

ICF classification -based data – user experiences by parties involved in rehabilitation-to-work

Background

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.

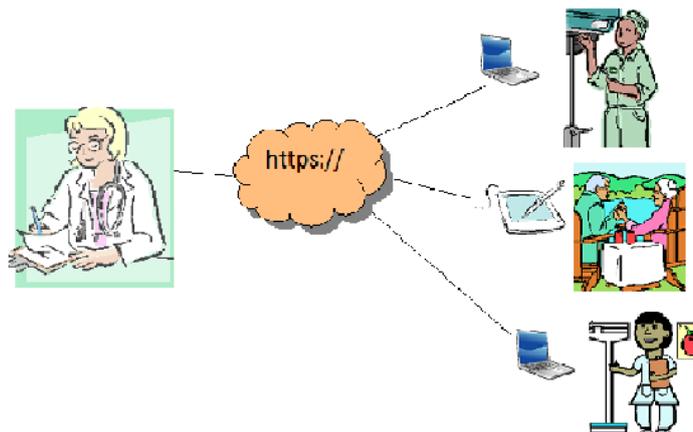
Kumppaniksi has used an ICF-based functioning capability assessment method since 2006 to support rehabilitation-to-work and aid multidisciplinary cooperation. The method includes self-assessments and external persons' observations.

Our software runs in most workstation-and-server environments and, therefore, assessments are independent of place. Assessments can be conducted using portable workstations and even tablets in the desired environments (home, work, school etc.).

Collaboration

Rehabilitees come to Kumppaniksi for rehabilitation-to-work through various other parties. These include e.g. Etsivänuoret (outreach youth work, supported by the Ministry of Education and Culture), rehabilitation unit KAKS, Social Insurance Institution of Finland Kela, municipalities, educational institutions, public employment and business services of the TE Office, insurance companies, and various employment promotion projects.

Functioning capability assessment



Functioning status data can be collected in different working environments such as the workplace, home, various rehabilitation sites, etc. This allows the creation of functioning capability profiles that have good coverage.

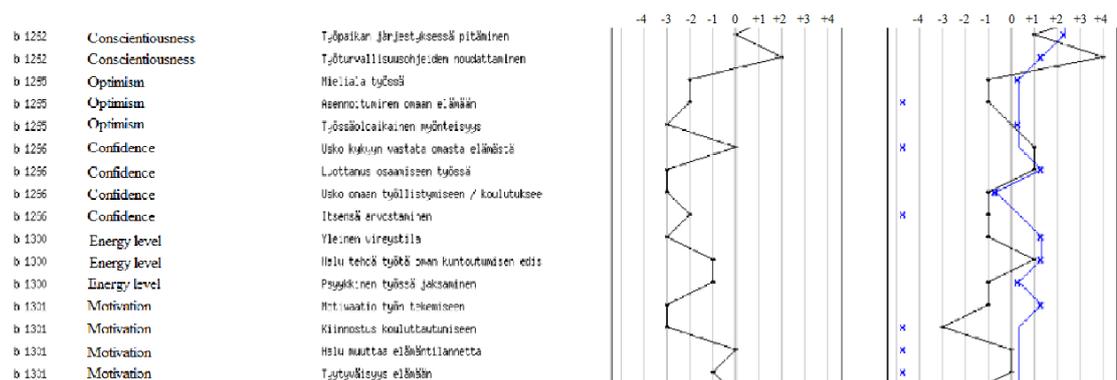
Information produced, use of produced information

Information can be produced from the assessments stored in the system in many ways:

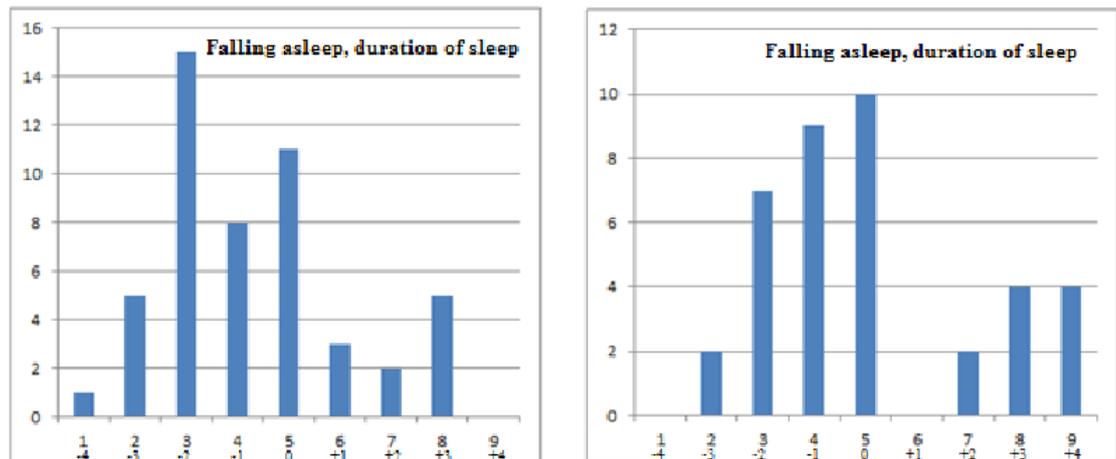
- The information from a single assessment forms a cross-sectional image of the current functioning capability of the rehabilitee. (Figure.) The information from a single assessment is used directly for the planning and guiding of the next phase of the rehabilitation process. Rehabilitation may take place through Kumppaniksi services or through those of a partner's.



- The comparison of data from two separate assessments makes it possible to point out the change in a rehabilitee's functioning status, showing the effectiveness of the rehabilitation for that particular person. (Figure.) This information is used for discussions with the rehabilitee and in the work of multi-disciplinary work groups. Work groups use the information for planning rehabilitation as well as for making decisions about further actions in cases in which the rehabilitees' limitations are seen as permanent.



- The statistical study of data compiled per customer group, age group or other such factor produces information about limitations common to that group. It also presents the functioning status changes on the group level, showing the effectiveness of the rehabilitation at the group level. (Figure.) Organisations use the statistical data from the system in working with their partners as well as within the organisation to learn whether or not rehabilitation brings up knowledge or skill issues that require the organisation to acquire further training or to take other development measures.



A study into partners' experiences in the use of functioning status data

The study consisted of a systematic interview among professional rehabilitation workers at partner organisations. The interview themes were the following:

- Usability of functioning status data from the point of view of a collaborating partner.
- What additional information might collaborating partners need about the functioning status of a rehabilitee.
- What collaborating partners think of the functioning status presentation model which is based on ICF.
- How collaborating partners think rehabilitation collaboration could be improved.

Collaborating partners' experiences in the use of the produced functioning status data

The most important information item obtained from a **single assessment** is the presentation of the rehabilitee's actual functioning capability. Many responses highlighted the fact that a customer's own idea of his or her functioning capability may be nebulous and, therefore, a concrete description is needed on which to base rehabilitation instead of basing one on assumptions and wishes. (All quotations in this text are based on direct Finnish-language quotations and aim to reproduce the spoken style of the original quote.)

Yes it's brought us concrete information that we need when for example there are many limitations to functioning capability. Information based on discussions about what the functioning status might be, that's not enough. It's probably often hard for a rehabilitee to know what he or she has the strength and energy for.

Similarly, accurate information about a rehabilitee's current functional capability provides a realistic basis for the timing of rehabilitative activities.

Yes no doubt the biggest thing for planning the continuation, gives us lots of guidance. We cannot observe that sort of thing like how someone has the energy for a job or how they can concentrate, we don't have such things (tools).

In addition, it has been seen that a continual assessment at work brings up issues that influence rehabilitation – issues that would not surface otherwise. Such information is often essential when the path forward is being planned.

For example for adhd/asperger rehabilitees, a discussion situation, an office reception situation, really really does not bring up the concentration ability problems to the degree to which they will come up during the work day when the rehabilitee would need to focus on a task for several hours.

The comparison of the **different assessments of a single rehabilitee** has been found useful. The information can be used as the basis for the follow-up of the progress of rehabilitation (individual effectiveness). Similarly, this information is useful for studying the impact of an aid device, intended to help with a rehabilitee's particular permanent limitation, on the overall functioning status of that rehabilitee. In these cases, the assessment may first be carried out without the aid device, then with the device. This procedure brings up the direct and indirect impacts of the aid device on the rehabilitee's functioning status.

When it's done at the beginning and at the end, it tells us about the ways progress has been made. And I think that at least so far they don't have this extensive a meter in the health services. And even if they had a customer tested by a psychologist or someone, of course that tells them something of the customer's health status, but your meter tells them more about the functioning capability.

In addition, **statistical data compiled per customer group** has been seen as informative and supportive and, therefore, beneficial for cooperation. The obtained feedback motivates members of multidisciplinary teams to cooperate.

Yes it's good that we always get feedback every year. For example we just got the 2015 feedback and it contains the ICF assessment and tells us how these rehabilitees have benefited, which areas have become stronger like self-esteem and commitment. I just perused it, it's important to make it visible for us too, its significance and benefits. We see which factors change, which issues change, during an examination period. That adds to the motivation in our heads too and then we can tell the rehabilitees what rehabilitation might actually involve.

Considering the length of the time required for a functioning status assessment, the respondents agreed that a short discussion or a test period of a day or two do not suffice to produce a reliable result.

I think it right [1–3 months] because in that time all problems have time to surface properly if there are any. A person can stick to an assumed role and try hard for three weeks. But when it is three months it is enough for problems to surface and show up somehow.

Summary

The presentation format of the functioning status assessment data works but the use of ICF requires further education.

No further additional information was found to be required relating to any one single ICF domain, as all needs for additional information were specific to certain rehabilitees.

Reliable functioning status information has advanced the development of multidisciplinary cooperation in rehabilitation, and promoted trust in that cooperation.

When the information at hand is reliable, all parties involved in rehabilitation are able to focus on their tasks in their key competence areas, and that makes the use of resources more effective.

Rehabilitees benefit from cooperation because rehabilitative activities can be focused as the currently most significant factors require and all activities can be carried out by the most appropriate service provider to reach the desired outcomes.

Epilogue

I just wonder how it was that we worked out these things at all before we set up this cooperation, I mean earlier.

More information

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