

The ICF in theory
理論篇

What is the ICF?

ICF是甚麼？

社會工作之路並不易走，我們常常要在有限的資源下為服務使用者謀求最大的福祉。扶康會不忘初心，多年來一直致力尋找合適的方法提升服務質素。經多年探索，我們終於遇到一個評估框架，可以促進跨專業交流和了解服務使用者的全方位需要，為服務使用者提供度身訂做的服務。採用此評估工具後，我們樂見服務使用者因滿足感大增而笑容滿臉。

本會從 2017 年開始研究世界衛生組織的《國際功能、殘疾與健康分類系統》(以下簡稱“ICF”)，並自 2019 年起，陸續應用於不同類型服務的個案管理上，使服務使用者的年度計劃能更加以人為本、以求為導，符合本會的使命及核心價值。

ICF 理論主張殘疾造成的不便不只是身體殘障的結果，亦是人與環境互動的結果所致。ICF 以「全人方式」去理解殘疾，並提倡我們注意「生物 - 心理 - 社會」(Bio-psycho-social) 之間的互動關係。我們需要評估右圖六個組成部份的功能狀況，從而得出每位服務使用者的能力及需要。

ICF 的概念下，即使智障人士的認知能力有限，一旦他們能夠得到適切的協助或支援(如：人手、環境)，他們仍然能夠展現其獨特的能力，甚至貢獻社會。

其實，ICF 與《殘疾人權利公約》的關係密不可分。《殘疾人權利公約》倡議我們應重視殘疾人士作為主體的理念。殘疾人士的意見 / 意願是很重要的，我們在決策時應予以考慮。因此，在評估服務使用者需要及制訂年度計劃時，我們會將其「喜好、強項及意願」一併考慮，並在可行的情況下優先納入介入計劃之內，以消除服務使用者在生物、心理、社會上遇到的障礙，同時滿足其喜好、強項及意願。

在執行 ICF 的過程中，有些殘疾人士的確難以有效地表達自己的意願，我們會盡力透過同理心或照顧者(前線員工或家屬)的觀察以獲取相關資訊。根據過去的經驗，當服務使用者

可以參與自己的介入計劃決策時，他們介入的動機及投入度會大大提升，達到介入的預期成效的機會也自然更高。

在管理個案時，我們透過 ICF 框架所制訂的共同文件(Common Documents)，從各專業及不同職級的員工收集服務使用者的喜好、強項及意願，以及其生物方面(身體狀況、身體功能及結構)、社會方面(活動、參與、環境因素)和心理方面(個人因素)的需要，作全人評估，為服務使用者度身訂做適切的年度計劃(包括：工作目標、介入方案、及了解介入成效)。由此可見，ICF 有助跨專業協作、促進員工之間的溝通，並使本會能妥善地集中運用資源，構建更以人為本的工作計劃。

ICF 是一個全方位的評估框架，彰顯了一個以人為本、協同效應的價值觀，讓我們有效貫切「以求為導」的精神，為服務使用者制訂各種配合其需要的規劃。後頁的兩個 ICF 個案分享及一位參與 ICF 員工的分享，幫助我們了解 ICF 如何為服務使用者帶來使人鼓舞的轉變。

Social work is not an easy profession. We often have to strive for the greatest well-being for our service users while working with limited resources. Fu Hong Society has never lost sight of its mission. Over the years, we have worked hard on finding suitable methods to improve our service quality. After years of exploration, we have finally found an evaluation framework that takes care of the comprehensive needs of our service users through cross disciplinary communication, while providing tailor-made service. Since adopting this evaluation tool, we are delighted to see that our service users have been beaming with satisfaction brought by this change.

Since 2017, the Society began to study the World Health Organization's "International Classification of Functioning, Disability and Health" (ICF). From 2019 onwards, our findings were gradually applied to the case management of different types of service users, their yearly plans became more people-oriented and needs-based, which aligns with the Society's mission and core values.

Under the concept of ICF, inconvenience caused by disability is not just a result of physical impairment, but rather the result of human interaction with the environment. The ICF takes a "holistic" approach to understanding disability, drawing our attention to "bio-psycho-social" interactions. We need to evaluate the capabilities and needs of each service user based on the functional status of the six factors.

The ICF infers that while persons with intellectual disabilities have limited cognitive abilities, with appropriate assistance or support (e.g. : manpower, environment), they can still demonstrate their unique capabilities and even contribute to society.

In fact, the ICF and the "Convention on the Rights of Persons with Disabilities" both go hand-in-hand. According to the "Convention on the Rights of Persons with Disabilities", we should give weight to the concept of treating persons with disabilities as a subject. The opinions/will of persons with disabilities are important. They should be taken into account when making decisions. Hence, when assessing the needs of service users and formulating yearly plans, we consider their "likes, strengths and wishes", and prioritise them into our plans whenever feasible. This eliminates the bio, psycho, social barriers that service users face in society, while satisfying their likes, strengths, and wishes.

In the process of implementing the ICF, some persons with disabilities do have difficulties in expressing their wishes, but we still try our best to acquire relevant information through empathy or observation of caregivers (frontline staff or family members). Based on past experience, when service users were able to participate in making decisions about their own intervention plans, their motivation and attention in the intervention were remarkably improved, which naturally leads to better chances in achieving the expected results of intervention.

When managing cases, our staff from different professions and levels collect the likes, strengths and wishes of service users, as well as their biological (health condition, body function and structure), social (activity, participation and environment factors) and psychological (personal factors) needs through the Common Documents developed by the ICF framework. We conduct holistic assessments that allow tailored yearly plans for service users (including: work goals, intervention plans and understanding the effectiveness of intervention). From the above, it is clear that the ICF facilitates cross disciplinary collaboration, encourages communication among staff, and enables organisations to efficiently pool resources and build more people-oriented plans.

The ICF is a comprehensive evaluation framework that promotes people-oriented and synergistic values. It allows us to effectively carry out a "needs-based" service, so that we can formulate various plans that meet the needs of our service users. The following pages will share how the ICF has brought inspiring change in service users through two ICF case studies, together with a sharing from our staff practising ICF framework!



為員工舉辦《國際功能、殘疾與健康分類系統》先導計劃簡介會。
Organized briefing sessions of "international Classifications of Functioning, Disability and Health" pilot programme for staff.