

# Experiences and prospects for an ICF-based assessment method

## Introduction

### Kumppaniksi Association

Kumppaniksi, an association owned by the municipalities of the Kajaani area, offers rehabilitation opportunities for the unemployed, those under the threat of becoming unemployed, those needing rehabilitation due to reasons of mental health, and other people who need the work-related areas in their functioning status assessed.

### The story began in 2004

The problem: We lost rehabilitation time at Kumppaniksi because we did not know which problems were primary and kept customers from being rehabilitated for work. We needed a method to make the issue visible.



Our solution: Because we did not find a method that fulfilled our user criteria, we devised a method ourselves. Simple.



The prototype worked well, but a new problem arose - how do we pass on the information to our collaborators?



ICF seemed to offer the solution, but we faced even more issues:

- It is difficult to use.
- It does not support self-assessment.
- Its outputs are difficult to read.
- It is not known (at the time).
- Etc...



So we modified the assessment method, and - vóila!

- Its use is simple and fast.
- It supports the rehabilitating person's self-assessment.
- The information is graphical in form and easy to read.
- We can show changes that take place during rehabilitation.
- If required, we can collect customer group -specific information.

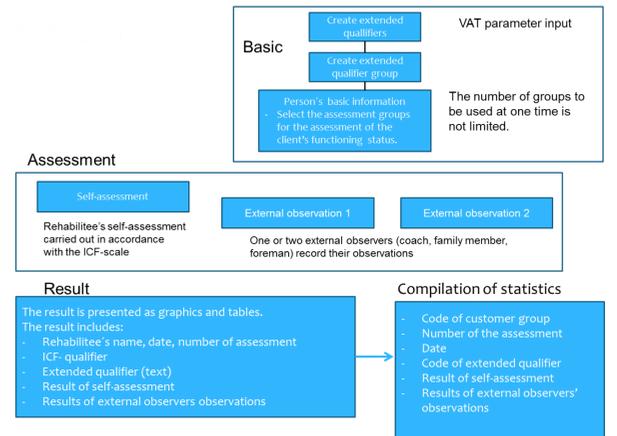


We dubbed our method "VAT", and the rest has been work as usual.

## Method

For an assessment, we first create extended qualifiers for the ICF qualifiers in use. These are formed into assessment groups. Assessment groups are used for compiling "personal CoreSets" required in assessments.

Self-assessments and assessments by others deal with customers' functioning as observed in given environments (work, home, etc.).



Self-assessment and observations by others?

Several extended qualifiers focusing on one ICF-qualifier?

CoreSets?

What do we get?

Self-assessments inform us of customers' own idea of their functioning. According to our experience, subjective information is not always completely reliable due to the rehabilitating person's situation, experiences, wants and wishes. Therefore, we need external observations. External observations complement information from self-assessments. They take place in the same (given) environment as the respective self-assessments, conducted by professionals or other people who know the requirements of the environment. Observations may be recorded by one or more external person(s), and they may concern different situations.

This gives a more precise picture of the studied factor; in our experience, e.g. motivation should be described with several extended qualifiers because we all have different motivations for different things.

We do not use CoreSets, because we assess only issues observable in our environment and required for rehabilitation. Or, in fact, we can create CoreSets personal to customers and also CoreSets for different environments.

A graphical image depicting the self-assessment results and the external observations of the customer's functioning. When needed, customer-group specific statistics are available.

## Experiences



The chart above shows a sample assessment result. It is usual to apply about 60 extended qualifiers in an assessment. They usually suffice to describe the customer's functioning status. If necessary, the number of qualifiers depicting a certain ICF domain can be increased, thereby making the assessment of that area more detailed. At Kumppaniksi Association, we have conducted more than 1000 assessments. Our experience shows that:

- ICF, supported by VAT, is a good method for assessing, compiling and transferring information.
- This method produces information for our organisation's own use to steer rehabilitation activities while it enables cooperation among professionals in rehabilitation.
- The method enables the comparison of assessments made at different times so that the changes are easy to see.
- Differences between self-assessments are also made visible, which gives customers feedback of their development.
- The graphical output makes it possible to observe the interdependencies among the various parts of a customer's functioning status.
- The graphics support the determination of a rehabilitating person's primary problem, and can focus rehabilitation to gain maximum efficiency.
  - When rehabilitating persons can visualise their functioning status, they can concentrate on issues that impact their rehabilitation most effectively.



### Benefits and conditions of assessment

- Those who conduct assessments do not need to know ICF. It is enough that they know the requirements of their operating environments, e.g. workplaces. This facilitates data collection significantly.
- For external evaluators to be able to observe the customers' functioning properly, the time periods allocated must be long enough. In general, four weeks suffice for observations.

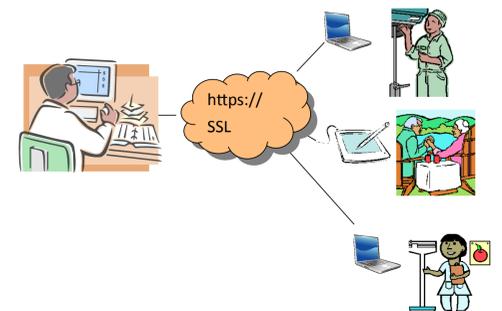
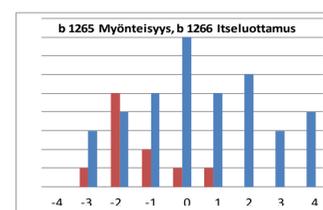
## Prospects

In addition to directly facilitating rehabilitation, this method enables:

- the collection of ICF-compatible data in different environments such as workplaces, homes, other places of rehabilitation, etc. to make the functioning status data more varied
- the creation of statistics of assessment data to allow the compilation of data for different customer groups and assessment periods:

Customer group  
ICF-domain  
ICF-qualifier  
Extended qualifier

The example shows one customer group, a specified period, all self-assessments (blue) and all external observations for ICF qualifiers b1265 and b1266.



We make use of this information when we develop effective rehabilitation activities and paths.



## Summary

ICF is a good method for consolidating functioning status data and transferring it among the parties involved, but it requires a means of collecting the data. When data collection is easy, people use the method, and we get the information we need in our work. Simple.

