



# Family Centered-Care, the ICF and the F-Words: An Evolution in Clinical Practice

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WELCOME





# *FCS RECOGNIZES THAT :*

Each family is **unique**

The family is a **constant** in the child's life

Parents are the **experts** on the child's needs and abilities



# Principles of Family-Cent ered Care

Respectful and Supportive Care

Coordinated and Comprehensive Care

Enabling Partnership and Collaboration

Providing Specific Information

Providing General Information

King G, King S, Rosenbaum P, et al: Family-centered caregiving and well-being of parents of children with disabilities: Linking process with outcome. J Pediatr Psychol 24:41-53, 1999



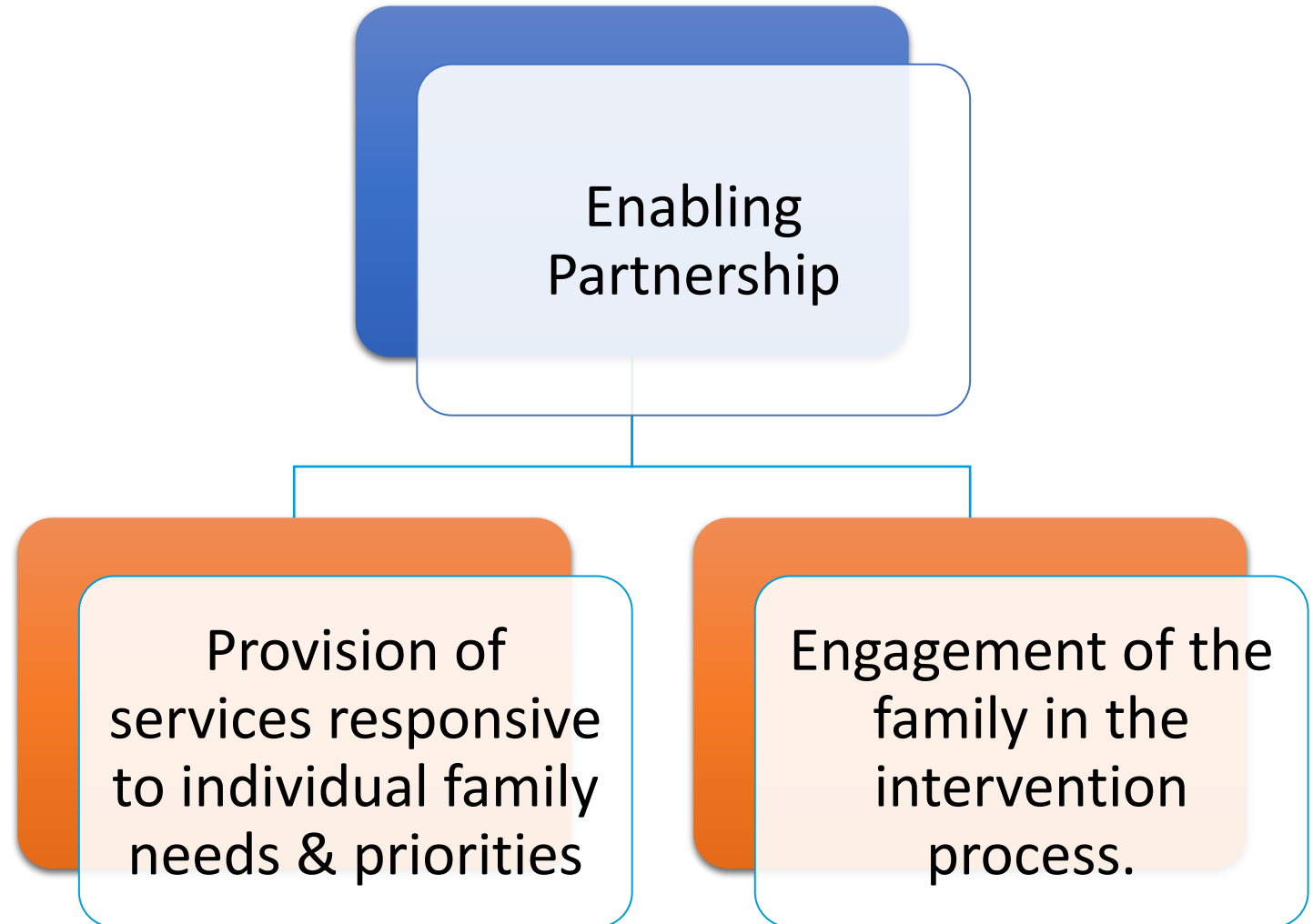
# Three Core Beliefs of FCC in Developmental Pediatrics

1. Respect for children and families
2. Appreciation of the family's impact on the child's well-being
3. Family-professional collaboration





# Family-Health Provider Partnerships



# What do we mean by FCS?

## A conceptual framework with three premises

1. **Parents know their children best and want the best for their children**

### **Guiding principles:**

- Parental involvement in decision making
- Parents should have the ultimate responsibility for the care of their children



# What do we mean by FCS?

## A conceptual framework with three premises

### **2. Families are different and unique**

#### **Guiding Principle:**

- Each family and family member should be treated with respect (as individuals)

# What do we mean by FCS?

## A conceptual framework with three premises

**3. Optimal child functioning occurs within a supportive family and community context. The child is affected by the stress and coping of other family members.**

### **Guiding principles:**

- The needs of all family members should be considered
- Involvement of all family members should be supported and encouraged



## **10 Elements of Family-Centered Care**

**Supporting the  
child in  
decision-making**

**Acknowledging  
the family as a  
constant in the  
child's life**

**Encouraging  
family-to-family  
and peer support**

**Promoting an  
individual and  
developmental  
approach**

**Recognizing the  
importance of  
community-based  
services**

**Honoring  
cultural diversity  
and family  
traditions**

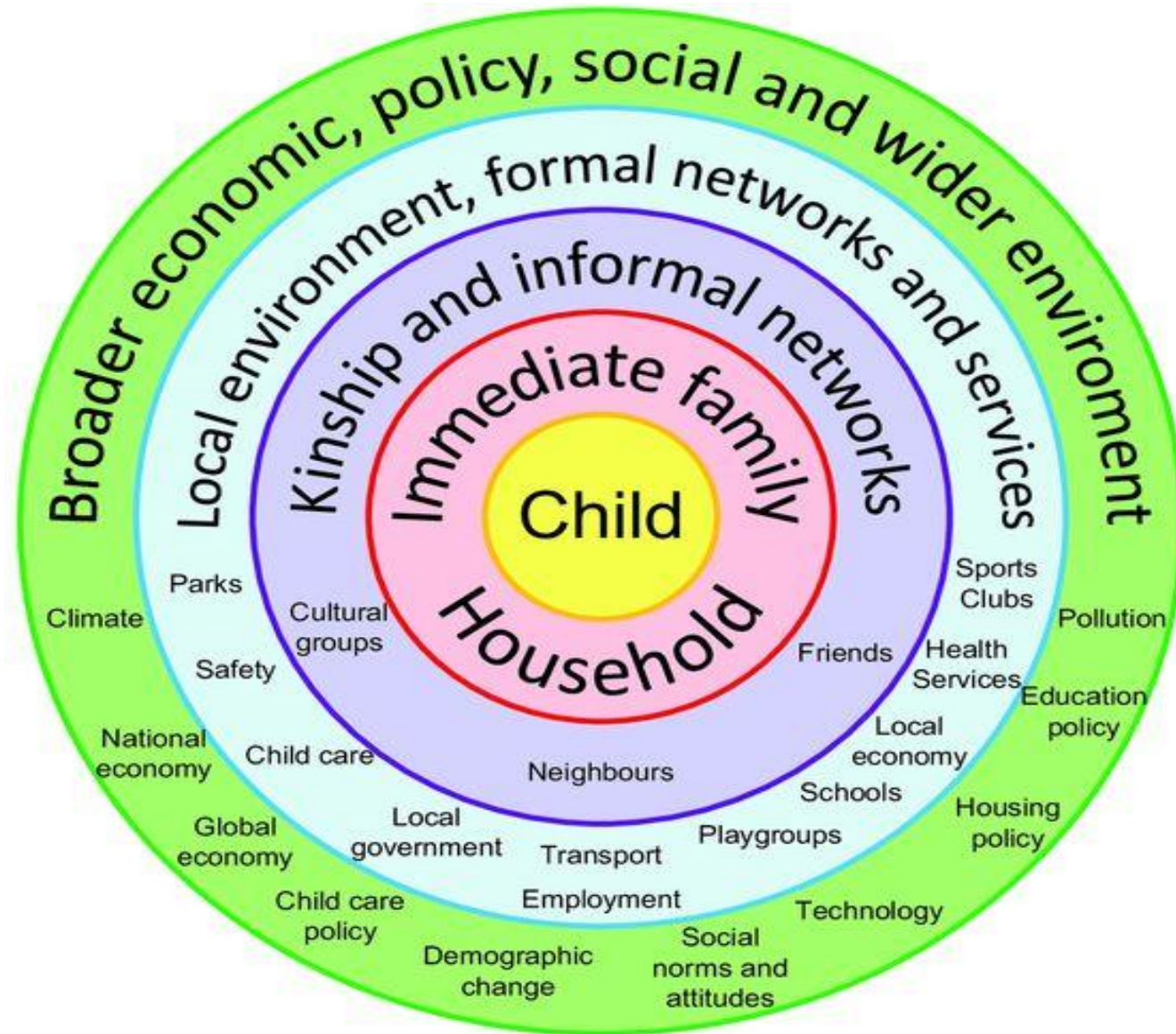
**Building on  
family strengths**

**Developing policies,  
practices and  
systems that are  
family-friendly and  
family-centered**

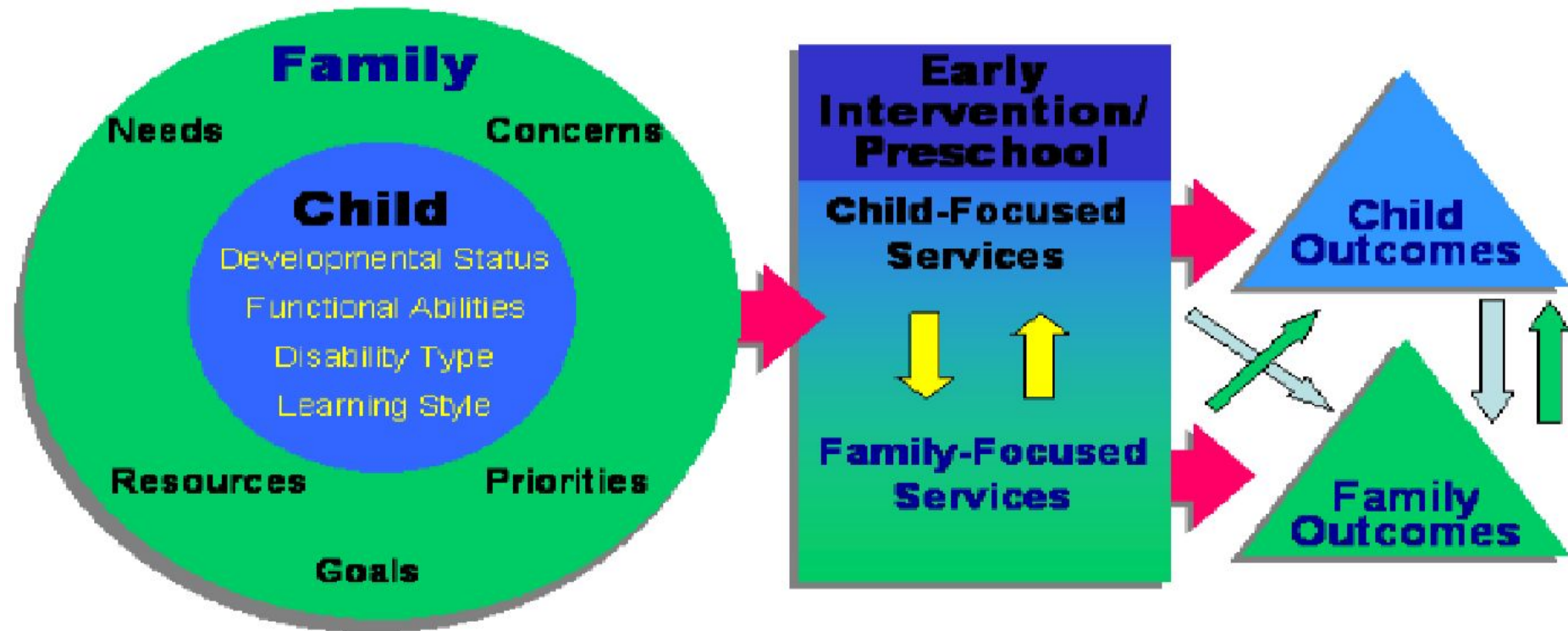
**Celebrating  
successes**

**Supporting  
child's transition  
to adulthood**

# Bronfenbrenner's Ecological Systems Model



# Interrelationships of Services and Outcomes for Children and Families







# What affects family well-being?

Many factors affect parental well-being:

- These include child, family, social, stressor and coping variables

(King et al. 1999)





# FCS Involves the Whole Family

- In FCS, the strengths and needs of ALL Family members are considered.
- The family works together with service providers to make informed decisions about the services and supports the child and family receive.

# Predictors of family well-being

in parents of children aged 3 to 6 with neurodevelopmental disability

(King et al. 1999)

**Our caregiving** is important for parental emotional well-being , satisfaction and stress

**Child behaviour problems** are predictor of parental well-being

**Social-ecological factors:** family functioning and social support-predict parents well-being

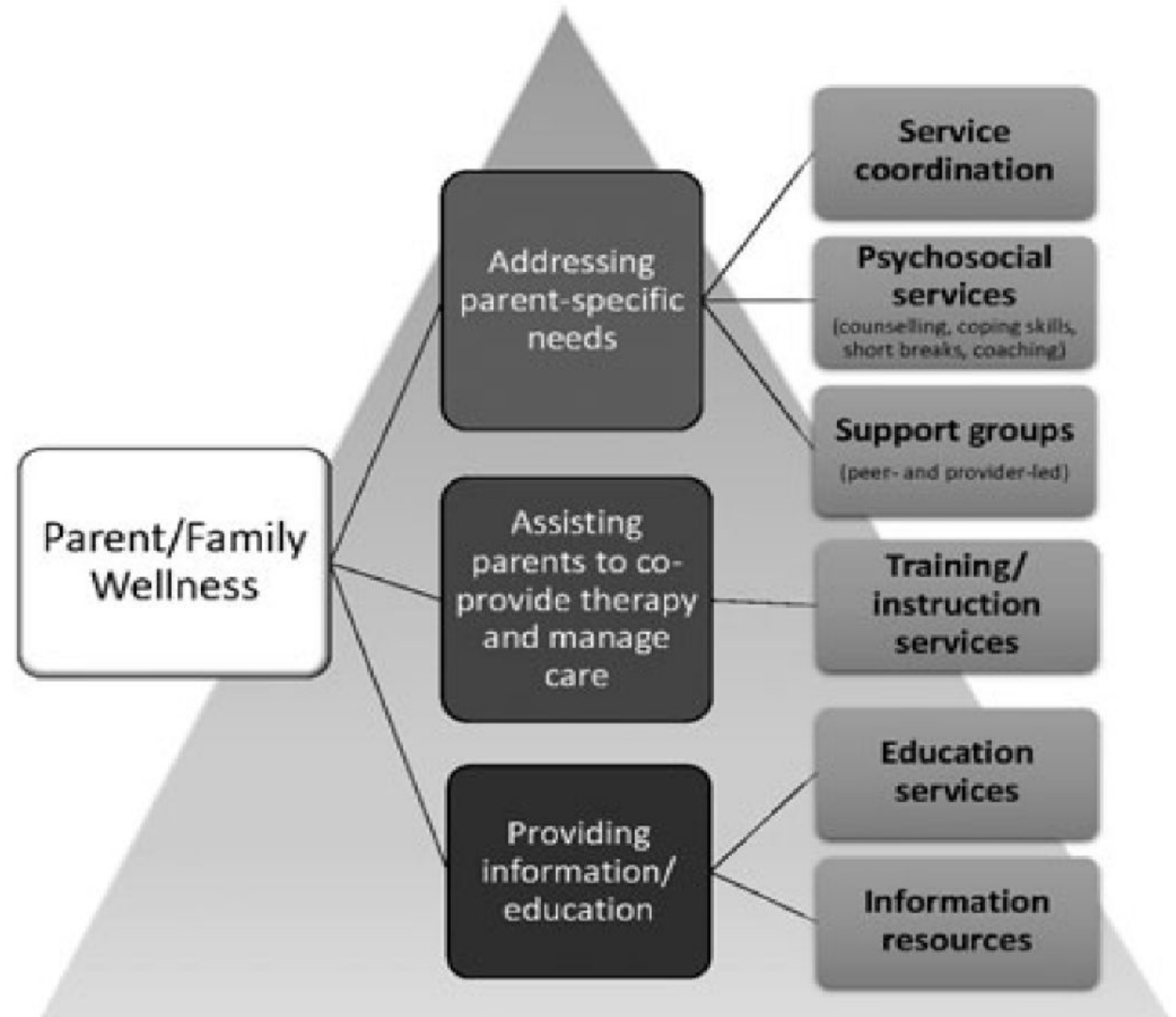


# What types of family-oriented services meet parent and family needs?

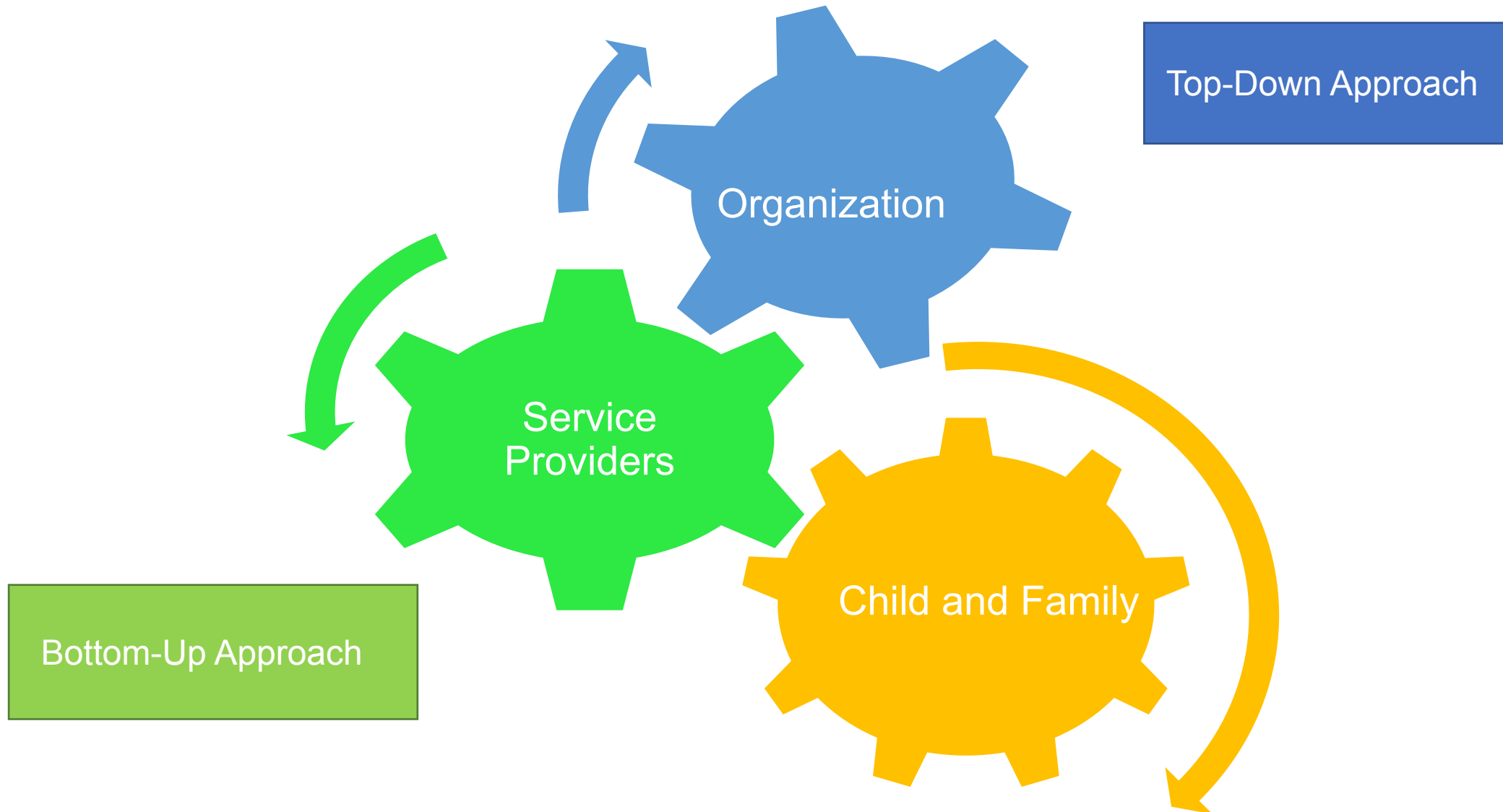
- Family-oriented services are needed to meet parents' needs, enhance capacity and promote family wellness
- Need to provide parents and families with information resources, support groups, psychosocial services
- Composite parent–child services are an important way to meet needs of all family members.

King G, Williams L, Hahn Goldberg S. Family-oriented services in pediatric rehabilitation: a scoping review and framework to promote parent and family wellness. *Child Care Health Dev.* 2017 May;43(3):334-347. doi: 10.1111/cch.12435. Epub 2017 Jan 12. PMID: 28083952.

# Framework showing a continuum of family-oriented services



# Implementing Family-Centred Care



# Challenges to Family-Centred Care

- Predominance of medical model of care
- Traditional views of health care providers
- Perceptions of childhood disability
- Impact of cultural beliefs on child rearing practices
- Caregiver burden, social isolation
- Societal stigma
- Service providers not trained in FCC and coaching approaches
- Environmental barriers







# Opportunities for Family-Centred Care



## Strengths of the ASSA's Program

- Focus on rural & poor
- Program offered free of cost
- Equitable access to all families
- Village-based: home- or centre-based
- Multidisciplinary team
- Benefits from mobile connectivity & device use
- Led and supported by administration
- Funding grant from Grand Challenges Canada
- Mentoring on FCC from Canadian Clinical team

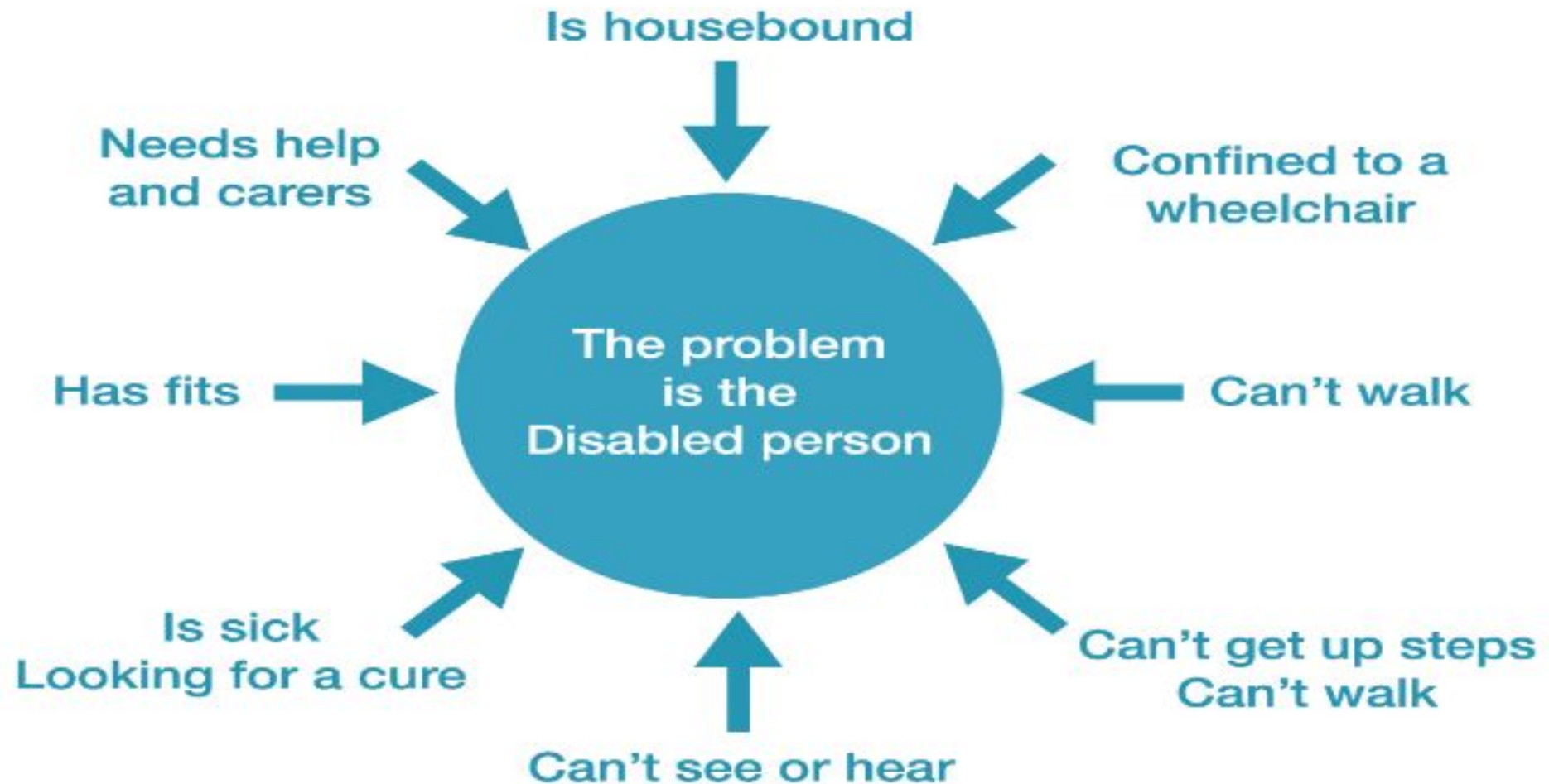








## The Medical Model of Disability



This is a diagram of the traditional Medical Model of Disability, which the Social Model was developed to challenge.

## The Social Model of Disability



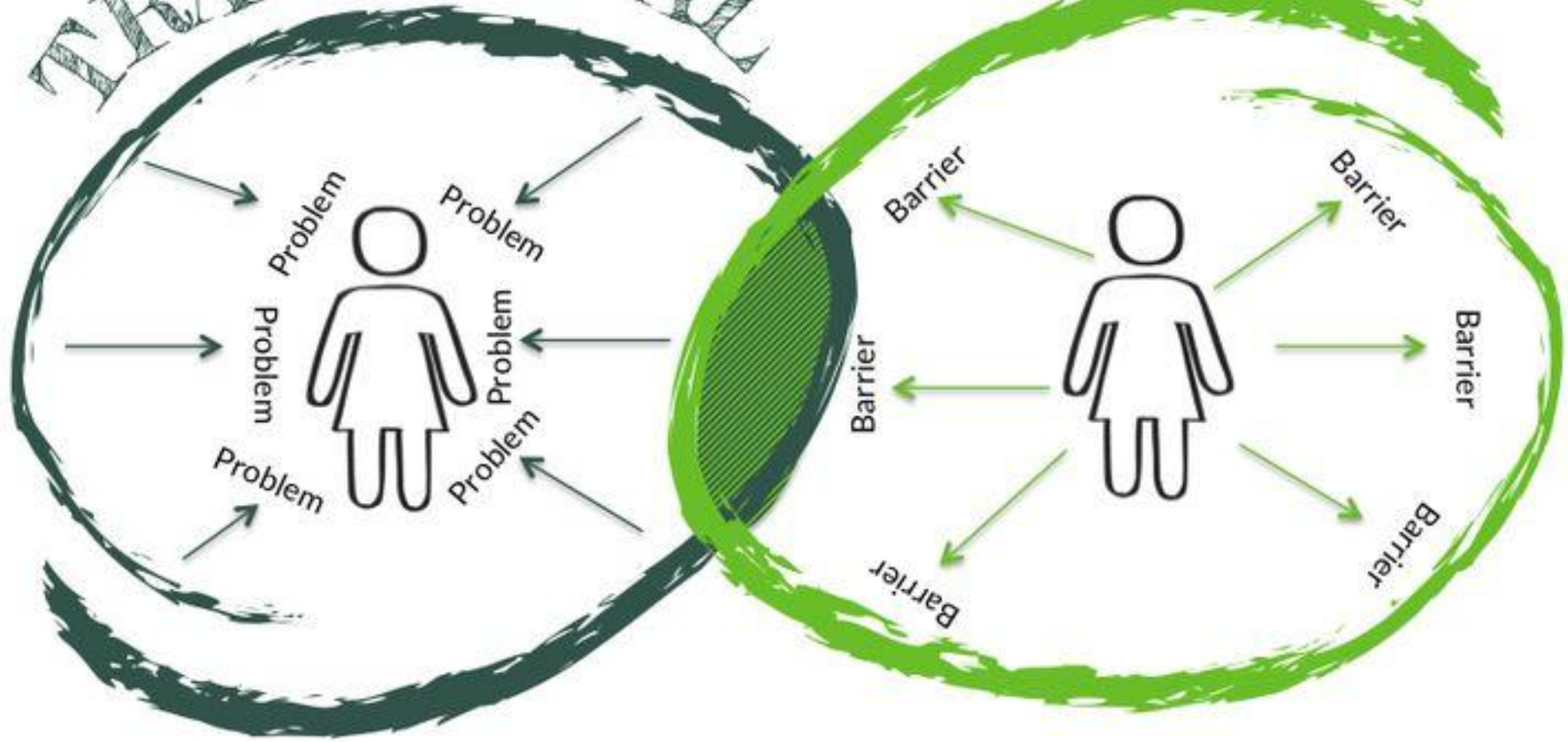
The Social Model of Disability states that the oppression and exclusion people with impairments face is caused by the way society is run and organised.



TRADITIONAL

VS.

SOCIAL



## Main Disability Models

Model	Charity Model	Medical Model	Social Model	Human Rights Model
<b>Appearance</b>	Early 20 <sup>th</sup> century	Mid-20 <sup>th</sup> century	Late 20 <sup>th</sup> century	Late 20 <sup>th</sup> start 21 <sup>st</sup> century
<b>Description</b>	PWDs seen as victims at the grace of society's charity. PWDs viewed as suffering people to be pitied and cared for. Whatever is done for PWDs is done out of charity.	Disability seen as problem of the individual, directly caused by disease, trauma or other health condition. Medical care of the impairment is required. Management of the disability is aimed at cure or the individual's adjustment and behaviour change.	Disability seen as the result of the limitations imposed by environmental barriers. The problem is placed on discrimination and exclusion coming from the society. The response is to remove barriers.	Model derived from the social model and based on the principle that all people must have equal opportunities to participate in society. Main goal is to empower PWDs and to guarantee their right to equal and active participation in political, economic, social, and cultural activities. Access to services and participation is seen as a right and not an act of charity.
<b>Possible response to following problem:</b>  A farmer has lost one leg during an earthquake. He is now begging in the street.	Donate some food or money	Physical rehabilitation: fit a prosthesis and train the person on how to utilize and maintain it.	In addition to physical rehabilitation, adjust the environment to facilitate the person's participation: <ul style="list-style-type: none"><li>• universal design in reconstruction activities;</li><li>• awareness campaigns aiming to reduce discrimination.</li></ul>	Empowerment: in addition to adjusting the environment: <ul style="list-style-type: none"><li>• Needs based training for inclusion in livelihood activities;</li><li>• Psycho-social support to enhance self-esteem;</li><li>• Train DPOs to advocate for rights of PWDs.</li></ul>

# Perspectives of Disability in the Indian Context

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- **Religious beliefs:** Hinduism (curse of God), Muslim (God's will), Christian (punishment for sins), Buddhism (Karma)
- **Cultural beliefs:** traditional practices, myths, superstition, attitudes
- **Family's** perception of disability
- **Medical model** of disability ("cure")
- **Impact of the environment:** disability or handicap
- **Social context:** society's perceptions & reactions, stigma
- **Barriers to participation and inclusion:** school and community

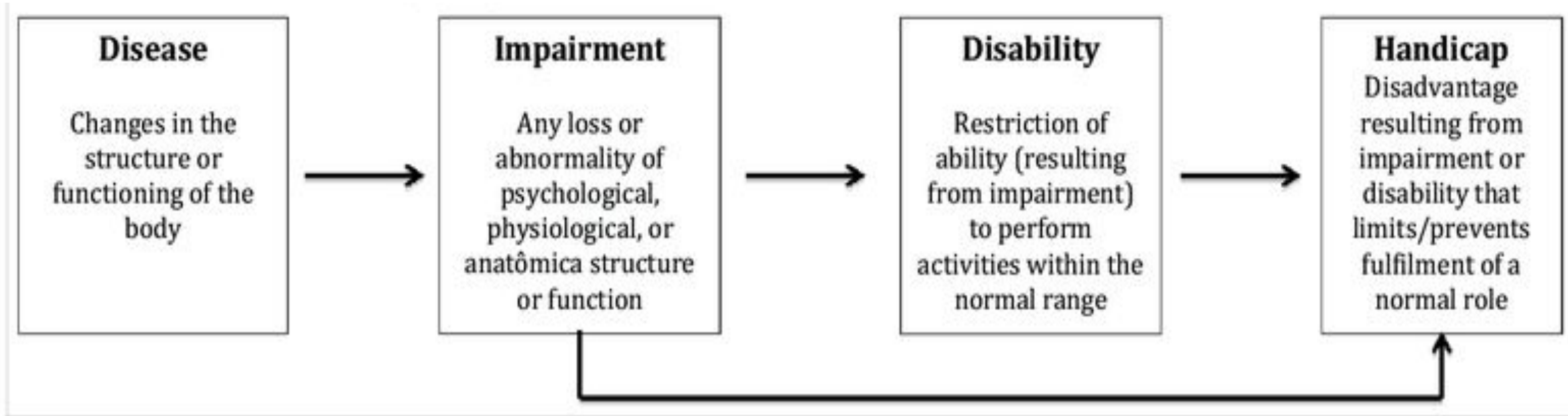
# International Classification of Impairments, Disabilities, and Handicaps, (ICIDH)

- **Created in 1980** by the WHO to provide a unifying framework for classifying the consequences of disease.
- The ICIDH defined a model that progressed from disease, impairment, and disability to handicap in a linear fashion.





# The WHO's ICIDH Model of Disability (1980)



*\*\* Adapted from: World Health Organization (WHO). International Classification of Impairments, Disabilities, and Handicaps: A manual of classification rating to the consequences of diseases. WHO, Geneva, 1980.*

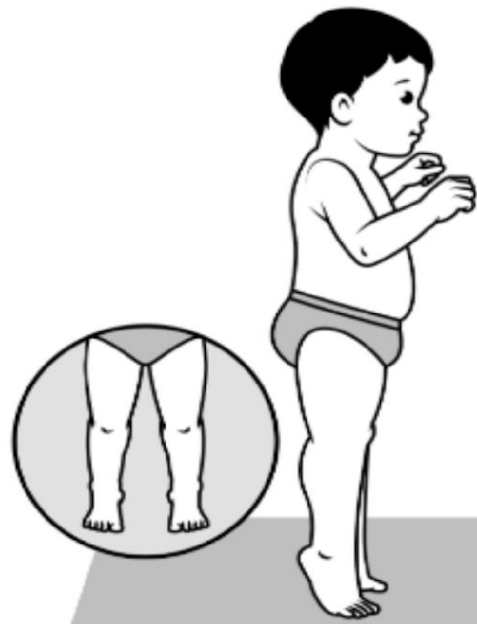
## Musculoskeletal pathology in cerebral palsy

**Stage 1**  
Hypertonia

**Stage 2**  
Contractures

**Stage 3**  
Bony deformity

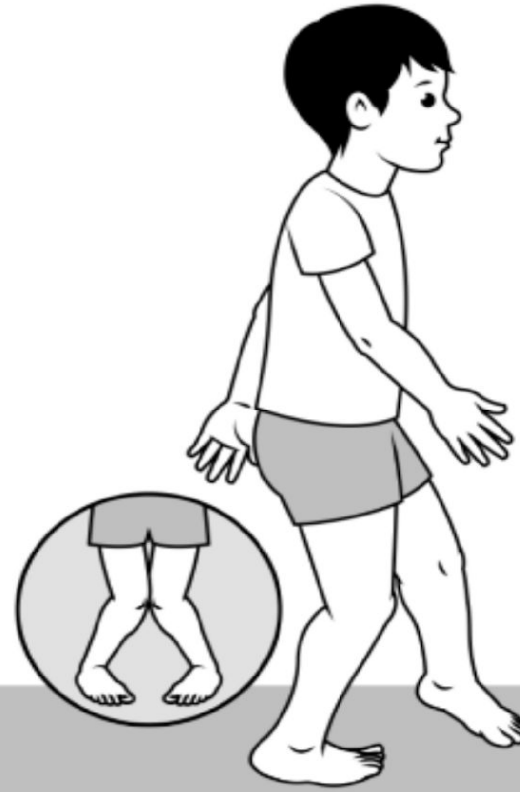
**Stage 4**  
Decompensation



Tone  
management



Contracture  
surgery



Bony  
surgery



Salvage  
surgery

## Birthday Syndrome: Mercer Rang

? TAL



Equinus  
(Extended hips  
and knees)



? HS



Crouch  
(Flexed hips  
and knees)



? Psoas



Trunk flexion  
(Extended hips  
and knees)



? Rectus femoris



Stiff knee  
(Extended hips  
and knees)



Okay





- Impairment: *any loss or abnormality of psychological, physiological, or anatomical structure or function*
- Disability: *restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being*
- Handicap: *disadvantage for a given individual resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual*

# The International Classification of Functioning, Disability and Health (ICIDH-2)

Systemic perspective identifies human functioning as the product of complex interactions between a variety of personal and environmental variables.

Adoption by WHO of a universal approach applying to any human being and not only to people with impairments and disabilities.

# Conceptual schema of the WHO's ICIDH-2 (1999)



# The International Classification of Functioning, Disability and Health (ICF)

*After ten years of international revision efforts coordinated by the WHO, the World Health Assembly, approved the International Classification of Functioning, Disability and Health (ICF) on **May 22, 2001**.*





# Traditional Thinking

“In the past, and certainly in the late 20th century, not only were you getting lots of therapy, but we wanted you to learn to walk and talk nicely and ‘normally’



# The Problem?

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- Healthcare professionals have imported the medical framework into childhood disability
- Diagnostic details have some importance but don't tell you what to do.

# 21<sup>st</sup> Century Thinking in Child Development and Disability



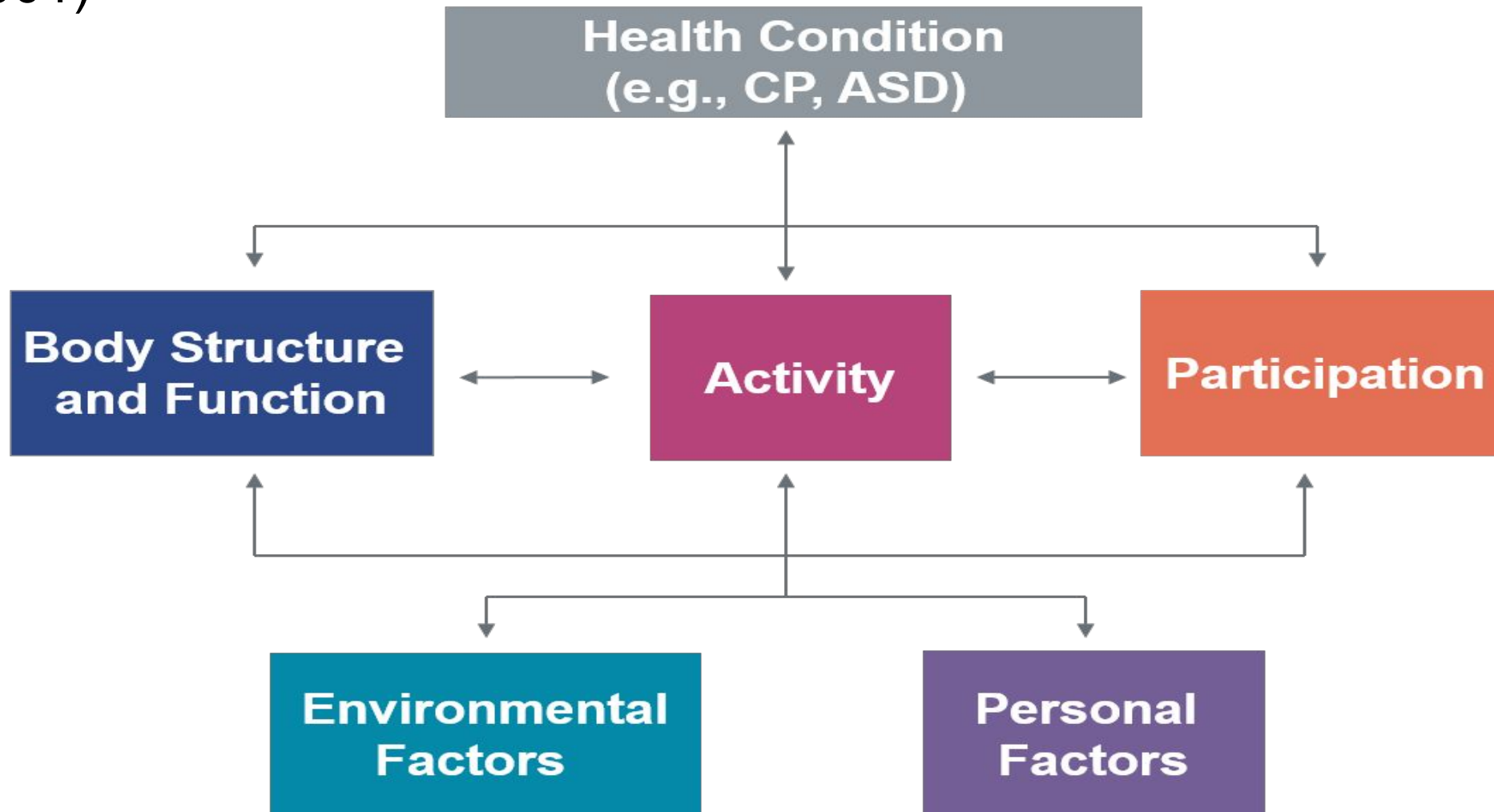
- **Think of Developmental Differences** rather than Disability
- **Think of Promoting Development** rather than Rehabilitation or Therapy
- **Think of the TOTAL Child**





# The International Classification of Functioning, Disability, and Health (ICF):

A Global Model to Guide Clinical Thinking and Practice in Childhood Disability  
WHO (2001)



# What is a Disability?

*Disability is conceived as the outcome of the interaction between impairments and negative environmental impacts.*

Disabilities cover impairments, activity limitations, and participation restrictions.

- An **impairment** is a problem in body function or structure;
- Activity limitation** is a difficulty encountered by an individual in executing a task or action;
- Participation restriction** is a problem experienced by an individual's involvement in life situations.

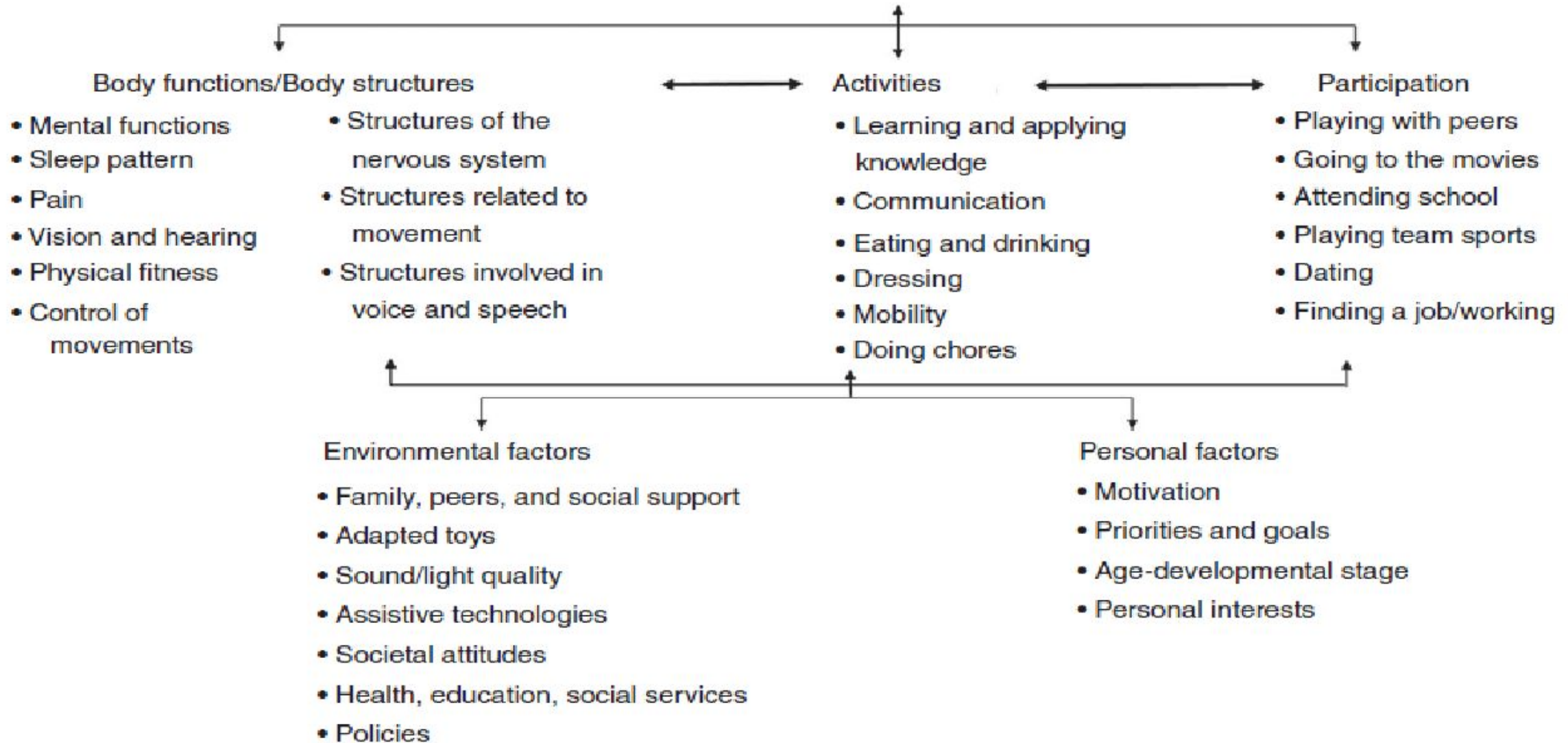


# What is the ICF Framework?

- A **universal model** – for all people, not just people with disabilities
- A **holistic model** - focuses on the whole person + their environment
- A **strengths-based model** – highlights what people can do!
- An **interactive model** – shows the interaction between a person + their environment



Neurodevelopmental disorders:  
cerebral palsy, autism spectrum disorder,  
attention-deficit-hyperactivity disorder



# Understanding the WHO's International Classification for Functioning, Disability and Health (ICF) for Child Development



Use a Strength-Based Approach  
Focus on Function and Participation...  
Not on impairments!





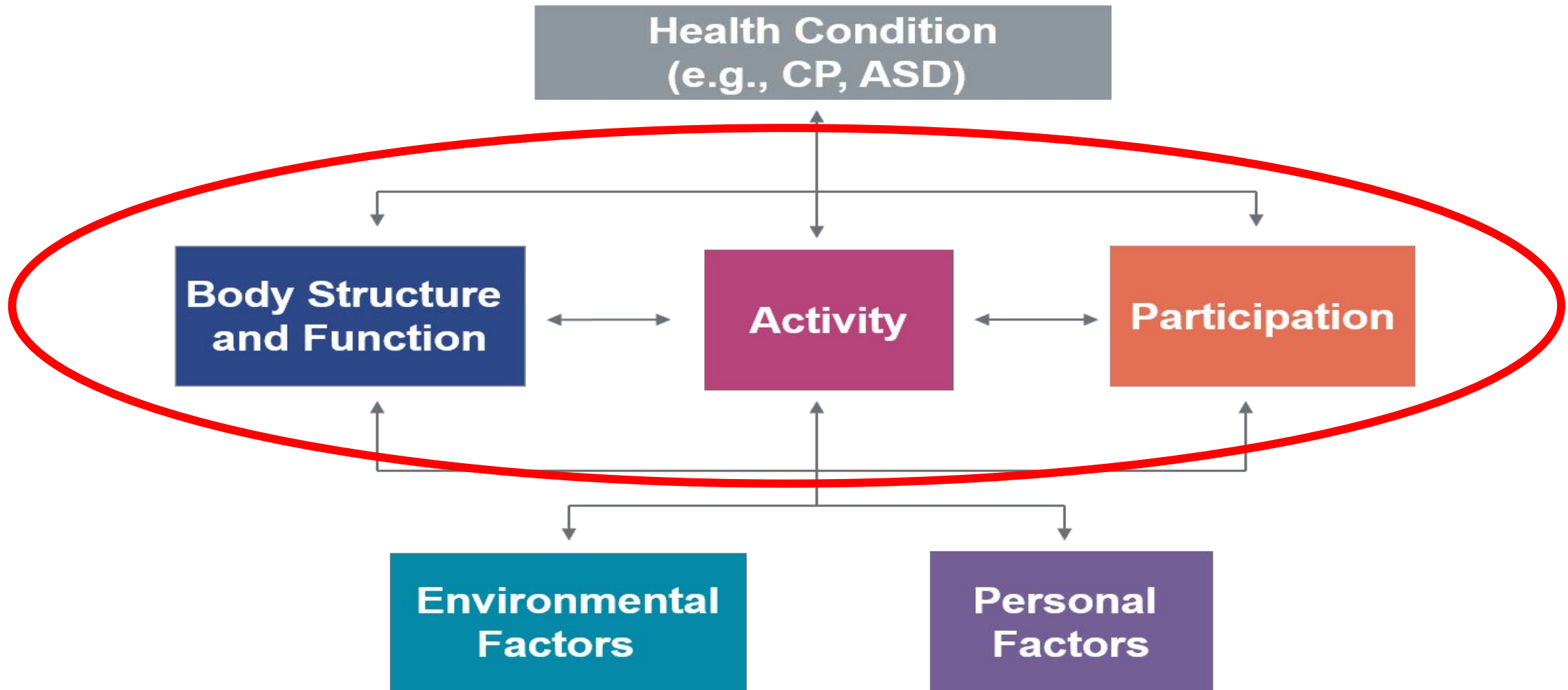
# Shift Attention from Disabilities to Abilities and Potential



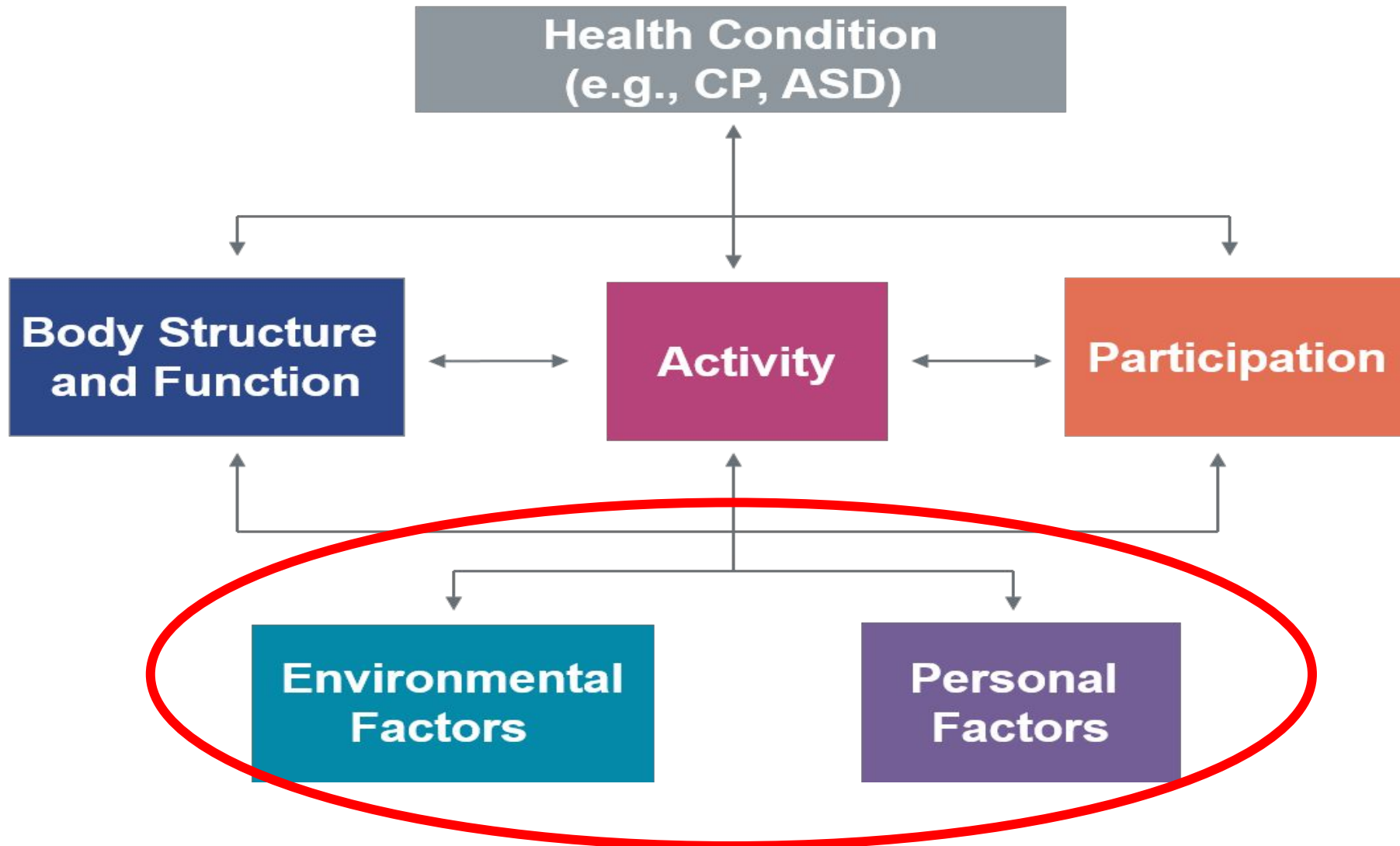




# The International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001)



# The International Classification of Functioning, Disability, and Health (ICF): A Global Model to Guide Clinical Thinking and Practice in Childhood Disability







# Environmental Factors

*Environmental factors have been found to have a major impact on one's ability to participate*

(Anaby et al., 2013; Anaby et al., 2014; Law, Petrenchik, King & Hurley, 2007; Vaughan, LaValley, AlHeresh & Keysor, 2015).

*Different aspects of the environment are recognized as potential supports or barriers to participation* (Law et al., 2007; Welsh et al., 2006), including:

- physical (e.g., built environment, accessibility, districts of residency)
- social (e.g., social support and peer support)
- attitudinal (e.g., perceptions towards disability and recreation)
- familial (e.g., family functioning)
- institutional (e.g., policies and availability of programs)

***Aids, assistive devices and adaptations are facilitators***

# What are Barriers?



***Barriers*** are factors in a person's environment that, through their absence or presence, limit functioning and create disability. Including:

- Physical environments that are inaccessible, lack of relevant assistive technology.
- Negative attitudes of people towards disability, stigma.
- Services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in any area of life.

# What are Facilitators?



*Factors in a person's environment that, through their absence or presence, improve functioning and reduce disability. Including:*

- Physical environments that are accessible, the availability of relevant assistive technology, and positive attitudes of people towards disability.
- Services, systems and policies that aim to increase the involvement of all people with a health condition in any area of life.
- *Absence of a factor can also be facilitating*, for example, the absence of stigma or negative attitudes.
- Facilitators can prevent an impairment or activity limitation from becoming a participation restriction.







# Personal Factors

- **Internal personal factors** which can include:

gender, age, education, past and current experience, character, motivation, likes/dislikes, profession and other factors that influence how disability is experienced by the individual





# The original 'F-word' was 'fix'

- Lets see our classic intervention strategies and therapies in a different light
- We don't fix most chronic conditions: we don't fix diabetes; people who wear glasses haven't had their eyes fixed, but they've had their function improved.

# Shifting to a focus on 'function'

- We now think about functioning in the context of what you as a child want to do.
- How can medical, and therapy, and environmental, and other services support you to do what you want to do, to be what you want to be?





## Reinforcing efforts and success even if done differently

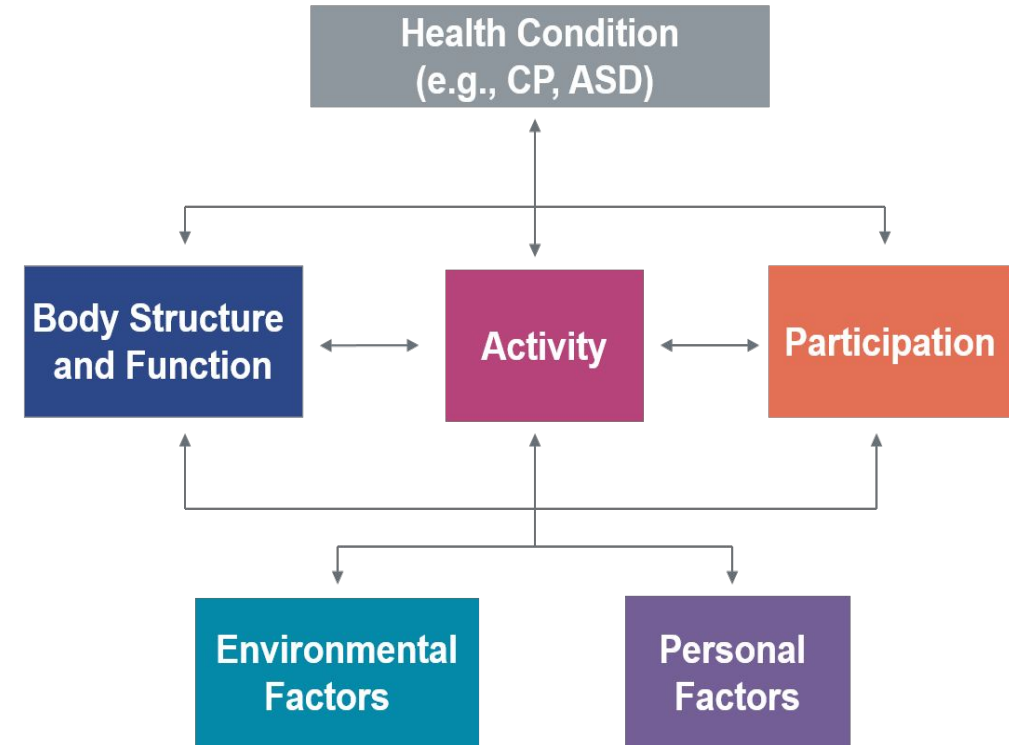
We need to help parents understand those kinds of things. You don't have to expect things to be done nicely and normally and typically.

•—Dr. P. Rosenbaum




# What Does it Mean for Families and Service Providers?

- The **ICF framework** can be used at home, at school, in the community and for health care.
- Enhances **family-centred care**
- Offers a **communication tool** – to promote conversation between the family, child, and service providers.
- An **organizational tool** – to set goals, highlight strengths, and discuss needs.



# A Story

- “The family had a six-year old with spinal muscular atrophy. Now that’s a condition where kids are weak and have limited ability to move independently. We quickly established that the child’s weakness was one we just don’t know how to fix.
- “So, I asked the mother if her child went to school. She told me no. I asked her if her child had a wheelchair. She told me no. I simply suggested she get him a wheelchair so he could go to school. The family liked this idea very much! This simple ‘environmental’ intervention had never been considered!” says Dr Rosenbaum.



# The 'F-Words' in Childhood Disability (2012)



# The 'F-words' in childhood disability: I swear this is how we should think!

P. Rosenbaum\* and J. W. Gorter\*†

\**CanChild* Centre for Childhood Disability Research, McMaster University, Hamilton, ON, Canada, and

†NetChild Network for Childhood Disability Research, Utrecht, the Netherlands

Accepted for publication 18 September 2011

# The ICF Framework<sup>1</sup> and the 'F-Words'<sup>2</sup>



## Fitness

*Everyone needs to stay fit and healthy, including me! Help me find ways to keep fit.*



## Function

*I might do things differently but I CAN do them. How I do it is not important. Please let me try!*



## Friends

*Having childhood friends is important. Please give me opportunities to make friends with my peers.*

Body Structure and  
Function

Activity

Participation

Environmental  
Factors

Personal Factors

## Family

*They know me best and I trust them to do what's best for me. Listen to them. Talk to them. Hear them. Respect them.*

## Fun

*Childhood is about having fun and play. This is how I learn and grow. Please help me do the activities that I find the most fun.*



Future

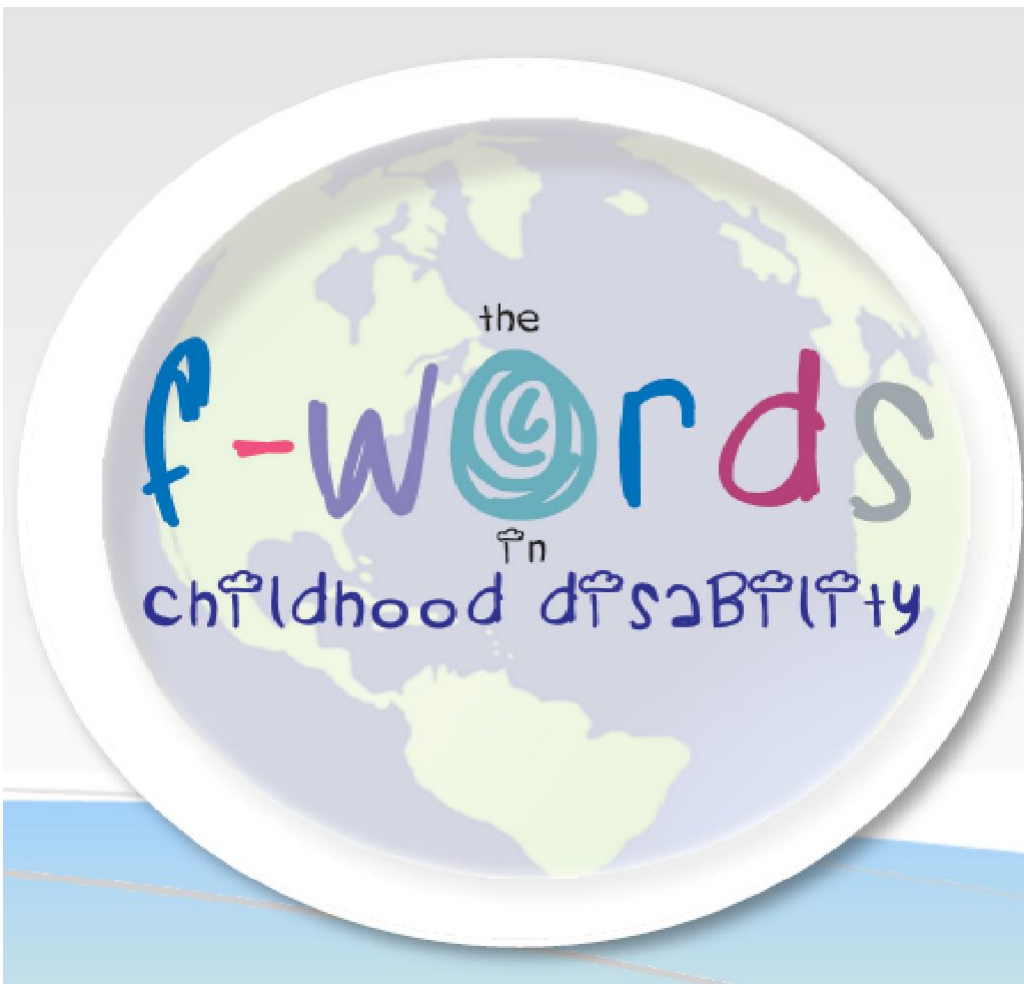
1] World Health Organization. (2001) *International Classification of Functioning, Disability and Health (ICF)*  
2] Rosenbaum P & Gorter JW. (2012). The 'F-words' in childhood disability: I swear this is how we should think! *Child Care Health Dev.* 38.  
\*Photos shared with permission from World CP Day.

For more information visit the F-words Knowledge Hub:  
[www.canchild.ca/f-words](http://www.canchild.ca/f-words)

# The 'F-Words' in Childhood Disability

- **The F-words in Childhood Disability** are based on research and build on the World Health Organization's (2001) International Classification of Functioning, Disability and Health (ICF) Framework.
- These **6 F-words** are important to **ALL children's development** and remind us to focus on what children **CAN do**.







# The 6 'F-words' in Child Development

Function

Family

Fitness

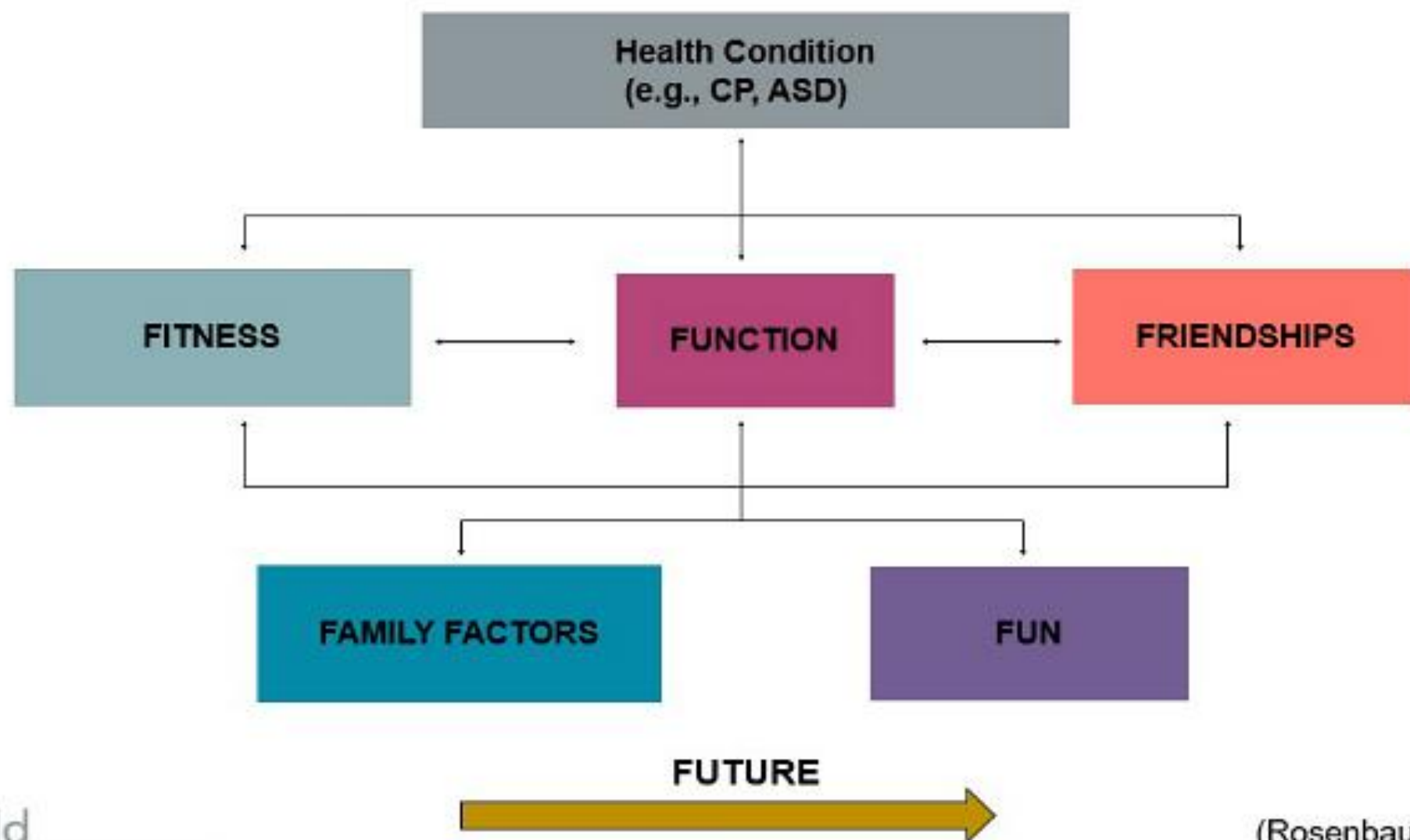
Friends

Fun

Future



# A fun & memorable way to apply the ICF Framework in practice

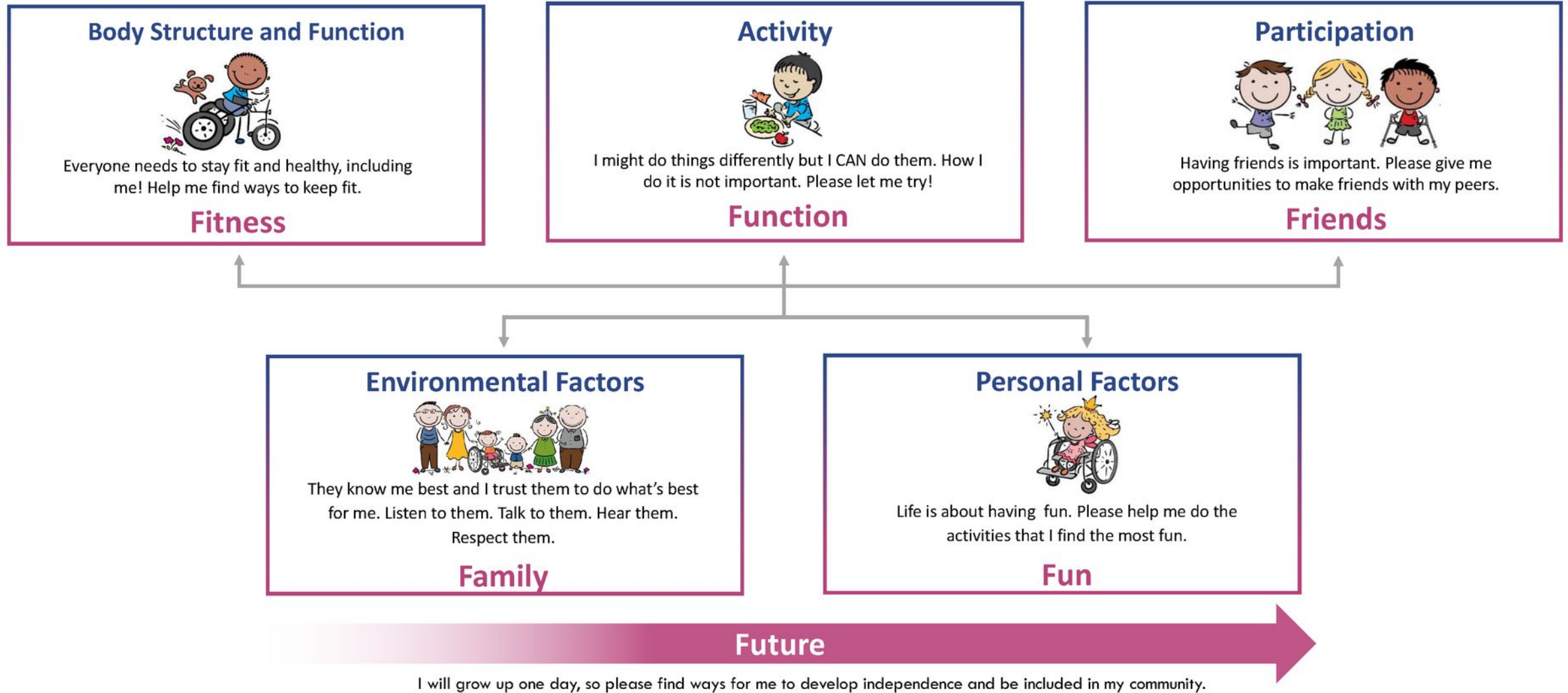


# Dr. Rosenbaum Discusses the 'F-words' in Childhood Disability on Vimeo

## My Favourite Words on Vimeo



# The ICF Framework and the F-Words

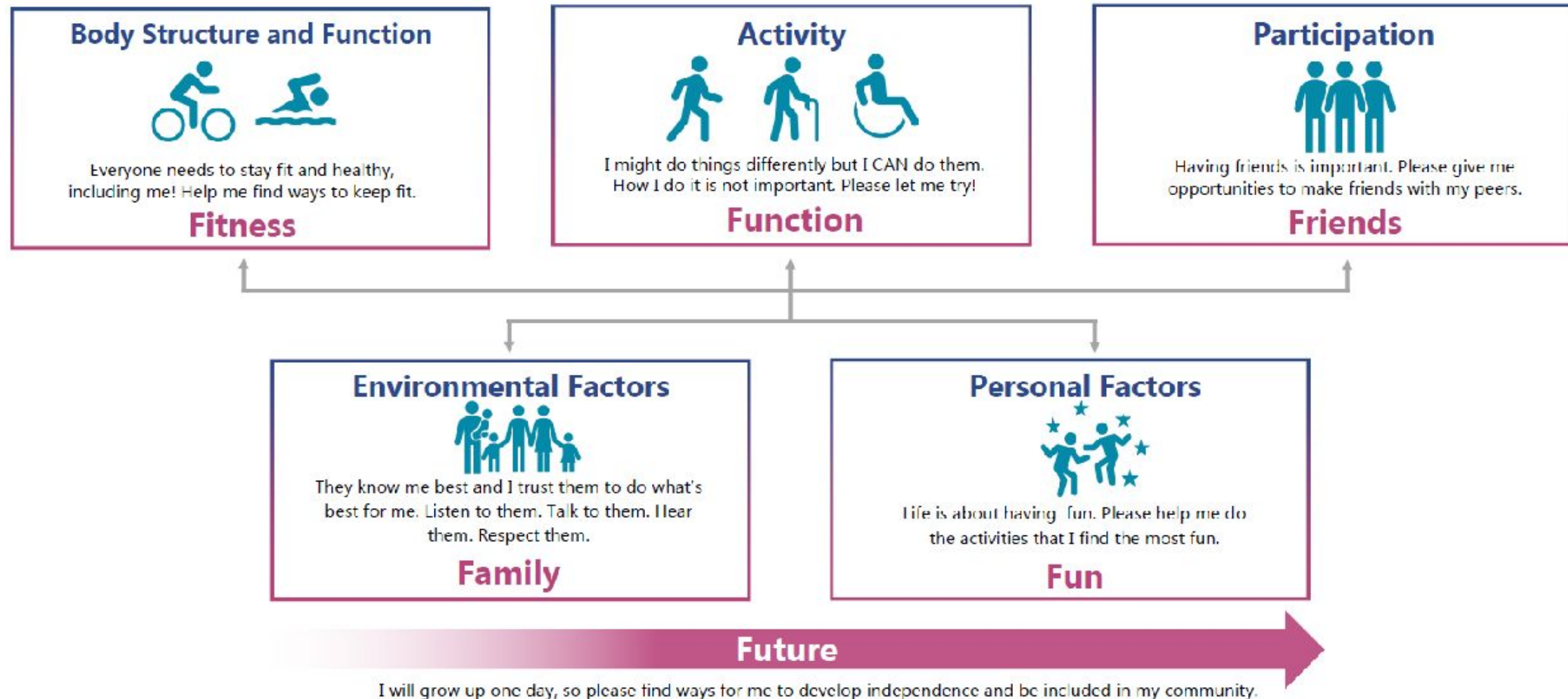


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# The ICF Framework and the F-Words



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# ಅಂತರರಾಷ್ಟ್ರೀಯ ದಿವ್ಯಾಂಗತ್ವದ ಕ್ರಿಯಾತ್ಮಕ ವರ್ಗೀಕರಣ ಹಾಗೂ ಸಂಯೋಜಿತ ಶಬ್ದಾವಳಿ- ಆರೋಗ್ಯದಿಂದ ಮೋಜುವರೆಗಿನ ಹೆದ್ದಾರಿ



## ಆರೋಗ್ಯ

ಎಲ್ಲಾ ಮಕ್ಕಳಿಗಾಗಿ ನಾನು ಆರೋಗ್ಯವಾಗಿರಬೇಕು. ಅದಕ್ಕೆ ನಿಮ್ಮ ನೆರವು ನೀಡಿ.

## ಕಾರ್ಯಕಲಾಪ

ನನ್ನ ಕಾರ್ಯವಿಧಿಯಲ್ಲಿ ವ್ಯತ್ಯಾಸವಿರಬಹುದು. ನಾನು ಯಾವ ರೀತಿಯಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತೇನೆ ಎಂಬುದು ಮುಖ್ಯವಲ್ಲ. ನನ್ನದೇ ರೀತಿಯಲ್ಲಿ ನಾನು ಕೆಲಸ ಮಾಡಬಲ್ಲೆ. ನನ್ನನ್ನು ಪ್ರಯತ್ನಿಸಲು ಬಿಡಿ.

## ಸ್ನೇಹ

ಬಾಲ್ಯದಲ್ಲಿ ಮಿತ್ರರು ಬಹಳ ಮುಖ್ಯ. ನನಗೆ ಗೆಲೆಯರೊಂದಿಗೆ ಸ್ನೇಹವನ್ನು ಬೆಳೆಸಲು ಅವಕಾಶಗಳನ್ನು ನೀಡಿ.

ಶರೀರದ ರಚನೆ ಮತ್ತು ಕಾರ್ಯ

ಕ್ರಿಯೆ

ಭಾಗವಹಿಸುವಿಕೆ

ಪರಿಸರ ಅಂಶಗಳು

ವೈಯಕ್ತಿಕ ಅಂಶಗಳು

## ಕುಟುಂಬ

ನನ್ನನ್ನು ಚೆನ್ನಾಗಿ ಅರಿತವರು ಇವರು. ನನ್ನ ಒಳಿತಿಗಾಗಿ ಇವರು ಶ್ರಮಿಸುತ್ತಾರೆ ಎನ್ನುವ ಭರವಸೆ ನನಗಿದೆ. ಅವರನ್ನು ಆಲಿಸಿ. ಮಾತನಾಡಿಸಿ. ಅವರನ್ನು ಗೌರವಿಸಿ.

## ಮೋಜು

ಮೋಜು ಮತ್ತು ಆಟದಿಂದಲೇ ಬಾಲ್ಯ ತುಂಬಿಹುದು. ಇವುಗಳೊಂದಿಗೆ ನನ್ನ ಬೆಳವಣಿಗೆ ಮತ್ತು ಕಲಿಕೆ ಅವಲಂಬಿಸಿದೆ. ನನಗೆ ಮೋಜು ಎನಿಸುವ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ತೊಡಗಲು ಅವಕಾಶಗಳನ್ನು ನೀಡಿ.

## ಭವಿಷ್ಯ

ನಾನು ಬೆಳೆದು ಯುವಾವಸ್ಥೆ ಮತ್ತು ಪ್ರೌಢಾವಸ್ಥೆಗೆ ಬರುತ್ತೇನೆ. ನನ್ನನ್ನು ಸ್ವಾವಲಂಬಿಯಾಗಿ, ಸಮಾಜದ ಒಂದು ಅಂಗವಾಗಿ ಬೆಳೆಯಲು ಮಾರ್ಗದರ್ಶನ ನೀಡಿ.

www.iaacd.org  
P.L.Rosenbaum,  
J.W.Gorter, 2012  
Fwords in Childhood  
disability, I swear this  
is how we should  
think, Child care  
Health Dev 38





## स्वास्थ्य

स्वस्थ व निरोगी राहणे सर्वांसाठी महत्वाचे आहे, तसेच माझ्यासाठी पण. त्यादृष्टीने योग्य मार्गदर्शन करून तंदुरुस्त राहण्याची संधी मला द्या

## कार्य

मी सगळी कामे करू शकतो. बाकी लोकांपेक्षा माझी पद्धत वेगळी असू शकते, पण पद्धत महत्वाची नाहीय. मला प्रयत्न तर करू द्या

## मैत्री

मित्र असणे हे अतिशय महत्वाचे आहे. त्यासाठी माझ्यासोबतच्या मुलांशी मैत्री करायची संधी मला द्या

शारीरिक ठेवण आणि व्यायाम

क्रिया

सहभाग

पूरक वातावरण

वैयक्तिक घटक

कुटुंब

माझं कुटुंब मला ओळखून आहे आणि माझ्याबद्दल योग्य निर्णय घेण्याबाबत त्यांच्यावर माझा पूर्ण विश्वास आहे. त्यांचे ऐका, त्यांच्याशी बोला, त्यांना मान द्या. .

करमणूक

जीवन म्हणजे मौज-मजा ,हसत-खेळत जगणे. अश्या मौज-मजा-आनंद देणाऱ्या गोष्टी करण्याची मला संधी द्या

भविष्य - भविष्याबद्दल सकारात्मक दृष्टिकोन ठेवून काम करत राहणे महत्वाचे आहे



# The ICF/F-WORDS are Directly Linked

Provide opportunities for parents to build **‘our’ ideas** (development-promoting therapies) into **‘their’ day-to-day experiences and activities of ‘parenting’**.



# Guide to F-Words Knowledge Hub



## ICF Resources

- ICF Framework
- ICF Publications

## F-Words in Practice

- Application of F-Words in clinical practice & schools

## F-Words Tools

- Agreement, Collage, Profile, Goal Sheet, Advocacy Guide

## Translations

- Translations of many F-Words materials

## Webinars

- Webinars on concepts & application of F-Words

## F-Words Training

- Workshops
- Testimonials

## F-Words Videos

- All videos related to F-Words

## Publications

- Posters & Presentations
- Research publications

# CEREBRAL PALSY: The Six 'F-Words' for CP

1



## FUNCTION

I might do things differently but I CAN do them. How I do it is not important. Please let me try!



2

## FAMILY

They know me best and I trust them to do what's best for me. Listen to them. Talk to them. Hear them. Respect them.

3



## FITNESS

Everyone needs to stay fit and healthy, including me. Help me find ways to keep fit.



4

## FRIENDS

Having childhood friends is important. Please give me opportunities to make friends with my peers.

5



## FUN

Childhood is about fun and play. This is how I learn and grow. Please help me do the activities that I find the most fun.



6

## FUTURE

I will grow up one day, so please find ways for me to develop independence and be included in my community.



# The Six F-Words for Child Development

1



## FUNCTION

I might do things differently but I CAN do them. How I do it is not important. Please let me try!



2

## FAMILY

They know me best and I trust them to do what's best for me. Listen to them. Talk to them. Hear them. Respect them.

3



## FITNESS

Everyone needs to stay fit and healthy, including me. Help me find ways to keep fit.



4

## FRIENDS

Having childhood friends is important. Please give me opportunities to make friends with my peers.

5



## FUN

Childhood is about fun and play. This is how I learn and grow. Please help me do the activities that I find the most fun.



6

## FUTURE

I will grow up one day, so please find ways for me to develop independence and be included in my community.

## Focus for child development

The 'F-words' focus on six key areas of child development that are vital to all children with CP.



### #1 FUNCTION



### #2 FAMILY



### #3 FITNESS



### #4 FRIENDS



### #5 FUN



### #6 FUTURE



More details at <https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability>

[www.worldcpday.org](http://www.worldcpday.org)



# मेरे पसंदीदा शब्द

## कार्य

मैं चीजों को शायद अलग तरह से करता हूँ लेकिन मैं उन्हें कर सकता हूँ। यह बात महत्वपूर्ण नहीं है कि मैं इन्हें कैसे करता हूँ। मुझे बस कोशिश करने दो!



## परिवार

वे मुझे सबसे अच्छी तरह जानते हैं और मुझे भरोसा है कि वे जो भी करेंगे, वही मेरे लिए बेहतरीन होगा। उनकी बात सुनें। उनसे बात करें। उन्हें सुनें। उनका सम्मान करें।



## फिटनेस

चाहे मैं होऊँ या कोई और, सभी को फिट और स्वस्थ रहने की ज़रूरत है। फिट रहने के तरीके खोजने में मेरी सहायता करें।



## दोस्त

बचपन के दोस्त होना ज़रूरी है। मुझे अपने साथियों से दोस्ती करने का मौका दें।



## आनंद

बचपन मस्ती और खेल का समय है। मैं इसी तरह सीखता और बढ़ता हूँ। कृपया उन गतिविधियों को करने में मेरी सहायता करें जो मुझे सबसे मज़ेदार लगती हैं।



## भविष्य

मैं एक दिन बड़ा हो जाऊँगा, इसलिए कृपया मेरे लिए आत्मनिर्भर होने और अपने समाज का हिस्सा बनने के तरीके खोजें।



# முளை முடக்கு வாதம்: எனக்குப் பிடித்த வார்த்தைகள்

1



## செயல்பாடுகள்

நான் செயல்பாடுகள் என்னை நன்றாகக் கற்றுக் கொடுக்கின்றன? எனக்குப் பிடித்த வார்த்தைகள்: செயல்பாடுகள், செயல்பாடுகள், செயல்பாடுகள்.



2

## குடும்பம்

குடும்பம் என்னை நன்றாகக் கற்றுக் கொடுக்கின்றன? எனக்குப் பிடித்த வார்த்தைகள்: குடும்பம், குடும்பம், குடும்பம்.

3



## உடற்பயிற்சி

நான் உடற்பயிற்சி என்னை நன்றாகக் கற்றுக் கொடுக்கின்றன? எனக்குப் பிடித்த வார்த்தைகள்: உடற்பயிற்சி, உடற்பயிற்சி, உடற்பயிற்சி.



4

## நண்பர்கள்

சிறுவயது நண்பர்கள் என்னை நன்றாகக் கற்றுக் கொடுக்கின்றன? எனக்குப் பிடித்த வார்த்தைகள்: நண்பர்கள், நண்பர்கள், நண்பர்கள்.

5



## கேளிக்கை

குழந்தைகள் என்னை நன்றாகக் கற்றுக் கொடுக்கின்றன? எனக்குப் பிடித்த வார்த்தைகள்: கேளிக்கை, கேளிக்கை, கேளிக்கை.



6

## எதிர்காலம்

எதிர்காலம் என்னை நன்றாகக் கற்றுக் கொடுக்கின்றன? எனக்குப் பிடித்த வார்த்தைகள்: எதிர்காலம், எதிர்காலம், எதிர்காலம்.



A high-angle photograph of a group of approximately 15 children and two adults sitting in a circle on dry, yellowish-brown grass. The children are of various ages, mostly between 3 and 10 years old, and are wearing colorful clothing. Some are looking towards the center, while others are looking at each other. One child in the center is holding a blue balloon. The adults are positioned around the circle, observing the children. The overall atmosphere is one of a community or educational gathering.

# Using the F-Words to Promote Participation and Inclusion



## 's F-words Profile

Add a photo of yourself here!  
(Select jpeg or png files)

Birthday:

Town:

Languages:

**FUNCTION** (My strengths or how I do 'stuff'...):

**FAMILY** (My family is...):

**FITNESS** (I stay fit by...):

**FUN** (I like...):

**FRIENDS** (My friends are...):

**FUTURE** (My goals are...):



## Brennen's F-words Profile



Birthday:

Town:

Languages:

### FUNCTION (My strengths or how I do 'stuff'...):

I do all things with assistance. I use non-verbal cues to communicate and most activities require hand over hand support.

### FAMILY (My family is...):

My family is my Mom, Dad, and my little sister and brother. I have two sets of grandparents who love me very much, and love to spend time with me as much as they can. My family is very close and very supportive, and are always there to help me when I need them.

### FITNESS (I stay fit by...):

I stay fit by swimming and doing my physiotherapy exercises. I would like to find new ways to maintain and improve my fitness.

### FUN (I like...):

I like to keep busy and go on adventures. I like to visit new places, listen to music, look at pictures, and go for walks outdoors. I am very social and love to interact with both children and adults.

### FRIENDS (My friends are...):

My friends are very important to me. I have lots of friends at school, and in my neighbourhood. I have some friends that have been close to me for many years. Many of my friends have different abilities and we all have fun together!

### FUTURE (My goals are...):

My goals are to continue with school, to experience new things, and spend lots of time with my family and friends!

# My F-words Goal Sheet



Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Instructions:** Please use this form to write down one goal for each of the F-words – Function, Family, Fitness, Fun, Friends & Future and explain **why** this goal is important to you. These can be goals you would like to work on at home, in therapy, in school, and/or in the community. Together let's work on the goals that are meaningful to you!

## FUNCTION:

Goal:

Why?!

## FAMILY:

Goal:

Why?!

## FITNESS:

Goal:

Why?!

## FUN:

Goal:

Why?!

## FRIENDS:

Goal:

Why?!

## FUTURE:

Goal:

Why?!



# The Integrated ICF & F-Words

## **This approach is NOT, and does NOT...**

- ... new assessment measure
- ...diminish the roles of professionals
- ...diminish the roles of therapies

## **What it DOES do...**

- .... increases the roles of parents and their voices
- .... emphasizes parents' values and goals
- .... sees the child in the context of family & environment(s)
- ... changes the dynamic of parents and professionals

*“The best life is the best medicine for people with cerebral palsy”*

Peter Rosenbaum  
CanChild



