

RECOMMENDATION FOR THE ASSESSMENT OF FUNCTIONING AND WORK ABILITY DURING THE INTEGRATION PHASE

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Abstract

This recommendation describes the assessment of functioning and work ability during the integration phase. The integration phase refers to the time period during which a person who has moved to Finland is entitled to an integration plan. Under the Act on the Promotion of Immigrant Integration, an immigrant has the right to an integration plan if he or she is an unemployed jobseeker or if he or she is receiving social assistance on a non-temporary basis. This is an individual right: if necessary, the three-year maximum period for the first integration plan may be extended by a maximum of two years.

This recommendation is particularly intended for professionals who assess immigrants' functioning and work ability as part of an initial assessment, for example in social and health care services or public employment and business services. The recommendation may also be utilised in other applicable contexts. The recommendation is intended for strengthening the proficiency of the specialists assessing functioning and work ability, and increasing competence related to integration in primary services.

It is recommended that, during the integration phase,

1. the assessment of functioning and work ability should be performed using methods that are linguistically and culturally appropriate.
2. the assessment of functioning and work ability should aim at so-called shared expertise, which involves both the client and the professional bringing their special competence to the assessment situation.
3. the assessment of functioning and work ability should be comprehensive. It should pay attention to both individuals' language skills, education and work history as well as their physical, mental, social and cognitive functional ability, coping with the activities of daily living, and environmental factors affecting functional ability.
4. the assessment of functioning should be systematic and lead to the necessary further measures and case management.

The objective is to a) provide instructions on how to implement the assessment of functioning and work ability during the integration phase, and b) perform early and systematic assessment of functioning and work ability during the integration phase.

The recommendation includes a summary of the methods available in the TOIMIA database in multiple languages. The assessment methods have been selected based on availability, qualifications, availability of the measurement instrument and method in different languages, and the ease of use.

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Recommendation for the consistent and ethical use of measurement instruments measuring functioning in working with clients in the social sector; in Finnish

[Työttömän toiminta- ja työkyvyn hyvä arviointikäytäntö terveydenhuollossa](#)

Good practice for assessing the functioning and work ability of unemployed persons in health care; in Finnish

1. Background

Functioning refers to people's physical, mental and social preconditions for coping with the activities of daily living important for them, in the environment in which they live. There is no single, commonly accepted definition for the concept of work ability. The relationship between the employee and work lies at the core of the definition of work ability. Functioning is also concerned with an interaction between individuals and their environments. Changes in this environment may either diminish, improve or maintain the person's opportunities for acting and participating in society.

The work of many professionals in fields such as social and health care, employment administration and the education sector involves the assessment of functioning and work ability. Legislation (THL2019a) requires the assessment of functioning before a person may receive different services or benefits. Different recommendations and instructions on the assessment of functioning are available for various purposes. Many of these are universal and can be applied whatever the client's background. However, the assessment of a client in the integration phase also includes special questions.

The assessment of functioning and work ability performed during the integration phase is often launched with an initial assessment, a process comprising multiple stages. The contents and duration of the assessment depend on the situation of the person who has moved to Finland. The provisions concerning the initial assessment do not clearly determine the contents of the assessment or how this should be organised. According to the Act: "The initial assessment is the preliminary assessment of an immigrant's preparedness concerning employment, study and other aspects of integration and the need for language training and other measures and services promoting integration. The initial assessment involves, to the extent necessary, the examination of the immigrant's previous education, training, employment history and language skills and, if necessary, other matters influencing his/her employment prospects and integration." (Act on the Promotion of Immigrant Integration 1386/2010; section 9).

2. Purpose and target group of the recommendation

This recommendation concerns the assessment of functioning and work ability during the integration phase. The integration phase refers to the time period during which a person who has moved to Finland is entitled to an integration plan. An integration plan is a personalised plan based on the Act on the Promotion of Immigrant Integration covering the measures and services that aim at enabling immigrants to engage in society as its equal and empowered members. The right to an integration plan is individual. The maximum period entitling the immigrant to an integration plan is three years; after this period has expired, a person may seek an extension with the maximum duration of two years.

This recommendation is particularly intended for professionals who assess immigrants' functioning and work ability as part of an initial assessment, for example in social and health care services or public employment and business services. The recommendation may also be utilised in other applicable contexts. The recommendation is intended for strengthening the proficiency of the specialists assessing functioning and work ability, and increasing competence related to integration in primary services. An easy-to-use checklist is available on the recommendation (appendix 1).

The aim is to:

- a) provide instructions on how the assessment of functioning and work ability should be performed during the integration phase.
- b) favour early and systematic assessment of functioning and work ability during the integration phase.

3. Limitations

This recommendation is limited to adult population of working age. The assessment of functional capability of children and young people as well as older people who have moved to Finland has been excluded from these recommendations. The assessment of the functioning and work ability of young people can be supported by a recommendation by the Social Insurance Institution of Finland on performing an assessment on 16–29-year-old young people not in employment, education or training (NEET), which can be used in assessing and guiding young people NEET (Sandberg et al. 2018). This recommendation is also relevant for the work related to the integration phase, as young people speaking foreign languages are known to have a high risk for being excluded from employment and education. The recommendation by the Social Insurance Institution of Finland includes comparison of the measurement instruments assessing functioning and a comprehensive checklist for the process of assessing a young person's functioning.

Other important issues excluded from the recommendation include a reform of the Act on the Promotion of Immigrant Integration and related consequences, structured data entry concerning the assessment, the opportunities brought by the Kanta services, and the use of information about functioning collected during the reception centre phase after the issue of a positive residence permit.

This recommendation does not replicate the principles that have been included in previously published recommendations. The TOIMIA database includes several recommendations that can also be useful in the assessment performed during the integration phase. Professionals performing assessments should familiarise themselves with the contents of at least the following recommendations:

- Suositus toimintakykymittareiden yhdenmukaiseen ja eettiseen käyttöön sosiaalialan asiakastyössä [Recommendation for the consistent and ethical use of measurement instruments measuring functioning in working with clients in the social sector; in Finnish] (Manssila, Rahikka & Sjöblom 2018)
- Työttömän toiminta- ja työkyvyn hyvä arviointikäytäntö terveydenhuollossa [Good practice for assessing the functioning and work ability of unemployed persons in health care; in Finnish] (Vuokko, Juvonen-Posti & Kaukiainen 2016).

4. Section of assessment methods

The Centre of Expertise in Immigrant Integration, which operates under the Ministry of Economic Affairs and Employment, supports the work promoting the integration of immigrants. For instance, the Centre of Expertise in Immigrant Integration has developed a model template for a comprehensive initial assessment (Kotouttaminen.fi. 2019). The template includes open questions on the person's socio-economic status, health, language skills, education, professional experience, special competences, and hopes for the future. This interview form does not directly investigate or measure the person's functioning.

As a result of different projects, the Ministry of Economic Affairs and Employment has compiled good practices and recommendations for performing the initial assessment of immigrants (Huttunen et al. 2012). The criteria for a good initial assessment emphasise the significance of using the client's language, performing the assessment proficiently, using a client-driven approach in planning the assessment, and the role of communications. The aim is that the assessment benefits the clients, and its intention will not remain unclear. This recommendation follows the criteria for a good initial assessment (Huttunen et al. 2012). The selection of individual assessment methods presented in the present recommendation has also been based on:

- availability (such as the TOIMIA database)
- qualifications (assessed in the TOIMIA network, tested and utilised in studies and work with clients)
- availability of different language versions of the measurement instrument and method
- ease of use (free of charge, suitable for self-assessment, does not require special clinical competence).

Table 1 describes the measurement instruments and methods used for both clinical and research work and for which several language versions are available. Six of the seven methods involve simple questions investigating a specific component of functioning and work ability. The Abilitator® is the most extensive method in the table: eight of the sections in the survey also include self-assessed walking, a work ability score and questions on perceived loneliness.

Table 1 does not include clinical methods used for measuring physical capacity and health (e.g. hand grip strength or spirometry). Most clinical measurements can be performed with the assistance of a professional interpreter. Population-specific limit values are available for some measurement instruments (see more in 5.4.).

Table 1: Measurement instruments and methods available on multiple languages in the TOIMIA database

Method	Languages and time needed	Recommendations and use purposes
Self-assessed stair-climbing ability (McWhinnie 1981)	Finnish, Russian, Arabic, Somali, Kurdish (Sorani) 1 minute	Self-assessment asking respondents whether they are able to climb one or more flights of stairs.
Self-assessed walking ability (half a kilometre) (McWhinney 1981)	Finnish, Russian, Somali, Kurdish (Sorani) 1 minute	For self-assessment of mobility and functioning for relatively fit respondents.
Two questions about depression (Arroll 2003; Arroll 2005; Whooley 1997)	Finnish, Swedish 2 minutes	A pair of questions screening for depression, independently answered by respondents: 1) During the past month, have you often been bothered by feeling down, depressed, or hopeless? 2) During the past month have you often been bothered by little interest or pleasure in doing things? Assessed in the TOIMIA Functioning of people of working age expert group as suitable for screening for depression. Included in the following TOIMIA recommendations: <ul style="list-style-type: none"> Mielenterveysongelmiin liittyvä toimintakyvyn arviointi [Assessment of functioning related to mental health issues; in Finnish] (Tuisku, Melartin & Vuokko 2012) Työttömän toiminta- ja työkyvyn hyvä arviointikäytäntö terveydenhuollossa [Good practice for assessing the functioning and work ability of unemployed persons in health care; in Finnish] (Vuokko, Juvonen-Posti & Kaukiainen 2016). Työkäisten kognitiivisen toimintakyvyn hyvä arviointikäytäntö [Good practice for assessing the cognitive functioning of people of working age; in Finnish] (Kuikka, Paaajanen, Kivekäs, Vuokko & Sainio 2014) Työkyvyn heikkenemisen varhainen tunnistaminen [Early detection of a decline in work ability; in Finnish] (Tiitola, Takala, Rentto, Tulenheimo-Eklund & Kaukiainen 2016).
Perceived loneliness (Townsend 1957; Weiss 1973; Tilvis et al. 2000)	Finnish, Russian, Somali, Kurdish (Sorani) 1 minute	A simple question for the self-assessment of loneliness. The TOIMIA Functioning in population studies expert group has evaluated that the measurement instrument is suitable for the assessment of functioning in population studies. Included in the TOIMIA recommendation Sosiaalisen toimintakyvyn arviointi ja mittaaminen väestötutkimuksessa [The assessment and measurement of social functioning in a population study; in Finnish] (Tiikkainen & Pyynnönen 2018).
Abilitator® (information about the measurement instrument will be later available in the TOIMIA database)	Finnish, Swedish, English, Russian, Arabic, Somali, Kurdish (Sorani), Simple Finnish 10-30 minutes independently 60-90 minutes in an interview	A method for the self-assessment of work ability and functioning for people of working age The sections include overall functioning and work ability, social functioning, mental functioning, coping with activities of daily living, cognitive functioning, physical functioning, background information, and employment status. Developed in the Social Inclusion and Change in Work Ability and Functioning (Solmu) coordination project (ESF) by the Finnish Institute of Occupational Health. Can be filled out electronically or on a paper form, alone or together with a professional. The user instructions for the Abilitator® include detailed instructions on using the method. An ICF bridge created for the Abilitator® supports the use of the measurement instrument (see appendix 2).
Work ability assessment (Aromaa 1989; Gould et al. 2006)	Finnish, Swedish, English, Russian, Somali, Kurdish (Sorani) 1 minute	Can be used to investigate perceived work ability based on an interview or self-assessment. The TOIMIA Functioning in population studies expert group has evaluated that the measurement instrument is suitable for the assessment of functioning in population studies. Included in the recommendation Työkyvyn arviointi väestötutkimuksessa [Assessment of work ability in a population study; in Finnish] (Gould, Härkäpää & Koskinen 2015).
Work ability score (Tuomi ym. 1997)	Finnish, Russian, Somali, Kurdish (Sorani) The measurement instrument has also been translated in several other countries, but these translations are not freely available. 1 minute	Self-assessment of personal work ability on a scale of 0–10. The TOIMIA Functioning in population studies expert group has evaluated that the measurement instrument is suitable for the assessment of work ability in population studies. Included in the following TOIMIA recommendations: <ul style="list-style-type: none"> Työttömän toiminta- ja työkyvyn hyvä arviointikäytäntö terveydenhuollossa [Good practice for assessing the functioning and work ability of unemployed persons in health care; in Finnish] (Vuokko, Juvonen-Posti & Kaukiainen 2016). Työkyvyn arviointi väestötutkimuksissa [Assessment of work ability in population studies; in Finnish] (see above) Työkyvyn heikkenemisen varhainen tunnistaminen [Early detection of a decline in work ability; in Finnish] (see above).

5. Recommendation

5.1. Linguistically and culturally appropriate assessment

1) *The assessment of functioning and work ability should be performed using methods that are linguistically and culturally appropriate.*

The selection of assessment methods must take the client's language skills into account. Culturally sensitive assessment of functioning aims at considering and understanding one's own and the client's cultural background in interpersonal and assessment situations. If different language versions are available for the assessment method, the professional and client select the suitable language version together. If necessary, a proficient interpreter is used in the assessment situation. It is not possible to reliably translate all questionnaire forms in situations involving an interpreter. The principles of working with the assistance of an interpreter have been described in the Supporting refugees' mental health in Finland (PALOMA) handbook (Castaneda et al. 2018; section 4.5 Working with the assistance of an interpreter).

The methods described in table 1 of this recommendation are available in several languages. For instance, the methods have been used in the Migrant Health and Wellbeing Study (Maamu) (self-assessed stair-climbing ability, self-assessed walking ability, assessment of work ability, work ability score and perceived loneliness). Different methods have been utilised in developing the Abilitator® (Unkila et al. 2018). The versions available in Arabic, Somali, Kurdish and Russian were tested in THL's mobiTARMO project using cognitive interviews (N=61). The applicability of the electronic version was also tested in an integration training. The testing was used as the basis for cultural adaptation of the Abilitator®, which involved tailoring the questionnaire to make it easier to understand and more suitable to the integration context: a) by improving the accuracy of the question format and utilising question setting in simple language, b) improving the accuracy of the response alternatives, and c) adding explanations tailored to the target group (Henriksson et al. in press). For example, the explanations were made to include information on whether the question concerns Finland or the respondent's previous country of residence. Some questions were made to include information about which languages the functioning assessment concerned, such as "I am able to express myself in different situations in some language I know". Some culturally bound concepts (such as loneliness) were also explained in more detail.

This recommendation presents measurement instruments and methods for functioning and work ability for which different language versions are available and which have been utilised in different research settings and various language groups. However, it must be noted that there were no validity studies available on the use of the measurement instruments and methods in intercultural settings. Even when a language version is available for an measurement instrument or method, cultural and linguistic factors may affect features such as how respondents understand a self-assessment method. This leads to a failure to reliably compare the results between population groups. During the testing of the Abilitator® (Henriksson et al. in print), it was observed that people originating from the same region and sharing a language may understand terms differently depending on factors such as age and education. A special challenge emerges in connection with translating terms relevant to measurement (such as functioning) to another language while retaining their original meaning. This must also be taken into consideration in settings involving an interpreter. As a result, qualitative assessment must be used alongside limit and reference values. Where possible, the assessment of functioning should also include observations of the client's activities, as persons may overestimate or underestimate their performance in self-assessments for various reasons. Action-based methods also often include the benefit that these may provide clients with settings where they find it easier to communicate verbally.

5.2. Shared expertise in assessment

2) *The assessment of functioning and work ability should aim at so-called shared expertise, which involves both the client and the professional bringing their special competence to the assessment situation.*

Shared expertise is based on the client and professional bringing their special competence to the assessment situation. For clients, this expertise includes their needs, wishes and views concerning their personal situation; for specialists, this means knowledge and expertise. Shared expertise is also a key part of jointly constructed rehabilitation (Sipari & Mäkinen 2012). Trust between the client and professional is the precondition for successful assessment. Identifying and strengthening clients' agency is particularly important. "Immigrants" are often placed in a category that makes no room for agency, and their know-how different from the mainstream may not be appreciated (Hyvärinen 2016). The issues people perceive as important should be supported during the integration phase and the clients' strengths should be recognised. This is important, as motivation is an essential part of commitment. Many are strongly motivated to integrate and learn the language when arriving to their country of destination or after being granted a residence permit.

Clients may struggle in assessing their resources and possibilities for finding employment, particularly if they have no education or work experience or these are considerably different from the Finnish system. In this case, charting the client's previous experiences, hobbies and interests may help considering the client's current resources in collaboration. If the client is not used to self-assessment, the assessment situation may gain particular emphasis in itself. In this case, temporary issues, such as having a cold, may influence the responses to the self-assessment questions. On the other hand, clients may reflect on their situation in their former country of residence in the self-assessment. In some situations, it is useful for professionals to ask the clients how their situations or symptoms would be assessed or treated in their homeland. Clients' family members or other people close to them may also provide important information on the person's functioning.

All of the methods available in multiple languages in the TOIMIA database can be used as tools for shared expertise and addressing different issues. In practice, this means that the professional listens to the client and provides him or her with room for providing additional information to answers. For example, clients can fill out the Abilitator® on their own or together with a professional. Cognitive interviews carried out on the Abilitator® indicated that some clients found it difficult to understand the significance of numeric response alternatives. Some respondents felt that the response alternatives were too restrictive, making it impossible for them to satisfactorily express their situation. For example, those who only knew little Finnish struggled with selecting a number depicting their coping in situations where they felt that they fared well in using public services, but could not do this independently, instead needing the help of a friend with better Finnish skills. A need to supplement answers also arose in areas where a numeric scale was used to assess work ability or functioning. This included the work ability score which involves the respondents assessing their work ability on a scale of 0–10. Some problems also emerged in connection with a five-point scale, for instance, by respondents first selecting 1 when meaning to answer 5.

A professional must always make sure that the client understands the reasons and goals of assessment. There is also good reason to highlight to the clients that, despite possible disabilities or partial work ability emerging in the assessment, they still have opportunities for education and work. Enabling clients with an opportunity to provide more information about their responses verbally allows obtaining a more accurate and reliable picture of their functioning and work ability. In addition to shared expertise between the professional and client, there is need for interprofessional collaboration.

5.3. Comprehensive assessment of functioning and work ability

3) *The assessment of functioning and work ability should be comprehensive. It should pay attention to both the individuals' language skills, education and work history as well as their physical, mental, social and cognitive functional ability, coping with the activities of daily living, and environmental factors affecting functional ability.*

Depending on the client's situation, one or several methods may be applied in the assessment. The assessment must provide comprehensive information about the client's capabilities for finding employment and other abilities related to integration as well as the client's needs for social and health care services. The different areas of functioning individually and together influence the capabilities individuals have for involvement in society and the labour force. For example, illiterate individuals may struggle with managing their possible medications. In turn, poor physical condition may make it more difficult for people to participate in education, slowing down their language learning and integration process. Professionals should acknowledge that there might be considerable variation in the health literacy of people from different countries, or their ability to receive, process, understand and use health-related information. Inadequate health literacy can hamper people's ability to identify and verbalise symptoms related to an illness and be committed to their care.

Enough time must be reserved for the assessment of functioning and work ability during the integration phase. Particular attention must be paid to the clarity of the provided information and statements. Clients may also need help in managing practical issues, and using services that require providing written information, such as filling out forms. It is advisable to use clear language and adapt one's speech to the client's competence level when dealing with clients with limited Finnish language skills. Using images and body language may also be helpful. If necessary, professionals must use a proficient interpreter.

Coping with activities of daily living

Immigration is always a major life transition affecting people's everyday life and coping with activities of daily living. Generally speaking, engaging in activities in Finland requires language skills and knowledge of Finnish society. In certain population groups, coping with the activities of daily living might be hindered by factors such as illiteracy or inability to use a computer (Castaneda et al. 2012). Daily life in Finnish society may also involve racism and discrimination, which may have a variety of effects on a person's functioning.

Of the methods described in table 1 of the present recommendation, the questions of the 'Everyday life' section of the Abilitator® particularly investigate respondents' coping with the activities of daily living. Based on data collected during an integration training, these questions concerned with managing one's issues and taking care of oneself are concrete and deal with essential aspects (Henriksson et al. in print). On the other hand, respondents have found some of the questions on dealing with daily life tasks unfamiliar, and male respondents in particular have wished for an additional response alternative "does not apply to me" or "someone else takes care of this for me". Respondents have also found a question on using public services difficult to answer. The provided examples, "bank, social insurance office, pharmacy, employment office, social services", were considered problematic due to differences between these agencies. For instance, several respondents pointed out that they coped well when visiting social services as an interpreter was present during the appointments, but were unable to manage their issues at the Social Insurance Institution, as they were

usually unfamiliar with the employee dealing with their case, and an interpreter was rarely present. The examples provided for using online services and searching for information (internet banking, filling out forms, consulting timetables) were also considered to be of varying levels of difficulty. Some of the respondents described that they were able to use online banking and the Journey Planner of the Helsinki Regional Transport Authority, but found it impossible to fill out forms. As a result, the respondents struggled with selecting a suitable response alternative. These examples highlight the importance of providing the clients with an opportunity to supplementing their responses verbally.

Physical functioning

The conceptualisation of health, illness and symptoms is always somewhat bound by the prevailing culture. Conceptions of health and illness may integrate both cultural and religious views (Castaneda et al. 2018). The prevalence of primary diseases affecting a person's physical functioning and physical injuries originating from difficult conditions is particularly high in population groups that have immigrated to Finland as refugees or asylum seekers or are in a similar position. Impaired mobility rates have been found to be considerably higher in certain population groups that have moved to Finland compared to the whole population (Rask et al. 2012; Rask et al. 2015; Rask 2018). A variety of factors pertaining to Finnish society also affect physical functioning and its maintenance. These include slippery streets and roads, and discrimination immigrants may encounter in their living environment and a related fear of spending time outdoors. Clients' physical activity habits may also differ from what is common in Finland; for instance, they may be unfamiliar with physical activity integrated into everyday activities.

Professionals can form the most accurate picture of the client's physical functioning by utilising both objective tests measuring the physical conditions for functioning and the client's subjective self-assessment, for instance, concerning his or her mobility. It is particularly crucial to make home visits to clients whose physical functioning is impaired. Where necessary, the need for special aids and possible accessibility solutions must be evaluated. The used self-assessment measurement instruments concern issues such as self-assessed stair-climbing ability and walking ability. The clients use the measurement instruments to assess, based on four response alternatives, whether they can perform the activity without difficulties, face some difficulties, find the activity extremely difficult, or are completely unable to perform it. The Abilitator's Body and Inclusion sections concern physical functional ability. Based on the data collected during integration training, the respondents have primarily felt that the questions in these areas have been clear. The more diseases respondents had, the longer it took them to answer questions on long-term illnesses (Henriksson et al, in print).

The measurement instruments and methods presented in this recommendation fail to reach all factors related to physical functioning. For instance, they fail to detect the clients' experiences of pain. Nevertheless, it is important to take pain into account in the assessment of a client during the integration phase, as different unexplained pains are common among clients during the integration phase (Buchert & Vuorento 2012). For example, in the Maamu study, nearly one in four of the women of Kurdish origin and 15 per cent of the men of Kurdish origin and women of Somali origin reported on continuous pain and aches that caused them a lot of harm (Heliövaara 2012). For instance, instructions on pain and assessing its severity are available in a Current Care Guideline on the topic (Pain. Current Care Guideline).

Cognitive functioning

Diverse factors affect a person's cognitive functioning: mood and alertness, circadian rhythm, life situation, stress, sensory functions (sight, hearing), and a variety of psychological and somatic

conditions (Tuulio-Henriksson 2011). Immigration can link to and affect all of these factors in multiple ways. Assessing the learning of a person from a different linguistic and cultural background includes special features (Arvonen, Katva & Nurminen 2012). It is worth noticing that different factors, such as depression, anxiety and other conditions diminishing a person's mental welfare may affect both cognitive performance as well as the client's self-assessment (Tuulio-Henriksson 2011). In assessing cognitive functioning, it is also key to ensure that learning difficulties are not caused by undiagnosed and untreated problems with sight and hearing.

Of the methods described in table 1 of the present recommendation, particularly the Abilitator's Mind and Skills sections survey clients' cognitive functioning. Cognitive interviews carried out in integration training have indicated that there were some difficulties in interpreting the questions. The responses to the Skills section depended on whether respondents interpreted these to refer to managing issues in Finnish or the respondent's mother tongue. These examples highlight the necessity of shared expertise. A question on previously diagnosed learning difficulties was considered particularly difficult. Many interviewees found the word "diagnosed" highly unclear. Several of them interpreted the question to mean whether the interviewee had personally detected difficulties in their learning. They also struggled with understanding the meaning of the word "perception" in this context. It is advisable for a professional to explain what is meant by learning difficulties, as there can be considerable variation in understanding the concept.

Mental functioning

The assessment of mental health is particularly challenging due to issues such as the stigma, or shame, often related to mental health issues. Different stigmatising beliefs are related to mental health issues, and these can make it harder for individuals to broach their mental health symptoms and seek help. While cultural factors affect the thoughts and behaviour of both professionals and clients, these may gain more emphasis in situations involving professionals and clients who have grown up and lived in cultural environments differing from each other in significant ways (Castaneda et al. 2018). Experiences from the client's former homeland, during the flight, and in the new homeland may all underlie the mental health symptoms. For some population groups with an immigrant background, severe traumatic experiences are highly common, and trauma symptoms are a significant factor reducing work ability and functioning (Castaneda et al. 2017; Schubert et al. 2019). Prolonged residence processes and difficulties related to family reunification also cause symptoms comparable to a trauma. Traumatic experiences often surface at the point of the integration process when the person's basic, everyday life issues are in order. This may lead to a temporary regression in the person's integration, and functioning and work ability.

The Abilitator's Mind and Skills sections assess mental functioning. The positive mental health measurement instrument charts the respondents' personal experience of hopefulness, personal usefulness, relaxation, dealing with problems, thinking clearly, experiencing intimacy, decision-making skills, implementation of issues, and experiencing pleasure. In addition, the Everyday Life section includes a question on maintaining a regular daily routine and getting sufficient sleep. Problems related to sleep often reflect the person's mental condition.

The professionals performing the assessment should be aware that issues related to mental health such as anxiety and traumatic events are excluded from the Abilitator®. Other measures should therefore be applied in mapping out traumatic symptoms and anxiety in connection with the client's assessment. Of the measurement instruments compiled to this recommendation (table 1), "Two questions about depression" is a set of two questions frequently used to screen for depression (Arroll 2003; Arroll 2005; Whooley 1997). In methods excluded from this recommendation, for instance, the

ten questions of the Protect tool have been developed for the broaching and early detection of traumatic experiences (Centre for Torture Survivors in Finland 2014). It is important for professionals to acknowledge that words related to mental health (e.g. depression) do not exist in all languages. As a result, a client may refer to mental problems with other expressions, such as stress.

Social functioning

There is no single, unambiguous definition of social functioning. However, the concept refers to a person's coping in his or her community, both as a member of society as well as his or her own local communities. Social functioning manifests in ways such as interactions in a social network, coping with roles, social activity and engagement, and experiences of togetherness and involvement (Tiikkainen & Pynnönen 2018). Immigration naturally influences a person's social functioning and the local communities in which the person engages in activities.

The Abilitator® approaches social functioning through inclusion. The measurement instrument's Inclusion section contains 17 questions. Based on the data collected during an integration training, respondents had particularly struggled with answering the questions where the object of activities or the activity itself had not been sufficiently clearly and concretely expressed (Henriksson et al. in print). For example, the students participating in the integration training perceived the statement "I get help when I need it" difficult for two reasons: 1) what sort of help does the statement refer to, and 2) who provides this help. The question of perceived loneliness, which is also included in the Abilitator®, was occasionally mixed up with solitude or living alone. After the data collection, the measurement instrument's versions available in Arabic, Somali, Kurdish, and Russian were made to include the addition: "Loneliness refers to an unpleasant feeling. It should not be confused with solitude, which can also be perceived positively." A question concerning hobbies also produced different interpretations, and not all of the languages contained an equivalent term that could be easily understood. This illustrates the culturally bound nature of the concept of leisure time (Statistics Finland 2004).

Environmental factors affecting functioning

Functioning is always connected to the environment where activities take place. Immigration affects a person's functioning, as it inevitably changes a person's environment. The environment can either support or impede on a person's agency. The environment also influences the person's ability to commit to promoting his or her functioning and work ability, and rehabilitation. Factors such as family ties and the changes occurring in them as a result of immigration and integration realised at different paces may prevent commitment to care. Environmental factors related to income and benefits may also emerge as barriers to participation in rehabilitation. For instance, the Act on Rehabilitating Work Experience is not applied to a person entitled to an integration plan under the Act on the Promotion of Immigrant Integration (1386/2010). Participating in rehabilitative work activities may also be prevented by a worry of a loss of income, for instance, if the participation in rehabilitation requires the interruption of integration training and therefore leads to the expiry of an increased unemployment benefit.

In the Abilitator®, some of the questions of the Inclusion section are related to environmental factors (such as "Do you have someone with whom you can openly discuss personal issues and problems?"). The questions on special aids and accessibility are also related to the environmental factors affecting the individual's functioning. The Abilitator's Body section investigates this issue. Accessibility related to commuting (e.g. poor access by transport or long distances) and the lack of work opportunities are related to environmental factors. The people close to individuals and the individual's financial situation

may also directly contribute to the person's involvement in the working life. The measurement instrument's Work & Future section is concerned with these issues.

5.4. Systematic assessment approach, interpretation of results, and further measures

4) The assessment of functioning should be systematic and lead to the necessary further measures and case management.

Using a systematic assessment approach

The assessment of functioning and work ability must occur regularly. The assessment must be part of the client process ever since the beginning of the integration phase. The sooner the strengths and deficiencies in a person's functional ability are investigated, the faster he or she can be provided with the necessary support. A person's functioning may differ considerably during the integration phase between different points in time. Integration is very rarely a linear process with constant positive development, which makes it important to carry out continuous assessment. Crises often lead to a decline or paralysis of functioning. To ensure systematic assessment of functioning and work ability, the use of assessment methods must be designed as part of the client process.

Clients should carry with them cohesively entered information about functioning to ensure that different professionals have appropriate and comprehensive information about the client's situation and functioning. A written consent on the disclosure of data should be obtained from the client (Vuokko et al. 2016). Electronic assessment methods, including the Abilitator®, collect quantitative data of the client, which can be used to assess the changes in the client's functioning and work ability. This sort of data can be better utilised at the different phases of the client process compared to interview data, for instance. It is important to note that some special issues may be related to the strong identification required by using e-services (e.g. the My Kanta service) during the integration phase (e.g. the client has not been granted online banking codes).

Interpretation of results

The interpretation of results includes assessing what the results of assessment mean in practice. For instance, the Abilitator® calculates and provides respondents with an estimate of their work ability and functioning as well as suggestions for developing their functioning (the electronic version). The interpretation of each of the questions of the Abilitator® has been described in detail in the measurement instrument's user instructions. For instance, the following instructions are provided for the work ability score: "if the client's work ability is moderate (6–7) or poor (0–5), you should aim at increasing the respondent's independence in promoting his or her work ability (diet, exercise, sleep and rest, social activity, other hobbies and studying). Medical rehabilitation may also be required. There is often also need for measures that develop the respondent's professional competence, and increase and diversify his or her work skills. Any hazards related to the job and work environment, and problems in the organisation and management at work should also be examined and fixed if the respondent has a job." There is no information about the intercultural validity of the interpretation instructions described in the user instructions for the Abilitator® measurement instrument.

It is important to note that, as a rule, the reference and limit values for the assessment methods have been developed for a specific population group. Some measurement instruments (e.g. spirometry) provide international reference values for different nationalities. However, population group specific

values are not usually available. In this case, the interpretation requires proficiency and the utilisation of shared expertise. Individual assessment results can be interpreted by comparing a client's current and previous results (whether there are any changes), comparing the results with the population of the same age and gender (if reference values are available), and comparing the results with possible limit values. For example, the instructions for interpreting the "Two questions about depression" note that one positive result indicates that the person is likely to have depression. The TOIMIA database indicates that after a client has received a positive result from the screening, the common practice is to ask him or her to fill out the Beck's Depression Inventory (BDI). It is important to note that these measurement instruments have not been originally developed for intercultural assessment, and their capacity for identifying individuals correctly may be impaired if the client is unfamiliar with terms related to mental health (e.g. depression).

Further measures

The assessment of functioning and work ability must be perceived as a service promise. The results of the assessment guide further measures. Further measures can also include referring a client to more detailed assessment. The possible measures after the assessment are determined by a number of factors, such as the services available in the local region as well as the client's rights. For example, the availability of psychotherapy services has not been sufficient during the integration phase. The availability of applicable vocational rehabilitation has also been insufficient. Systematic assessment of functioning and work ability allows obtaining clear and quantitative evidence of the clients' service needs, and utilising this information enables planning services that correspond to clients' needs.

In addition to the availability of services, clients' rights affect the further measures (Heilä & Halla 2019). The adults who have moved to Finland and have a residence permit and municipal place in Finland are entitled to receive municipal services and the services provided by the Social Insurance Institution. The public service system divides the rights of persons who have emigrated to Finland into special services provided during the integration phase and the use of primary services. No special integration or immigration services are offered to clients beyond the integration phase or the clients falling outside the scope of the Act on the Promotion of Immigrant Integration. The book *Vakuutusratkaisut potilaan tukena* [Insurance solutions as a support for patients] describes the assessment of work ability and functioning of those who have emigrated to Finland and related challenges on a general level as well as from the perspective of social benefits (Takala et al. 2019).

Case management is a key part of the assessment of functioning and work ability during the integration phase. The assessment of functioning and work ability must be sufficiently thorough to make sure that it can be used as a basis for examining the client's service needs and refer him or her to the necessary services. People who have moved to Finland have been known to struggle obtaining the social and health care services they need and related information (Rask, Castaneda & Schubert 2016). Finding suitable rehabilitation paths may require integrating different services in a creative manner. During the integration phase, clients may need a more holistic approach in services, long-term and methodical support, and more guidance than what professionals may be accustomed to providing. Many particularly benefit from concrete contents introducing practical activities alongside discussions.

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Appendix 1. Assessment of functioning and work ability during the integration phase: checklist for the recommendation

It is recommended that, during the integration phase,

- 1) the assessment should use linguistically and culturally appropriate methods.**
 - The client's language skills have been taken into account in selecting the assessment method, and the client has participated in selecting the language version for the assessment method.
 - A proficient interpreter has been used in the assessment situation if necessary.
 - The assessment has utilised qualitative assessment, and observations made during the activities as possible.
 - The client has been given an opportunity to provide additional information on his or her self-assessment verbally.

- 2) the client and professional should both bring their special competence to the assessment situation.**
 - The client has been given an opportunity to express his or her needs, wishes and views related to his or her situation.
 - The client has understood the reasons and goals of the assessment and acknowledges that, despite possible disabilities that may come up in the assessment, he or she still has opportunities for education and work.
 - The professional has acknowledged the client's strengths and utilised the client's motivation in the assessment.
 - Interprofessional collaboration has been used where possible.

- 3) the assessment should be comprehensive. It should pay attention to both the person's language skills, education and work history as well as his or her physical, mental, social and cognitive functional ability, coping with the activities of daily living, and environmental factors affecting functional ability.**
 - Sufficient time has been reserved for the assessment and one or several methods have been used for this purpose based on the client's situation.
 - The assessment has provided comprehensive information about the client's capabilities for finding employment and other abilities related to integration as well as the client's needs for social and health care services.
 - The professional has paid attention to the clarity of the provided information and statement.
 - The professional has taken the client's level of health literacy into account.

- 4) the assessment of functioning and work ability should be performed systematically and this should lead to the necessary further measures and case management.**
 - The assessment of functioning and work ability is a regular part of the client process.
 - The interpretation of results has included assessing what the results of assessment mean in practice.
 - If necessary, the client has been referred to more detailed assessment.
 - The assessment is followed by case management including referral to the needed services as well as creative integration of services and an action-based approach if necessary.

Appendix 2. A summary of the ICF bridging of the questions in the Abilitator®

ICF bridging

ICF stands for the International Classification of Functioning, Disability and Health. ICF bridging is maintained by the World Health Organization (WHO). ICF allows describing functioning and related limitations in a structured format which serves as a shared language between different professional fields at the global level. (Paltamaa & Anttila 2015).

ICF is divided into four components, each containing several chapters (THL 2019b). The components are:

- Body Functions,
- Activities and Participation,
- Environmental Factors, and
- Body Structure.

The components, chapters and domains under these comprise the ICF coding structure. The more detailed and precise the classification, the more accurate the code. For instance, the Body Functions (b) component contains the b1 Mental functions chapter. This, in turn, includes the domain Global mental functions, which contains more accurate classes such as Consciousness functions (b110). This class is further divided into more specific factors, such as State of consciousness (b1100) and Continuity of consciousness (b1101).

In the ICF bridging, the measurement instruments and methods assessing functioning are linked to the ICF classification. This enables comparing the measurement instruments and selecting the suitable measurement instrument. ICF bridging involves specialists estimating which component and code each question/statement in an measurement instruments, or the measurement instrument as a whole, concerns. The final ICF code is a carefully considered and justified consensus of the assessments by several specialists. (Cieza et al. 2005).

The Abilitator's ICF bridging is described concisely (on a single tier) below in components and chapters. Subsequently, table 1 includes a more detailed (two-tier) classification of the ICF bridging of the sections in the Abilitator®. It must be noted that the bridging may be subject to changes. The aim is to always implement ICF bridging to the most accurate code available, which leads to excluding those areas not concerned with a certain question/statement.

It is worth noting that none of the questions included in the Abilitator® can be classified under the Body Structure component of the ICF.

General description (one-tier classification)

Well-being

The section includes five questions. It presents statements concerned with overall satisfaction with life and the respondent's health condition. There are also questions concerning work ability and employment status. The last-mentioned are placed below the Activities and Participation (d) component in the ICF classification. The chapters are concerned with General tasks and demands (d2) and Major life areas (d8). The measurement instrument also includes undefined questions that cannot be directly placed under a specific ICF code, including satisfaction with life.

Inclusion

This section surveys aspects such as experiences of inclusion and togetherness as well as feelings of success. The section includes a total of 17 questions. It comprises several ICF components: Body Functions (b), Activities and Participation (d), Environmental Factors (e). These are divided into chapters as follows: Mental functions (b1), Interpersonal interactions and relationships (d7), Community, social and civic life (d9), Support and relationships (e3), Attitudes (e4). Interpersonal interactions and relationship was the most common subject. This section also includes several unclassified statements, including experiences of success, togetherness and guiding the course of one's life.

Mind

The questions of the Mind section largely cover mental functioning from the perspective of positive mental health. The section includes nine questions. It covers three chapters: Mental functions (b1), Learning and applying knowledge (d1), and Domestic life (d6). The section contains no unclassified statements.

Everyday life

The Everyday life section presents 11 statements on dealing in daily life and everyday activities such as physical activity, shopping, using online services, and sleeping. With the exception of one statement, all of the statements in the section concern the ICF component Activities and participation (d). The statement on sleeping has been categorised under component Body functions (b). The chapters include Mental functions (b1), and General tasks and demands (d2), Communication (d3), Mobility (d4), Self-care (d5), Domestic life (d6), and Major life areas (d8).

Skills

The skills section charted issues such as adopting and learning new skills and knowledge, and self-expression. The section includes 10 questions. The ICF components include Body Functions (b), and Activities and Participation (d). The chapters include Mental functions (b1), Learning and applying knowledge (d1), and Communication (d3). The section also includes one statement concerning experiences related to working life skills which cannot be classified based on ICF.

Body

The Body section presents questions on the respondent's physical functioning. The section includes 12 questions. It covers the ICF components of Body Functions (b), Activities and Participation (d), Environmental Factors (e). The chapters covered by this section include Functions of the cardiovascular, haematological, immunological and respiratory systems (b4), Mobility (d4), Self-care (d5), Neuromusculoskeletal and movement-related functions (b7), Major life areas (d8), Community, social and civic life (d9) and Products and technology (e1). The section also included one unclassified item concerning the prevalence of long-term illnesses.

Background information

This section examines issues such as socio-demographic factors, including education, financial status, and employment situation. These topics are not directly concerned with functioning. The section includes four questions, only one of which may be clearly classified under ICF. This question falls under the Environmental factors (e) component, Products and technology (e1) chapter.

Work & future

This sector investigates education and employment in further detail, work ability and related factors with a total of 14 questions. The section also includes a question joining the different sections on the areas where the respondents would like to see a change. From the perspective of ICF, this section covers the following components: Body Functions (b), Activities and Participation (d), Environmental Factors (e). The chapters mostly concern environmental factors: Mental functions (b1), Major life areas (d8), Products and technology (e1), Support and relationships (e3), Services, systems and policies (e5). There were a few unclassified questions as well as those not falling under ICF (e.g. a question about criminal register).

Two-tier classification

The below table 1 describes the chapters concerned with the sections of the Abilitator® as well as more detailed codes as a result of the ICF bridging.

Table 1. A summary of the ICF bridging of the questions in the Abilitator®

Abilitator® component	ICF chapters	More detailed ICF codes
Well-being 5 questions	<ul style="list-style-type: none"> d2: General tasks and demands d8: Major life areas 	<ul style="list-style-type: none"> d230: Carrying out daily routine d845: Acquiring, keeping and terminating a job d850: Remunerative employment d855: Non-remunerative employment
Inclusion 17 questions	<ul style="list-style-type: none"> b1: Mental functions d7: Interpersonal interactions and relationships d9: Community, social and civic life e3: Support and relationships e4: Attitudes 	<ul style="list-style-type: none"> b1800: Experience of self d7101: Appreciation in relationships d720: Complex interpersonal interactions d730: Relating with strangers d750: Informal social relationships d7500: Informal relationships with friends e350: Domesticated animals
Mind 9 questions	<ul style="list-style-type: none"> b1: Mental functions d1: Learning and applying knowledge d6: Domestic life 	<ul style="list-style-type: none"> b1265: Optimism b130: Energy and drive functions b152: Emotional functions b160: Thought functions b180: Experience of self and time d175: Solving problems d177: Making decisions d798: Interpersonal interactions and relationships, other specified: a sense of intimacy with other people
Everyday life 11 questions	<ul style="list-style-type: none"> b1: Mental functions d2: General tasks and demands d3: Communication d4: Mobility d5: Self-care d6: Domestic life d8: Major life areas 	<ul style="list-style-type: none"> b134: Sleep functions d298: General tasks and demands, other specified: using services d298: General tasks and demands, other specified: using health services d360: Using communication devices and techniques d4601: Moving around within buildings other than home d4602: Moving around outside the home and other buildings d470: Using transportation d475: Driving d570: Looking after one's health d620: Acquisition of goods and services d630: Preparing meals d640: Doing housework d650: Caring for household objects d660: Assisting others d860: Basic economic transactions
Skills 10 questions	<ul style="list-style-type: none"> b1: Mental functions d1: Learning and applying knowledge d3: Communication 	<ul style="list-style-type: none"> b1265: Optimism b130: Energy and drive functions b144: Memory functions b164: Higher level cognitive functions d160: Focusing attention d170: Writing d350: Conversation
Body	<ul style="list-style-type: none"> b4: Functions of the 	<ul style="list-style-type: none"> b4550: General physical endurance

12 questions	cardiovascular, haematological, immunological and respiratory systems <ul style="list-style-type: none"> • d4: Mobility • d5: Self-care • d7: Neuromusculoskeletal and movement-related functions • d8: Major life areas • d9: Community, social and civic life • e1: Products and technology 	<ul style="list-style-type: none"> • b730: Muscle power functions • d4501: Walking long distances • d455: Exercise tolerance functions • d4552: Running • d465: Moving around using equipment • d5701: Managing diet and fitness • d640: Doing housework • d729: General interpersonal interactions, other specified and unspecified • d850: Remunerative employment • d855: Non-remunerative employment • d920: Recreation and leisure • e1201: Assistive products and technology for personal indoor and outdoor mobility and transportation
Background information 4 questions	<ul style="list-style-type: none"> • e1: Products and technology 	<ul style="list-style-type: none"> • e1650: Financial assets
Work & future 14 questions	<ul style="list-style-type: none"> • b1: Mental functions • d8: Major life areas • e1: Products and technology • e3: Support and relationships • e5: Services, systems and policies 	<ul style="list-style-type: none"> • b1265: Optimism • b1301: Motivation • b1303: Craving • e165: Assets • e310: Immediate family • e315: Extended family • e540: Transportation services, systems and policies • e590: Labour and employment services, systems and policies

Appendix 3. Specialists participating in preparing the recommendation

We thank the expert groups and professional participating in preparing this recommendation and commenting on its contents.

- The expert groups participating in the TOIMIA network.
 - Functioning in population studies
 - Functioning of people of working age
 - Assessment of social functioning in the social sector
- THL's expert group for cultural diversity (MONET)
- The steering group of the mobiTARMO project of the Finnish Institute for Health and Welfare. We particularly thank the Asylum, Migration and Integration Fund (AMIF) for funding the mobiTARMO project.
- The Social Inclusion and Change in Work Ability and Functioning (Solmu) coordination project by the Finnish Institute of Occupational Health.
- Professionals:
 - Ferdinand Garoff, psychologist, Tampere University, Helsinki Deaconess Institute Foundation
 - Tapio Halla, medical specialist, psychotherapist, City of Tampere, Psychiatric outpatient clinic for immigrants
 - Hannele Heilä, Ph.D., specialist in psychiatry, medical adviser, Social Insurance Institution
 - Iita-Mari Herva, physical therapist, Oulu Deaconess Institute Foundation, Rehabilitation Centre for Torture Victims
 - Tiina Hofström, leading social worker, City of Hämeenlinna, Social and health services
 - Saija Kankaanpää, Ph.D., psychologist, SOS Children's Villages Finland
 - Nina Kevo, public health nurse, Turku Immigrant Office
 - Venla Lehti, deputy chief physician, HUS HUH Psychiatry, Cultural Psychiatry Outpatient Clinic
 - Valentina Oroza, general practitioner, City of Helsinki
 - Tuula Quarshie, psychiatrist, psychotherapist, QMind Psykiatria- ja terapiapalvelut Oy
 - Laura Ruuskanen, project specialist, Uusimaa ELY Centre
 - Leila Savolainen, public health nurse for refugees, City of Kuopio, Social and health centre
 - Tuija Uravirta, occupational therapist, Helsinki Deaconess Institute Foundation, Centre of Psychotraumatology, War Trauma Rehabilitation
 - Virve Viljanen, occupational therapist, HUS HUH Psychiatry, Cultural Psychiatry Outpatient Clinic
- External specialists providing statements:
 - Federation of Special Welfare Organisations EIJÄ ry
 - Mari Karjanlahti, development manager, Kannustavat Kokemukset [Encouraging Experiences] activities
 - Kai Laitinen, executive director
 - Karoliina Eräste, organisation secretary
 - Helsinki Deaconess Foundation, Centre of Psychotraumatology
 - Hannele Heilä, specialist in psychiatry, psychotherapist
 - Jaana Föhr, specialist in psychiatry, psychotherapist
 - Tuija Uravirta, occupational therapist
 - Lotta Carlsson, physical therapist, work counsellor
 - City of Helsinki
 - Liisa Pohjalainen, head of education division
 - Southwest Finland Association for Mental Health, Turku Crisis Centre
 - Antti Klemettilä, crisis psychologist, project coordinator
 - Regional State Administrative Agency for Western and Inland Finland
 - Matti Nyberg, deputy director of area of responsibility
 - Milja Markkanen, senior advisor
 - Finnish Immigration Service
 - Olli Snellman, head of section
 - Pakolaistaustaisten ohjaus [Guidance for people with a refugee background] project, Southeast Finland ELY Centre
 - The statement was prepared in cooperation with the specialists of the Pakolaistaustaisten ohjaus [Guidance for people with a refugee background] project.
 - The statement was prepared and compiled by Laura Metsänen, a psychologist working for the project.
 - North Ostrobothnia ELY Centre, Oulu
 - Tanja Tammimies, regional coordinator
 - Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area
 - Tytti Hytti, senior planning officer
 - TE Office