ICF IN ITALY AND MORE….

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Neurosurgery,
Neurological disorders, Child Neurology.

- Research in Pre-clinical/ Clinical Neuroscience
- Traslational neurology: from basic to science and society
- Public Health impact, disability and burden of neurological disorders
The International Classification of Functioning, Disability and Health
The structure and codes of the ICF classification

ICF

Functioning and Disability
- Body functions and Structures
  - Body functions
    - b1 – b8
    - b110 - b899
    - b1100 - b7809
    - b11420 - b51059
  - Body structures
    - s1 – b8
    - s110 - s899
    - s1100 - s8309
    - s11000 - s76009
- Activities and Participation
  - d1 – d9
    - d110 - d999
    - d1550 - d9309

Contextual factors
- Environmental factors
  - e1 – e5
    - e110 - e599
    - e1100 - e5959
- Personal factors
  - Not classified and in 2018
    - WHO and FDRG agreed they Will NOT be

ICF code = Prefixes + Numeric codes + ICF Qualifiers
The structure and codes of the ICF classification

![Diagram of ICF classification]

ICF code = Prefixes + Numeric codes + ICF Qualifiers
The Epidemiological Transition

Underlying reasons for the demographic transition

– Change in disease pattern
  • Reduction in malnutrition and communicable diseases
MORE THAN 50% OF THE WORLD LIVES WITH CHRONIC DISEASE

WHAT IS A CHRONIC CONDITION?

• General WHO definition of non-communicable diseases (‘not passed from person to person; They are of long duration and generally slow progression’)
Health state (from SAGE 2013)

The diagram shows the health state across different countries and genders. The x-axis represents age, ranging from 50 to 100, and the y-axis represents health status, ranging from 20 to 80. The data points are color-coded to represent different countries:
- China (blue)
- Ghana (brown)
- India (green)
- Mexico (orange)
- Russia (gray)
- South Africa (red)

The distribution of health status appears to vary by gender and country, with some countries and genders showing a higher concentration of health status at certain age ranges.
Early Life:
Growth and development

Adult Life:
Maintaining highest possible level of function

Older Age:
Maintaining independence and preventing disability

Functional Capacity

Range of function in individuals

Disability threshold

Rehabilitation and ensuring the quality of life

Source: Kalache and Kickbusch, 1997
Problems in definition: impact on people life

People with disability
People with chronic conditions
People with NCDs
Old people
Ageing people

Are we considering people’s FUNCTIONING??
Pressing Need for the ICF

The International Classification of Functioning, Disability and Health (WHO, 2001) provides a comprehensive, universal and globally accepted model and taxonomy to describe functioning.
WHO Family of International Classifications
ICD and ICF

ICD and ICF complement each other
WHO Family of Classifications (WHO-FIC) -
the three reference classifications (2019)

**International Classification of Diseases – ICD**
(ICD 11 approved May 2019)

**International Classification of Functioning, Disability and Health – ICF**
(updated version ICF 2020)

**International Classification of Health Interventions – ICHI**
(new in 2020)
Disability understood as:

A continuum ranging from low to high levels of disability

Distribution of the world population on the disability continuum
Disability understood as:

Outcome of the interaction between health condition and environmental factors
Model of Functioning, Disability and Health

Health condition

Functioning / Disability

Environmental factors

Personal factors
Importance of defining a profile of disability and functioning

- it is important to not only treat problems (impairments) but also address people’s needs in relation to their lived experience and in their own context.

- **A biopsycosocial profile of functioning is the best indicator of treatment needs and service outcomes**
The Biopsicosocial model allows a description of the global picture: an holistic approach to the person.
ENVIRONMENT
Physical, Technological
Socio-economical
Political
Organizational

Person with
disability

Personal Factors
Demographic
Biomedical
Risk factors

Family and Help

Associations

Private Life

Public Sector
Laws
School
Resources
work
Home

Offered Services
resources allocation, care, education, hosting, accommodation, supporting, work, training, technological help, transport...

Results for the Person
Autonomy, Work, Mobility, Communication, Personal Life, Social Relations

Results for the community
Social cohesion

World Health Organization
People with disabilities face barriers in all areas of life

- Education
- Employment
- Social & political life
- Community participation
- Health
Disabling barriers: widespread evidence

➢ Inadequate policies and standards
➢ Negative attitudes / discrimination
➢ Lack of provision of services
➢ Problems with service delivery
➢ Inadequate funding
➢ Lack of accessibility
➢ Lack of consultation and involvement
➢ Lack of data and evidence
Barriers have negative consequences

- Lower educational achievements
- Lower levels of employment
- Higher rates of poverty
- Poorer health outcomes
Need for the ICF

A description of functioning is fundamental to identify the health problems and needs of individuals and populations. It is the starting point for any approach to achieve or maintain optimal levels of functioning in individuals and populations.
Uses of the ICF

ICF can be used in the areas of:

- Policies (Macro level)
- Systems and Organizations (Meso level)
- Service provision (Micro level)
Uses of the ICF

- ICF has been accepted as one of the United Nations social classifications.

The Convention on the Rights of Persons with Disabilities refers to and incorporates the ICF.

ICF provides an appropriate instrument for monitoring the implementation of international human rights mandates as well as national legislation.
Editorial

Eight years of ICF in Italy: Principles, results and future perspectives

Carlo Francescutti, Andrea Martinuzzi, Matilde Leonardi & Nenad Friedrich Ivan Kostanjsek

Pages S4-S7 | Accepted 01 Sep 2009, Published online: 07 Dec 2009

Download citation  https://doi.org/10.3109/09638280903317898

Abstract

Purpose. To report on the process of implementation and dissemination of the International Classification of Functioning, Disability and Health (ICF) in Italy.
The value of ICF profiles in defining personalised programmes of interventions was explored by evaluating the link between ICF items and the UN Convention, which was taken as a criterion of clear ethical and political orientation in the evaluation of the disability condition. The first and main effort of ICF implementation was directed in the field of public health and welfare policies.

Two main nationwide projects were launched: *ICF and the labour polices in 2003* and *ICF and the disability certification reforms in 2006*. ICF also received a strong attention by the professional working in the school system, and was used to define the functioning profile of children and to establish personalised educational programmes.

*Conclusions*. The implementation of ICF in Italy was strongly facilitated by a favourable cultural and scientific context.
The Italian Ministry of Welfare and Labour intends to promote the use of ICF, International Classification of Functioning, Disability and Health from the World Health Organisation by its 'ICF in Italia' project, within the context of its institutional competence. The conclusions drawn from the National Conference on policies regarding disability in Bari, held from 14 to 16 February 2003 to mark the opening of the European Year for People with Disabilities, confirm over and over again the need for a modern system of classification able to verify and assess health and disability to be introduced in Italy.

The ICF is indeed able to assess performance and ability, and put the personal skills of disabled people to use. Moreover, it can measure the impact that the environment in which the disabled person lives has upon him or her. More specifically, within the context of work policies, the overall approach of evaluation of environment, ability and potential of the person means that in respect to the workplace each individual’s identity is recognised.

Furthermore, in the European union the excluding of disabled people from the workplace, both in approved documents dealing with the issue of disability and in the European employment strategy, is considered one of the most serious issues, also in terms of understanding the rights, needs and potential of disabled people, and improving awareness regarding disability.

Therefore, we wanted to underline the dedication of our country and in particular the Ministry of Welfare and Labour during 2003 by starting an experimental project intended to introduce the new ICF classification in Italy with a view to reworking new, more efficient procedures to assess disability and the impact that it has on the process of social inclusion, starting with the procedures stipulated by Italian Legislation on assessing disability for the inclusion of disabled people in the workplace.

I trust that this initiative can contribute to a spreading of a new culture regarding disability in Italy and in Europe, so that rights and opportunities may be fully enjoyed, and obstacles preventing still today disabled people from true integration in the life in the European Union may be removed.

Roberto Maroni
Italian Minister of Welfare and Labour
MHADIE 2005–2007

MHADIE: Measuring Health and disability in Europe: Supporting policy development

- MHADIE is a three-year Coordination Action financed by the EU Commission, within the Sixth Framework Programme – coordinated by Dr. Leonardi
- Involves 16 European Centres and 10 different countries
- Aims to demonstrate the utility and feasibility of ICF model in measuring different types and prevalence of impairments and limitations.
ICF in clinical and rehabilitation settings
N = 1200 patients

- Rheumatoid Arthritis
- Musculoskeletal diseases
- Multiple sclerosis
- Traumatic Brain Injury
- Stroke
- Unipolar Depression
- Bipolar Disorder
- Migraine
- Parkinson Disease
- Musculoskeletal conditions
- Ischaemic Heart Disease
Integrating research into policy planning: MHADIE policy recommendations

Matilde Leonardi, Somnath Chatterji, José Luís Ayuso-Mateos, Judith Hollenweger, Bedirhan Üstün, Nenad Friedrich Ivan Kostanjsek, Alistair Newton, Eva Björck-Åkesson, Carlo Francescutti, Jordi Alonso, Marina Matucci, Adriana Samoilesco, Anne Good, Alarcs Cieza, Olga Svestkova, Monika Bullinger, Crt Marinecek, Helena Burger, Alberto Raggi & Jerome Edmond Bickenbach

To cite this article: Matilde Leonardi, Somnath Chatterji, José Luís Ayuso-Mateos, Judith Hollenweger, Bedirhan Üstün, Nenad Friedrich Ivan Kostanjsek, Alistair Newton, Eva Björck-Åkesson, Carlo Francescutti, Jordi Alonso, Marina Matucci, Adriana Samoilesco, Anne Good, Alarcs Cieza, Olga Svestkova, Monika Bullinger, Crt Marinecek, Helena Burger, Alberto Raggi & Jerome Edmond Bickenbach (2010) Integrating research into policy planning: MHADIE policy recommendations, Disability and Rehabilitation, 32:sup1, S139-S147, DOI: 10.3109/09638288.2010.520807

To link to this article: https://doi.org/10.3109/09638288.2010.520807
Validation of the "World Health Organization Disability Assessment Schedule, WHODAS-2" in patients with chronic diseases

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Abstract

Background: The WHODAS-2 is a disability assessment instrument based on the conceptual framework of the International Classification of Functioning, Disability, and Health (ICF). It provides a global measure of disability and 7 domain-specific scores. The aim of this study was to assess WHODAS-2 conceptual model and metric properties in a set of chronic and prevalent clinical conditions accounting for a wide scope of disability in Europe.

Methods: 1,119 patients with one of 13 chronic conditions were recruited in 7 European centres. Participants were clinically evaluated and administered the WHODAS-2 and the SF-36 at baseline, 6 weeks and 3 months of follow-up. The latent structure was explored and confirmed by factor analysis (FA). Reliability was assessed in terms of internal consistency (Cronbach's alpha) and reproducibility (intra-class correlation coefficients, ICC). Construct validity was evaluated by correlating the WHODAS-2 and SF-36 domains, and comparing known groups based on the clinical
The International Classification of Functioning, Disability and Health: development of capacity and performance scales

Josue Almansa, Jose Luis Ayuso-Mateos, Olatz Garin, Somnath Chatterji, Nenad Kostanjsek, Jordi Alonso, Jose Maria Valderas, Alarcos Cieza, Alberto Raggi, Olga Svestkova, Helena Burger, Vittorio Racca, Eduard Vieta, Matilde Leonardi, Montserrat Ferrer, The MHADIE Consortium

DOI: https://doi.org/10.1016/j.jclinepi.2011.03.005
ICF Children and Youth 2007
Applying the International Classification of Functioning, Disability and Health (ICF) to measure childhood disability

R.J. SIMEONSSON, M. LEONARDI, D. LOLLAR, E. BJORCK-AKESSON, J. HOLLENWEGER & A. MARTINUZZI

Pages 602-610 | Published online: 07 Jul 2009

Download citation https://doi.org/10.1080/0963828031000137117

Abstract

The International Classification of Functioning, Disability and Health-ICF addresses the broad need for a common language and classification of functioning and disability. A parallel need is appropriate measures compatible with the content of the ICF to document the nature and impact of limitations of function, activities and participation. The interaction of developmental characteristics and disability among children represent special challenges for classification as well as measurement. Demographic trends
People with disabilities have to be able to participate in society “on an equal basis with others”

Countries are therefore requested to identify barriers, and take action to eliminate them, as well as to identify needs, and take action to meet them, so that the participation level of people with disabilities is comparable to the level of the general population of a country.
Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation

Milda Cerniauskaite, Rui Quintas, Christine Boldt, Alberto Raggi, Alarcos Cieza, Jerome Edmond Bickenbach & Matilde Leonardi

Pages 281-309 | Accepted 01 Sep 2010, Published online: 13 Nov 2010

Abstract

Purpose. To present a systematic literature review on the state of the art of the utilisation of the International Classification of Functioning, Disability and Health (ICF) since its release in 2001.

Method. The search was conducted through EMBASE, MEDLINE and PsychInfo covering the period between 2001 and December 2009. Papers were included if ICF was mentioned in title or abstract. Papers focussing on the ICF-CY and clinical research on children and youth only were excluded. Papers were assigned to six different groups...
Results. A total of 672 papers, coming from 34 countries and 211 different journals, were included in the analysis. The majority of publications (30.8%) were conceptual papers or papers reporting clinical and rehabilitation studies (25.9%). One-third of the papers were published in 2008 and 2009.

Conclusions. The ICF contributed to the development of research on functioning and on disability in clinical, rehabilitation as well as in several other contexts, such as disability eligibility and employment. Diffusion of ICF research and use in a great variety of fields and scientific journals is a proof that a cultural change and a new conceptualisation of functioning and disability is happening.
Uses of the ICF

Assessment of population health

• ICF based disability surveys can be used to estimate the number of people with disabilities in a population and the sorts of disabilities they experience. The sorts of services needed can thence be based on the population picture of functioning.
Uses of the ICF - Service provision

• A common understanding, language and description of functioning enables:
  • patient involvement in assessment and intervention planning
  • inter-professional collaboration during planning and intervention
  • better understanding of the contribution of each service provider
  • effective referral across sectors and disciplines
Uses of the ICF - Service provision

• Comprehensive approach to describing functioning

Looking beyond impairments

1. ICF encourages people to look beyond treating problems and towards addressing people's broader needs

Focus on the individual and his/her context

2. Personal and environmental factors considered when developing intervention strategies
There is a growing recognition that disability assessment should be based on the full, contextualised lived experience of health, rather than merely on diagnosis, impairments or evaluation of functional capacity, which indirectly infers disability from health conditions or impairments.
The new WHODAS 2.0 supersedes WHODAS II and shows the following advantages:

- A generic assessment instrument for health and disability
- Used across all diseases, including mental, neurological and addictive disorders
- Short, simple and easy to administer (5 to 20 minutes)
- Applicable in both clinical and general population settings
- A tool to produce standardized disability levels and profiles
- Applicable across cultures, in all adult populations
- Directly linked at the level of the concepts to the International Classification of Functioning, Disability and Health (ICF)

WHODAS 2.0 covers 6 Domains of Functioning, including:

- Cognition – understanding & communicating
- Mobility – moving & getting around
- Self-care – hygiene, dressing, eating & staying alone
- Getting along – interacting with other people
- Life activities – domestic responsibilities, leisure, work & school
- Participation – joining in community activities
Abstract
Federici S¹, Bracalenti M¹, Meloni F¹, Luciano JV²,³

• PURPOSE:
This systematic review examines research and practical applications of the World Health Organization Disability Assessment Schedule (WHODAS 2.0) as a basis for establishing specific criteria for evaluating relevant international scientific literature. The aims were to establish the extent of international dissemination and use of WHODAS 2.0 and analyze psychometric research on its various translations and adaptations. In particular, we wanted to highlight which psychometric features have been investigated, focusing on the factor structure, reliability, and validity of this instrument.

• METHOD:
Following Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) methodology, we conducted a search for publications focused on "whodas" using the ProQuest, PubMed, and Google Scholar electronic databases.

• RESULTS:
We identified 810 studies from 94 countries published between 1999 and 2015.
WHODAS 2.0 has been translated into 47 languages and dialects and used in 27 areas of research (40% in psychiatry).

• CONCLUSIONS:
The growing number of studies indicates increasing interest in the WHODAS 2.0 for assessing individual functioning and disability in different settings and individual health conditions. The WHODAS 2.0 shows strong correlations with several other measures of activity limitations; probably due to the fact that it shares the same disability latent variable with them. Implications for Rehabilitation WHODAS 2.0 seems to be a valid, reliable self-report instrument for the assessment of disability. The increasing interest in use of the WHODAS 2.0 extends to rehabilitation and life sciences rather than being limited to psychiatry. WHODAS 2.0 is suitable for assessing health status and disability in
Development and implementation of instruments for quality of life assessment

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Abstract Instruments for assessing disability and quality of life of patients already exists in the Czech Republic but it is important to develop, implement and update new tools to facilitate work of experts in practice. The activities of the Institute of Health Information and Statistics of the Czech Republic (IHHIS CR) in this area were focused on improvement of the use of the WHODAS 2.0 questionnaire and development of the 36-Item Short Form Health Survey (SF-36).

Introduction/Background

The work was carried out due to insufficient assessing tools for determining patient's disability in the Czech Republic. The main reason to develop the instruments for quality of life assessment was to facilitate the work of healthcare and social workers with assessing patient’s disability and work and social skills, guarantee a reasonable evaluation time, streamline the assessment for follow-up care of the patient and the allocation of funds.

Methods & Materials

The IHHIS CR Department of Clinical Classifications (DCC) used existing questionnaire “WHO Disability Assessment Schedule 2.0 (36-item, self-administered)” which is developed and provided by World Health Organization and after the license agreement realized translation of this questionnaire into the Czech language. The DCC also realized translation of

Results

By developing these instruments, clinicians are able to better assess patient’s status and identify patient’s needs. It helps to compare results of therapy and to identify working ability and entitlement to social benefits. The DCC is currently working on creating a web application of the SF-36 and creating an instructional video for this questionnaire.

Conclusions

This year, the topic of annual conference on Clinical Classifications organized by IHHIS CR should be “ICF and related tools”, therefore the DCC plans to show and promote all new tools.

The work should have impact in clinical practice, particularly in more effective care and therapy determination, in both physical and mental health. Improved and correct treatment should consequently have impact on lower costs for healthcare facilities. Due to the work, the DCC expects improvement in distribution of social
Methods & Materials

The IHIS CR Department of Clinical Classifications (DCC) used existing questionnaire "WHO Disability Assessment Schedule 2.0 (36-item, self-administered)" which is developed and provided by World Health Organization and after the license agreement realized translation of this questionnaire into the Czech language. The DCC also realized translation of the 36-Item Short Form Health Survey developed and provided by RAND Corporation into the Czech and supplemented by calculator created in Excel to calculate the score of the questionnaire. Both assessment tools were then formatted, edited, reviewed by experts and prepared into the final forms.

WHODAS 2.0 questionnaires were also developed in electronic formats by programming web applications. It contains the interviewer-administered and self-administered versions.

DCC also created an instructional video as a training tool for users of the Czech version of WHODAS 2.0 (Picture 1 and 2).

The work should have impact in clinical practice, particularly in more effective care and therapy determination, in both physical and mental health. Improved and correct treatment should consequently have impact on lower costs for healthcare facilities. Due to the work, the DCC expects improvement in distribution of social benefits which are based on the disability assessment.

The assessing instruments will provide statistical data for further work in the field of disability research.

Acknowledgements/Funding

The work was completely unfunded, questionnaires were provided free of charge and work on developing questionnaires and creating of the video was held as voluntary.
• **Disability assessment** is the gate through which anyone claiming publicly or privately provided disability related benefit, service or product must pass.

• Further criteria, such as age, residency, or level of contribution or insurance, can then be used to assess what **benefits, services, and/or supports** a person is eligible to receive.
The distinction between disability assessment, determination and eligibility has to be clearly defined:

Disability assessment is the authoritative determination of the kind and extent of disability used as part of a broader administrative process known as ‘disability determination’.

Disability Eligibility refers to establishing what benefits and/or supports one has access to.
Disability assessment purposes and issues WHO Expert meeting
12-13 March 2016- Alex Cote, IDA
• Depending on the contours of the country’s disability policy, these may include social security and disability pensions; health and rehabilitation services; general social benefits such as income support; and employment-related benefits, such as unemployment benefits and workers’ compensation.

• Work capacity or work ability assessment is the most prominent application of disability assessment, since for adults, being able to work is key to economic self-sufficiency and social standing.
There is a growing recognition that disability assessment should be based on the full, contextualised lived experience of health, rather than merely on diagnosis, impairments or evaluation of functional capacity, which indirectly infers disability from health conditions or impairments.
Three approaches to Disability Assessment:

• IMPAIRMENT APPROACH

• FUNCTIONAL LIMITATION APPROACH

• DISABILITY APPROACH
The ‘impairment approach’

- makes inferences from the presence of disease, injury or impairment to problems with performance, including work capacity. An example of an ‘impairment approach’ assessment includes the Bareme assessment, which attaches percentage values to levels of disability based entirely on impairment level of specific body parts.
- Most used and oldest approach
The ‘functional limitations approach’

- makes inferences based on limitations in functional domains.

- The physical rehabilitation community introduced this approach in the 1970s-1980s based on the idea that it is **how people conduct basic activities that has implications for their ability to work, more so than their specific impairments**. Consequently many countries have added a ‘functional limitations’ layer to their disability assessment methods.

- For example, after initially establishing the impairment (considered essential for detecting malingering), the applicant is then asked about functional limitations within the domains of lifting, standing, handling, hearing, seeing and concentrating.
The ‘disability approach

- takes into consideration the impact of environmental factors on performance. This approach is non-inferential, in the sense that it does not make assumptions about performance based entirely on impairments or health states but directly assesses what a person’s does in their daily life.
The ‘disability approach’ is the only one of the three that aligns with the ICF in the assessment of disability as a lived experience, rather than using functional or capacity limitations as a proxy for disability.
International Benchmarking
ICF Based disability eligibility assessment
(Leonardi et al. In progress 2019)

1. Maroc
2. France
3. Taiwan
4. Senegal
5. Cyprus
6. Switzerland
7. Italy
8. Argentina
9. Russia
10. Romania
11. Germany
12. Kyrgistan
13. Australia
14. New Zealand
15. Canada
Preliminary Conclusions international Benchmarking on ICF and ICF based disability eligibility

All the countries found
• Ratified the UNCRPD
• Have legislation concerning the use of ICF in disability eligibility

Furthermore
• Italy and Switzerland have ICF in the disability eligibility regulations for education
• Germany has introduced for some insurance schemes
• Australia has a wide experience with disability eligibility and ICF use and their general experience could be very useful to implement the procedures in Maroc
• France, Taiwan, Senegal, Cyprus and Argentina have embedded the full disability eligibility scheme in their national procedures
• Russia, Romania, New Zealand, Kyrgyzstan are starting the process but still are not into a full national ICF based assessment scheme
Implementing ICF in Italian policies for disability assessment of children: national guidelines and accompanying measures

Frattura, Lucilla¹; Tamburini, Cristina²; Battilomo, Serena²; Rizzo, Giuseppina² & D’Amario, Claudio²

(1) Central Health Directorate, Classification Area, Friuli Venezia Giulia Region, Italian WHO FIC Collaborating Centre, Udine (Italy)
(2) General Directorate of Health Prevention, Ministry of Health, Rome (Italy)

Abstract In 2017, Italian law n. 66 introduced new requirements for ascertaining disability status in children for educational inclusion purposes. The Italian Ministry of Health has the responsibility to define and introduce guidelines in the National Health System (NHS) for assessing disability and setting up an ICF-based Functioning Profile taking into account the bio-psycho-social model of disability. These new requirements are necessary for allowing education institutions to set up individualized education plans. This contribution aims at presenting the preliminary results of this national action.

Introduction/Background
In Italy, educational inclusion was generalised at the end of the 1970s and the separation between mainstream and special needs classes (established in 1962) was abolished. Labour, Family and Disability, Education-Research and University, Finances), State-Regions Conference, National Association of Italian Municipalities, Union of Italian Provinces, three Italian scientific societies, and the Italian WHO FIC (v) reasons and ways for introducing ICF in NHS, without training professionals in ICF coding. Specific tools and educational materials were designed: a glossary, a web tool aimed at collecting and analysing ICF-based information: templates for
Obstacles to transitioning to ICF approach:

• Perceived and real costs of transition
• Perception that ICF will bias toward fewer or more successful beneficiaries.
• Need for progressive transition protocols for LMIC
• Importance of integrating disability assessment into system-wide changes
Advantages of using ICF for Disability Assessment

- **ICF as an optimal reporting structure**
- Provides What to Measure and How to Measure.
- International standard for functioning and disability information
- **ICF guarantees process legitimacy**
- **ICF is a platform for assessment and measurement**
- **ICF-based information relevant to CRPD**
Culture of Functioning: Nobody left behind

Common aim: Participation in all sectors
Employment: a key environmental sector

PATHWAYS
PArticipation To Healthy Workplaces And inclusive Strategies in the Work Sector
PATHWAYS 2015-2018

Participation To Healthy Workplaces
And inclusive Strategies in the Work Sector

AIMS and PRELIMINARY RESULTS
of the PROJECT
2015–2018

Co-funded by the Health Programme of the European Union
Mapping European Welfare Models: State of the Art of Strategies for Professional Integration and Reintegration of Persons with Chronic Diseases

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**Table 2**

Views on the availability of work re-integration strategies by country ($n$, %).

<table>
<thead>
<tr>
<th>Statements</th>
<th>Austria</th>
<th>Czech Republic</th>
<th>Greece</th>
<th>Italy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unemployment reduction among PwCDs is currently very high on the National agenda.</td>
<td>4 (44.4%)</td>
<td>4 (44.4%)</td>
<td>1 (12.5%)</td>
<td>7 (87.5%)</td>
</tr>
<tr>
<td>2. The existing National legislation for reducing unemployment among PwCDs in the open labour market is adequate.</td>
<td>1 (11.1%)</td>
<td>7 (77.8%)</td>
<td>2 (25.0%)</td>
<td>4 (50.0%)</td>
</tr>
<tr>
<td>3. The existing National legislation for re-integrating PwCDs in the open labour market is adequate.</td>
<td>1 (11.1%)</td>
<td>7 (77.8%)</td>
<td>1 (12.5%)</td>
<td>5 (62.5%)</td>
</tr>
<tr>
<td>4. Developing strategies for re-integrating PwCDs in the open labour market is a high priority on the National agenda.</td>
<td>3 (33.3%)</td>
<td>5 (55.6%)</td>
<td>0 (0.0%)</td>
<td>7 (87.5%)</td>
</tr>
<tr>
<td>5. The implementation of policies for re-integrating to work PwCDs is effectively coordinated on national level.</td>
<td>1 (11.1%)</td>
<td>7 (77.8%)</td>
<td>0 (0.0%)</td>
<td>5 (62.5%)</td>
</tr>
<tr>
<td>6. The implementation of policies for re-integrating to work PwCDs is effectively coordinated on local level.</td>
<td>0 (0.0%)</td>
<td>6 (66.7%)</td>
<td>1 (12.5%)</td>
<td>5 (62.5%)</td>
</tr>
<tr>
<td>7. At National level, specific outcome measures have been set for the evaluation of policies targeting re-integration to work of PwCDs.</td>
<td>1 (11.1%)</td>
<td>1 (11.1%)</td>
<td>0 (0.0%)</td>
<td>5 (62.5%)</td>
</tr>
<tr>
<td>8. The implementation of national policies for re-integrating to work PwCDs is supported by specialists in the area of work integration.</td>
<td>6 (66.7%)</td>
<td>0 (0.0%)</td>
<td>1 (12.5%)</td>
<td>4 (50.0%)</td>
</tr>
<tr>
<td>9. Service providers are well informed about the rights of PwCDs concerning their re-integration to work.</td>
<td>3 (33.3%)</td>
<td>3 (33.3%)</td>
<td>1 (12.5%)</td>
<td>5 (62.5%)</td>
</tr>
<tr>
<td>10. Service providers are well informed about the available services supporting re-integration to work of PwCDs.</td>
<td>2 (22.2%)</td>
<td>5 (55.6%)</td>
<td>1 (12.5%)</td>
<td>6 (75.0%)</td>
</tr>
</tbody>
</table>
Article

Policy Guidelines for Effective Inclusion and Reintegration of People with Chronic Diseases in the Workplace: National and European Perspectives

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Received: 31 January 2018; Accepted: 7 March 2018; Published: 11 March 2018

Abstract: The increasing prevalence of chronic diseases among the European working age population, as well as the implications for the individual and societal level, underline the need for policy guidelines targeting the effective inclusion of persons with chronic diseases in the workplace. The aim
appropriate support to employers’ needs should be accompanied with interventions for awareness raising as well as services for managing the long-term sick leaves and the return to work process. Respectively, the financial benefits to persons with chronic diseases should be used as an incentive for participating in the workforce, rather than a compensation for those remaining inactive.

However, this perspective presupposes the provision of adequate measures for facilitating and assisting persons with chronic diseases to re-integrate into work, including the adoption of a person-centred and individualized approach, in which the particular person with a chronic disease plays an essential role, and the provision of services incorporating supports in different sectors.
CHRONIC DISEASES AND EMPLOYMENT
WORK PACKAGE 8
A road map for social justice

• To identify the domains of human life to which human rights are applicable, the ICF model is the ideal platform and conceptual tool.

• It characterizes disability in terms of both biomedical and social experiences, thereby avoiding confusing debates about the ‘real’ nature of disability, and sets out areas of participation that form the operational content of the rights set out in the Convention.

• In short, it is ICF that should guide us in the development of the components of the monitoring mechanism.
The normative value of description

• The descriptive analysis of the situation of a person, the knowledge of his/her health condition, of his barriers, his facilitators, has an implicit “normative” value.

• Knowing that a person is denied rehabilitation for his age (e.g. above 65) or for her gender (girls with disability in some countries) or denied a job due to TBI is not only a description as it highlights the lack of respect of human rights, thus opening a request for justice.
How much disability?

• All this brings us to consider the role of environment (the political, economic, social contest) in another perspective: how much disability countries CHOOSE to keep?

• It is important to know that this is not a destiny, but as instruments such as UN Convention and ICF exist, it is a choice.
Dedicated to OLGA

Where a beautiful soul has travelled beautiful memories remain forever.