Editorial
The International Classification of Functioning Disability and Health

In September 2007 the World Health Organisation (WHO) published the Children and Youth version of the International Classification of Functioning Disability and Health (ICF-CY) [1]. The WHO has been replacing the International Classification of Impairments, Disabilities and Handicaps first published in 1980. The revision started with the International Classification of Functioning, Disability and Health for adults (ICF) published in 2001.

The aim of the revision is to address some of the difficulties with the previous classification system; in particular the problems of nomenclature, and to try and resolve the difference of emphasis implicit in the medical and social models of disability which have often been seen as opposed to each other. The specific aims of ICF-CY are:

- to provide a scientific basis for understanding and studying health and health-related states, outcomes and determinants;
- to establish a common language for describing health and health-related states to improve communication between different users such as healthcare workers, researchers, policy makers and the public including people with disabilities;
- to permit comparison of data across countries, health care disciplines, services and time; and
- to provide a systematic coding scheme for health information systems.

These are ambitious aims [2] and new language and definitions are needed for them. ICF-CY establishes some new terms outlined in Table 1 that may well replace other coding systems [3].

The authors of ICF-CY argue that it has universal application; the classification system is trying to move away from a dichotomy of the able-bodied and the disabled. They point out that all of us, at different times and in different domains of the classification, have some degree of impairment and ICF-CY tries to capture this dynamic process by classifying according to disability and functioning.

The classification system is organized into two parts; Part 1 deals with Functioning and Disability and includes the Body functions and structures and Activities and Participation components. In keeping with the philosophy of the system, the components can be expressed in two ways; on the one hand, they indicate problems under the generic term ‘disability’, on the other hand they can indicate non-problematic or neutral aspects of health and health-related states summarized under the umbrella term ‘functioning’.

Part 2 of ICF-CY is Contextual Factors and includes a list of environmental factors. The idea is to codify the facilitating or hindering impact of different features of the physical, social and attitudinal world. Clearly personal factors are also a component in this area but ICF does not classify these because of the large social and cultural variance associated with them [1].

ICF-CY is an attempt to unify the two dominant models of disability. The medical model views disability as a feature of the child, directly caused by a disease, trauma or some other health condition which requires medical care provided in the form of treatment by professionals. The social model sees disability as a socially created problem that demands a political response to change an unaccommodating physical environment or attitudes and other features of the social environment. ICF-CY brings these two models of disability together in a biopsychosocial model. This model can accommodate the biological, individual and social perspectives of functioning and disability (Figure 1).

The long list of domains that are described in ICF-CY becomes a classification system when

### Table 1

| Definitions of key terms in ICF-CY [1] |
|---------------------------------------|
| In the context of health:             |
| Body functions are the physiological processes of body systems and includes 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 |
| Activity limitations are difficulties an individual may have in executing activities |
| Participation is involvement in a life situation |
| 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 business |

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Qualifiers are used [1]. Qualifiers record the presence and severity of a problem at the body, person and societal levels. To classify body function and structure, the primary qualifier grades impairment on a 5-point scale (no impairment, mild, moderate, severe and complete). In the Activity and Participation domains two important new qualifiers are introduced; the performance qualifier describes what a child can do in their current environment and the capacity qualifier describes the child’s intrinsic ability to execute a task or action. When both performance and capacity data is available a ‘gap’ can be identified. If capacity is less than performance, then the person’s current environment has enabled better performance than the data about capacity would predict: the environment has facilitated performance. But if capacity is greater than performance then some aspect of the environment is a barrier to performance.

In the future, ICF-CY could be the framework and classification system to produce reliable and comparable data on the health of individuals and populations. It will be useful at different levels; at an individual level questions that could be addressed are

- What is a person’s level of functioning?
- What treatments or interventions can maximise functioning?
- What are the outcomes of treatment?
- How useful were the interventions?

It could also be used for interagency communication on a child and for self assessment, such as ‘how would I rate my mobility’?

At the institutional level ICF-CY could be used for training and education and to answer issues such as

- What health care and other services will be needed?
- How well do we serve our patients?
- What basic indicators of quality assurance are valid and reliable?
- How useful are the services we are providing?
- How cost effective are the services we provide?

At the social level policy challenges that could be explored with ICF-CY include

- Are the eligibility criteria for disability benefits evidence-based, appropriate to social goals and justifiable?
- Will guaranteeing rights improve functioning at the societal level? Can we measure this improvement and adjust our policy and law accordingly?
- What are the needs of persons with various forms of disability – impairments, activity limitations and participation restrictions?
- How can we make the social and built environment more accessible for all people, those with and without disabilities? Can we access and measure improvement? [1]

ICF-CY is the WHO’s new framework for health and disability in children and young people. It offers an international, scientific tool for the paradigm shift from a purely medical or social model to an integrated biopsychosocial model of human functioning and disability and will be an essential tool for the standardization of data concerning all aspects of human functioning and disability around the world.

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