

ICF use in Flanders

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Abstract Howest, University College of Applied Sciences found the ICF-Lab, a knowledge- and training center which aims to support the implementation of the ICF in the field of health, wellbeing, education and labour. At this moment the ICF-Lab analyses where the ICF is used and what support is necessary to implement the ICF in practice.

Introduction

In Flanders, the Dutch-speaking part of Belgium, the ICF-Lab has the objective to encourage and facilitate the use of the ICF in the health care, welfare, education and employment sector. The ICF-Lab is an expertiseand training center within Howest, the University College of Applied Sciences of West-Flanders. The ICF-Lab collaborates with the ICF-Platform and the WHO-FIC Collaborating Center in the Netherlands. The ICF-Platform is a non-profit organization in which the various colleges, universities and sectors with expertise in ICF are represented. In February 2019, the ICF-Lab started a new research project. Specifically, the ICF-Lab wants to know which sectors in Flanders use ICF or have the intention to use it in the future and what their needs are regarding the use and implementation of the ICF. In the first phase, the research maps out these sectors. In a second phase, the research uses experts to assess the needs of the different sectors. In a final phase, the ICF-Lab will respond by adapting the service provision to the identified needs through the development of tools and methods together with the practitioners. Currently, phase one is taking place. Phase two started in September 2019. The results of phase one are described below.

Methods & Materials

In phase 1 of the study, various sources were explored to identify which sectors use the ICF or have specific intentions to do so. Among other things, the Belgian Official Gazette in which legislation and decisions of the Belgian government are incorporated was explored. The chair members of the ICF-Lab committee and the members of the ICF-Platform gave information about which sectors were using the ICF. People brought in concrete knowledge and sources.

Results

Phase 1 of the investigation revealed that the following sectors and authorities in Flanders use the ICF. A brief description is given on how they use it.

1) National Institute for Sickness and Invalidity Insurance, Accident insurance organization (RIZIV) 2) Flemish Service for Employment and Vocational Training (VDAB) and the Flemish specialized service for people with a work disability (GTB).

These two organizations (VDAB and GTB) work closely together. In collaboration with them, the public social welfare center (OCMW) and the health care case managers who work in different organisations such as a psychiatric hospital also use the ICF.

These authorities (1 and 2) developed an indicator instrument to analyse the functioning. These instruments contain a selection of ICF categories and an adapted form of qualifiers. The first uses the instrument to determine which aids the person is entitled to. The second uses the document to map the person's occupational disability.

3) Student guidance centers (CLB)

Within education, the definition of students with specific educational needs is described through the components of the ICF. The educational needs are determined based on the ICF framework.

4) Flemish Agency for Persons with Disabilities (VAPH)

The definition and the conditions for disability are based on the ICF. The Quality Center for Diagnostics explicitly mentions the ICF in the Classifying diagnostic protocols for autism and intellectual disability. They recommend embedding the classifying protocol in a broad biopsychosocial and holistic framework.

5) Ambulatory rehabilitation centers (CAR)

This sector mentions a few guidelines in the protocol that should be pursued as much as possible, including the use of the ICF. For the target group of people with a speech impairment, it is a requirement that ICF categories are used to indicate the need for a multidisciplinary approach.

6) Rehabilitation within general hospitals

7) Functional rehabilitation centers 8) District health centers

These sectors do not publicly announce that they use the ICF. However, through our network that is connected to these sectors, it is known that these sectors use the ICF.

There are still uncertainties for the mental healthcare and Pain clinics. Both show interest, but their usage or intention to implement the ICF could not yet be demonstrated.

Conclusions

In Flanders, different sectors use the ICF. The biopsychosocial approach is strongly encouraged and there is ongoing work to support organizations with implementing this. The ICF-Lab will analyze their specific use, intentions and what they need to maximize the implementation of the ICF. In addition to this, the ICF-Lab will provide the organizations with their continuous support during the implementation.

Acknowledgements

The ICF- Lab collaborates with the ICF-Platform and with the WHO-FIC Collaborating Center in the Netherlands.



