim 2023	
10.00-10.30	Opening Season/Açılış Konuşmaları Assoc. Prof. D. Melek ER, ICF Türkiye 2023 Congress President Assoc. Prof. Mustafa OTRAR, MoNE, Special Education and Guidance Services General Manager Prof. Dr. Nurhan BAYRAKTAR, Atılım University, Dean of School of Health Science Prof. Dr. Serkan ERYILMAZ, Rector of Atılım University
10.30-11.30	Prof. Dr. Med. Andreas Seidel, GERMANY Mental disorders in children and the ICF: another and helpful classification?
11.30-12.30	Prof. Dr. Manfred PRETIS, AUSTRIA Ways and strategies towards the implementation of ICF in diverse sectors. lessons learnt, challenges and impact. Supporting resource. www.icf-implement.net
12.30-13.30	BREAK/ARA
13.30-15.30	Oral Presentations/Sözlü Sunumlar <i>Chair:</i> Assoc. Prof. Münevver SÖNMEZ (Atılım University) Classifying children's participation and its family of related concepts through the Participation and Environment Measure (PEM) approach Mary A Khetani (University of Illinois Chicago) Ivana Lucero (University of Illinois Chicago) ICF Based Analysis of Turkish Individual Education Programs of Young Children with Disabilities Fikriye E. Karacul (Burdur Mehmet Akif Ersoy University) Mehmet Yanardag (Anadolu University) Participation of Young Children with Cerebral Palsy from Turkey Buse Önen Ocak (Ankara Üniversitesi) Zeliha Yangınlar Brohi (Ankara Üniversitesi) Emine Bahar Bingoler Pekcici (Ankara Üniversitesi) Use of ICF in Primary Headaches Kübra Ataş (Munzur University)

Bilimsel Program, 2. Gün

Scientific Program, 2nd day

24 October/Ekim 2023	
10:00-11:00	Dott. Andrea Martinuzzi, ITALY Twenty years of ICF in Italy. what has been done and where are we going?
11:00-12:00	Prof. Dr. Eva Björck, SWEDEN Using ICF in different sectors in Sweden, and in the Erasmus+ Project "I AM" focusing on Inclusive Education Assessment and Support in four European countries.
12:00-13:00	BREAK/ARA
13:00-15:00	Oral Presentations/Sözlü Sunumlar Chair: Assist. Prof. Dr. Filiz ASLAN (Hacettepe University) Using ICF in educational settings Katerina Todorova (PHST University) Melek ER (Atılım University) Manfred Pretis (Medical School of Hamburg) The ICF System and Speech - Language Disorders Esmâ Nur Yelek (Hacettepe University) Tuğçe Karahan Tıgırak (Hacettepe University) Kübra Atalay Kabasakal (Hacettepe University) Maviş Emel Kulak Kayıkcı (Hacettepe University) Dil ve Konuşma Bozukluğu Olan Türkçe Konuşan Okul Öncesi Çocuklarda İletişimsel Katılımın Değerlendirilmesi Nazmiye Atila Çağlar (Ankara Yıldırım Beyazıt Üniversitesi) Dezavantajlı Gruplara Yönelik Ayrımcılık: Engellilerin Çalışma Hayatında Karşılaştıkları Ayrımcılık ve Çözüm Önerileri Kübra OZTURK SEVER (Çalışma ve Sosyal Güvenlik Bakanlığı, ÇASGEM) Early mobility in early childhood care and education: State of the art and challenges in the light of the ICF Marina Perelló (Universitat de les Illes Balears) Berta Paz-Lourido (Universitat de les Illes Balears)
15:00-15:30	CLOSING REMARKS/KAPANIŞ

Uluslararası Konuşmacılar

Keynote Speakers

Sunumlara ulaşmak için başlığa tıklayabilir ya da sol kısımdaki karekodu okutabilirsiniz.
To access the presentations, you can click on the title or scan the QR code on the left.

PROF. DR. ANDREAS SEIDEL

GERMANY/ALMANYA



MENTAL DISORDERS IN CHILDREN AND
THE ICF: ANOTHER AND HELPFUL
CLASSIFICATION?

PROF. DR. MANFRED PRETIS

AUSTRIA/AVUSTURYA



WAYS AND STRATEGIES TOWARDS THE
IMPLEMENTATION OF ICF IN DIVERSE
SECTORS. LESSONS LEARNT, CHALLENGES
AND IMPACT. SUPPORTING RESOURCE:
WWW.ICF-IMPLEMENT.NET

DR., M.D. ANDREA MARTINUZZI

ITALY/İTALYA



THE JOINT USE OF WHO-FIC IN THE
CLINICAL SETTING OF INPATIENTS
NEURORHEABILITATION WHAT DO YOU
THINK?

PROF. DR. EVA BJÖRCK

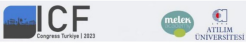
SWEDEN/İSVEÇ



USING ICFIN DIFFERENT SECTORS IN
SWEDEN, AND IN THE ERASMUS+
PROJECT "I AM" FOCUSING ON
INCLUSIVE EDUCATION ASSESSMENT
AND SUPPORT IN FOUR EUROPEAN
COUNTRIES

Mental disorders in children and the ICF: another and helpful classification?

Andreas Seidel

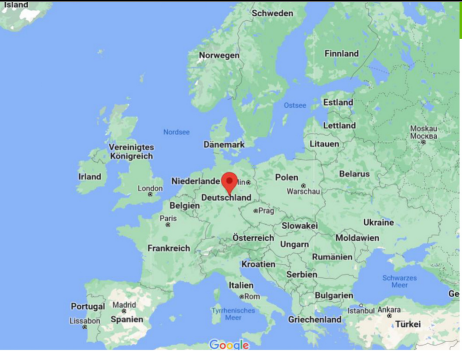


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23.10.2023

- Introduction
- The classical diagnostic view (autism, ADHD)
- Why and how to use the ICF (core set)?
- Comparison „ICD and ICF view“
- Conclusions



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Welcome to the website of Nordhausen University of Applied Sciences!

Our university



STUDIES	Master
Bachelor	SOCIAL & HEALTH
SOCIAL & HEALTH	Heilpädagogik (M.A.)
Health and Social Services	Social work and trauma education
Inclusive Studies	Therapeutic Social Work

Master: Transdisciplinary Early Childhood Intervention

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Who I am?

- Paediatrician
- Neuropaediatrics
- Psychotherapy
- Interdisciplinary work, e.g. DGSPJ and VIFF

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WHO-Family of International Classifications (WHO-FIC)

Reference Classifications



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ICD 


Revision	Years Covered
1st	1900-09
8th	1968-78
9th	1979-98
10th	1999-present
11th	2022; in practice?


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DC:0-5™ Manual

In 1994, ZERO TO THREE published its groundbreaking manual, *DC:0-3 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*. The first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers, this critically important guide quickly became an indispensable resource for mental health clinicians, counselors, physicians, early interventionists, educators, and researchers.

DC:0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, first released in 2016, captures new findings relevant to diagnosis in young children and addresses unresolved issues in the field. The updated *DC:0-5™ Version 2.0* arrived in 2021 and enhances the professional's ability to diagnose and treat mental health problems in the earliest years by identifying and describing disorders not addressed in other classification systems and by pointing the way to effective intervention approaches.




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ICD-10 Version:2019

Search

▼ F84 Pervasive developmental disorders

- F84.0 Childhood autism
- F84.1 Atypical autism
- F84.2 Rett syndrome
- F84.3 Other childhood disintegrative disorder
- F84.4 Overactive disorder associated with mental retardation and stereotyped movements
- F84.5 Asperger syndrome
- F84.8 Other pervasive developmental disorders
- F84.9 Pervasive developmental disorder, unspecified
- F88 Other disorders of psychological development
- F89 Unspecified disorder of psychological development

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ICD 10

F84.0 Childhood autism

A type of pervasive developmental disorder that is defined by: (a) the presence of abnormal or impaired development that is manifest before the age of three years, and (b) the characteristic type of abnormal functioning in all the three areas of psychopathology: reciprocal social interaction, communication, and restricted, stereotyped, repetitive behaviour. In addition to these specific diagnostic features, a range of other nonspecific problems are common, such as phobias, sleeping and eating disturbances, temper tantrums, and (self-directed) aggression.

F84.5 Asperger syndrome


A disorder of uncertain nosological validity, characterized by the same type of qualitative abnormalities of reciprocal social interaction that typify autism, together with a restricted, stereotyped, repetitive repertoire of interests and activities. It differs from autism primarily in the fact that there is no general delay or retardation in language or in cognitive development. This disorder is often associated with marked clumsiness. There is a strong tendency for the abnormalities to persist into adolescence and adult life. Psychotic episodes occasionally occur in early adult life.

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ICD-11 for Mortality and Morbidity Statistics (Version: 01/2023)


Search

- ICD-11 for Mortality and Morbidity Statistics
 - 01 Certain infectious or parasitic diseases
 - 02 Neoplasms
 - 03 Diseases of the blood or blood-forming organs
 - 04 Diseases of the immune system
 - 05 Endocrine, nutritional or metabolic diseases
 - 06 Mental, behavioural or neurodevelopmental disorders
 - Neurodevelopmental disorders
 - 6A00 Disorders of intellectual development
 - 6A01 Developmental speech or language disorders
 - 6A02 Autism spectrum disorder
 - 6A03 Developmental motor coordination disorder
 - 6A04 Attention deficit hyperactivity disorder

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▼ 6A02 Autism spectrum disorder

- 6A02.0 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language
- 6A02.1 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language
- 6A02.2 Autism spectrum disorder without disorder of intellectual development and with impaired functional language
- 6A02.3 Autism spectrum disorder with disorder of intellectual development and with impaired functional language
- 6A02.5 Autism spectrum disorder with disorder of intellectual development and with absence of functional language
- 6A02.Y Other specified autism spectrum disorder
- 6A02.Z Autism spectrum disorder, unspecified

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Foundation URI : <http://id.who.int/icd/entity/437815624>

6A02 Autism spectrum disorder

Description

Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

ICD-11


- disorder of intellectual development
- impairment of functional language

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Now we know the diagnosis ...

...what does that mean for the patient and the family?

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What is important for patients and families?


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Quality of life


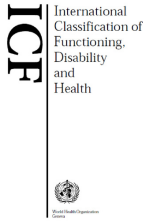



WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

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2001 WHO



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The Need for a New Medical Model: A Challenge for Biomedicine

The Need for a New Medical Model: A Challenge for Biomedicine
George L. Engel
Semin. Neurol., Vol. 106, No. 128 (April, 1987), 128-136.

Summary

The dominant model of disease today is biomedical, and it leaves no room within its framework for the social, psychological, and behavioral dimensions of illness. A biopsychosocial model is proposed that provides a blueprint for research, a framework for teaching, and a design for action in the real world of health care.

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WHO-Family of International Classifications (WHO-FIC)

Reference Classifications

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Seidel: ASS – diagnostic and bio-psycho-social views in preschoolers

Family of classification: WHO

Related Classifications	Reference Classifications	Derived Classifications
International Classification of Primary Care (ICPC)	ICD-10	International Classification of Diseases of Dentistry (ICD-D)
International Classification of External Causes of Injury (ICECI)	ICD-11	The ICD-11 Classification of Mental and Behavioral Disorders
The Anatomical Therapeutic Chemical Classification System with Defined Daily Dose (ATC/DDD)	ICF	Application of the International Classification to Disability and Rehabilitation (ICIDH)
ICD-9999: Notional code for persons with Qualifier Classification and Terminology	ICHI	Application of the International Classification to Rehabilitation (ICIDH-R)
		International Classification of Health and Rehabilitation (ICHR)

ICD: ... diseases ...
 ICF: „How a person is actually acting in its world“
 ...functioning...
 ICHI: „What can be done“ ...interventions...“

Clinical use of ICF

- Wherever possible, the clinician should explain to the individual or the individual's advocate the purpose of the use of ICF and invite questions about the appropriateness of using it to classify the person's levels of functioning.
- Wherever possible, the person whose level of functioning is being classified (or the person's advocate) should have the opportunity to participate, and in particular to challenge or affirm the appropriateness of the category being used and the assessment assigned.
- Because the deficit being classified is a result of both a person's health condition and the physical and social context in which the person lives, ICF should be used holistically.

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Fig. 1. Interactions between the components of ICF

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WHO 2007

Figure 1. Team collaboration for the child with autism spectrum disorder and feeding difficulties.

„Think in a network“

Why?

Team around the child

„Cooperation between sectors“

Note. SLP = speech-language pathologist; OT = occupational therapist.

Twachtman-Reilly et al. 2008

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Functioning

- Functioning is an umbrella term encompassing all body functions, activities and participation; similarly, disability serves as an umbrella term for impairments, activity limitations or participation restrictions. ICF also lists environmental factors that interact with all these constructs. In this way, it enables the user to record useful profiles of individuals' functioning, disability and health in various domains.
- „How a person is actually acting in its world“

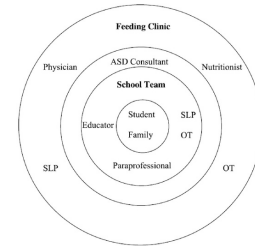
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Philosophy of the ICF

- Holistic view
- Interaction model
- Etiologically neutral
- Parity of physical, social and mental issues
- Ability and disability
- „Real world“: importance of lived experience

ICF as an interdisciplinary language

Figure 1. Team collaboration for the child with autism spectrum disorder and feeding difficulties.



Note: SLP = speech-language pathologist; OT = occupational therapist.

Twachtman-Reilly et al. 2008

„Problems“

- Acceptance
- Bundesteilhabegesetz Law for participation specialists: needs and service „listen to the children/family“
- Complexity
- Training and implementation

ICF- easy to learn:

In the context of health:

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 or structure such as a 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 executing activities.

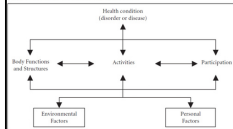
Participation restrictions are problems an individual may experience in involvement in life situations.

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

Fig. 2. Interaction between the components of ICF



Fig. 1. Interaction between the components of ICF



How to use in practise ...

- **activities and participation** – Tell me about things your child does every day, alone or with others. What activities are more difficult for your child to do?
- **body functions** – Tell me about what parts of your child's body make it hard to do the things your child wants, if any?
- **environmental factors** – Who and what things help your child do the activities? Who or what things make the activities hard or difficult?

....an ICF core set („checklist“) might be helpful

Original Article

The Gestalt of functioning in autism spectrum disorder: Results of the international conference to develop final consensus International Classification of Functioning, Disability and Health core sets

Sven Bölte^{1,2}, Sohail Mahall³, Petrus J de Vries⁴, Hans Grunbaum⁵, John E. Robinson⁶, Cory Shulman⁷, Susan Swedo⁸, Bruce Tonge⁹, Virginia Wong⁹, Lonnie Zwaigenbaum¹⁰, Wolfgang Segesser¹¹ and Melissa Seib^{11*}

ICF core sets

Systematic review Expert survey Qualitative study Clinical study

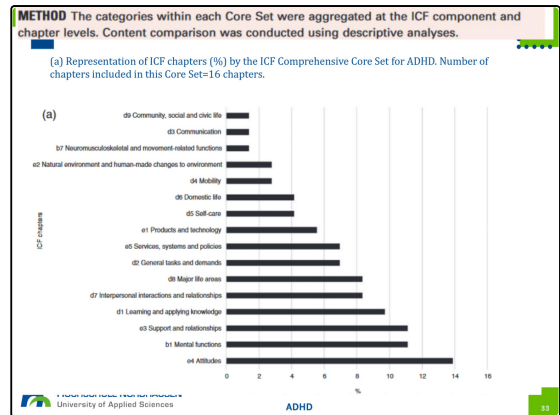
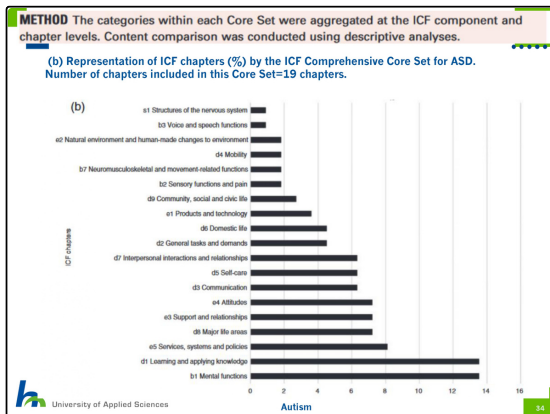
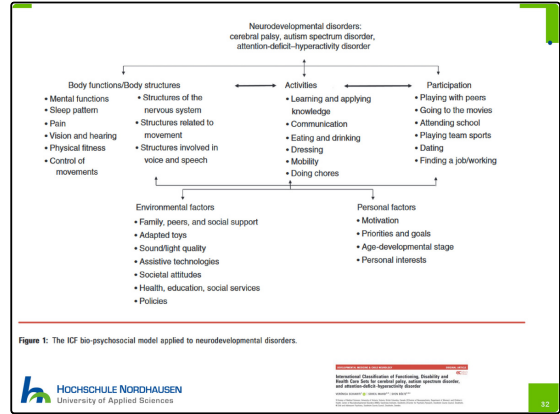
ICF core set for children 0-5 years

Table 5. The second-level ICF categories included in the Brief ICF Core Set for preschool age group of 0-5 years old.

Second-level ICF category	d110 Watching d115 Listening d130 Copying d132 Acquiring information d137 Acquiring concepts d155 Acquiring skills d160 Focusing attention d161 Directing attention d210 Undertaking a single task d220 Undertaking multiple tasks d230 Carrying out daily routine d240 Handling stress and other psychological demands d250 Managing one's own behavior d310 Communicating with—receiving—spoken messages d315 Communicating with—receiving—nonverbal messages d320 Telematics d330 Speaking d331 Free talking d335 Producing nonverbal messages d340 Using communication devices and techniques d500 Toileting d550 Eating d570 Looking after one's health d571 Looking after one's safety d710 Basic interpersonal interactions d720 Complex interpersonal interactions d760 Family relationships d820 School education d880 Engagement in play d920 Recreation and leisure	e110 Products or substances for personal consumption e115 Products and technology for personal use in daily living e120 Products and technology for communication e130 Products and technology for education e240 Light e250 Sound e310 Immediate family e311 Extended family e320 Acquaintances, peers, colleagues, neighbors, and community members e330 People in positions of authority e340 Personal care providers and personal assistants e350 Health professionals e360 Other professionals e410 Individual attitudes of immediate family members e415 Individual attitudes of extended family members e430 Individual attitudes of people in positions of authority e435 Individual attitudes of health professionals e460 Social norms, practices, and ideologies e465 Social norms, systems, and policies e470 Social security services, systems, and policies e480 Health services, systems, and policies e485 Education and training services, systems, and policies e490 Labor and employment services, systems, and policies
----------------------------------	---	---

b- body functions **d- life domains** **e- environmental factors**

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DEVELOPMENTAL MEDICINE & CHILD NEUROLOGY ORIGINAL ARTICLE

International Classification of Functioning, Disability and Health Core Sets for cerebral palsy, autism spectrum disorder, and attention-deficit-hyperactivity disorder

VERÓNICA SCHARITTI¹ | SOHEIL MAHDI^{1,2} | SVEN BÖLTE^{3,4}

Representation of environmental factors uniquely influences functioning and disability across ICF Core Sets for CP, ASD and ADHD.

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University of Applied Sciences

Erk Child Adolesc Psychiatry (2015) 24:1009–1021
DOI 10.1007/s00127-015-0771-1

ORIGINAL CONTRIBUTION

Towards an ICF core set for ADHD: a worldwide expert survey on ability and disability

Elías de Schipper^{1,2} · Sahil Mahdi^{1,2} · David Coghill³ · Petera J. de Vries⁴ · Susan Sheu-Fee Gao⁵ · Max Conroy⁶ · Martin Holtmann⁷ · Susi Karavolis⁸ · Florence Levy⁹ · Omer Almorad¹⁰ · Loui Rabiah¹¹ · Rosemary Tennant¹² · Sven Bölte^{1,2}

Table 1 Questions included in the expert survey

Survey question	ICF-CY component
1. In your experience with individuals with ADHD, what are the physical (e.g. motor problems, clumsiness) and mental problems (e.g. deficits in attention) they experience?	Body functions
2. In your experience with individuals with ADHD, which parts of the body (brain included) seem affected?	Body structures
3. In your experience with individuals with ADHD, what are the difficulties/challenges they experience in their everyday activities and involvement in society?	Activities and participation
4. In your experience with individuals with ADHD, what about their environment and living conditions might be hindering for them?	Environmental factors—barriers
5. In your experience with individuals with ADHD, what about their environment and living conditions might be supportive for them?	Environmental factors—facilitators
6. In your experience with individuals with ADHD, what personal characteristics are important in the way they handle their health condition?	Personal factors

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d330 Speaking
Producing words, phrases and longer passages in spoken messages with literal and implied meaning, such as expressing a fact or telling a story in oral language.

d331 Pre-talking
Vocalizing when aware of another person in the proximal environment, such as producing sounds when the mother is close; babbling; babbling in turn-taking activities. Vocalizing in response to speech through imitating speech-sounds in a turn taking procedure.

e355 Health professionals
All service providers working within the context of the health system, such as doctors, nurses, physiotherapists, occupational therapists, speech therapists, audiologists, orthotist-prosthetists, medical social workers.

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Which meaningful functioning concepts of the ICF are represented in the ICD definitions?

Meaningful concepts were linked to ICF categories using a deductive qualitative approach with standardized linking procedures

(Cleza et al. 2016)

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ASS core set (0-5): Representation of ICF categories

ICF Category	Representation in ASS core set (0-5)
body functions	~22
life domains	~32
environment	~28

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Seidel; ASS – diagnostic and bio-psycho-social views in preschoolers

ICF-CY: A Universal Tool for Documentation of Disability

TABLE 1
Contributions of the ICF-CY for serving individuals with intellectual and developmental disabilities

- A unifying framework for **interdisciplinary work**
- Functional indicators for **framing intervention and outcomes**
- Identification of **environmental barriers and facilitators**
- Common language for **data management and health informatics**
- Standard reference for **defining rights of children and adults with disabilities**

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Representation of ICF categories: ICF core set ASS and ICD 10, ICD 11

ICF Category	ICD 10 F84.0	ICD 11	ICF core set
body functions	~5	~10	~22
life domains	~10	~30	~32
environment	~5	~15	~28

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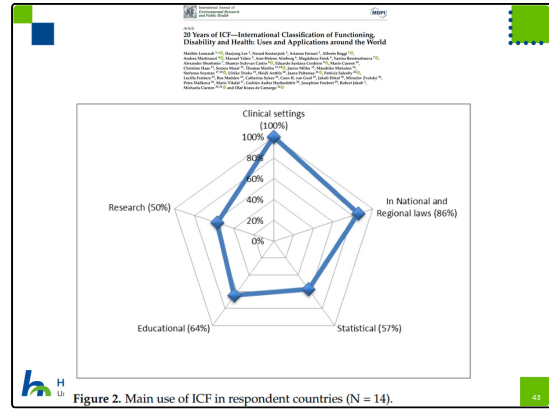
Seidel; ASS – diagnostic and bio-psycho-social views in preschoolers

Eur Child Adolesc Psychiatry (2015) 24:1509–1521

Table 6 Overview of recurrent abilities and strengths mentioned by the experts

Abilities and skills
Creativity
Energetic
Exciting and fun to be around
Flexibility
Interesting view on things
Multitasking
Resilience
Risk takers

Survey on ICF use on for ADHD: a worldwide expert survey on ability and disability
Hochschule Nordhausen University of Applied Sciences



NeuroDiversity
The Birth of an Idea

THE SOCIAL MODEL OF DISABILITY

For me, the significance of the "Autistic Spectrum" lies in its call for and anticipation of a "Politics of Neurodiversity". The "Neurologically Different" represent a new addition to the familiar political categories of class / gender / race and will augment the insights of the Social Model of Disability.

The rise of Neurodiversity takes postmodern fragmentation one step further. Just as the postmodern era sees every once too solid belief melt into air, even our most taken-for-granted assumptions that we all more or less see, feel, hear, smell, and taste information, in more or less the same way, (autism, anxiety, disability) are being dissolved.

Judy Singer (1998) University of Technology, Sydney

ORIGINAL PAPER

An International Clinical Study of Ability and Disability in Autism Spectrum Disorder Using the WHO-ICF Framework

To date, this is the first international clinical study that investigated ASD-related strengths using the ICF-CY framework. Strengths reported here included memory and attention, which interestingly, were also commonly identified to be strengths in our previous expert survey of ASD (Schipper et al. 2016). Seriously taking into account strengths in ASD can be beneficial to enhance the functional outcomes of individuals with ASD.

The future – what is going on?

Conclusions

- Different views: ICD and ICF > we need both!
- ICF as a helpful tool do describe individual difficulties and strengths
- ICF takes into account personal, social, and environmental factors of health-related functioning
- Interventions and therapy goals:
 - Individual environment needs to be mentioned
 - more personalized rather than diagnosis-based

ICF CoreSets Sign in English

ICF CoreSet-platform for ASD and ADHD
- Functional assessment and analytics

<https://kl.se/en/kind/icf-core-sets-for-adhd-and-autism>

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Child: care, health and development
Review Article

The 'F-words' in childhood disability: I swear this is how we should think!
P. Benschneider and S. M. Geiderl

Future... ..listen to the child and the family

The International Classification of Functioning, Health and Disability (ICF) 2001

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graph TD; HC[Health Condition] <--> F[FUNCTION]; F <--> FIT[FITNESS]; F <--> FR[FRIENDSHIPS]; F <--> FF[FAMILY FACTORS]; F <--> FUN[FUN];
```

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Mental disorders in children and the **ICF: another and helpful classification?**

Yes !

23.10.2023

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University of Applied Sciences

ICF
Congress Turkiye | 2023

melen
ATILIM
UNIVERSITESI

Thank you very much for your attention

seidel@hs-nordhausen.de

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ICF  Inclusion

Ways and strategies towards the implementation of ICF in diverse sectors: lessons learnt, challenges and impact. Supporting resource:

www.icf-implement.net

Manfred Pretis

Visit also our Erasmus+ projects

www.icf-inclusion.net

www.icf-plan.eu

www.naturalisticteaching.com

Dieses Projekt wurde mit Unterstützung der Europäischen Kommission finanziert. Die Verantwortung für den Inhalt dieser Veröffentlichung (Mitteilung) trägt allein der Verfasser; die Kommission haftet nicht für die weitere Verwendung der darin enthaltenen Angaben.

What this presentation is about

- 1) The UN Convention on the Rights of PwD as a starting point
- 2) Key aspects towards ICF implementation
- 3) Towards sustainable roadmaps in neighbouring countries
- 4) Concrete lessons learned
 - Germany (Law on Participation, 2016)
 - Austria (Styria) Law on PwD (2004)
 - North Macedonia (Functional Assessment for Children)
 - Bulgaria: Pilotage of WHO DAS
 - Croatia: double strategy towards disability assessment
 - Switzerland: including the beneficiaries
 - General aspects
5. „ICF as a common language“ for ALL
- 6) What does it cost?
- 7) Take home message
- 8) References, web-resources

1) The Convention on the Rights of PwD as a starting point

Persons with disabilities include those who have **long-term**

physical, mental, intellectual or sensory **impairments**

which in **interaction** with various barriers may hinder their full and effective **participation** in society on an equal basis with others

The definition of disability and further ICF conceptualization

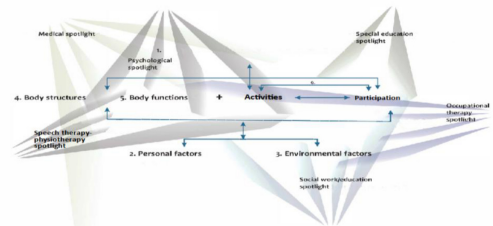
- **Long term** (in most of the countries a status longer than 6 months if all state-of-the-art interventions are performed)
- mental, intellectual or sensory **impairments**
- (this relates mainly to **body structures and body functions**)
- In Interaction: disability as a dynamic state of living between a **PERSON and his/her ENVIRONMENT**
- Focus on **participation** (=meaningful activities in (social) contexts)

ICF health components!!!

2) Key aspects of ICF implementation: the International Classification of Functioning, Disability and Health (WHO, 2001 ff)



2.1 The need towards a transectorial common understanding



Pretis (2022): ICF based expertise. Munich: Reinhardt (German)

Sector specific codes and the tower of BABEL



F71
Open ductus Botalli
Intelligence
Hypotonia
Epicantic fold
SES
Hypersalivation
E03.9
....

https://image.profil.at/images/cfs_landscape_616w_347h/4366244/6283740.jpg

Sometime professional cooperation in the „team around the family/patient/client...) might look like this



<https://www.google.com/url?sa=i&url=https%3A%2Ffotografie.at%2Fgalerie%2Fimage%2F404617-stoss-mich-zieh-dich%2F&psig=AOvVaw1PzoFIDDFhFfeUe6OsvXE&ust=16935565169000&source=images&cd=ve&op=89978449&ved=0CA4QJRxqFwoTckik30-7hoEDFCAAAAAdAAAAABAD>

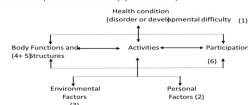
2.2 Thinking and acting in terms of health components

Direct aspects:

1. Complementarity towards ICD 10 (or 11) or DSM V
2. Well defined (transsectoral) categories
4. Disability as a person-environment interaction

5. Thinking and acting based on networks and interconnections (shift from medical to biopsychosocial model)

6. ACTIVITIES and PARTICIPATION as goals

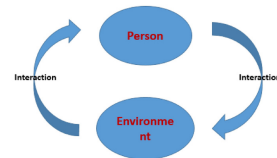


Indirect aspects:

7. Decrease stigmatization by focusing on observations rather than on interpretations
8. Plan, describe, evaluate interventions with a COMMON language and COMMON evaluation criteria (WHO qualified) focusing on
8. meaningful participation goals of persons (with a health problem)
9. Publicly made assessment/evaluation

2.3 The new understanding of disability: The interaction between functionality and environment(s)

The new understanding of Disability within ICF



2.4 The focus on „PARTICIPATION“?

- What meaningful things can or wishes a person with a health problem do?
- Which goals in sense of self-efficient behavior are individuals pursuing?
- The Design of the intervention /treatment/support goals is related to the persons' activities/participation

Participation = asking the right questions: „How is a person with a health problem involved in relevant social contexts?“

II) How "ICF" RECOGNIZES CHANGES?*					
As "Disorder and condition" = PARTICIPATION of your child					
ICF - DISORDER	How does your child's participation = (COMMON) condition affect their search, choice, action, and/or learning, reading, writing, etc.?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?
ICF - GENERAL HEALTH	How does your child's participation = GENERAL HEALTH affect their search, choice, action, and/or learning, reading, writing, etc.?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?
ICF - COMMUNICATION	How does your child's participation = COMMUNICATION affect their search, choice, action, and/or learning, reading, writing, etc.?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?
ICF - MOBILITY	How does your child's participation = MOBILITY affect their search, choice, action, and/or learning, reading, writing, etc.?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?	Does it affect the child's ability to do things that are important to them?

Inclusion checklist:
www.icf-inclusion.net

4.2 Lessons learned from Austria (Styria)

New Law on PwD (2004)

- Strategy of the government to define entitlements (if a person is certified as PwD) he or she is entitled to social rights/services
- Tailor made service recommendations
- Guiding principles
- Mutual contractual relations (e.g. Structural/formative and result indicators are defined for services)
- One-stop-shop
- Increase transparency by using ICF



<https://www.google.com/maps/@48.199935,15.812500,6z>

Example from „B.e.n.i.“ assessment (Lower Saxony) =ICF based assessment of support needs

MOBILITY		Assessment using WHO qualifiers										
		0	1	2	3	A	B	C	D	E	F	G
This chapter refers to movement, changing body position, moving around, transferring things... (Abbreviated by author)												
D Choose relevant items of d4		0	0	0	0	0	0	0	0	0	0	0
E Choose relevant items of e4		D Choose relevant items of d4										
A1 - wishes of the client		C Completeness/limitations										
B1 - facilitators/barriers		D Other relevant										
Interactions												
In case of diploma												

Impact

- a) An ICF based assessment instrument was designed (short before the Law was released)

Assessment instrument: Revised model of request	Response	Level of response	Comments
PERSONAL ASPECTS AND ENVIRONMENT			
1. Personal aspects			
2. Environment			
3. Body structures/body functions			
4. Participation			
5. Assessment including the environment			
6. Participation goals			
7. Services			
8. Total score			
9. Comments			

- b) Service entitlements are tailor made
 c) The focus on ICF, mainly on the 9 participation domains seemed to increase entitlements (as more relevant aspects were consciously focused)

4.3 Lessons learned from North Macedonia

Implementation of „functional assessment centers“ for children

- UNICEF based strategy (to facilitate early access to preventive services)
- Assessment is based on
 - Health concern
 - Individual aspects
 - Environments as facilitators/barriers
 - Body structures/body functions
 - Participation
 - Assessment of possible participation restrictions
 - Proposal of participation goals
 - Proposal of services



<https://www.google.com/maps/@41.9333333,21.5166667,5z>

Impact

- Increase of the number of detected children
(parents were less afraid of a possible „categorization „ of their children (around 30% without formal diagnosis))
- Earlier access for children to preventive services
- Overall system change for all social rights/services in progress.

Simplified structure of the North Macedonian „functional“ assessment for children and adolescents



See www.icf-plan.eu

IMPACT for Switzerland

- Active inclusion of the primary beneficiaries (e.g. asking the children about their educational goals and need for support)



Let me be part of the team - O3-Online Tool

Please find the O3-Online-Tool under o3.icf-school.eu. O3 is an electronic tool for children and adolescents to define their support needs. Beside performing assessments together with the children and adolescents, the tool also invites the users to reflect and include strengths and goals of the children. The online tool is free to use. For access an access code is needed. This is provided by teacher, parents, social worker etc. via ICF.

- Parents (primary attachment persons) are understood as a part of the team
- Focus on support needs rather than on „problems“

4.7. Lessons learned from Cyprus

The design and implementation of the New System of Assessment of Disability and Functioning in Cyprus is based on the scientific tool ICF and aims to establish a scientific, reliable and reliable system for assessment of disability and functioning and persons with disabilities. data basis for securing their rights.

Disability Assessment Protocol 2014 "International Classification of Disability and Health-Functioning" in Cyprus	ICF Categories	ICF Codes
1. Disability Assessment Protocols	S	200
Visual-Focused Disability Assessment Protocol	S	194
Hearing-Focused Disability Assessment Protocol	S	195
Assessment Protocol for Mental Retardation Disability	S	196
Protocol for "The Evaluation Of Disabilities: Psychiatric Disorders"	S	197
Disability Assessment Protocol Universal Focus	S	198



5. „ICF as a common language“ for ALL

If ICF is used as a common language it should be highlighted that also the primary beneficiaries **UNDERSTAND AND USE ICF** in assessment processes.

- Diverse strategies can be useful
- ICF in EASY LANGUAGE
- TOOLS supporting thinking/acting with ICF

ICF in EASY READ

www.icf-school.eu/index.php/en/outputs-en/output-3-en

ICF is not only for professionals, But also for the parents and The primary beneficiaries of services



www.icf-school.eu/images/outputs/o2/icf_brochure_tr.pdf

Focusing on the need of support rather than on „participaion restrictions“

new interpretation of the WHO qualifiers

- 0 „I do not need support, I can do it on my own“
- 1 „I needs some verbal prompting“
- 2 „I need guidance and physical presence of a person“
- 3 „I need hands on support“
- 4 „Activities are performed in a vicarious way“ (by someone else)



6) What does it cost?

- Top down strategy and willingness of the management or stakeholders to implement ICF in an institution (in line with UN Convention)
- Inclusion of relevant beneficiaries (e.g parents representatives,) administrative bodies and/or referring professionals (MDS...)
- Approx. 3 years project implementation process (including training processes of the team and necessary financial resources)
- Analysis of existing documents (planning, documentation and evaluation tools) and their transferability towards ICF.
- Training of staff towards a general understanding of the philosophy and use of ICF
- Support during the concrete implementation (e.g. concerning participation goals) in terms of intervention or accompanying support)
- Openness, motivation and trust between team members.

7) TAKE Home message(s)

- Implementing ICF needs a (top down) strategy and time
- The most important (and time-consuming) factor about implementation/training is the shift of „attitudes“
- ICF is about transdisciplinary work (between sectors and including primary beneficiaries as team members = transdisciplinary team)
- ICF might increase service needs as the person is addressed in a holistic way

8) References

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**Twenty years of ICF in Italy:
what has been done and where are we going**

Andrea Martinuzzi, M.D., Ph.D.
E. Medea Scientific Institute Conegliano Research Centre
Research Branch of the WHO-FIC Collaborating Centre, Italy
Co-Chair of the WHO-FIC Functioning & Disability Reference Group
Co-Chair of the ICHI WHO development group

Italian Welfare system

Health Social Labour Education

National legislation: L118/71: Invalidation, DL 509/1988, L102/2009
National Health Service: L104/1992: framework law for the L68/1999: Targeted
Essential Levels of Assistance integration and rights of the handicapped Employment
Inclusion in school for children with disability DLgs 66/2017

Standards of care Pensions Targeted Employment Rules and Assignments for special teachers

National Health Fund

Regional legislation and competences

Regional Health System: Primary care, Territorial Services Hospitals, Outpatient clinics Social services Services for Employment Operational Provincial Agreements for School Integration

Disability evaluation/eligibility

Invalidity (L118/71)
Persons affected by congenital or acquired impairments
- % of work inability defined by tabular lists
- Provides economic benefits (pension)
- Connected to targeted employment legislation (L68/99)

Disability (L104/92)
Handicapped: person with impairments causing disadvantage
Severe or non severe handicap
- Provides immaterial benefits (fiscal exemptions, work permits for caregivers)
- Connected to school inclusion process

Evaluation

1) Assessment of the anatomic-functional impairment
2) Assessment of the functional capacity
3) Referral

cod.	DESCRIZIONE	min.	max.	fine
1001	SISTEMA NERVOSO CENTRALE ALZHEIMER CON DELIRIO O DEPRESSIONE AD ESORDIO SENILE	0	0	100
1301	ACALCULIA	0	0	10
2001	EPILESSIA GENERALIZZATA CON CRISI ANNUALI IN TRATTAMENTO	0	0	20
2002	EPILESSIA GENERALIZZATA CON CRISI MENSILI IN TRATTAMENTO	0	0	60
2003	EPILESSIA GENERALIZZATA CON CRISI PLURISETTAMANALI IN TRATTAMENTO	0	0	100
2004	EPILESSIA GENERALIZZATA CON CRISI QUOTIDIANE	0	0	100
2005	EPILESSIA LOCALIZZATA CON CRISI ANNUALI IN TRATTAMENTO	0	0	10
2006	EPILESSIA LOCALIZZATA CON CRISI MENSILI IN TRATTAMENTO	0	0	41
2007	EPILESSIA LOCALIZZATA CON CRISI PLURISETTAMANALI O QUOTIDIANE IN TRATTAMENTO	91	100	0
2008	SINDROME CEREBELLARE	41	50	0

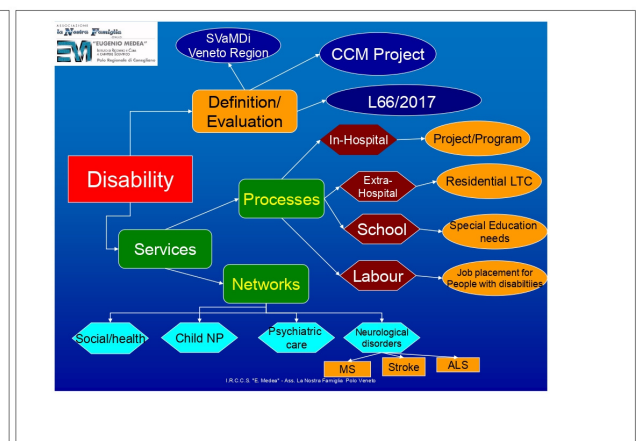
UN convention for the rights of persons with disabilities

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

30/3/2007; L 18/2009

International Classification of functioning Disability and Health (ICF)

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



The Italian path toward ICF

1. Functional evaluation of disabled persons at the Regional Level (SVaMDi)
2. Functional evaluation for targeted job placement
3. Disability evaluation protocol for disability certification
4. Functional evaluation for School inclusion
5. Clinical use (single institution level)

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Veneto Region. SVaMDi: Multidimensional evaluation form for disability

- Provide a scientific basis for the description and study of disability
- Establish a common language among professionals, providers, families and clients
- Obtain comparable data for inter-regional and international studies
- Define a systematic framework for the classification of disability in the Regional informative systems
- Formal connector among territorial services dealing with persons with disability
- Tool to be used by the multiprofessional evaluation team projecting interventions on that specific case

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Steps

- Tool definition
 - Work-group (DGR 202 10.8.2006) starting for a previous ICDH2 based tool
- Diffuse Training
 - Theoretical (1 day, 900 professionals)
 - Practical (3 days+3 months e-training, 600 professionals)
- Recruitment of "allies" in the innovation
 - 10 territories already accustomed to Team work
- Implementation
 - Revision and launch (DGR 331 13.2.2007)
 - Final adoption with modifications (DGR 1804 2014, with environmental factors linked to each A&P domain)
- Follow-up

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REGIONE DEL VENETO
giunta regionale - 9^a legislatura

ALLEGATO C alla Dgr n. 1804 del 06 ottobre 2014

REGIONE DEL VENETO

Scheda di Valutazione Multidimensionale della Disabilità (SVaMDi)

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ALLEGATO alla Dgr n. 1804 del 06 ottobre 2014

Attività e Partecipazione - Capitoli e Domini	Fattori Ambientali - Domini selezionati			
	performance	capacità	e310	e315 e316 e375
D1. APPRENDIMENTO ED APPLICAZIONE DELLA CONOSCENZA				
0110				
0111				
0112				
0113				
0114				
0115				
0116				
0117				
0118				
0119				
0120				
0121				
0122				
0123				
0124				
D2. COMPITI E RICHIESTE GENERALI				
0210				
0211				
0212				
0213				
0214				
D3. COMUNICAZIONE				
0310				
0311				
0312				
0313				
0314				
0315				
D4. MOBILITÀ				
0410				
0411				
0412				
0413				
0414				

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Results of the first Years of use

- Validity of the tool
- Coherent and synthetic representation of the complex condition of disability
- Good acceptance and correct use in areas where the Equipe work is well established
- Identical tool adopted by other Regions (Lazio, Val D'Aosta), similar by others (Campania, Sicily, Abruzzo, Calabria, Umbria,...)
- Not applicable to persons <18
- Not well accepted in areas where the Teams are not functioning
- Cumbersome and time consuming
- Not providing a direct link to levels or gating systems in Services and provisions

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ALLEGATO A

SVA.M.D.I. SCHEDA VALUTAZIONE MULTIDIMENSIONALE - DISABILI

REGIONE CAMPANIA

SCHEDA A VALUTAZIONE SANITARIA PER L'ACCESSO AI SERVIZI TERRITORIALI

TAB. 2 - FUNZIONI CORPOREE			TAB. 3 - FATTORI AMBIENTALI		
Categoria	Codice	Qualificatore	Categoria	Codice	Qualificatore
Funzioni intellettive	b117		Degenerazione	b5105	
Funzioni psicosociali globali	b122		Continenza facile	b5253	
Recipere il linguaggio	b1570		Continenza minima	b5292	
Espressione del linguaggio	b1571		Funzioni della mobilità articolare	b710	
Funzioni della vista	b210		Funzioni della forza muscolare	b730	
Funzioni uditive	b230		Funzioni del tono muscolare	b735	
Sensazione di dolore	b280		Funzioni del movimento articolare	b765	
Tolleranza dell'esercizio fisico	b455		Funzioni del pattern dell'andatura	b770	
Masticazione	b5102		Funzioni protettive della cute	b810	

Se in qualsiasi FUNZIONE dovesse rilevarsi un qualificatore ≥ 3 compilare in Tab. 4 - Scheda DSM

VALUTAZIONE FUNZIONALI PER LA FARMACIA:		È IN TERAPIA FARMACOLOGICA CON:	
Circolazione	Respiratoria	Antiepilettici	Autidiotifici
Digestione	Renale	Antipsicotici	Antimimetici
Motilità	Comunicativa	Antidolorifici	Altri

È ASSISTITO CON CONTINUITÀ DA: Familiari Caregiver

HA UNA DIPENDENZA DA: Alcool Altre sostanze

DGR324/2012

Present (and future!) issues

- Follow-up on implementation
 - A Regional Decree is not enough and a form doesn't change the mindset!
- Develop a similar tool for the pediatric age (0-18)
- Connect such tool with the procedure for children with special education needs (functional diagnosis, individualized education plan) (CCM project)
- Link to indicators by which to define:
 - Priority
 - Allocation of intervention
 - Weight in term of personal assistance

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Clusters construction.

Identify a limited number of groups of subjects that are within the group similar (in terms of observed variables) and between groups dissimilar

Representazione dei tre cluster mediante multidimensional scaling

These two components explain 13.45 % of the point variability.

Projet "ICF in Italia"

Welfare Policy Development

Strategy for development, training and implementation of the International Classification of functioning, disability and health of WHO

ICF and labour Policy Pilot Project 2003-2005

ITALIA/lavoro

DIN - Disability Italian Network

Cultural and legislative evolution

Legge 382/68 COLLOCAMENTO OBBLIGATORIO (mandatory employment)

↓

Legge 68/99 COLLOCAMENTO MIRATO (Targeted employment)

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The definition of targeted employment

Disability is not the only factor taken in account

For "targeted employment" of persons with disability it is meant, according to the point 2 of the L. 68/99

"the complex of technical tools and support that will allow an appropriate evaluation of the persons with disability in their job capacity and their placement in an adequate job setting, through the analysis of the type of jobs, the forms of support, the positive actions and problem solving connected to the environment, the instruments, the interpersonal relations in the everyday work and relation milieu."

WORKER — ENVIRONMENT — INSTRUMENTS — INTERPERSONAL RELATIONS

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The personalized projects

The right job for the right person.....

The new concept introduced by the law 68/99 requires the structuration and use of a set of tools to achieve the encounter between individual competences of the person with disability and the characteristics of the work place, in order to define the personalized project.

That means the contribution of a multiplicity of technical subjects (offices for the employment, medical commissions, each with its own competence.

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The network – on the "offer" side

PERSON WITH DISABILITY — SPI — INFORMATION FIRST ENCOUNTER — ENROLLMENT — ORDERED LIST — DIO MATCH — EMPLOYMENT

Medical Commission ASL — MEDICAL EVALUATION — MEDICAL REPORT — ANAGRAFICAL AND PROFESSIONAL PROFILE — INDIVIDUAL WORKER FORM (art.8 comma 1 Legge 68/99) — TECHNICAL COMMITTEE — EVALUTAZIONE OF THE RESIDUAL CAPACITY — PROPOSALS, ADAPTATION PROJECTS — INFORMATIC SYSTEM

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Ministero del Lavoro e delle Politiche Sociali

Progetto ICF E POLITICHE DEL LAVORO - EXPERIMENTAL APPLICATION -

WORKER DOSSIER

DEDICATED CHECK-LIST (DPCM 13.1.2000) — EMPLOYER FORM (Notice of openings) — FUNCTIONAL AND PROFESSIONAL PROFILE — Anagrafical/Professional form (ex art 8 Lg 68/99) — Work place analysis form (profile-mansion) — Workplace Checklist — JOB START — CHECK LIST ON SITE OBSERVATION Profile correction

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Workplace check list

Activity & Participation (AP) – Required Capacity for the specific position in that specific setting

Activity & Participation

D132 Acquiring Information

Qualifiers	Qualifier value
Capacity	
Performance 1 (no personal assistance)	
Performance 2 (tutoring supervision, PROM)	


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Outputs

- 21 editions of training courses, 1500 trained
 - Formation of trainers team in 4 Regions
 - Online version for e-learning
- Worker checklist implemented in pilot testing in selected sites on 100 subjects
- Work-place checklist, tested on a sample of settings
- Recommendation to the legislator on amendments to the current regulations

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Project extension and targets



9 regions (60% of national population): started in 3, 9 training sessions for 600 professionals involved locally in the evaluation process (5 more to go)

1500 real cases (400 of which <18) evaluated with the new protocol

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Outcomes and challenges

- Feasibility test of the new paradigm of disability evaluation based on the rights and the function and not on the impairments
- Define the operational steps to be taken at the local (Regional and district) level to allow implementation of the new procedure
- Link the procedure to the service providers
- Provide indications to the legislator for appropriate updates

- Structural and organizative constraints
- "syndacalized" resistance by selected groups of persons with disability (deaf, blind,...)
- Lack of change in the "vision" of interventions and provisions
- Enhancement of inter-regional differences
- Lack of a strong political commitment

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ICF implementation in the process of inclusion for children with special needs

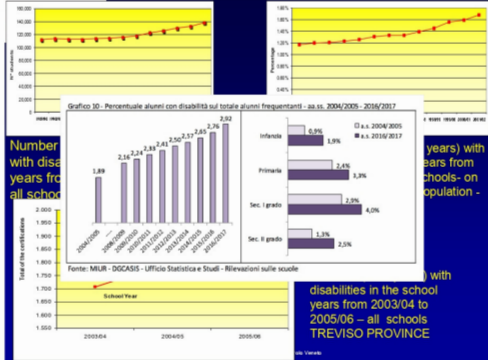
from isolated experiences to a new national law 66/2017

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ICF and education for children with special needs

- Background:**
 - inclusion in education for children with special needs is regulated by national legislation and applied through local agreements defining protocols
- Objective**
 - Within the revision of the agreement regulating the way in which:
 - children with disabilities are identified,
 - Functional diagnosis is defined
 - The personalized educational plan is built
- Partners**
 - Health Services at the provincial level (Treviso)
 - School administration
 - Municipalities
 - Medea Scientific Institute (scientific advisor)

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Number with disabilities in the school years from 2003/04 to 2016/17 - all schools - TREVISO PROVINCE

Fonte: MLUR - DGCAIS - Ufficio Statistiche e Studi - Rilevazioni sulle scuole

Grafico 30- Percentuale alunni con disabilità sul totale alunni frequentanti - aa.ss. 2004/2005 - 2016/2017

Year	Percentage (%)
2004/05	1.89
2005/06	2.14
2006/07	2.24
2007/08	2.14
2008/09	2.41
2009/10	2.50
2010/11	2.37
2011/12	2.30
2012/13	2.36
2013/14	2.36
2014/15	2.36
2015/16	2.36
2016/17	2.36

Fonte: MLUR - DGCAIS - Ufficio Statistiche e Studi - Rilevazioni sulle scuole

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Law 104/1992

Art. 3

"... A *handicapped* person is someone with a physical, psychic or sensory disablement, of stable or progressive nature, that causes difficulties in learning, relationships or work integration and which result in a process of social disadvantage or exclusion..."

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Ministry of Welfare

PROJECT
Disability evaluation protocols based upon the descriptive structure of ICF for a unified approach to disability certification 2007-2010

Agenzia Regionale della Sanità del Friuli Venezia Giulia
 WHO-FIC Italian CC
 in collaboration with:
 Istat
 Fondazione IRCCS Istituto Neurologico "Carlo Besta"
 IRCCS Medea, Polo di Conegliano Associazione La Nostra Famiglia
 Italia Lavoro spa

Fragmented vision of the person provided through overlapping and redundant evaluation processes and teams

Regional Regulations defining the evaluation process locally: benefits & access to services

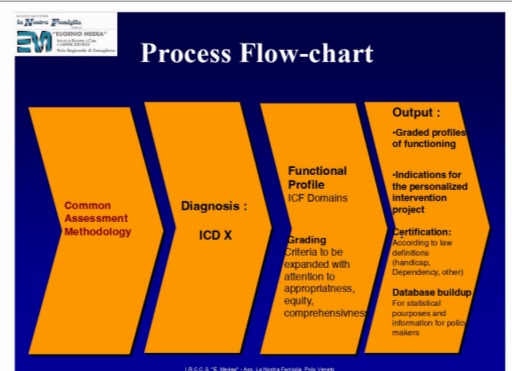
Which may nevertheless allow zooming-in on Specific aspects of functioning whenever needed

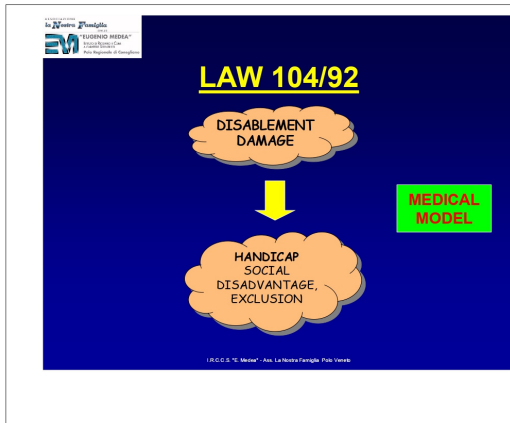
References for the development of the ICF based protocol

- **Rights** and **capabilities** define the conceptual entities upon which to build the profile of functioning
- They define the key references to guide the evaluation of functioning
- ICF offers the most coherent, shared and scientifically sound way to represent and describe human functioning

Change in Paradigm

	Who are the evaluators	Who are the evaluated	What is evaluated	How is the evaluation carried on	Output of the process
Current Modality	Medical Commissions for the evaluation	Applicants as specified by the law	Impairment in body functions and structures, social disadvantage, disability	Document based (7" per person)	Invalidity, handicap
Novel approach	Multiple decentralized, comprehensive and evaluations, input from the person and the caregiver. Activated and coordinated by a public responsibility	Applicants as specified by the law	Functioning (ICF)	Documents + direct observations (gradual build-up of a personal file)	Functional profile





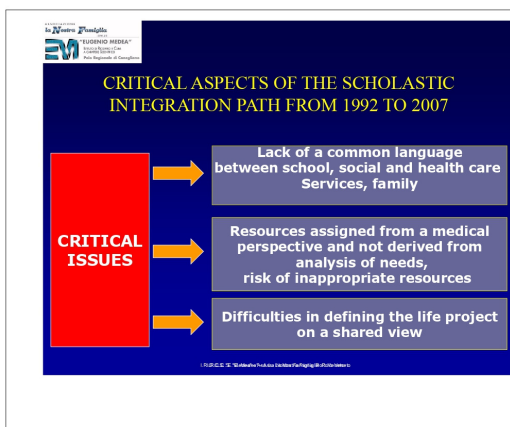
LAW 104/92

PRACTICALLY

Scholastic integration path in Italy

- 1 **NOTIFICATION** - the school says: "Attention! This student has serious learning difficulties"
- 2 **IDENTIFICATION OF THE STUDENT WITH DISABILITY** - the social & health care service makes the diagnostic evaluation and define the health condition
- 3 **THE FUNCTIONAL DIAGNOSIS** - the social & health care service evaluates the functioning of the student
- 4 **THE DYNAMIC FUNCTIONAL PROFILE** - the school, the social & health care service, and the family decide together the main development goals
- 5 **THE INDIVIDUAL EDUCATIONAL PLAN** - the school, the social & health care service, and the family establish in the detail how to reach these goals

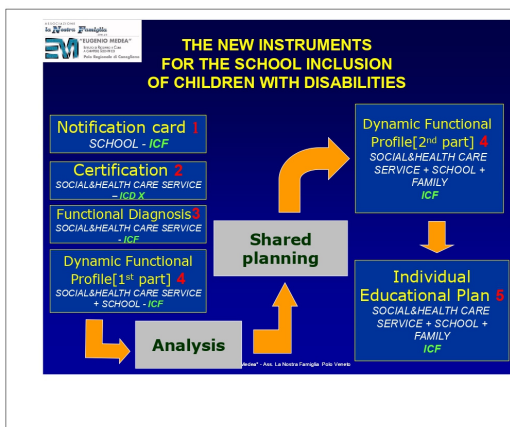
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REVIEW OF THE INSTRUMENTS FOR THE SCHOLASTIC INTEGRATION FOLLOWING THE BIO-PSYCHO-SOCIAL MODEL OF ICF in the TREVISO province

2005

IRCCS "G. Monod" - An. La Motta Fergola - Pisa Verso



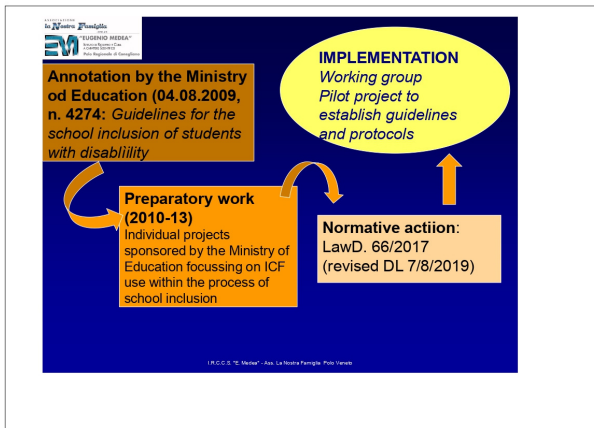
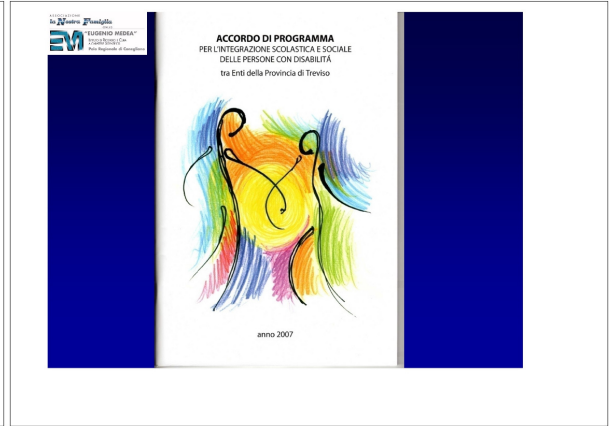
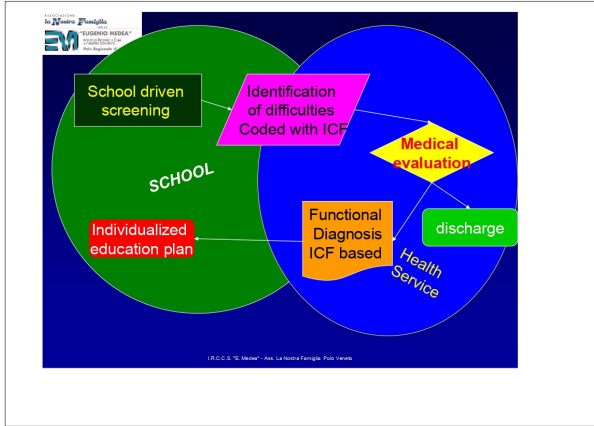
THE NOTIFICATION SCHOOL CARD

filled by the school with criteria consistent with ICF - CY

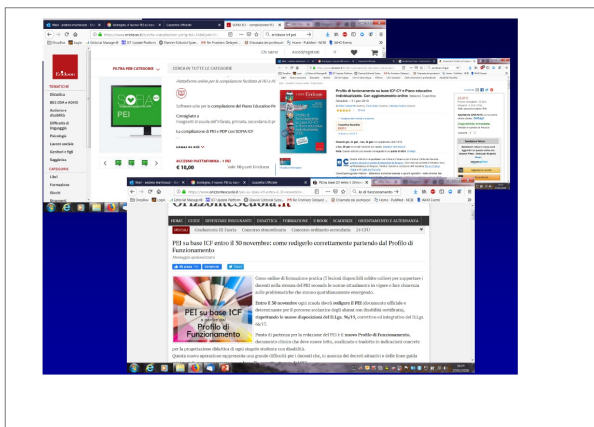
THE NOTIFICATION SCHOOL CARD
secondary school (11 - 14 years)

A) Communication	0	1	2	3	4
q310 Communicating with - receiving - spoken messages					
q315 Communicating with - receiving - nonverbal messages					
q325 communicating with - receiving - written messages					
q330 speaking					
q3350 producing body language					
q3351 producing signs and symbols					
q3352 producing drawings and photographs					
q345 writing messages					
q350 conversation					
q355 discussion					

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- ## LawDecree 66/2017
- Changes in:
 - Who does the assessment: **integrated commissions**
 - What has to be assessed: **functioning**
 - What is the output: **functioning profile**
 - When and why: **yearly to support the individualized educational plan**
- IR.C.C.S. "G. Monca" - Asl. La Nuova Famiglia - Pavia Veneto



Implementation process

Sezione 4 - Elementi attinenti alla descrizione del funzionamento

D1 Apprendimento

D1.1 Uso intenzionale dei sensi

D1.2 Apprendimento delle conoscenze

D1.1 Uso intenzionale dei sensi

2021-24 in select support

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Osservare – Ascoltare descrivere i Bisogni Educativi

Domanda 1
Vede e sente bene (anche con ausili)? Utilizza adeguatamente tatto, olfatto e gusto?

d110	d115	d120	b210	b230	b295	b295	b270	b156	b140
------	------	------	------	------	------	------	------	------	------

e In caso di un problema descrivi cosa aiuta (+) e cosa ostacola (-):
+ Facilitatori, ausili, adattamenti, atteggiamenti, aiuto, sostegno
- Barriere, ostacoli, inadeguatezza, mancanza, disturbi ambientali

Domanda 4
Sa organizzare attività scolastiche come preparare la cartella e pianificare i compiti da fare?

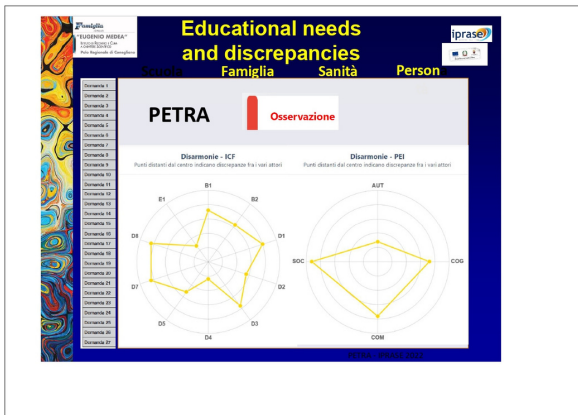
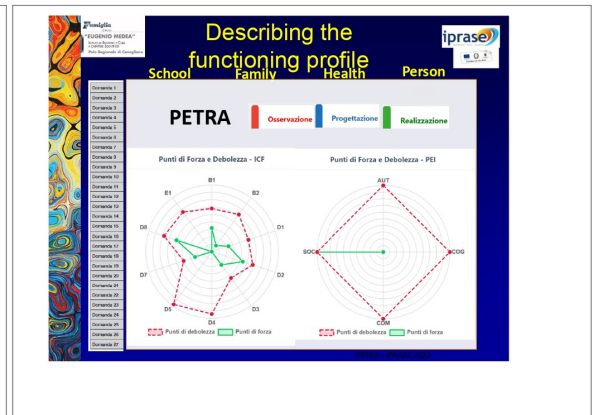
d130	d132	d133	d134	d140	d145	d150	d160	d163	d164
d166	d170	d172	b114	b140	b144	b156	b160	b167	b172

e In caso di un problema descrivi cosa aiuta (+) e cosa ostacola (-):
+ Facilitatori, ausili, adattamenti, atteggiamenti, aiuto, sostegno
- Barriere, ostacoli, inadeguatezza, mancanza, disturbi ambientali

ICF per Tutti – von Prodnitzki, Scapin 2022

Describe the educational needs

	School	Family	Health services	Person with disability
Domanda 1	+	+	+	+
Domanda 2	+	+	+	+
Domanda 3	+	+	+	+
Domanda 4	+	+	+	+
Domanda 5	+	+	+	+
Domanda 6	+	+	+	+
Domanda 7	+	+	+	+
Domanda 8	+	+	+	+
Domanda 9	+	+	+	+
Domanda 10	+	+	+	+
Domanda 11	+	+	+	+
Domanda 12	+	+	+	+
Domanda 13	+	+	+	+
Domanda 14	+	+	+	+
Domanda 15	+	+	+	+
Domanda 16	+	+	+	+
Domanda 17	+	+	+	+
Domanda 18	+	+	+	+
Domanda 19	+	+	+	+
Domanda 20	+	+	+	+
Domanda 21	+	+	+	+
Domanda 22	+	+	+	+
Domanda 23	+	+	+	+
Domanda 24	+	+	+	+
Domanda 25	+	+	+	+
Domanda 26	+	+	+	+
Domanda 27	+	+	+	+
Domanda 28	+	+	+	+
Domanda 29	+	+	+	+
Domanda 30	+	+	+	+



Clinical use

ICF as a roadmap guiding the rehabilitation process

F.R.C.C. "E. Mattei" - Ass. La Famiglia Famiglia Più Verde

Setting

- IRCCS "Medea"-La Nostra Famiglia
- Region of Veneto, North-East Italy
 - Tertiary care Rehabilitation Hospital
 - 35 bed Unit for severe childhood disability
 - 30 bed Unit for Acquired Brain Injuries in adults
 - 2000 patients/year
 - Primary care Rehabilitation Center
 - 250 children/day
 - 2500 outpatients/year
- Multiprofessional team
 - Physicians and Nurses
 - Rehab technicians (Psychologists, PT, ST, OT, NPM)
 - Educators and pedagogists
 - Social workers

I.R.C.C.S. "E. Medea" - Ass. La Nostra Famiglia Pavia Veneto



2007-2015

ICF based rehabilitation project: conceptual issues

- promote a more systematic approach to the rehabilitation process
- Define the rehabilitation needs in an integrated functional view, considering
 - body functions,
 - structures,
 - activities & participation
 - Facilitators and Barriers
- Connect the needs defined as ICF codes to rehabilitation methodologies and appropriate indicators
- Provide an objective framework to verify and adapt goals in the long-term work

I.R.C.C.S. "E. Medea" - Ass. La Nostra Famiglia Pavia Veneto

I.R.C.C.S. "E. MEDEA" - La Nostra Famiglia di Conegliano

REHABILITATION PROJECT

Surname _____ First name _____
 Date of birth _____ Date _____
 Clinical diagnosis(ICD) _____

Clinical history		
Functional diagnosis		
IMPAIRMENTS IN BODY FUNCTIONS AND STRUCTURES	Focused areas in the present Project	
	Additional areas	
ACTIVITY LIMITATIONS AND PARTICIPATION RESTRICTIONS	Focused areas in the present Project	
	Additional areas	
FACILITATORS		
BARRIERS		
Rehabilitation project		
Goals and time		

I.R.C.C.S. "E. Medea" - Ass. La Nostra Famiglia Pavia Veneto

REHABILITATION PROGRAM

BODY FUNCTIONS	PROBLEMS/NEEDS	ICF + qualifiers	SPECIFIC OBJECTIVES	METHODS AND FACILITATORS	TIME	INDICATORS
MENTAL FUNCTIONS						
SENSORY FUNCTIONS AND PAIN						
VOICE AND SPEECH FUNCTIONS						
FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS						
FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS						
GENITOURINARY AND REPRODUCTIVE FUNCTIONS						
NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS						
FUNCTIONS OF THE SKIN AND RELATED STRUCTURES						

I.R.C.C.S. "E. Medea" - Ass. La Nostra Famiglia Pavia Veneto

REHABILITATION PROGRAM

ACTIVITIES AND PARTICIPATION	PROBLEMS/NEEDS	ICF + qualif	SPECIFIC OBJECTIVES	METHODS AND FACILITATORS	TIME	INDICATORS
LEARNING AND APPLYING KNOWLEDGE						
GENERAL TASKS AND DEMANDS						
COMMUNICATION						
MOBILITY						
SELF-CARE						
DOMESTIC LIFE						
INTERPERSONAL INTERACTIONS AND RELATIONSHIPS						
MAJOR LIFE AREAS						
COMMUNITY, SOCIAL AND CIVIC LIFE						

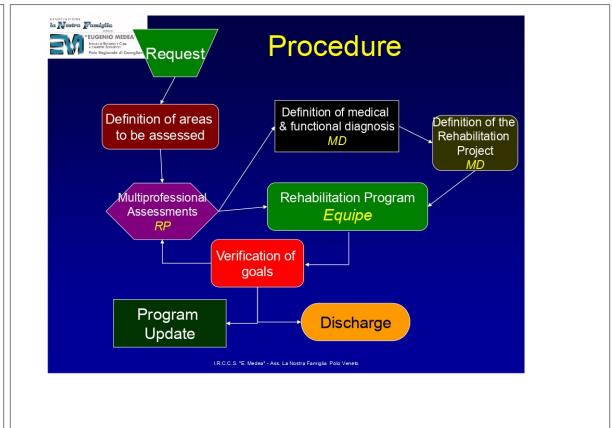
PROGRAM Duration

I.R.C.C.S. "E. Medea" - Ass. La Nostra Famiglia Pavia Veneto

PROGRAM VERIFICATION

	STARTING SITUATION		ACTUAL SITUATION		
	SPECIFIC OBJECTIVES	INDICATORS	INDICATORS	ACTUAL PROBLEMS/NEEDS	ICF + qual
BODY FUNCTIONS					
BODY STRUCTURES					
ACTIVITIES AND PARTICIPATION					
ENVIRONMENTAL FACTORS					

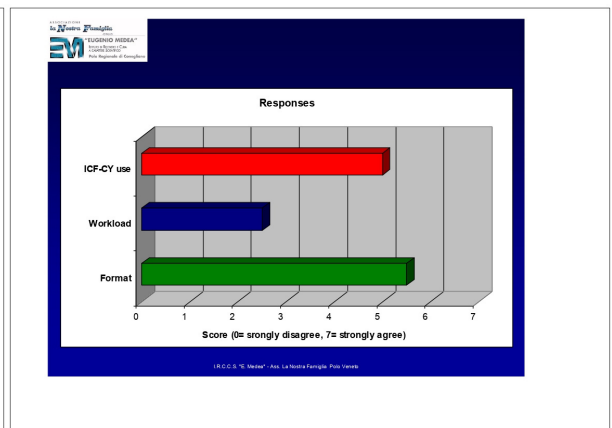
New program



Evaluation of compliance

Questionnaire to all participating equipe members exploring their perception in relation to:

- Efficacy and utility of the introduced format
- Workload in correlation with the time allotted (30 min/professional + 20-30 min equipe meeting)
- Utility and clarity of the use of ICF codes



feedback after 12 months of application

- good acceptance by the équipe members
- Seen as opportunity for work condision fostering multiprofessional interaction and equipe competence
- improvement of the objective and documented tracing of the whole rehabilitation program and its outcomes
- improvement in parents' concordance with the program goals
- **time consuming!**

STANDARDIZE

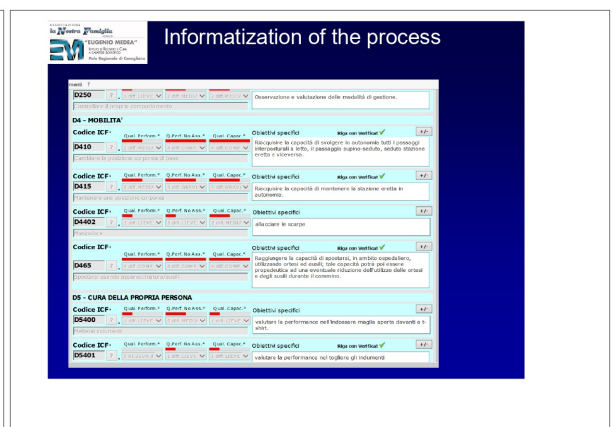
- Link with the array of evaluation protocols and assessment tools used by the professionals
- Diffuse the use of the framework to all inpattents

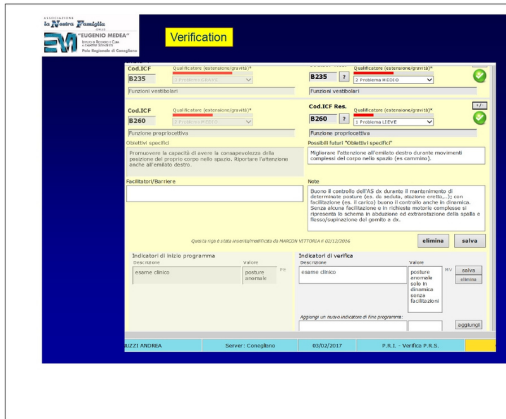
MOTIVATE

- Renew training for new etries in the equipe
- Substitute most of the formal reports with the information matrix provided by the program form

STREAMLINE

- Develop a html-based platform



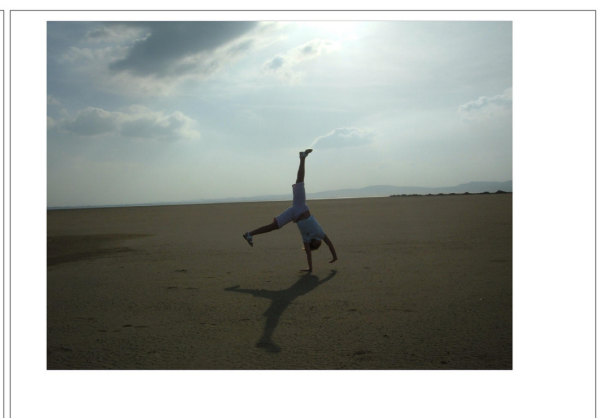
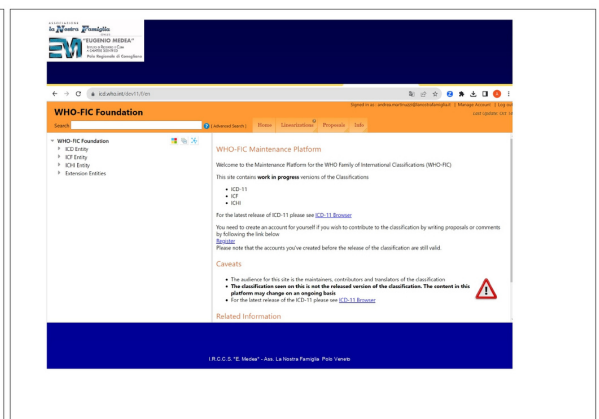


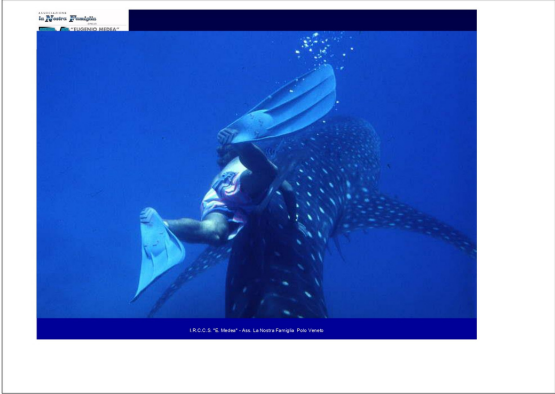
Exploitation of the EHR ICF dataset




- Extraction of all the NLP notes attached to ICF categories in over 2000 records
- Analysis by manual curation or AI of recurrent significant terms for each ICF category
- Selection of enriching index terms to add to the WHO-FIC foundation

General principles in the path towards ICF implementation in Italy

- Focus on a specific use case
- Start small with pilot and feasibility trials
- Plan high quality practical training
- Gain support from key stakeholders
 - And consider natural opposition to change/consolidated practices & privileges
- Disseminate the positive experiences
- Translate into law/rule only when the process is ripe







Using ICF in different sectors in Sweden
The Erasmus+ Project "I AM" focusing on Inclusive Education Assessment and Support in four European countries.

2023 10 24


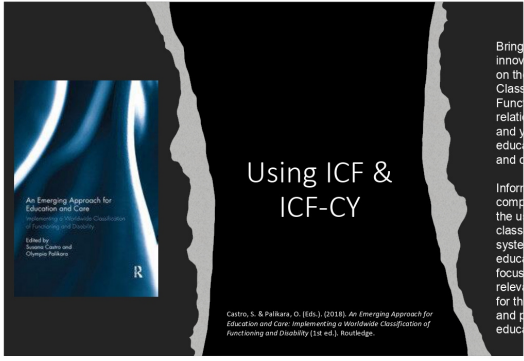



Co-funded by the Erasmus+ Programme of the European Union

Prof. Dr. Eva Björck, CHILD Jönköping University SWEDEN

Using ICF and ICF-CY in different sectors in Sweden

- **Unified framework for interdisciplinary work (medicine, nursing, allied health, psychology, education)**
- **Codes as the universal language for defining functioning & health characteristics (medicine, nursing, allied health)**
- **Impairment, functional limitations and disability defined by universal qualifier (medicine, nursing, allied health)**
- **Functional profile to clarify diagnoses (nursing, allied health, psychology, education)**
- **Indicators for planning intervention & outcome**
- Continuity in documenting transitions across services and time
- Data management and health informatics (policy)
- Recommendations to use ICF for all ages since 2019

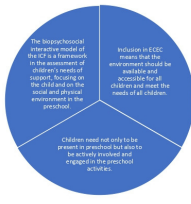



Bring innovation to the classroom. Functional relationships and systems education. Informing the classroom system. Focus on the individual child.

Using ICF & ICF-CY

Castro, S., & Palikara, O. (Eds.). (2018). *An Emerging Approach for Education and Care: Implementing a Worldwide Classification of Functioning and Disability* (1st ed.). Routledge.

The ICF-CY and collaborative problem solving in inclusive Early Childhood Education and Care – lessons learned



The interact provides a framework for functioning the child in preschool, individual and physical. The assessment intervenes in the preschool and the child's external environment. Collaborative demands and knowledge describing the sources multifaceted designing monitoring following up.

Björck-Åkesson, E. (2018). The ICF-CY and collaborative problem solving in Inclusive Early Childhood Education and Care. In S. Castro, S., & O. Palikara, (Eds.), *An Emerging Approach for Education and Care: Implementing a Worldwide Classification of Functioning and Disability* (1st ed.). Routledge. <https://doi.org/10.4324/9781315131509>

ICF applications in health care for children with cancer in Sweden - a code set for childhood cancer

The structure of the ICF-CY, in body structures and functions, activities and participation and environmental factors, allowed for coverage of important aspects of living a life with cancer.

Gathering longitudinal data from a child and a family's perspective over three years of life with cancer provided a new perspective on changes that occur over time.

ICF-CY can be used for collection of data on the nature, through trajectory adding knowledge to current evidence on the everyday lives of young children with cancer. The ICF-CY provides support information about health and the everyday lives of children with cancer. This functioning-I information can provide the development depth assessment better inform the care for children with illnesses.

Darcy, L., Björck, M., Granlund, M., & Enskär, K. (2018). ICF Applications in Health Care for Children with Cancer. In S. Castro, S., & O. Palikara, (Eds.), *An Emerging Approach for Education and Care: Implementing a Worldwide Classification of Functioning and Disability* (1st ed.). Routledge. <https://doi.org/10.4324/9781315131509>

The ICF in Habilitation Services for Children

- The ICF-CY model supports collaborative problem-solving processes with children.
- Children become motivated when intervention planning starts from their interests and preferences about participation.
- Using the ICF-CY to identify and compare content in measures supports decision on what to use for a specific intervention purpose.
- Code sets including a reduced number of ICF-CY categories are useful in dialogues with families about a child's needs.
- An implementation of the ICF-CY is time-consuming and requires carefully planned preparation of adapted routines.
- Training of professionals in the use of the ICF-CY should be put into context.

Adolfsson, M. (2018). The ICF-CY in habilitation services for children. In S. Castro, S., & O. Palikara, (Eds.), *An Emerging Approach for Education and Care: Implementing a Worldwide Classification of Functioning and Disability* (1st ed.). Routledge. <https://doi.org/10.4324/9781315131509>

Using ICF to Describe Problems With Functioning in Everyday Life for Children Who Completed Treatment for Brain Tumor Analysis Based on Professionals' Documentation

- A retrospective review of records from healthcare, habilitation and school concerning nine children completed treatment for brain tumor was implemented.
- Identified problems in everyday life were linked to ICF codes.
- The frequently occurring independent of record sources were linked to the body function component.
- ICF-linked problems in home and school were salient in activity and participation component.

Björck A-C, Granlund M, Judge Santacroce J, Enskär K, Carlsson S, & Björck M. (2021). Using ICF to Describe Problems With Functioning in Everyday Life for Children Who Completed Treatment for Brain Tumor: An Analysis Based on Professionals' Documentation. *Frontiers in Rehabilitation Sciences*, 23 September 2021. doi: 10.3389/fresc.2021.709285

Professionals involved in services for children who completed brain tumor treatment focus their documentation regarding problems of the child on body function aspects.

Central problems related to participation: informal social relationships (p750) or family relationships (p760), basic interactions (p710), and school education.

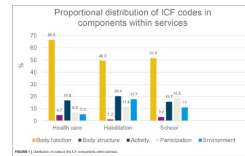


FIGURE 3 | Network visualization diagram between the ICF codes with labels, or occurrence threshold = least 21, No. of clusters = 9. *ICF codes included in the old

Understanding Child Engagement in Preschool

- This study aimed to conceptualize child engagement in preschool with ICF-CY as a framework to clarify core and developmental engagement dimensions included in Child Engagement Questionnaire (CEQ).
- The content of CEQ was identified through linking processes based on ICF linking rules.
- Findings showed that engagement was mostly related to Learning and Applying knowledge in Activities and Participation.
- Activities related to core engagement include basic skills; those related to developmental engagement set higher demands on the cognitive development of the child.
- A broader perspectives of children's everyday functioning require extended assessment with consideration to mutual influences between activities, participation, body functions, and contextual factors.



Adolfsson, Sjöman, M., & Björck-Akesson. Framework for Understanding Child Engagement. *Frontiers in Education*, 3. <https://doi.org/10.3389/feduc.2018.00010>

Distribution of CEQ items (n = 29) across ICF-CY chapters and how the two dimensions of engagement were identified in the ICF-CY.

CEQ items (%)	ICF-CY chapter	Engagement dimension (no.)	
		Core	Developmental
38	Basic learning (d1)	2	9
21	Applying knowledge (d1)	4	2
7	General tasks and demands (d2)	1	1
7	Communication (d3)		2
14	Interpersonal interactions and relationships (d7)	3	1
14	Major life areas (engagement in play) (d8)	2	2

Using the ICF-CY as a framework with a common language may lead to open discussions persons around the child, clarify the different perspectives and knowledges of the persons facilitate decisions on how to implement support to a child in everyday life situations in preschool and at home.

ICF Core Sets

ICF Core Sets for ADHD and ASD were developed at the Center of Neurodevelopmental Disorders at Karolinska Institutet (KIND) in collaboration with WHO and the ICF Research Branch Institute in Switzerland, as well as international experts and stakeholders.

The ICF CoreSets tool is a rating system derived from the ICF Core Sets for ADHD and ASD.

Bölte S, Mahdi S, Coghill D, et al. Standardized assessment of functioning in ADHD: consensus on the ICF Core Sets for ADHD. *Eur Child Adolesc Psychiatry* 27, 1243–1248 (2018). <https://doi.org/10.1007/s00787-018-1143-z>

Mahdi S, Viljoen M, Yeo T, Seb M, Singhal N, Almodovar D, ... Bölte S (2018). An international qualitative study of functioning in autism spectrum disorder using the World Health Organization International Classification of Functioning, Disability and Health framework. *Autism Research*, 11(3), 463–475.



ICF CoreSet-platform for ASD and ADI - Functional assessment and analytics

The tool can be used by:

- Individuals diagnosed with ASD and/or ADHD
- Individuals undergoing assessment for ASD or ADHD
- Their next of kin
- Professionals in healthcare, education, social services, employment and settings
- Researchers

<https://icfcoresets.se/en/d-icf-instruktionsfilm-eng/>

I AM should help teachers to:

1. identify environmental factors that support or hinder participation at school order to reduce barriers and enable participation;
2. provide international best practice to facilitate participation in school for students;
3. overcome an exclusively individual-centered and deficit-oriented perspective when implementing inclusive policies;
4. support the design of educational plans/responses by identifying environmental supports to meet the needs and goals of all students;
5. promote collaborative work through a common language and shared understanding of educational situations using the WHO International Classification of Functioning, Disability and Health (ICF) framework.

The I AM project 2021-2023

1. Systematic literature review – grid of best practices
2. Design of the study of assessment with ICF
3. Development of the app for "I Am map" and tools for the evaluation
4. Ethical approval in the countries
5. Training of teachers using ICF and the mapping
6. Piloting the I AM map in Austria, Germany, Belgium and Portugal the spring of 2023
7. Collecting data on usefulness based on five A:S
8. Evaluation of the project
9. Dissemination

WP1		2021											
Output	Tasks	02-03	04	05	06	07	08	09	10	11	12	01	02
Grid of Good Practices	Selection of literature reviews, policy and procedural documents												
	Analysis for what, how, where and who												
	Grid Production												
	Overview on current legislations												
Matrix of d-e relations	Selection of a subsample of empirical studies/documents												
	Content analysis for mapping d-e relations												
	Matrix production												

Country	Why and for what	What	How	Where
Austria (A)	The quality has varied of the pupils and determine	... measures are understood as being	... Schools have an claim SEL, an	... There is no track system in
Sweden (S)	Why and for what	Inclusive education assessment and inclusive support measures	How	Where
Germany (G)	Why and for what	Inclusive education assessment and inclusive support measures	How	Where
Belgium (B)	Why and for what	Inclusive education assessment and inclusive support measures	How	Where

Interventions in the classroom based on assessment in the classroom

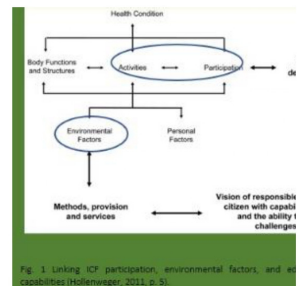


Fig. 1 Linking ICF participation, environmental factors, and capabilities (Hollenweger, 2011, p. 5).

I AM the Tool

Homepage

- Link: <https://iam.univie.ac.at/>
- Local (!) registration
- Login

Possible to see without registration:

- The I AM Project
- The background
- The mindset
- FAQ
- Additional information
- Imprint/Contact/Data Security

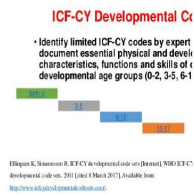


ICF-CY Developmental code sets

Code sets focus on functioning and are sets of essential categories to be used for specific purposes across diagnosed health conditions (Simeonsson, 2009).

Code sets may focus on service settings such as early childhood intervention or education.

For children, developmental code sets and code sets for communication have been defined.



ICF in Augmentative and Alternative Communication

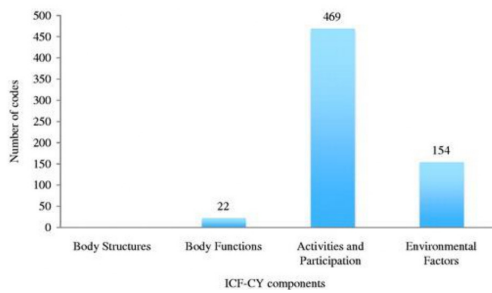


Raghavendra, P., Bomman, J., Granlund, M., & Björck-Åkesson, E. (2007). The World Health Organization's international classification of functioning, disability, and health: Implications for clinical and research practices in the field of augmentative and alternative communication. *Augmentative and Alternative Communication*, 23, 349-361.

Rune J. Simeonsson, Eva Björck-Åkesson & Donald J. Lollar (2012) Communication, Disability, and the ICF-CY. *Augmentative and Alternative Communication*, 28(1), 3-10. DOI: [10.3109/07434648.2011.653820](https://doi.org/10.3109/07434648.2011.653820)

Kling, N., Rowland, C., Fried-Oke, M., Steiner, S., Granlund, M., & Adolfosson, M. (2016) The content of goals in individual educational programs for students with complex communication needs. *Augmentative and Alternative Communication*, 32(1), 41-48. DOI: [10.3109/07434648.2015.1134654](https://doi.org/10.3109/07434648.2015.1134654)

Figure 1. The number of ICF-CY codes assigned to IEP goals and objectives at comp



Kling, N., Rowland, C., Fried-Oke, M., Steiner, S., Granlund, M., & Adolfosson, M. (2016) The content of goals in individual educational programs for students with complex communication needs. *Augmentative and Alternative Communication*, 32(1), 41-48. DOI: [10.3109/07434648.2015.1134654](https://doi.org/10.3109/07434648.2015.1134654)

Using ICF in Sweden - adults

Examples

Swedish Social Insurance System – use ICF to assess needs of medical support

Almborg, A-H. & Welmer, A-K. (2012) Use of the International Classification of Functioning, Disability and Health (ICF) in social services for elderly in Sweden. *Disability and Rehabilitation*, 34(11), 959-964. DOI: [10.3109/09638288.2011.628739](https://doi.org/10.3109/09638288.2011.628739)

Söderström, S., Pettersson R., Edlund Söderström, k., Ganse, G., Holmkvist, E., Westin, O., & Haglund, L. (2014) Development of a Swedish Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for adult patients with attention-deficit hyperactivity disorder (ADHD). *Nordic Journal of Psychiatry*, 68(3), 161-168. DOI: [10.3109/08039488.2013.789072](https://doi.org/10.3109/08039488.2013.789072)

The Erasmus+ Project “I AM” focusing on Inclusive Education Assessment and Support in four European countries

Inclusive Assessment Map
621435-EPP-1-2020-1-AT- EPPKA3-IP1-SOC-IN

Lilly Augustine & Eva Björck



Co-funded by the Erasmus+ Programme of the European Union



Inclusive Assessment Map - the I AM project

Initiated by the Board of Education for Vienna, Austria

A tool for teachers to enable all primary and lower secondary students to participate in school.

I AM is intended to be a user-friendly tool that presents practicable support to all professionals to implement necessary adaptations to the student's educational environment.

Austria, Portugal, Belgium, Germany, Sweden and Norway

What to do after the registration?

First steps:

- ✓ Create class(es)
- ✓ Create students and assign them to the classes they attend



Create survey

Naming the survey - What does that mean?

Examples:

- Survey 3D, Survey 4A
(name after the classes you want to analyse)
- Date of implementation
- The subject you want to analyse
- Any name you like



Survey – Selection of students

Survey – Selection of Participation Domain

- Every survey is built to your individual needs: Choose the domains your needs of analysis more domains you choose the longer the survey but: your analyses get more detailed.
- You can add domains anytime.

Filling out a survey

- Statements about participation every student, where it applies
- Not relevant: When it's not relevant for any of your students, operate
- End of the survey: Save survey
- Forwarding into a menu of surveys, where you can delete them.

Output 1

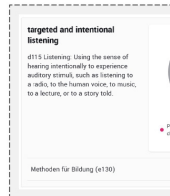
- Choose which of your surveys you want to evaluate.



Output 2

You can choose: Group output Single output

- all students you chose to fill out
- You see possibilities based on the ICF environmental factors, how participation can be made possible.
- Choose: Printable versions for colleagues, legal guardians and/or students.



Support possibilities

A possibility to support students in watching Planned

Present information in adaptable formats (e.g. amplify font size)

Further information can be found here:

- https://www.djoe.mer.pl/doku.php?id=wiki:manual:manual:an_english_off

I have already done that
 I would like to implement that
 That is not relevant here

Print version for teachers
 Print version for parents
 Print version for students

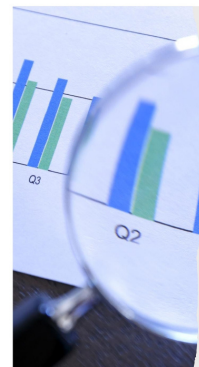
Inclusive Assessment Map

621435-EPP-1-2020-1-AT- EPPKA3-IPI-SO

Perception and participation in I AM-
does it work?

WP6-1 Evaluation report

Lilly Augustine & Eva Björck



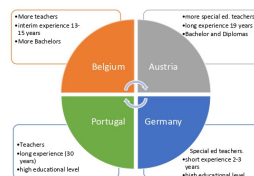
Availability, Accessibility, Accommodation, Acceptability, Affordability

The evaluation of the effectiveness of I AM is based on Environmental dimensions of participation Maxwell (2011) and Simeonsson (2001).

- How often teachers use I AM will depend on the degree which refers to necessary skills and knowledge to use I AM in the classroom.
- **Accessibility** - how easy it is to use I AM in relation to the classroom.
- **Accommodation** - adapting I AM according to own needs.
- **Acceptability** of I AM by teachers and the innovativeness brings to the classroom
- **Affordability** and the relevant question if it is worth the time and cost.

A questionnaire was distributed to teachers in the pilot group before and after the use of I AM

Comparison between the samples I AM



Co-funded by the Erasmus+ Program of the European Union

Thank you!

Sözlü Sunumlar

Oral Presentations

23 Ekim 2023/ October 23rd 2023

Chair: Assoc. Prof. Dr. Münevver SÖNMEZ (Atılım University)

Classifying children's participation and its family of related concepts through the Participation and Environment Measure (PEM) approach

Mary A Khetani (University of Illinois Chicago)

Ivana Lucero (University of Illinois Chicago)

ICF Based Analysis of Turkish Individual Education Programs of Young Children with Disabilities

Fikriye E Karacul (Burdur Mehmet Akif Ersoy University)

Mehmet Yanardağ (Anadolu University)

Participation of Young Children with Cerebral Palsy from Turkey

Buse Önen Ocak (Ankara Üniversitesi)

Zeliha Yangınlar Brohi (Ankara Üniversitesi)

Emine Bahar Bingoler Pekcici (Ankara Üniversitesi)

Use of ICF in Primary Headaches

Kübra Ataş (Munzur University)

24 Ekim 2023/ October 24th 2023

Chair: Asist. Prof. Dr. Filiz ASLAN (Hacettepe University)

Using ICF in educational settings

Katerina Todorova (PHST University)

Melek ER (Atılım University)

Manfred Pretis (Medical School of Hamburg)

The ICF System and Speech - Language Disorders

Esmâ Nur Yelek (Hacettepe University)

Tuğçe Karahan Tığrak (Hacettepe University)

Kübra Atalay Kabasakal (Hacettepe University)

Maviş Emel Kulak Kayıkcı (Hacettepe University)

Dil ve Konuşma Bozukluğu Olan Türkçe Konuşan Okul Öncesi Çocuklarda İletişimsel Katılımın Değerlendirilmesi

Nazmiye Atila Çağlar (Ankara Yıldırım Beyazıt Üniversitesi)

Dezavantajlı Gruplara Yönelik Ayrımcılık: Engellilerin Çalışma Hayatında Karşılaştıkları Ayrımcılık ve Çözüm Önerileri

Kübra OZTURK SEVER (Çalışma ve Sosyal Güvenlik Bakanlığı, ÇASGEM)

Early mobility in early childhood care and education: State of the art and challenges in the light of the ICF

Marina Perelló (Universitat de les Illes Balears)

Berta Paz-Lourido (Universitat de les Illes Balears)


Bildiri Özetleri

Abstracts

Katılım ve Çevre Değerlendirmesi (PEM) Yaklaşımıyla Çocukların Katılımını ve Bununla İlgili Kavram Ailesini Sınıflandırma

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Giriş

Çocukların önemli etkinliklere katılımı, onların sağlık ve refahının uluslararası düzeyde kabul edilen bir göstergedir. Gelişimsel gereksinimleri olan çocuklar, erken çocukluk döneminden itibaren katılımında zorluklar yaşarlar. Pediatrik re/habiliteasyon hizmetlerinin içinde yer alan çocuklara bakım verenler, çocuklarının mevcut ve beklenen katılımına ilişkin deneyimleri, katılımın önündeki engellere ve kolaylaştırıcılara ilişkin algıları ve sorunu çözmek için kullanılan stratejilerin tanımları da dahil olmak üzere, çocuklarının durumu hakkındaki deneyimlerini paylaşabilmektedirler. Katılım ve Çevre Değerlendirmesi (PEM) yaklaşımı, kavramsal olarak temellendirilmiş, psikometrik olarak sağlam, pragmatik (yani uygulanabilir, kabul edilebilir ve değerli) ve çocukların katılımını değerlendirmek için pediatriyi güçlendirebilecek umut verici, elektronik hasta raporu oluşturmaktadır (e-PRO). Re/habiliteasyon araştırması ve uygulaması temellidir. Daha ileri araştırma ve uygulama çalışmaları için bakım veren stratejilerine ilişkin PEM verilerinin değerinin daha fazla incelenmesine ihtiyaç vardır.

Yöntem

PEM değerlendirme kullanılarak her biri ikincil analizlerini içeren, bakım veren stratejilerine ilişkin anlatı verilerinin toplandığı dört çalışma gerçekleştirildi: 1) Dünya Sağlık Örgütü'nün İşleyiş, Yetiştirme ve Sağlığın Uluslararası Sınıflandırması - Çocuk ve Gençlik Versiyonu (ICF-CY) ile eşlendiği şekliyle pediatrik yoğun bakım ünitesinden taburcu olduktan sonra çocuklarının evde katılımını teşvik etmek için 959 bakıcı stratejisine ilişkin verilerin sınıflandırılmıştır (n=168); 2) Katılımla İlgili Kavramlar Ailesi (fPRC) ile eşlenen, erken müdahale hizmetlerine kayıtlı (n=106) küçük çocuklara ait 708 bakıcı stratejisine ilişkin verileri sınıflandırmak için iki müdahale uygulanmıştır; ve 3) fPRC çerçevesiyle eşlendiği şekilde evde, kreş/okul öncesi ve topluluk etkinliklerine katılan 100'den fazla küçük çocuğun bakıcısından 4.000'den fazla strateji sağlayan üç veri kaynağının sınıflandırılmıştır.

Bulgular

Sonuçlar, bakım verenlerin çocuklarının önemli etkinliklere katılımını teşvik etmek için kullandıkları strateji türlerinde üç temayı ortaya koymaktadır. İlk olarak, ICF-CY ve fPRC çağdaş pediatrik rehabilitasyon/habiliteasyon çerçevelerinin tüm ilgili alanlarını kapsayan bakım veren stratejilerinin kanıtlaştığı gibi, PEM değerlendirmesinin kullanımından elde edilen bakım veren stratejilerinin kapsamı çeşitlilik göstermektedir. İkinci olarak, bakıcılar çoğunlukla çocuklarının tüm ortamlara katılımını desteklemek için çevresini/bağlamını değiştirmeye yönelik stratejiler tanımladıkları gözlenmiştir. Üçüncüsü, küçük bir çocuğun ev ortamındaki aktivitelere katılımını desteklemek için kullanılan bakıcı stratejilerine yönelik aktiviteye özgü kalıpların varlığına dair kompleks kanıtlar elde edilmiştir.

Sonuç


Sonuçlar, değerlendirmeye yönelik PEM yaklaşımının, çocukların çeşitli özellikleri (yaş, tanı) ve ilgi alanları (ev, kreş/okul öncesi ve toplum) genelinde, çocukların önemli etkinliklere katılımını teşvik etmeye yönelik bakım veren stratejileri hakkında tutarlı ve geniş kapsamlı veri sağladığını göstermektedir. Sonuçlar, bakıcı stratejileri verisinin manuel olarak sınıflandırılmasına dayanmaktadır. Akıllı ve bağlantılı bir PEM kullanıcı deneyimini güçlendiren derinlemesine PEM uygulama yükseltmelerine rehberlik etmek için sınıflandırmaya yönelik otomatik yaklaşımların incelenmesini teşvik etmiştir.

Anahtar Sözcükler: Çocuk katılımı, çevresel değerlendirme, PEM

Classifying children's participation and its family of related concepts through the Participation and Environment Measure (PEM) approach

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Abstract

Introduction

Children's participation in valued activities is an internationally recognized indicator of their health and well-being. Children with developmental needs experience participation challenges, beginning in early childhood. Caregivers of children enrolled in pediatric re/habilitation services are capable of sharing their expertise about their child's status, inclusive of their expertise about their child's current and desired participation, their perceptions of barriers and supports to participation, and their description of strategies used to solve their participation challenges. The Participation and Environment Measure (PEM) assessment approach is a conceptually grounded, psychometrically sound, pragmatic (i.e., feasible, acceptable, and valued), and promising electronic patient-reported outcome (e-PRO) to assess for children's participation that may strengthen pediatric re/habilitation research and practice. There is need to further examine the value of PEM data on caregiver strategies for downstream research and practice applications.

Methods

Four studies were conducted, each involving secondary analyses of narrative data on caregiver strategies as collected using a PEM assessment: 1) classifying data on 959 caregiver strategies for promoting their child's home participation following discharge from a pediatric intensive care unit (n=168), as mapped to the World Health Organization's International Classification of Functioning, Disability, and Health - Child and Youth Version (ICF-CY); 2) two attempts at classifying data on 708 caregiver strategies of young children enrolled in early intervention services (n=106), as mapped to the Family of Participation-Related Concepts (fPRC); and 3) classifying three sources of data yielding more than 4,000 strategies from more than 100 caregivers of young children participating in home, daycare/preschool, and community activities, as mapped to the fPRC framework.

Results

Results suggest three themes in the types of strategies used by caregivers to promote their child's participation in valued activities. First, caregiver strategies derived from the use of a PEM assessment are diverse in scope, as evidenced by caregiver strategies covering all relevant domains of the ICF-CY and fPRC contemporary pediatric re/habilitation frameworks. Secondly, caregivers most often described strategies for modifying their child's environment/context to support their participation across all settings. Third, there is mixed evidence on the presence of activity-specific patterns for caregiver strategies used to support a young child's participation in activities for the home setting.

Conclusion

Results indicate that the PEM approach to assessment consistently yields a full range of relevant data on caregiver strategies to promote children's participation in valued activities, across diverse child characteristics (age, diagnosis) and setting of interest (home, daycare/preschool, and community). Results are based on manual classification of caregiver strategies data and have prompted for examining automated approaches to classification for guiding downstream PEM application upgrades that reinforce a smart and connected PEM user experience.

Keywords: children's participation, environmental measure, PEM

Özel Eğitim Gereksinimi Olan Çocukların Bireysel Eğitim Programlarının ICF Temelli Analizi

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Özet

Türkiye'de rehabilitasyon programlarından yararlanan çocuklar için kaliteli yardım almanın zor olduğu bilinmekte ve bu hizmetlerle ilgili plan ve programlarda çocukların engellerine yoğun vurgu yapıldığı gözlemlenmektedir. Dünya Sağlık Örgütü'nün (DSÖ) belirlediği gibi, Türkiye'de rehabilitasyon hizmetlerine yönelik küresel normlara uygun, kapsamlı bir model geliştirilmesine ihtiyaç duyulmaktadır. Bu araştırmanın amacı, engelli sağlık kurulu raporu olan ve rehabilitasyon ve özel eğitim hizmetlerinden yararlanan çocukların bireyselleştirilmiş eğitim programlarının (BEP) niteliğini değerlendirerek geliştirilmesini desteklemek amacıyla İşlevsellik, Yetiyitimi ve Sağlığın Uluslararası Sınıflandırması'nı (ICF) kullanarak değerlendirmektir. Türkiye'de kaynaştırma özel eğitim hizmetlerine devam eden 4-6 yaş grubundaki 300 çocuğun bireysel eğitim programları ICF temel alınarak analiz edilmiştir. Bireyselleştirilmiş Eğitim Programları, çıkarımsal içerik analizi yöntemiyle gerçekleştirilmiştir. Öncelikle, ICF konusunda deneyimli iki araştırmacı (çalışmanın yazarları) programların içeriğini bireysel olarak değerlendirerek kodlamıştır. Bireysel değerlendirmenin ardından, bu kodların %15'i iki araştırmacı tarafından tekrar kodlanmış ve kodlama farklılıkları hakkında konuşularak değerlendiriciler arası güvenilirlik sağlanmıştır. Kalan belgeler daha sonra aynı araştırmacılar tarafından kodlanarak süreç tamamlanmıştır. Araştırma sonuçları, BEP'lerin ağırlıklı olarak müdahaleye (hedeflere) odaklandığını (%82,5), değerlendirmeye ilişkin verilerin yetersiz olduğunu (%17,5) ve değerlendirme-müdahale ilişkisi uyumunda sorunlar olduğunu göstermektedir. BEP'lerin müdahale bölümündeki hedeflerin %51'inin ICF'nin aktivite ve katılım bölümü ile %45'inin ise vücut fonksiyonları ile ilişkili olduğu belirlenmiştir. ICF'nin çevresel faktörlerle ilgili birimlerinin analiz edilen BEP'lerde neredeyse hiç bulunmadığı tespit edilmiştir. ICF, BEP'lerin hazırlanması ve özel eğitim ve rehabilitasyon hizmetlerinin sunulmu sırasında yaşanan sorunlara çözüm getirme potansiyeline sahiptir ve Türkiye'de bu alanda bir paradigma değişikliği sağlayabilir. Sonuçlar ayrıca, BEP'lerin çocuğu bir bütün olarak ele alamadığını ve bu konuda profesyonel eğitime ihtiyaç olduğunu göstermektedir.

Anahtar Sözcükler: ICF, BEP, biyopsikososyal, çocuklar.

ICF Based Analysis of Turkish Individual Education Programs of Young Children with Disabilities

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Abstract

For children in Turkey who benefit from habilitation programs, it has been challenging to receive good quality assistance. It is also known that the plans and programs relating to the services provided have placed a greater emphasis on the disabilities of the children. Programs for habilitation services that cover a comprehensive model of globally accepted norms, as outlined by the WHO, are required in Turkey. The aim of this research is to evaluate the quality of the individualized education programs (IEP) of children who have a disability health board report and benefit from habilitation and special education services by using International Classification of Functioning, Disability and Health in order to support the development of IEPs. The individual education programs of 300 children in the 4-6 age group who attend inclusive special education services in Turkey is analyzed based on ICF. Analyses of the Individualised Education Programmes were carried out through a inferential content analysis method. Two researchers with considerable knowledge on the ICF, made their own classifications of the Individualised Education programmes' content. After individual coding, 15% of these codes were double-coded by the two researchers and inter-rater reliability was ensured by talking about coding disparities. The remaining documents were then coded by the study's authors. Research results indicate that the IEPs mainly focus on the intervention (targets) (82.5%), the data on the assessment is insufficient (17.5%), and there are problems in the assessment-intervention relationship compatibility. It was determined that 51% of the targets in the intervention section of the IEPs were associated with the activity and participation section of ICF, and 45% were associated with the body functions. Environmental factors-related units of ICF were found to be almost absent in the analyzed BEPs. ICF has the potential to provide solutions to the problems experienced during the preparation of IEP and the delivery of special education and habilitation services to children with special needs, and it can provide a paradigm shift for these services in Turkey. The results also indicate a need for professional training on IEP development considering the child as a whole.




Keywords: ICF, IEP, biopsychosocial, children

Serebral Palsi Tanısı Olan Çocukların Erken Çocukluk Döneminde Yaşama Katılımının Değerlendirilmesi

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Özet

Giriş

Serebral palsi(SP) gelişmekte olan beyindeki yapısal değişikliklere bağlı, ilerleyici olmayan, yaşla değişebilen ve yaşama katılımı olumsuz yönde etkileyebilen kalıcı hareket sorunları olarak tanımlanır. Çocuklarda yaşama katılım durumu ve çevresel etmenleri değerlendirmek için geliştirilen Çocuklar ve Gençler için Katılım ve Çevre Ölçümü(*The Participation and Environment Measure for Children and Youth(PEM-CY)*) ölçeği, 5-17 yaş arası çocukların toplum, okul ve ev ortamında önemli günlük aktivitelere katılımını değerlendirmektedir.

Amaç

SP tanısı olan 5-7 yaş arasında çocuklarda yaşama katılım durumu ve etkileyen etmenlerin belirlenmesi amaçlanmıştır.

Gereç ve Yöntem

Kesitsel-gözlemsel desendeki çalışmaya, Ankara Üniversitesi Tıp Fakültesi, Çocuk Sağlığı ve Hastalıkları Anabilim Dalı, Çocuk Nörolojisi ve Gelişimsel Pediatri Bilim Dalı polikliniklerine 01.04.2022-31.08.2022 tarihleri arasında gelişimsel ya da nörolojik izlem amacıyla başvuran SP tanılı 5-7 yaş arasındaki çocuklardan, ailesi çalışmaya katılma onamı veren çocuk ve aileleri dahil edilmiştir. Sosyodemografik veri formu araştırmacı tarafından doldurulmuş ve çocukların fizik muayenesi yapılmıştır. Kaba Motor Fonksiyon Sınıflandırma Sistemi(KMFSS) skorlanıp, PEM-CY ölçeğinin ev ve toplum alanı ailelerle yüz yüze görüşme yöntemiyle uygulanmıştır. Bulgular: Örnekleme 30(%75)'u erkek, 16(%40)'sı preterm olan 40 çocuk oluşturmaktadır. Olguların tümünde en az bir adet ek sağlık sorunu olduğu saptanmış, 34(%85)'ünde ortopedik sorunlar olduğu görülmüştür. Olguların 20(%50)'sinin KMFSS seviyesinin seviye 4-5 olduğu bulunmuştur. Çevresel bağlamda 10(%25) ailenin asgari ücret altında gelire sahip olduğu; olguların 15(%37.5)'nin annesinin ve 16(%40)'sının babasının ilköğretim-ortaokul seviyesinde eğitim aldığı saptanmıştır. Çocukların KMFSS seviyelerinin 4-5 olması ile ev ortamında katılımına ilişkin 3 alan olan bilgisayar ve video oyunları ile sosyalleşme ($p=0.010$), TV videolar ve DVD'ler izleme ($p=0.010$) ve teknoloji kullanarak sosyalleşme ($p=0.010$) alanları ile arasında istatistiksel anlamlı ilişki bulunmuştur. Anne eğitim düzeyi, baba eğitim düzeyi, gelir ve cinsiyet ile ev ve toplum yaşantısına katılım arasında istatistiksel anlamlı ilişki bulunmamıştır.

Sonuç




Hareket alanında belirgin zorlukları olan SP tanılı çocukların ev ortamında yaşama katılımlarını teknoloji ve ekran kullanımı ile sağladıkları saptanmış, bu durumun fiziksel kuvvet gerektirmeyen alanlarda katılım isteğinin fazla olmasıyla ilişki olabileceği düşünülmüştür. Öneriler: Ev ve toplum yaşantısında katılımı arttırmak için gereken planlamaların yapılması SP tanılı çocuklarda birincil hedeflerimizden olmalıdır.

Participation of Young Children with Cerebral Palsy from Turkey

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Abstract

Introduction

Cerebral palsy (CP) is a clinical description of children who share features of a non-progressive brain injury or lesion acquired during the antenatal, perinatal or early postnatal period with lifelong developmental difficulties that can limit the participation in life.

Purpose

To determine the participation of life and affecting factors in children with CP aged 5-7.

Materials and Methods

In a cross-sectional-observational design children with CP were recruited who were admitted to Ankara University School of Medicine Department of Pediatrics, Pediatric Neurology and Developmental Pediatrics Divisions between 01.04.2022-31.08.2022. To measure participation, Participation and Environment Measure for Children and Youth (PEM-CY) Scale's home and community domains were applied to families through face-to-face interviews by the same researcher.

Results

The sample consisted of 40 children, 30 (75%) were boys. All cases had at least one additional health problem, orthopedic problems were the most relevant (85%). There were 20 children (50%) with level 4-5 according to the Gross Motor Function Classification System. Ten families (25%) have income below minimum wage and the mothers of 15 (37.5%) had primary school education. There was statistically significant difference between the participation in the home environment of children with level 4-5 and level 1-2-3 according to the GMFCS; socializing with computer and video games ($p=0.010$), watching TV videos and DVDs ($p=0.010$) and socializing using technology ($p=0.010$). There was no statistically significant difference between the mother's and father's education levels, income and gender and participation in home/social life of children.

Conclusion


Children with CP and high levels of mobility problems participated in the home environment in a way through the use of technology and screens. This might be related to their greater desire to participate in areas that do not require physical strength. Participation in community life should be supported in early childhood in Turkey and potentially other low and middle income countries. Recommendations: Making the necessary plans to increase participation at home and community life should be one of our primary goals for children diagnosed with CP.

Keywords: Cerebral palsy, GMFCS, ICF, PEM-CY

Primer Baş Ağrılarında ICF'in Kullanımı

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Özet

Giriş

Primer baş ağrıları (PBA) %47 küresel prevalans ile kişilerin yaşam kalitesi ve sosyo-ekonomisini etkileyen bir hastalıktır. Baş ağrısı gibi birçok etyolojik faktörün eşlik ettiği durumlardan kaynaklanan yeti yitimi çok boyutludur ve tüm boyutlarını ölçmek kolay değildir. Bu durumda işlevsellik, Yeti Yitimi ve Sağlığın Uluslararası Sınıflandırması (ICF) çeşitli boyutları gözden kaçırmamak için oldukça yararlı bir çatıdır.

Amaç

Bu bildirinin amacı PBA'da ICF'in kullanımını incelemektir.

Sonuç ve öneriler

ICF kapsamında tanımlanmış olan Kronik Yaygın Ağrı çekirdek seti PBA için kullanılabilir set olarak gözükmektedir. Fibromiyalji hastaları ile yapılan çalışmada bu setin iç yapı geçerliliği iyi, güvenilirliği yeterli bulunmuştur. Fakat PBA'da geçerlik çalışması yapılmamıştır. PBA'yı değerlendirmede kullanılan ölçekler ICF çatısında ele alındığında vücut yapı/fonksiyonlarından b152-duygusal işlevler, b130-enerji düzeyi ve b280-ağrı, aktivite/katılımdan d850-ücretli istihdam, d920-boş zaman aktiviteleri, d640-ev işi yapmak, d230-günlük rutinleri gerçekleştirmek, d630-yemek hazırlamak ve d650-ev eşyalarının bakımının en çok değerlendirildiği görülmüştür. Çevresel faktörlerin ele alınmadığı, baş ağrısı bozukluklarının işle ilgili faaliyetler üzerindeki etkisinin yeterince değerlendirilmediği görülmüştür. PBA'da tanı odaklı bakmadan, kişiyi merkeze alarak, hastalığın biyolojik yönünün yanı sıra psiko-sosyal yönlerini de incelemek gerekmektedir. Aşağıdaki tabloda gerilim tipi baş ağrısında ICF'in kullanımı için bir örnek verilmiştir.


Anahtar Sözcükler: Primer baş ağrısı, ICF, yeti yitimi, Gerilim tipi baş ağrısı

Vücut yapı ve fonksiyonları	Artmış periferik nosiseptif sensitizasyon, Periferik/Santral sensitizasyon, Perikranial gerginlik, Kas kontraksiyon artışı ve zayıf kaslar, Azalmış basınç ağrı eşiği, Miyofasyal tetik noktalar, Baş önde postürü, Ağrı iletim yollarında uyarılabilirlik artışı, Antinosiseptif inisi sistemdeki bozukluklar
Aktivite	Aile, sosyal ve işle ilgili aktivitelerde yetersizlik, Günlük rutinler ve ev işlerinde sınırlanma, Artmış özür düzeyi
Katılım	İş gücü ve iş verimi kaybı, Aile, sosyal ve işle ilgili aktivitelerde sınırlanması, Eğlence ve boş zaman aktivitelerinde sınırlanma, Eşlik eden depresyon, anksiyete, duygu durum bozuklukları, Azalmış yaşam kalitesi
Bireysel faktörler	Strese yatkın kişilik tipi, İnaktivite ve sağlıksız beslenme, Sigara kullanımı, Psikiyatrik bozukluklara yatkınlık, Eşlik eden hastalıklar, Stres ve ağrı ile baş etme becerisindeki yetersizlik, Olumsuz ağrı inanışlarına sahip olmak
Çevresel faktörler	Aile, sosyal ve iş çevresinden gelen psikolojik stres, Kirli hava, gürültülü çalışma ortamları, Sağlık kuruluşlarına erişmede ve sağlık hizmeti almada zorluk

Use of ICF in Primary Headaches

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Abstract

Introduction

Primary headache (PH) is a disabling condition with a global prevalence of 47%, affecting quality of life and socioeconomic status. Disability caused by conditions with multiple aetiological factors, such as headache, is multidimensional and it is not easy to measure all its dimensions. In this case, the International Classification of Functioning, Disability and Health (ICF) is a very useful framework for not overlooking different dimensions.

Purpose

The aim of this paper is to review the use of the ICF in PH.

Conclusions and recommendations

The Chronic Widespread Pain Core Set defined within the ICF seems to be the set that can be used for PH. In a study with fibromyalgia patients, the internal structure validity of this set was found to be good and its reliability sufficient. However, no validity study has been conducted in PH. When the scales used to assess PH were considered in the context of the ICF, the most frequently scored items were: b152-emotional functions, b130-energy level and b280-pain from body structure/functions; d850-paid work, d920-leisure activities, d640-housework, d230-performing daily routines, d630-preparing meals and d650-maintenance of household from activity/participation. It has been observed that environmental factors are not addressed and the impact of headache disorders on work-related activities is not adequately assessed. In PH, it is necessary to examine the psycho-social aspects of the disorder as well as the biological aspects, focusing on the person rather than on the diagnosis. The table below gives an example of the use of the ICF in tension-type headache.

Keywords: Primary headache, ICF, disability, Tension-type headache

Body structures and functions	Increased peripheral nociceptive sensitization, Peripheral/Central sensitization, Pericranial tenderness, Increased muscle contraction and weak muscles, Decreased pressure pain threshold, Myofascial trigger points, Forward head posture, Increased excitability in pain transmission pathways, Disorders in the antinociceptive descending system
Activities	Insufficiency in family, social and work-related activities, Limitation in daily routines and household chores, Increased level of disability
Participation	Loss of labor and work efficiency, Limitation in family, social and work-related activities, Limitation in entertainment and leisure activities, Accompanying depression, anxiety, mood disorders, Decreased quality of life
Personel factors	Personality type prone to stress, Inactivity and unhealthy diet, Smoking, Predisposition to psychiatric disorders, Concomitant diseases, Inability to cope with stress and pain, Having negative pain beliefs
Environmental factors	Psychological stress from family, social and work environments, Dirty air, noisy work environments, Difficulty accessing health institutions and receiving health care




ICF'nin Eğitim Ortamlarında Kullanılması

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Özet

Engelli Kişilerin Haklarına İlişkin Sözleşme'nin 24. maddesi, farklı ülkelerin tüm çocuklara katılım olanağı sağlayan kapsayıcı eğitim sistemleri sağlamaları gerektiğini belirtmektedir (BM Genel Kurulu, 2007). Kapsayıcı eğitimin sağlanması "(...) okullarda ve temel eğitim programlarında çocukların hem öğrenebileceği hem de öğrenebileceği bir ortamın yaratılması anlamına gelir" (UNESCO, 2005, s.10).

Okullarda kapsayıcı ortamlar oluşturma süreci, çocukların katılımına ve mevcut ortamlarının katılımlarını nasıl etkileyebileceğine odaklanan Uluslararası İşleyiş, Engellilik ve Sağlık Sınıflandırması - ICF (WHO, 2001) tarafından desteklenebilir. ICF'nin okullardaki kapsayıcı uygulamalara katkıda bulunabilmesi tam olarak katılıma odaklanması ve çevrenin etkisinin dikkate alınması yoluyla mümkündür (Pretis ve diğerleri, 2019). ICF'yi kullanmak, okul profesyonellerinin farklı eğitim hizmetlerinin, çocuk katılımının, öğrenmenin ve çocukların genel işleyişinin birbiriyle nasıl bağlantılı olduğunu anlamalarına yardımcı olabilir (Hollenweger, 2017).

ICF'nin eğitim sektörleri için sunduğu potansiyel göz önüne alındığında, ICF'yi okul ortamlarında tanıtmayı ve okul profesyonellerinin öğrencilerin katılımının ICF tabanlı tanımını yapmalarını ve katılım sınırlamalarını değerlendirmelerini ve buna dayanarak ICF'yi oluşturmalarını desteklemeyi amaçlayan iki Erasmus+ projesi başlatıldı. temelli bireysel eğitim destek planları. Projenin hedefleri ve sonuçları ile eğitim ortamları için üretilen ICF araçları bu konferansta sunulacak.

Anahtar Sözcükler: ICF, kaynaştırma, katılım, eğitim ortamı




Using ICF in Educational Settings

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Abstract

Article 24 from the Convention on the Rights of Persons with Disabilities stipulates that the different countries should ensure inclusive education systems providing participation possibilities for all children (UN General Assembly, 2007). Providing inclusive education “(...) implies creating an environment in schools and in basic education programmes in which children are both able and enabled to learn” (UNESCO, 2005, p.10). The process of creating inclusive environments in schools can be supported by the International Classification of Functioning, Disability, and Health - ICF (WHO, 2001) which is focusing on participation of children and on the way how their current environment can influence their participation. It is precisely through this focus on participation and the consideration of the influence of the environment that the ICF can contribute to the inclusive practices in schools (Pretis et al., 2019). Using the ICF can help school professionals to understand how different educational services, children participation, learning, and the overall functioning of children are connected to each other (Hollenweger, 2017). Considering the potential that the ICF is offering for the educational sectors, two Erasmus+ projects were initiated aiming to introduce ICF in school settings and support school professionals to perform ICF-based description of students’ participation and assess participation limitations and based on this to create ICF-based individual educational support plans. The projects goals and results and the produced ICF tools for educational settings will be presented within this conference.

Keywords: ICF, inclusion, participation, educational setting

Dil ve Konuşma Bozukluklarının ICF Sistemi ile İlişkilendirilmesi

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Özet

Giriş

Dil ve/veya konuşma bozuklukları, her yaşta çocuğu etkileyen ve çocuklarda en sık görülen gelişimsel sorunlar arasındadır. Gelişimsel dil bozukluğu (GDB), erken çocukluk döneminde ortaya çıkan dili anlama ve/veya ifade etme sorunlarını içeren nörogelişimsel bir bozukluktur. Konuşma bozukluklarından biri olan konuşma sesi bozuklukları (KSB) ise konuşmanın anlaşılır şekilde üretimindeki gecikmeler ile karakterize gelişimsel bir bozukluktur. Akıcı konuşma bozukluğu (AKB) türü olan kekemelik ise, genellikle, ses, hece veya tek heceli sözcük tekrarı, seslerin uzatılması ve bloklar ile karakterize bir iletişim bozukluğudur. Dil ve konuşma bozuklukları ayrı ayrı görülebileceği gibi birlikte de görülebilmektedir. İşlevsellik, Yetiyitimi ve Sağlık Uluslararası Sınıflandırması (ICF), dil konuşma ve iletişim bozukluklarının araştırılmasına çok boyutlu bir yaklaşım sağlar.

Amaç

Çalışmanın amacı, ICF temelli bir değerlendirme aracı geliştirilebilmesi amacıyla GDB, KSB, AKB ve iletişim ile ilişkili ICF kodlarının uzman görüşü ile belirlenmesidir.

Gereç yöntem

Araştırmacılar tarafından Google Scholar, Pubmed ve Science Direct veri tabanları ile ulaşılan GDB, KSB, kekemelik ve iletişim ile ICF kodlarının ilişkilendirildiği 7 uluslararası kaynak incelenmiştir. Bu incelemelerin ardından 3 araştırmacı tarafından bu üç bozukluğa yönelik ICF kodları belirlenmiştir. Belirlenen kodlar araştırmacılar tarafından 3 ay sonra tekrar gözden geçirilmiştir. 54 ikinci basamak ICF kodu, ICF alanında çalışan (1 çocuk gelişim uzmanı, 1 eğitim odyologu ve 2 dil ve konuşma terapisti) 4 ayrı uzman tarafından değerlendirilmiştir. Araştırmacılar, belirlenen ikinci basamak kodların altında yer alan üçüncü ve dördüncü basamak kodlar üzerinde çalışıp toplantı düzenleyerek kodlara son halini vermiştir. Bulgular

Toplam 54 ICF kodundan uzman görüşü sonrası 26 kod belirlenmiştir. Yirmi altı ICF koduna bağlı olarak 46 maddelik madde havuzu oluşturulmuştur. Sonuç ve öneriler: ICF temelli ölçek geliştirme çalışmalarında alan uzmanlarının görüşlerinin alınması ve fikir birliğine varılması geliştirilen ölçeğin ICF sistemiyle uygunluğu ve ICF'in bütüncül yaklaşımının klinik uygulamalardaki kullanımı için önemlidir. Bu kapsamda, değerlendirme aracı oluşturulması hedeflenmektedir. Gelecek ölçek çalışmalarında literatür taramalarının yanı sıra ölçeğin hedef popülasyonu ile görüşmeler yapılarak kodlar ile ilişkilendirilmesi, ardından uzman görüşünün alınması ölçekleri teorik ve pratik anlamda daha da güçlendirebilir.

Anahtar Sözcükler: ICF, dil ve konuşma terapisi, gelişimsel dil bozukluğu, konuşma sesi bozukluğu, kekemelik

The ICF System and Speech - Language Disorders

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Abstract

Introduction

Speech and/or language disorders rank among the most prevalent developmental issues affecting children of all ages. Developmental language disorder (DLD) is a neurodevelopmental disorder that includes problems with understanding and/or expressing language that occur in early childhood. Speech-sound disorders (SSD) are developmental disorders characterized by delays in the production of intelligible speech. Stuttering, is a communication disorder characterized by sound, syllable, or monosyllable word repetition, prolongation of sounds, and blocks. Speech and language disorders can be seen separately or together. The International Classification of Functioning, Disability, and Health (ICF) provides a multidimensional approach to the study of these disorders. Purpose: The aim of this study is to determine the DLD, SSD, stuttering and communication related ICF codes with expert opinion in order to develop an ICF-based assessment tool.

Material and Method

The researchers analysed 7 international resources accessed through Google Scholar, Pubmed and Science Direct databases in which ICF codes were associated with GDD, CSD, stuttering and communication. After these examinations, ICF codes for these three disorders were determined by three researchers. The determined codes were reviewed by the researchers three months later. 54 secondary-level ICF codes were evaluated by 4 different experts working in the field of ICF (1 child development specialist, 1 educational audiologist, and 2 speech and language therapists). The researchers worked on the third and fourth digit codes under the determined second digit codes and organized a meeting to finalize the codes.

Results


Out of a total of 54 ICF codes, 26 were decided after expert advice. Based on 26 ICF codes, a 46-item item pool was produced. Conclusion and recommendations: In ICF-based scale development studies, taking the opinions of field experts and reaching a consensus is important for the compatibility of the developed scale with the ICF system and the use of ICF's holistic approach in clinical applications. In this context, it is aimed at creating an evaluation tool. In future studies, interviews with the target population, associating them with the codes, and then obtaining expert opinion can strengthen the scales theoretically and practically.

Keywords: ICF, speech and language therapy, developmental language disorder, speech sound disorder, stuttering

Dil ve Konuşma Bozukluğu Olan Türkçe Konuşan Okul Öncesi Çocuklarda İletişimsel Katılımın Değerlendirilmesi

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Özet

Giriş

Dil ve konuşma terapistleri, klinik araştırma ve uygulamalarda, değerlendirme araçlarının seçiminde ve müdahale sonuçlarını tanımlamada İşlevsellik, Yetiyitimi ve Sağlığın Uluslararası Sınıflandırması Çocuk ve Genç Versiyonu (ICF- CY) çerçevesini kullanmaya teşvik edilmiştir. Dil ve konuşma terapisi alanındaki çoğu araç, Vücut İşlevleri ve Yapıları ile Aktiviteler bileşenindeki becerilerin ve sonuçların ölçülmesine odaklanmaktadır. Dil ve konuşma bozukluğu olan çocuklar çok sayıda katılım kısıtlaması yaşamaktadır. Bu çocukların ebeveynleri ise terapilerde en çok katılım kısıtlamalarının ele alınmasını önemsemektedir. Ancak Türkiye’ de dil ve konuşma terapisi alanında Katılım bileşeninde çocukların becerilerini ve sonuçlarını ölçmeye odaklanan çok az araç bulunmaktadır. İletişimsel katılım ‘bilgi, fikir veya duyguların paylaşıldığı yaşam durumlarında yer almak’ olarak tanımlanmaktadır. Çocuklar için iletişimsel katılım, bir konuşma başlatmayı ve sürdürmeyi, okul ve toplum aktivitelerine katılmayı içermektedir.

Amaç

Dil ve konuşma bozukluğu olan Türkçe konuşan çocukların iletişimsel katılımının değerlendirilmesinin ve değerlendirme sonuçlarının müdahalelere dahil edilmesinin önemini vurgulamak amaçlanmaktadır.

Sonuç


Dil ve konuşma bozukluğu olan Türkçe konuşan çocuklar için ICF-CY Katılım bileşeni ile uyumlu mevcut iki ölçüm aracı bulunmaktadır. Konuşma Katılımı ve Etkinliği Değerlendirmesi, konuşma bozukluğu olan çocuklarda aktivite ve katılımı değerlendirmek üzere tasarlanmış bir ölçüm aracıdır. Bu araç ile dil ve konuşma terapistleri, çocukların ve iletişim çevrelerinin yaşamlarını daha iyi anlamaktadır. Çocukların kendilerine, kardeşlerine, arkadaşlarına, ebeveynlerine, öğretmenlerine ve günlük yaşamlarında yer alan diğer kişilere yönelik sorular bulunmaktadır. Çoğu soru görüşme formatında yanıtlanmaktadır; ancak çocukların tepkilerini çizim yaparak belirtebilecekleri bir bölüm de bulunmaktadır. Altı Yaşından Küçük Çocuklar İçin İletişim Çıktılarına Odaklanma Ölçeği-34 Türkçe Versiyonu (FOCUS-34-TR) ise dil ve konuşma bozukluğu olan okul öncesi çocuklarda iletişimsel katılımı değerlendiren geçerli ve güvenilir bir araçtır. FOCUS-34-TR 2 bölümde toplam 34 maddeden oluşmaktadır ve ICF-CY bileşenlerine göre gruplandırılmış sekiz alt ölçeği vardır. Aktivite/kapasite maddeleri, çocuğun bir klinik odası gibi standart bir ortamda bir görevi veya eylemi gerçekleştirme becerisini değerlendirmektedir. Katılım/performans maddeleri ise, çocuğun ev, çocuk odası veya anaokulu gibi mevcut bağlamlarında ne yaptıklarını değerlendirmektedir. Öneriler: Dil ve konuşma terapistleri, dil ve konuşma bozukluğu olan Türkçe konuşan okul öncesi çocukların değerlendirmelerinde ICF-CY Katılım bileşeni ile uyumlu araçları kullanarak, iletişimsel katılım üzerindeki olumsuz etkileri farklı sosyal bağlamlarda değerlendirmelidir. Bu şekilde sosyal işlev kısıtlamaları konusunda daha derin bilgi edinerek müdahalelerine yön verebilirler.

Anahtar Sözcükler: Dil ve konuşma terapisi, iletişimsel katılım, ICF-CY

Assessment of Communicative Participation in Turkish-Speaking Preschool Children with Speech and Language Disorders

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Abstract

Introduction

Speech and language therapists are encouraged to use the International Classification of Functioning, Disability and Health Child and Youth Version (ICF-CY) framework in clinical research and practice, in selecting assessment tools and describing intervention outcomes. Most tools in the field of speech-language therapy focus on measuring skills and outcomes in the Body Functions and Structures and Activities component. Children with speech and language disorders experience many participation restrictions. Parents of these children attach the most importance to addressing participation restrictions in therapies. However, in the field of speech and language therapy in Turkey, there are very few tools that focus on measuring children's skills and outcomes in the Participation component. Communicative participation is defined as 'taking part in life situations where information, ideas or feelings are shared'. For children, communicative participation includes initiating and maintaining a conversation and participating in school and community activities.

Purpose

It is aimed to emphasize the importance of assessing the communicative participation of Turkish-speaking children with speech and language disorders and incorporating the assessment results into interventions.

Conclusion


There are two existing measurement tools compatible with the ICF-CY Participation component for Turkish-speaking children with speech and language disorders. The Speech Participation and Activity Assessment is a measurement tool designed to assess activity and participation in children with speech disorders. With this tool, speech and language therapists better understand the lives of children and their communication environment. There are questions about the children themselves, their siblings, friends, parents, teachers and other people involved in their daily lives. Most questions are answered in interview format; however, there is also a section where children can express their opinions by drawing. Focus on The Outcomes of Communication Under Six -34 Turkish Version (FOCUS-34-TR) is a valid and reliable tool that assess communicative participation in preschool children with speech and language disorders. FOCUS-34-TR consists of a total of 34 items in 2 parts and has eight subscales grouped according to ICF-CY components. Activity/capacity items assess the child's ability to perform a task or action in a standardized environment, such as a clinical room. Participation/performance items assess what the child does in their current context, such as home, nursery, or kindergarten. Recommendations: Speech and language therapists should evaluate negative effects on communicative participation in different social contexts, using tools compatible with the ICF-CY Participation component in the assessment of Turkish-speaking preschool children with language and speech disorders. In this way, they can gain deeper knowledge of social functioning limitations and direct their interventions.

Keywords: Speech and language therapy, communicative participation, ICF-CY

Dezavantajlı Gruplara Yönelik Ayrımcılık: Engellilerin Çalışma Hayatında Karşılaştıkları Ayrımcılık ve Çözüm Önerileri

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Özet


Ayrımcılık, benzer durumlarda farklı ve farklı durumlarda benzer işlemin yapılmasıdır. Ayrımcılık yasağı tüm insanların, insan onuru nedeniyle, doğuştan sahip olduğu temel hak ve özgürlüklerinden kaynaklanır. Engelli, kişinin ana yaşamsal faaliyetlerini tam olarak yapamamasına yol açan fiziksel, zihinsel, psikolojik ya da duygusal rahatsızlığı olan kişileri ifade eder. Engellilere yönelik ayrımcılık BM Engelli Hakları Sözleşmesinde (2006), siyasi, ekonomik, sosyal, kültürel, medeni veya başka herhangi bir alandaki tüm insan hak ve temel özgürlüklerinin diğerleri ile eşit biçimde kullanılması veya bunlardan yararlanılması imkânını ortadan kaldıran veya bunu engelleyen her türlü ayrımın, dışlamanın veya kısıtlamanın engelliliğe dayalı olarak yapılması engelli ayrımcılığı olarak tanımlanır. Bu çalışmanın amacı çalışma hayatında engellilere yönelik ayrımcılık örneklerini ortaya koymaktır. Engelli ayrımcılığı ırk, etnisite, toplumsal cinsiyet, cinsiyet ve cinsel yönelime dayalı ayrımcılık biçimleri kadar görünür seyretmez. Engellilere yönelik ayrımcılığın ekonomik ve psikososyal nedenleri bulunmaktadır. Bu çalışma kapsamında üç engelli grubu: görme engelliler, ortopedik engelliler ve işitme engelliler ile odak grup çalışmaları yürütülmüş ve katılımcıların ayrımcılık deneyimleri ile ayrımcılıkla mücadele çözüm önerileri sunulmaya çalışılmıştır.

Anahtar Sözcükler: Engelli, engellilik, ayrımcılık, ayrımcılıkla mücadele

Discrimination against Disadvantaged Groups: Discrimination in Working Life against Persons with Disabilities and Proposed Solutions

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Abstract

Discrimination is treating people differently in similar situations and doing similar things in different situations. Prohibition of discrimination originates from the inherent fundamental rights and freedoms of all people and human dignity. Disability defined as a physical or mental impairment that substantially limits a major life activity. Discrimination on the basis of disability means, in UN's Convention on The Rights of Persons with Disabilities (2006), any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. The aim of this study is to reveal the cases of discrimination against persons with disabilities in working life. Discrimination against persons with disabilities is not so apparent such as discrimination against race, ethnicity, gender, sex or sexual orientation. Discrimination against persons with disabilities rise out by the economic and psycho-sociological circumstances. In this study, three focus group discussions were conducted with tree groups of PwD (people with visually impairment, hearing impairment and orthopedically impairment) to enable their experiences of discrimination and proposed solutions to anti-discrimination in working life.

Keywords: Disability, person with disability, discrimination, anti-discrimination.

Erken Çocukluk Bakımı ve Eğitiminde Erken Hareketlilik: ICF'nin Işığında Son Teknoloji ve Zorluklar

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Giriş

Erken hareketlilik, çocukların gelişimini ve sosyal katılımlarını desteklemek için bir öncelik olarak kabul edilmektedir. Ancak erken çocukluk bakımı ve eğitim hizmetlerine katılan çocukların hareket kabiliyetinin tehlikeye girdiği durumlarda, erken otonom hareketliliği kolaylaştırmak için elektrikli cihazların kullanılması yaygın bir uygulamayı temsil etmemektedir. Modifiye edilmiş ve elektrikli tekerlekli sandalyeler gibi bu cihazlar, diğer fizik tedavi stratejileri geliştirildikten ve genellikle çocuklarda 6 yaşından sonra son seçenek olarak kabul edilir.

Amaç

Bu çalışmanın amacı, bu konuyla ilgili mevcut literatürü gözden geçirmek ve ICF ile zamanında hareketlilik çerçevesinin, normal hareketlilik arayışına dayalı uygulamaları erken dönemde işlevsellik ve sosyal katılımı iyileştirmeyi amaçlayan uygulamalara kaydırmaya elektrikli cihazların nasıl yardımcı olabileceğini tartışmaktır. 2010-2023 dönemi için EBSCOhost, Pubmed, IBECs ve PEDro gibi veri tabanları taranmıştır.

Sonuçlar

Literatürdeki sonuçlar 6 yaş altı çocuklar için gelişimsel, kişisel ve sosyal düzeyde umut vericidir. Bu durum, hem farklı sosyal alanlardaki çocuklar için küresel etki yaratması nedeniyle elektrikli cihazlarla yardım sağlarken zamanlamanın önemi hem de ailelerin yaşam kalitesi dikkate alınarak bu konuya yaklaşımın yeniden yapılandırılmasına temel teşkil edebilir.

Öneriler

Bu konuda daha fazla araştırmaya, özellikle boylamsal çalışmalara ihtiyaç vardır. Bunun yanı sıra, profesyonellerin ve ailelerin bu yeni yaklaşımın pratikte nasıl uygulanabileceğine, kolaylaştırıcılara ve belirli bağlamlardaki engellere ilişkin bakış açılarına güvenerek Katılımcı Eylem Araştırması yaklaşımları oldukça uygun görünmektedir. Son olarak, bu araştırma önerisi yalnızca bilimsel literatürün sonuçlarının uygulamaya geçirilmesini değil aynı zamanda çocuk haklarının tanınmasını, onların tam katılımını ve sosyal adaletin desteklenmesini de içermektedir.

Anahtar Sözcükler: Erken Müdahale, Psikososyal İşlevsellik, Hareketlilik

Early Mobility in Early Childhood Care and Education: State Of The Art and Challenges in The Light Of The ICF

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Introduction

Early mobility is considered a priority to foster children's development and encourage their social participation. However, in the case of children attending early childhood care and education services where mobility is compromised, the use of electrical devices to facilitate early autonomous mobility does not represent a common practice. These devices, such as modified ride-on-cars and powered wheelchairs are considered the last option when other previous physical therapy strategies have been developed, usually not before the children are over 6 years old.

Aim

The aim of this work is to review the existing literature regarding this topic and discuss how the ICF and the on-time mobility framework may help to shift the practices based on seeking the normal mobility to those aimed to improve functioning and social participation at an early stage with the assistance of electric devices. Data bases such as EBSCOhost, Pubmed, IBECs and PEDro were checked for the period 2010-2023.

Conclusions

Results on the literature are promising at developmental, personal and social level for children under 6 years old. That can be considered the basis to reconstruct the approach to this topic considering the importance of the timing when providing assistance through electrical devices due to the global impact for the children in different social spheres, and also the quality of life of the families.

Recommendations

There is a need of further research on this topic, particularly longitudinal studies. Besides that, Participatory Action Research approaches seem very appropriate, counting on professionals and families' perspectives regarding how this new approach might be implemented in practice, the facilitators and barriers in particular contexts. Finally, this research proposal implies not only bringing the results of scientific literature to practice, but also a recognition of children's rights, their full participation and the promotion of social justice.

Keywords: Early Intervention, Psychosocial Functioning, Mobility

