See the whole person

A digital, WHO ICF-based assessment of strengths, needs, and environmental barriers and facilitators in autism and ADHD, for clinical, educational, vocational and social services.

85–97%
completion rates in NHS clinics, schools and online research samples

≈9 in 10
parents recognised their child's strengths and challenges in the summary report

18,000+
people assessed in the Swedish database and standardisation

15
versions: autism, ADHD or both, from infancy to adulthood, self- and proxy-report

From diagnosis-led gatekeeping to strengths- and needs-led support

Autism and ADHD services in many countries are under heavy pressure. Waiting lists stretch for months or years, and much specialist time is spent establishing diagnoses rather than providing support.

A diagnosis matters. It gives understanding, rights and access to some treatments. But it says little about what a person can do, what gets in their way, and what would help. Two people with the same diagnosis can have very different profiles and needs.

The WHO's **International Classification of Functioning, Disability and Health (ICF)** describes exactly this: how a person's abilities interact with their environment. The ICF can be used **before, alongside or without** a diagnosis, and in health care, education and social services alike.

> *"The Review strongly recommends a shared language to describe function and need across all services using the same principles as the International Classification of Functioning, Disability and Health (ICF) developed by the WHO."*
>
> Independent review into prevalence and support for mental health conditions, ADHD and autism. Final report, Department of Health and Social Care, England, 2026

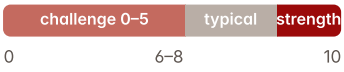
The same Review recommends moving from a *diagnosis-dependent* to a *"needs-led plus diagnosis"* system, supported by a digitally enabled shared needs assessment. The ICF CoreSets platform is built for this purpose.

What the assessment covers

Each item is a WHO ICF category, rated on a scale that captures strengths as well as challenges, and helping as well as hindering surroundings.

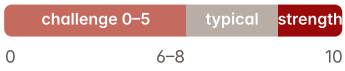
Body functions

Attention, energy, sleep, sensory processing, emotion, temperament and personality, thinking.



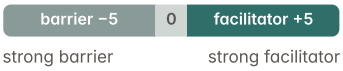
Activities & participation

Learning, communication, daily routines, relationships, school and work, community life.



Environmental factors

Family, support from others, attitudes, services, technology, physical environment.



≈1,685
categories in the full WHO ICF

→

121 · 98
categories in the revised ICF Core Sets for autism · ADHD

→

140–233
plain-language items per platform version

→

2 pages
real-time summary of strengths, needs, barriers and facilitators

The ICF Core Sets for ADHD (2018) and autism (2019) were developed through the standardised WHO and ICF Research Branch process: systematic reviews, global expert surveys, qualitative studies with autistic people, people with ADHD and families, multicentre clinical studies and an international consensus conference. They were revised in 2024 with input from users in about ten countries.

HOW IT WORKS

Self- and informant report: no clinician burden

1

Invite

The service sends a secure link. The right version is chosen by condition, age and respondent.

2

Complete

Any time, on any device, with pauses and reminders. Every item has a comment box for the person's own words.

3

Instant summary

On completion an algorithm produces a summary: top strengths and needs, main barriers and facilitators, and the person's stated support needs.

4

Plan & follow up

Use the profile for support planning and dialogue across health, school and social services, and repeat it to follow change. All data can be exported as CSV.

15 versions

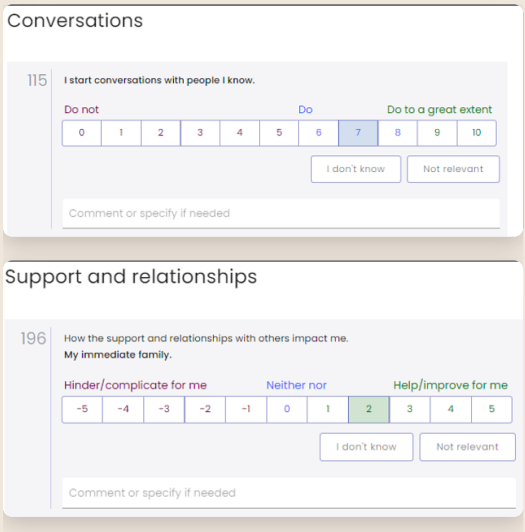
CONDITION	0–5 Y	6–16 Y	≥17 Y
Autism	proxy	self · proxy	self · proxy
ADHD	proxy	self · proxy	self · proxy
Autism + ADHD	proxy	self · proxy	self · proxy

Self-report from age 6, proxy report (parents, carers, teachers) from infancy. Available in **English, Swedish and German**.

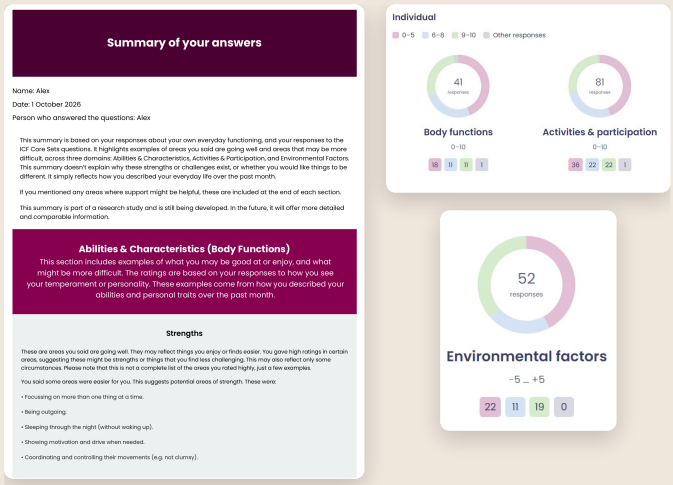
Time to complete

Typically **30 to 120 minutes**, depending on version and on how much people choose to write. The median was 34 minutes in an online research trial and 65 minutes in NHS diagnostic services, where participants added more written context.

The assessment is broad rather than deep: few items on each of many life areas, instead of many items on one symptom area.



Assessment. Functions are scored on a 0 to 10 scale from impairment to strengths; environmental factors are scored from +5 (facilitator) to −5 (barrier).



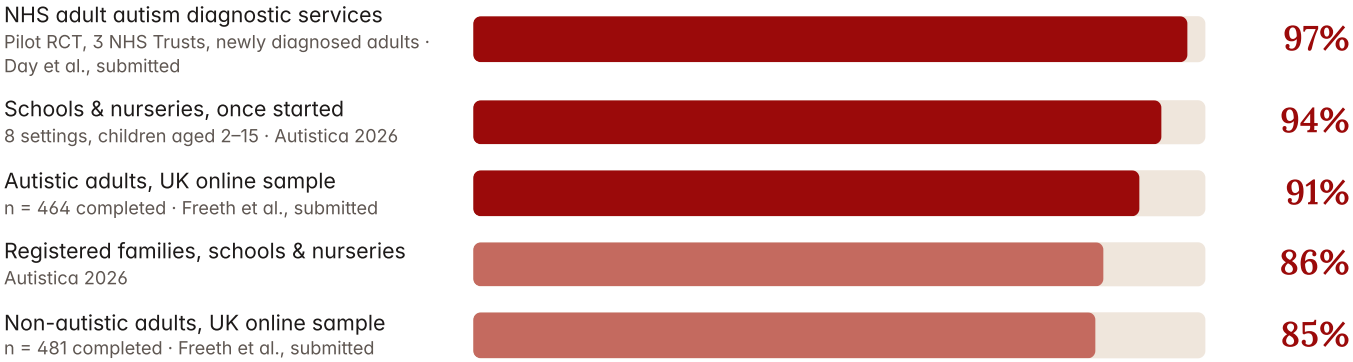
Summary report & scoring overview. Generated in real time, in plain language: strengths and challenges per domain, helping and hindering environmental factors, key support needs, and the distribution of ratings.

- ✓ No professional administration or scoring time
- ✓ Co-designed with autistic people, people with ADHD and families
- ✓ Strengths are measured, not only deficits
- ✓ Shared ICF language across services
- ✓ Environment rated as barrier or facilitator
- ✓ ICF-coded data for quality follow-up and research

SCIENTIFIC EVIDENCE

High completion rates in educational and clinical services

A common concern is that a long, broad assessment will not be completed. Data from Sweden and the UK show the opposite. Completion was highest in clinical services, even among people with considerable mental health difficulties.



In the NHS pilot, more than half of participants had moderate-to-severe depression or anxiety at baseline, and 96% were retained at 3-month follow-up. Many children in the school study were still waiting for, or considering, a referral.

91% · 92%

Parents recognise their child

Of 357 caregivers in Sweden, 91% rated the summary accurate for their child's strengths and 92% for challenges. About half gained awareness of strengths, needs and environmental factors. Around 60–65% found it useful for health care, school and social services.

Hasslinger et al. 2026, J Autism Dev Disord

Reliable & valid

Psychometrics

Internal consistency and inter-rater reliability are moderate to high depending on domain. Profiles discriminate between autistic, ADHD and general-population groups and show strengths that conventional instruments rarely capture.

Alehagen et al. 2025, Disabil Rehabil

100%

Of education staff found it worthwhile

In schools and nurseries, more than 7 in 10 parents would recommend it, and at least 8 in 10 felt more confident that their school could support their child.

Autistica 2026, Earlier support and earlier outcomes

Acceptable

Rated by UK autistic adults

464 autistic adults rated the platform acceptable, with usability rated 'ok' or better. This held for those with anxiety or depression, from minoritised ethnicities, older adults and those unemployed.

Freeth et al. 2026, Neurodiversity · Alehagen et al. 2025, J Autism Dev Disord (678 assessments, 143 user-driven item revisions)

> *"I learnt a lot of strategies to help my child. It also helped me to understand why my child acts like that … It has made me feel more at ease about my child starting school in September."*
>
> Parent of a child in nursery · Autistica 2026

> *"I liked having all of the information to hand and it gave me a good idea of what to do next in order to support the child."*
>
> Teacher · Autistica 2026

RECOGNISED IN POLICY AND GUIDELINES

Built on a WHO standard that policy is increasingly pointing towards

WHO	**ICF, endorsed by the World Health Assembly (2001)**	WHO's reference classification for functioning, complementing the ICD. The ICF Core Sets for autism and ADHD were developed in collaboration with WHO and the ICF Research Branch, together with international professional societies.
UK 2026	**Independent review into mental health conditions, ADHD and autism (DHSC)**	Recommends a shared language for function and need across all services based on ICF principles, and a move to a "needs-led plus diagnosis" system.
UK 2026	**Autism Alliance UK et al. · A New Path Ahead**	Concludes that a range of evidence shows the ICF could be a suitable basis for strengths and support needs assessment for autistic people. Cites the ICF CoreSets platform studies.
UK 2026	**Autistica · Earlier support and earlier outcomes**	Makes the case for strengths- and needs-based support before or without an autism or ADHD diagnosis, based on a feasibility study of the platform in schools and nurseries.
Int'l	**National frameworks**	Sweden's National Board of Health and Welfare recommends use of the ICF. It underpins Germany's Federal Participation Act (BTHG) and frames Australia's national guideline for autism assessment.

These documents endorse the ICF approach. They do not endorse a specific product.

WHERE IT FITS

One assessment, many settings

Clinical services

NHS Trusts, child and adult psychiatry, CAMHS, habilitation. Use it while people wait, at the point of diagnosis, for post-diagnostic support planning and for follow-up. Use it alongside, not instead of, diagnostic assessment.

Schools & early years

Gives parents and educators a shared picture of a child's strengths and needs, with or without a diagnosis. Supports SEN / individual support plans and adjustments in the learning environment.

Social services & employment

Needs assessment and coordination of support, rated in an internationally standardised language that health and education also use.

Research & service development

ICF-coded, exportable data for quality follow-up, evaluation, data harmonisation across studies and countries, and transdiagnostic research.

DATA PROTECTION & SECURITY

Hosted in the EU under GDPR

- **EU data residency.** All data are stored and processed in the EU. No transfers outside the EEA by the host.
- **ISO/IEC 27001-certified** hosting provider, Tier III data centre, registered under the EU NIS2 cybersecurity directive.
- **Dedicated, hardened server**, not shared with other clients. TLS encryption in transit and key-only administrative access.
- **Next-generation firewall** in a high-availability cluster, traffic inspection and continuous SIEM monitoring.
- **Daily backups** with 30-day retention, plus offline tape copies. Infrastructure availability was 99.9997% over the past 12 months.
- **Data processing agreements** (GDPR Art. 28) and documented incident handling that supports the 72-hour breach notification duty.

IN DEVELOPMENT

From profile to support

A profile is only useful if it leads to action. The next steps link each person's results to concrete help. They are co-created with autistic people, people with ADHD, relatives and professionals.

ICF intervention module

Plain-language information on each functioning domain, evidence-informed self-help and environmental adaptations, and a directory of local services.

Guided assistant

An AI-supported guide with three questions: *What is it? What can I do myself? Where nearby can I get support?* It stays within non-diagnostic boundaries and uses validated content only.

Platform 2.0

Live norms and visualisation, UK norms, ICF personal factors, and shared ICF service models.

More languages & Core Sets

Including French, Spanish, Catalan, Hindi and Chinese, and further condition-specific Core Sets.

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WHO STANDS BEHIND IT

15 years of WHO-affiliated research, now ready for practice

KIND · Karolinska Institutet

Developed by the Center of Neurodevelopmental Disorders at Karolinska Institutet (KIND), Stockholm, led by Prof. Sven Bölte. KIND led the international development of the ICF Core Sets for autism and ADHD.

Neuro Support Solutions International AB

Holds the intellectual property rights to the ICF CoreSets platform and provides it to services and organisations.

KI Innovations

Supports the utilisation and implementation of the platform, so that research results reach practice.

icfcoresets.se

Get in touch about licences, pilots and implementation via the contact form at icfcoresets.se

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