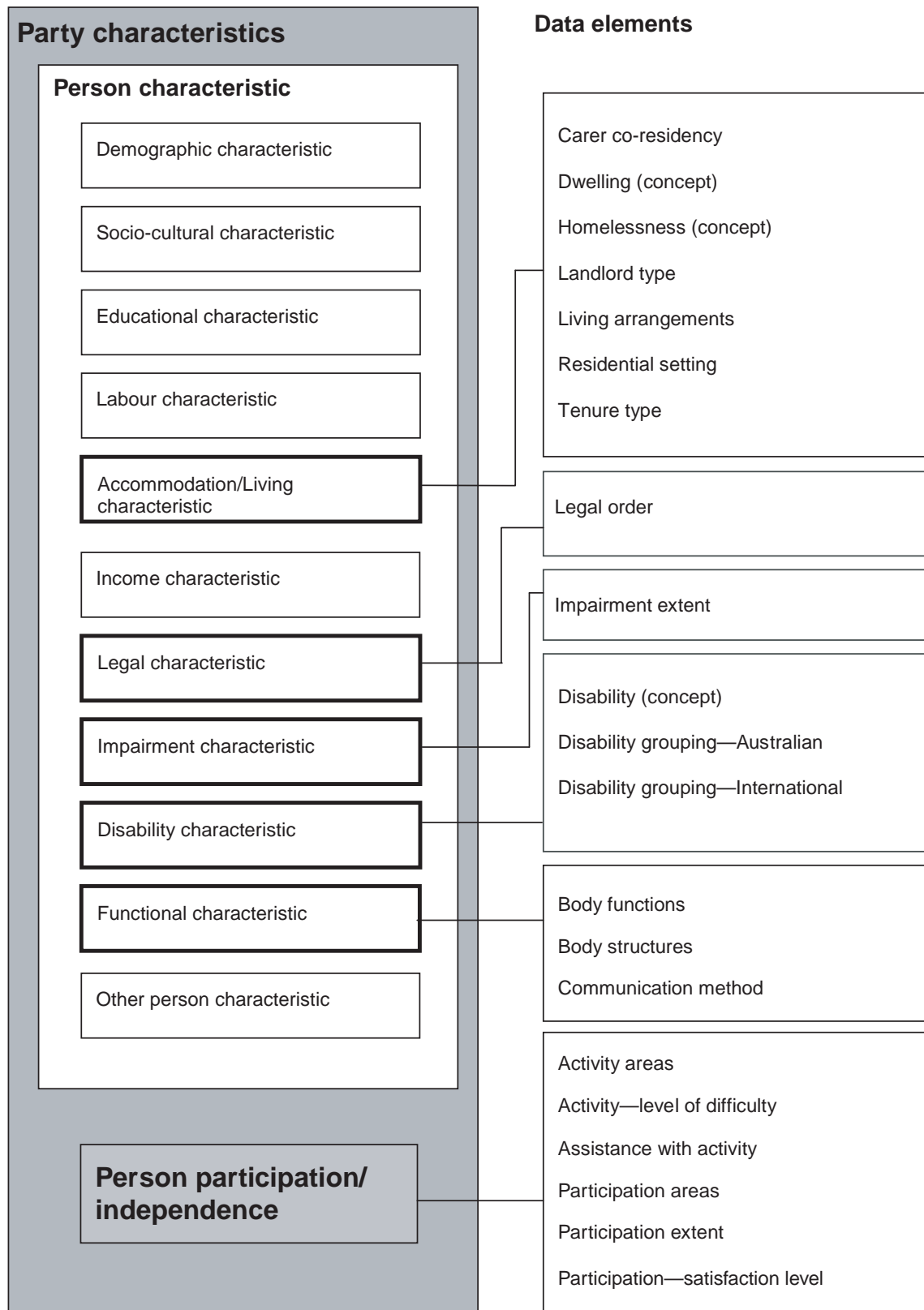


National Community Services Information Model, version 1, Entities



Carer co-residency

<i>New</i>	<i>Status</i> CURRENT	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000553
<i>NCSI Model Location</i> Person characteristic/accommodation-living characteristic			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not a carer lives with the person for whom they care.

Context: Personal and social support:

This item helps to establish a profile of the characteristics of informal carers and as such increases knowledge about the dynamics and patterning of the provision of informal care. In particular, whether the carer lives with the person for whom they care or not is one indication of the level of informal support available to clients and of the intensity of care provided by the carer.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

- 1 Co-resident carer
- 2 Non-resident carer
- 9 Not stated/inadequately described

Guide for use: A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.

Usually used to record residency status of the person who provides most care to the person.

If a client has both a co-resident (e.g. a spouse) and a visiting carer (e.g. a daughter or son), the coding response should be related to the carer who provides the most significant care and assistance related to the client's capacity to remain living at home. The expressed views of the client and/or their carer(s) or significant other should be used as the basis for determining this.

Collection methods: This item can be collected when either the carer or the person being cared for is the client of an agency.

Agencies may be required to collect this item at the beginning of each Service episode. Agencies should also assess the currency of this information at subsequent assessments or re-assessments.

Some agencies may record this information historically so that they can track changes over time. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date.

Related data: Informal carer (concept) v.2.

Carer co-residency (*continued*)

Administrative attributes

Source document: DHFS: 1998. HACC Data Dictionary Version 1.0. Commonwealth of Australia.

Source organisation: Department of Health and Family Services
Australian Institute of Health and Welfare

Comments: There is inconsistency between this definition of 'Carer co-residency', and the ABS definition of 'Principal carer', 1993 Disability, Ageing and Carers Survey and, 'Primary carer' used in the 1998 survey. The ABS definitions require that the carer has or will provide care for a certain amount of time and that they provide certain types of care. This may not be appropriate for community services agencies wishing to obtain information about a person's carer regardless of the amount of time that care is for or the types of care provided. This type of information can of course be collected separately, but for most collections it is not needed and would place a burden on service providers.

Dwelling

<i>New</i>	<i>Status</i> TRIAL	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000564
<i>NCSI Model Location</i> Person characteristic/accommodation-living characteristic			<i>Data Class</i> Socio-demographic	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA CONCEPT

Definition: A structure or a discrete space within a structure intended for people to live in or where a person or group of people lives. Thus a structure that people actually live in is a dwelling regardless of its intended purpose, but a vacant structure is only a dwelling if intended for human residence. A dwelling may include one or more rooms used as an office or workshop provided the dwelling is in residential use.

Context: Dwellings are the main counting unit in the housing sector. Dwellings are reported for a variety of purposes including number of untenable or tenable, and occupied or vacant dwellings. Dwellings may be owned and/or, managed, and/or available for a use by a specific program, including head leased stock from private and government sources.

Relational and representational attributes

Guide for use: Certain operational rules are required to provide a consistent basis on which to determine whether accommodation within a particular structure, such as a granny flat, forms a separate dwelling. Discrete spaces within a single structure intended for people to live in are only identified as separate dwellings if they are self-contained. A self-contained unit has its own cooking, bathing and toilet facilities and can be accessed without passing through another dwelling (excluding communal entry halls, passages and lobbies.)

Collection methods: This trial data concept is undergoing further development and testing. This will include:

- a review of the ways in which this information is collected in existing administrative data collections,
- and an appraisal of its operational feasibility, and
- consultation with ABS about standards for housing data.

Related data: Is related to the data elements:

Postcode v.2,
Suburb/town/locality name v.1,
State/Territory identifier v. 1,
Address v.2,
Residential setting v.1,
Tenure type v.1,
Landlord type v.1

Dwelling (*continued*)

Administrative attributes

Source document: ABS: 1995 (as amended). Directory of Concepts and Standards for Social, Labour and Demographic Variables. Catalogue No. 1361.30.001 (Statistical Concepts Library) Canberra: AGPS.

Source organisation: Australian Bureau of Statistics
Australian Institute of Health and Welfare

Comments: The concept of a dwelling is essential for determining related concepts such as 'adequate' and 'tenantable' dwellings. However, there can be multiple tenancies in a number of dwelling types, (e.g. Boarding houses), which may be ignored when counting these dwellings. Therefore it can be more useful in many instances to count stock in terms of 'tenancy units'

Dwellings are currently reported on separately under the various housing assistance programs. These dwellings are defined as being used, for the purposes of the program regardless of the original source of the dwelling. For example, dwellings may be leased to the Crisis Accommodation Program from the Public Housing stock. These dwellings are counted in the Crisis Accommodation data collection as well as, the Public housing data collection. There are potentially many gaps and overlaps in the reporting of the number of dwellings under each program.

Homelessness

<i>New</i>	<i>Status</i> CURRENT	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000575
<i>NCSI Model Location</i> Person characteristic/accommodation-living characteristic			<i>Data Class</i> Program Specific	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA CONCEPT

Definition: A person is homeless if he or she does not have access to safe, secure and stable housing. Hence even if a person has a physical home, they would be considered homeless if:

- they were not safe at home;
- they had no legal right to continued occupation of their home (security of tenure); or
- the home lacked the amenities or resources necessary for living.

Context: There is considerable concern over the number of homeless people in society and the assistance they require.

Collecting information on homeless people is problematic, as the concept of 'homelessness' encompasses elements in addition to whether, someone resides in a dwelling or not.

Relational attributes

Related data:

Administrative attributes

Source document: AIHW: 1998. SAAP National Data Collection Collectors Manual. Canberra: AIHW.

Source organisation: Australian Institute of Health and Welfare

Comments:

Landlord type

<i>New</i>	<i>Status</i> TRIAL	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000577
<i>NCSI Model Location</i> Person characteristic/accommodation-living characteristic			<i>Data Class</i> Socio-demographic	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Landlord type is the type of legal entity from which a person's right to occupy their dwelling derives. It relates to the entity (person, agency, or corporation), with which the person obtains the contractual right to occupy dwelling space as a home.

Context: Landlord type and Tenure type are important because of the significance of housing costs in personal and household budgets and the varying degrees of security the different tenure types offer. As well as, the large proportion of low-income persons and households in rented dwellings, and as a measure of rental stocks and of the demand for and availability of housing.

Landlord type gives further details on the nature of rental arrangements. Linking human service outcomes with peoples housing situations has been identified as an important step in providing better targeted services. The tenure type of peoples living situations plays an important role in their health and welfare outcomes. For example, people with insecure tenure are more likely to suffer negative health and/or welfare impacts, such as drug or alcohol problems. Also people with poor health status may be more likely to find themselves in insecure tenure arrangements as result of their health.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 2 *Representational layout:* NN

Data domain:

- 1 **Private**
 - 11 In the same household
 - 12 Not in the same household
- 2 **State/Territory Housing Authority**
- 3 **Community Housing Provider**
 - 31 Community Housing Cooperative Group
 - 32 Aboriginal Housing Cooperative
 - 33 Local Aboriginal Land Council
- 4 **Other**
 - 41 Government
 - 42 Non-government
- 8 Not applicable
- 9 Not stated/inadequately described

Landlord type (continued)

Guide for use: **Category 2** only includes those people whose landlord is a State/Territory Housing Authority (public housing). Essentially public housing is provided to those people whose needs are not met by the private market, because of financial reasons, discrimination, a lack of housing or some other reason that inhibits them from obtaining suitable accommodation in the private market.

Category 31 includes church groups and other non-government housing providers such as Lifeline and the Salvation Army.

Category 41 relates to landlord types not covered in the other categories. This mostly relates to where a government body is providing housing to an employee. This is common in rural and remote areas for health workers, police, teachers and others. For example, where accommodation is provided as part of the employment arrangements for defence personnel in military establishments.

Category 42 includes non-government employers (for example, where a mining company provides accommodation as part of the employment arrangements).

Collection methods: This item is only applicable to people living in private settings in rented dwellings (see Tenure type).

Care needs to be taken when collecting this information from people who pay rent to a real estate agent. Real estate agents can act as agents for various landlord types. For example they can act on the behalf of private landlords (code 12), community housing providers (code 3) or other landlord types. It should not be assumed that if a person says they pay rent to a real estate agent that the landlord type is 12 Private – not in the same household. If a respondent has indicated only that they pay rent to a real estate agent and it is not possible to clarify this, then this should be coded as 9 Not stated/inadequately described.

This trial data element is undergoing further development and testing. This will include:

- a review of the ways in which this information is collected in existing administrative data collections,
- and an appraisal of its operational feasibility, and
- consultation with ABS about standards for housing data.

Related data: Is related to:
Tenure type v.1,
Dwelling type v.1 and
Residential setting v.1.

Administrative attributes

Source document: ABS: 1995 (as amended). Directory of Concepts and Standards for Social, Labour and Demographic Variables. Catalogue No. 1361.30.001 (Statistical Concepts Library) Canberra: AGPS.

Source organisation: Australian Bureau of Statistics
Australian Institute of Health and Welfare

Comments:

Living arrangements

Revised	Status CURRENT	Effective Date 1/07/2000	Reg. Auth. NCSIMG	ID No. 000527
NCSI Model Location Person characteristic/accommodation-living characteristic			Data Class Socio-demographic	Version 2

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether the person lives with other related or unrelated persons.

Context: Client support needs:

It is important to record the type of living arrangements for a person in order to develop a sense of the level of support, both physically and emotionally, to which a person may have access.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: **Min.** 1 **Max.** 1 **Representational layout:** N

Data domain:

- 1 Lives alone
- 2 Lives with spouse/partner
- 3 Lives with either spouse/partner and other family member(s) and/or carer (including foster family)
- 4 Lives with other family members
- 5 Lives with other members of community
- 6 Other arrangements
- 9 Not stated/inadequately described

Guide for use: On occasion, difficulties can arise in deciding the living arrangements of a person due to their type of accommodation (for example, boarding houses, hostels, retirement villages, etc). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (e.g. partner, sibling, close friend, etc).

In most instances, homeless people should be coded as living alone.

Collection methods: Generally this item is collected for the person's usual living arrangements, but may also, if required, be collected for a person's main living arrangements or living arrangement at a particular time reference point.

Living arrangements (*continued*)

Related data: Supersedes previous data element Living arrangements v.1.

Related to the data elements:

Relationship in household v.2,
Family type v.2,
Household type v.2,
Marital status v.1,
Informal carer v.2,
Carer co-residency v.1.

Administrative attributes

Source document: AIHW: Data Comparisons (internal document, not published).

Source organisation: Australian Institute of Health and Welfare

Comments: This data element is tied in with other data elements such as Dwelling, Tenure type, Residential setting and Landlord type etc. Given that various sectors within community services collect and define information pertaining to such data elements differently, it is difficult to suggest general standards on what should constitute Living arrangements. The categories presented in the data domain above have attempted to represent all sectors in community services.

Residential setting

<i>New</i>	<i>Status</i> TRIAL	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000587
<i>NCSI Model Location</i> Person characteristic/accommodation-living characteristic			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The setting in which a person resides.

Context: Linking human service outcomes with peoples housing situations has been identified as an important step in providing better targeted services.

Collecting information about residential setting also gives an indication of the type and variety of settings to which agencies deliver their services when providing assistance.

This trial data element has been designed to assist in comparisons of data from administrative data collections with data from the five yearly Census of Population and Housing, and to assist in analyses of de-institutionalisation. As a trial data element, it is subject to further development and testing (see Comments below).

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

- 1 Private setting
- 2 Community based setting
- 3 Institutional setting
- 4 None/homeless/public place
- 9 Not stated/inadequately described

Guide for use: **1. Private setting:** A largely self contained dwelling intended for occupation by one or more usual residents, or movable, makeshift or improvised dwelling occupied by one or more usual residents, regardless of whether the dwelling is owned, being purchased or being rented privately, publicly or through a community organisation.

This includes houses, flats, units, caravan, craft in a marina, a houseboat, independent living in a retirement village (where no support services are provided as a package with the accommodation) and makeshift and improvised dwellings (such as humpies).

2. Community-based setting: This type of setting includes a wide range of accommodation, including hotels/motels and supported living in a retirement village (where support is provided together with the accommodation as a package). As well as, residential facilities (e.g. those that provide 'out of home' placements for children who cannot live with their families) and group homes for people with disabilities.

Residential setting *(continued)*

*Guide for use
(continued):*

It also includes boarding houses/private hotels, crisis/transitional accommodation hostels and refuges (such as for the homeless and people, escaping domestic violence), supported accommodation facilities, hostels for people with a disability and other hostels (except aged care hostels).

The distinguishing features of a community based setting (as opposed to private) (aside from commercial types of accommodation such as motels/hotels):

- An adult accommodated in a community setting has less control or choice, over when, where and how, they undertake basic personal activities than in a private setting (e.g. shared/scheduled meals, communal laundry, etc).
- In community based settings some form of service by paid staff is generally provided in association with occupancy of a dwelling.
- The person has more choice or control over such activities in a community based setting than in an institutional setting.
- Persons living in community settings are generally housed in domestic scale sized dwellings.
- Located within the general community, in areas where other people live privately.

3. Institutional setting: This category includes hospitals (including psychiatric), residential facilities (e.g. those that provide 'out of home' placements for children who cannot live with their families) homes and aged care hostels.

It also includes larger institutions for people with disabilities, larger institutional supported accommodation facilities, prisons, remand centres, corrective institutions for children/youth, convents and monasteries, boarding schools and residential colleges.

The distinguishing features of an institutional setting (as opposed to community):

- Existence of a regulatory or licensing body.
- Accommodation units are usually not self contained.
- Adult residents have little or no control over when, where and how they undertake basic personal activities (e.g. shared/scheduled meals, communal laundry, etc).
- They are generally situated out of the general community (e.g. jails, hospitals).
- They are often of a larger scale than community settings.

Should difficulties arise concerning the categorisation of a setting, refer to the features listed below for guidance:

- Level of choice/control.
- Scale/size.
- Location within/outside of general community.
- Existence of a regulatory or licensing body.
- Paid staff.

Residential setting (*continued*)

Collection methods: This data element could be used to describe the residential setting of individual persons, groups of people or households.

This trial data element is undergoing further development and testing. This will include:

- a review of the ways in which this information is collected in existing administrative data collections;
- and an appraisal of its operational feasibility; and
- consultation with ABS about standards for housing data.

Related data: Is related to:

Landlord type v.1,
Dwelling v.1 and
Tenure type v.1.

Administrative attributes

Source document:

Source organisation: Australian Institute of Health and Welfare

Comments:

Tenure type

<i>New</i>	<i>Status</i> TRIAL	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000596
<i>NCSI Model Location</i> Person characteristic/accommodation-living characteristic			<i>Data Class</i> Socio-demographic	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The nature of a person or social group's legal right to occupy a dwelling.

Context: Tenure type and landlord type are important because of the significance of housing costs in personal and household budgets and the varying degrees of security the different tenure types offer. As well as, the large proportion of low-income persons and households in rented dwellings, and as a measure of rental stocks and of the demand for and availability of housing.

Linking human service outcomes with peoples housing situations has been identified as an important step in providing better targeted services. The tenure type of peoples living situations plays an important role in their health and welfare outcomes. For example, people with insecure tenure are more likely to suffer negative health and/or welfare impacts, such as drug or alcohol problems. Also people with poor health status may be more likely to find themselves in insecure tenure arrangements as result of their health.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 2 *Representational layout:* NN

Data domain:

- 1 Owner
 - 11 Fully owned
 - 12 Being purchased/with mortgage
- 2 Renter
 - 21 Public housing
 - 22 Community housing
 - 23 Private housing
- 3 Rent free
- 4 Life tenure scheme
- 5 Shared equity or rent/buy scheme
- 6 None/homeless
- 7 Other
- 9 Not stated/inadequately described

Tenure type (*continued*)

Guide for use:

The Tenure type of persons in caravans and manufactured homes is determined according to the tenure of the dwelling structure and not the land. Thus, a person who owns a caravan and rents a site in a caravan park is regarded as an owner.

11 Owner – fully owned: Applies to persons who are not making any payments on mortgages or loans secured against the dwelling. (Thus persons who have repaid a loan but technically not discharged the associated mortgage are included in this category)

12 Owner – being purchased/with mortgage: Applies to persons who are repaying a mortgage or loans secured against the dwelling, regardless of the purpose of the mortgage or secured loan.

2 Renter: Money is exchanged with another person/organisation in return for accommodation.

21 Public housing: included in this category are Boarder, a person who is provided with meals and lodging; and Lodger, a person who is provided with lodging (a room or rooms) in return for money.

22 Community housing:

23 Private housing:

3 Rent-free: If no money is exchanged for accommodation and the person is not an owner of the dwelling.

4 Life tenure scheme: The person/s has/have a contract to live in the dwelling for the term of his/her life but without the full rights of ownership and usually has/have limited or no equity in the dwelling. This is a common arrangement in retirement villages.

5 Shared equity or rent/buy scheme: The household is both purchasing some equity in the dwelling, and paying rent for the remainder.

6 None/homeless: No tenure

7 Other: The tenure does not fit any of the above categories. For example, house-sitting or payment in kind for a specific service.

Tenure type relates to a person's right to occupy a dwelling and essentially has little to do with land as such. An indigenous person occupying land under long-term leasehold would be classified under one of the owner categories if they have built or brought a home on that land. If a community organisation, Aboriginal Land Council, State Housing Authority or some other entity owns the dwelling then the person would be classified under one of the non-owner categories.

Collection methods:

This data item is collected for all people in private residential settings and can be collected for some residents in community settings (see Residential setting).

This trial data element is undergoing further development and testing. This will include:

- a review of the ways in which this information is collected in existing administrative data collections,
- and an appraisal of its operational feasibility, and
- consultation with ABS about standards for housing data.

Related data:

Is related to:

Residential setting v. 1,
Dwelling v.1 and
Landlord type v.1.

Tenure type (*continued*)

Administrative attributes

Source document: ABS: 1995 (as amended). Directory of Concepts and Standards for Social, Labour and Demographic Variables. Catalogue No. 1361.30.001 (Statistical Concepts Library) Canberra: AGPS.

Source organisation: Australian Bureau of Statistics
Australian Institute of Health and Welfare

Comments:

Legal order

New	Status CURRENT	Effective Date 1/07/2000	Reg. Auth. NCSIMG	ID No. 000578
NCSI Model Location Person characteristic/legal characteristic			Data Class Cross-Program	Version 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The type of legal order or legal arrangement to which a person is a subject of, or party to.

Context: The legal status of a person is directly relevant to service provision in some community services areas (for example, care and protection orders in the child protection area, juvenile justice orders, restraining orders in SAAP). It may also be useful for agencies to assist in the provision of appropriate legal and other services. Mental health legal status is required to monitor trends in the use of compulsory treatment provisions under State and Territory mental health legislation by Australian hospitals and community health care facilities including, 24-hour community-based residential services. Mental health legal status is an essential data element within local records for those hospitals and community mental health services that provide psychiatric treatment to involuntary patients.

Information on legal status also provides a way of examining the link between clients and the criminal justice system and other service systems.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: **Min.** 1 **Max.** 1 **Representational layout:** N

Data domain: Legal order or legal arrangement to which the person is the subject of, or party to:

- 1 Not subject of, or party to, a legal order or arrangement
- 2 Subject of, or party to, a legal order or arrangement
 - 21 Care and protection order
 - 22 Juvenile justice order
 - 23 Involuntary mental health patient (under mental health legislation)
 - 24 Restraining order
 - 25 Other legal order
- 9 Not stated/inadequately described

Guide for use: A person may be the subject of, or party to, more than one of the legal orders or legal arrangements at the same time (and may therefore have multiple codes). The legal orders and arrangements listed above are a State responsibility and may vary across jurisdictions (for example, the number and type of care and protection orders vary quite considerably). As a result care should be taken in interpreting data differences across jurisdictions.

Legal order (*continued*)

Guide for use
(*continued*):

Care and protection orders: A legal order for the care and protection of a child under 18 years of age. Care and protection orders comprise the following:

- Finalised guardianship or finalised custody orders sought through a court, or administrative arrangements that have the impact of transferring custody or guardianship;
- Finalised supervisory and other finalised court orders which give the department some responsibility for the child's welfare; and
- Interim and temporary orders and care applications.

Care and protection orders exclude administrative and voluntary arrangements with the community services departments that do not have the effect of transferring custody or guardianship.

There is a wide range of orders and arrangements included as care and protection orders, such as guardianship, custody, supervisory, undertakings, interim and temporary orders and undertakings. The types and numbers of orders vary considerably across States and Territories.

Juvenile Justice orders: Legal orders or arrangements under State and Territory juvenile justice legislation. Includes orders involving detention and non-detention (non-detention orders may require supervision, commitments or undertakings from young people, fines and good behaviour bonds).

Involuntary mental health patient: Approval is required under the State or Territory mental health legislation in order to detain patients for the provision of mental health care or for patients to be treated compulsorily in the community. Each State and Territory mental health legislation differs in the number of categories of involuntary patient that are recognised, and the specific titles and legal conditions applying to each type. The legal status categories, which provide for compulsory detention or compulsory treatment of the patient, can be readily differentiated within each jurisdiction. These include special categories for forensic patients who are charged with or convicted of some form of criminal activity.

The mental health legal status of admitted patients treated within approved hospitals may, change many times throughout the episode of care. Patients may be admitted to hospital on an involuntary basis and subsequently be changed to voluntary status; some patients are admitted as voluntary but are transferred to involuntary status during the hospital stay. Multiple changes between voluntary and involuntary status during an episode of care in hospital or treatment in the community may occur depending on the patient's clinical condition and his/her capacity to consent to treatment.

Collection methods:

This data item will be collected at different times depending on the requirements of the data collection. For some it may be at the time a person is seeking a service while for others it may be at regular or irregular intervals.

Related data:

Legal order (*continued*)

Administrative attributes

Source document: AIHW: 1999. National Health Data Dictionary, version 9. Catalogue No. HWI 24. Canberra: AIHW.

AIHW: 1998-99. Children of care and protection orders, Australia: data collection standards, tables and counting rules. Canberra: AIHW.

AIHW: 1999. SAAP National Data Collection Data Dictionary, version 1.1. Canberra: AIHW.

Source organisation: Australian Institute of Health and Welfare

Comments:

Impairment extent

<i>New</i>	<i>Status</i> TRIAL (WHO field trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000566
<i>NCSI Model Location</i> Person characteristic/impairment characteristic			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The presence and extent or magnitude of the impairment in relation to a given body function or structure.

Impairments are problems in body function or structure such as significant deviation or loss.

Context: Impairments represent a deviation from some generally accepted population standards in the biomedical status of body and its functions, and definition of their constituents is undertaken primarily by those qualified to judge physical and mental functioning according to these standards.

Impairments of body structure can involve an anomaly, defect, loss or other significant deviation.

Body structure and body function can be related to this data element to indicate the sorts of interventions that may result in improved functioning. This could be in the form of rehabilitation, health-related interventions, equipment, or support for example.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

1	No impairment
2	Mild impairment
3	Moderate impairment
4	Severe impairment
5	Complete impairment
9	Not stated/inadequately described

Guide for use: Body structure and function and impairment of body structure and function are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe – Disability for further details.

No impairment is recorded when there is no significant deviation from generally accepted population standards in the biomedical status of the body and its functions.

Mild impairment is recorded when there is small deviation from generally accepted population standards in the biomedical status of the body and its functions.

Impairment extent (*continued*)

Guide for use (continued):

Moderate impairment is recorded when there is a significant but not severe deviation from generally accepted population standards in the biomedical status of the body and its functions.

Severe impairment is recorded when there is extreme deviation from generally accepted population standards in the biomedical status of the body and its functions.

Complete impairment is recorded when there is total deviation from generally accepted population standards in the biomedical status of the body and its functions.

Not stated/inadequately described is recorded when there is insufficient information to record extent of impairment in any other class.

Collection methods:

This coding is used in conjunction with specified body structures and body functions, for example 'mild impairment of structures related to movement'.

Impairments should be detectable or noticeable by others or the person by direct observation or by inference from indirect observation. Impairments are not the same as the underlying pathology, but are manifestations of that pathology.

Impairments can be temporary or permanent; progressive, regressive or static; intermittent or continuous. The deviation from the norm may be slight or severe and may fluctuate over time. Impairments may result in other impairments.

Impairment is related to a health condition, but does not necessarily indicate that disease is present or that the individual is sick.

Related data:

An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept Disability v.1.

Is used in conjunction with the data elements:

- Body structures v.1,
- Body functions v.1.

Is related to the data elements:

- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Impairment extent (*continued*)

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. Endorsement by the World Health Assembly is scheduled to be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>.

For further information on disability see the Information Annexe – Disability.

Disability

New	Status TRIAL (WHO field trial)	Effective Date 1/07/2000	Reg. Auth. NCSIMG	ID No. 000561
NCSI Model Location Person characteristic/disability characteristic			Data Class Cross-Program	Version 1

Identifying and definitional attributes

Data element type: DATA CONCEPT

Definition: Disability is a multi-dimensional and complex concept. Disability is defined in terms of three dimensions (WHO, 1999): Body structures and functions/ impairments, Activity/activity limitation and Participation/participation restriction. Disability is the presence and nature of one, some or all of these dimensions associated with current or previous related health conditions, disease or injury. The three dimensions focus in turn on aspects of functioning and disability relevant to: the body, the individual person, and the person in society. The experience of disability is variable over time and affected by external environmental factors as well as internal personal factors.

Context: Many different definitions of disability are used in Australia, both in administrative data collections and in Acts of Parliament. The consistent identification of disability in national data collections has been recommended in a number of reports, so as to enable:

- the monitoring of access to generic services by people with a disability;
- the collection of more consistent data on disability support and related services, including data on service use by different groups; and
- population data and service data to be related, thereby improving the nation's analytical capacity in relation to the need for and supply of services.

People with a disability often have a need for a variety of support services including day activity, employment, education, home care and accommodation. Defining disability will make it possible to determine the number of people who are accessing services, both disability specific and generic, and also those with a disability in the general population with unmet need. Better definition of disability will aid better targeting of resources to those in need.

Relational attributes

Collection methods: The concept 'disability' can be made operational as a derived data element by using a combination of related data elements as building blocks.

The data elements selected may vary depending on the definition of disability used. For example in hospital based rehabilitation the focus may be on the impairment and activity dimensions and in community-based care the focus may be Participation primarily. Some applications may require a broad scope for inclusion (e.g. discrimination legislation). Data collections relating to services will select combinations of the data elements, which best reflect the eligibility criteria for the service.

Disability (*continued*)

Related data: An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1

Related to the National Health Data Dictionary Version 8.0 data elements
Principal diagnosis and Additional diagnoses.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. Endorsement by the World Health Assembly is scheduled to be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>

The dimensions of the ICIDH-2 are defined in relation to a health condition. 'A health condition is an alteration or attribute of the health state of an individual that may lead to distress, interference with daily activities, or contact with health services. It may be a disease (acute or chronic), disorder, injury or trauma, or reflect other health-related states such as pregnancy, ageing, stress, congenital anomaly or genetic predisposition' (WHO, 1999). There are a number of ways to record a health condition. An ICD-10 code may have been recorded (See National Health Data Dictionary Version 8, 1999 data elements, 'Principal diagnosis' and 'Additional diagnosis'). A diagnosis may have been reached, after assessment, of the nature and identity of the disease or condition of the person. For further information on disability see the Information Annexe – Disability.

Disability grouping – Australian national

New	Status CURRENT	Effective Date 1/07/2000	Reg. Auth. NCSIMG	ID No. 000562
NCSI Model Location Person characteristic/disability characteristic			Data Class Cross-Program	Version 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Disability groupings are a broad categorisation of disabilities in terms of the underlying health condition, impairment, activity limitations, participation restrictions and environmental factors. The grouping that most clearly expresses the experience of disability by a person.

Context: Disability administrators, peak bodies, people with disabilities and service providers may use this data element as a basis for the description of groups of people with similar experiences of disability and patterns of impairments, activity limitations, participation restrictions and related environmental factors. These Australian national disability groupings can be related to 'Disability groupings – International' and used in national and international comparisons.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: *Min.* 2 *Max.* 2 **Representational layout:** NN

Data domain:

- 01 Developmental delay (apply to 0–5 year olds only, where no other category is appropriate)
- 02 Intellectual (including Down syndrome)
- 03 Specific learning (including Attention Deficit Disorder)
- 04 Autism (including Asperger's syndrome)
- 05 Physical
- 06 Acquired brain injury
- 07 Deaf-blind (dual sensory)
- 08 Vision (sensory)
- 09 Hearing (sensory)
- 10 Speech (sensory)
- 11 Psychiatric
- 12 Neurological (including epilepsy and Alzheimer's Disease)
- 99 Disability group not yet classified

Guide for use: **Developmental delay** is applicable to children aged 0–5 only. Conditions appearing in the early developmental period, with no specific diagnosis. Developmental delay maps into the Intellectual/learning category of the International disability grouping.

Disability grouping – Australian national (*continued*)

**Guide for use
(continued):**

Intellectual disability applies to conditions appearing in the developmental period (age 0–18) associated with impairment of mental functions, difficulties in learning and performing certain daily life skills and limitation of adaptive skills in the context of community environments compared to others of the same age. Includes Down Syndrome, tuberous sclerosis, cri-du-chat syndrome etc. Intellectual disability maps into the Intellectual/learning category of the International disability grouping.

Learning disability is a general term referring to a group of disorders, presumed due to central nervous system dysfunction rather than an intellectual disability, covering significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical skills. Learning disability maps into the Intellectual/learning category of the International disability grouping.

Autism is used to describe pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviour (in particular obsessional, ritualistic, stereotyped and rigid behaviours). Autism maps into the Intellectual/learning category of the International disability grouping.

Physical disability is used to describe conditions that are attributable to a physical cause or impact on the ability to perform physical activities, such as mobility. Physical disability includes paraplegia, quadriplegia, muscular dystrophy, motor neurone disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration, scoliosis etc. Impairments may affect internal organs such as lung or liver. Physical disability maps into the Physical/diverse category of the International disability grouping.

Acquired brain injury is used to describe multiple disabilities arising from damage to the brain acquired after birth. It results in deterioration in cognitive, physical, emotional or independent functioning. It can be as a result of accidents, stroke, brain tumours, infection, poisoning, lack of oxygen, degenerative neurological disease etc. Acquired brain injury maps into the category of the Physical/diverse category of the International disability grouping.

Deaf-blind: is used to describe dual sensory impairments causing severe restrictions in communication, and in the ability to participate in community life. This Australian National disability group maps to the Sensory category of the International disability grouping.

Vision disability encompasses blindness, vision impairment, visual handicap (not corrected by glasses or contact lenses). This Australian National disability group maps to the Sensory category of the International disability grouping.

Hearing disability encompasses deafness, hearing impairment, hearing loss. This Australian National disability group maps to the Sensory category of the International disability grouping.

Speech disability encompasses speech loss, impairment and/or difficulty in communication. This Australian National disability group maps to the Sensory category of the International disability grouping.

Disability grouping – Australian national (*continued*)

Guide for use (continued):

Psychiatric disability includes recognisable symptoms and behaviour patterns associated with distress that may impair personal functioning in normal social activity. Conditions such as schizophrenia, affective disorders, anxiety disorders, addictive behaviours personality disorders, stress, psychosis, depression and adjustment disorders are included. This group maps to the Psychiatric category of the International disability group.

Neurological disability applies to impairments of the nervous system occurring after birth, and includes epilepsy and organic dementias (e.g. Alzheimer's Disease) as well as such conditions as multiple sclerosis and Parkinson's. Neurological disability maps into the physical/diverse category of the International disability grouping.

Collection methods

Some collections may collect at a higher level of detail as long as it can be mapped to this disability grouping.

Related data:

An explanation of the disability data elements and their inter-relationship is contained in the Information annex, 4.4 Disability.

Is related to the data element concept Disability.

Can be used in the derivation of the Data grouping – International.

Is related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1.

Administrative attributes

Source document:

AIHW: 2000. CSDA Minimum Data Set Collections Data Guide: Data Items and Definitions. Canberra: AIHW.

Source organisation:

Australian Institute of Health and Welfare

Comments:

This way of grouping disabilities has been accepted for use in the CSDA MDS and has been developed and modified over a period of years in cooperation with government and non-government organisations, including consumer representative organisations. Examples given have been subject to discussion. Where there is more than one class that could be used, they are have been placed according to the class that is most appropriate for data users, such as the CSDA MDS network.

The purpose of this classification is to ensure that data are collected in a consistent way, reflecting current usage in the field. The categories should also relate to other relevant data collections.

For further information on disability see the Information Annexe – Disability, in particular Section 4, Table 3.

Disability grouping—International

<i>New</i>	<i>Status</i> TRIAL	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000563
<i>NCSI Model Location</i> Person characteristic/disability characteristic			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Disability groupings are a broad categorisation of disabilities in terms of the underlying health condition, impairment, activity limitations, participation restrictions and support needs. The grouping that most clearly expresses the experience of disability by a person.

Context: This element may be used, as a basis for the broad description of groups of people with similar experiences of disability and patterns of impairments, activity limitations, participation restrictions and support needs. The four groups are used extensively in both international and national legislation.

Governments, service providers, and consumer groups may use these groupings to make national and international comparisons. The 'Disability grouping – Australian national' can be related to the 'Disability grouping – International'. Please refer to the Information Annexe for a mapping between Australia and International disability groupings.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

- 1 Intellectual/learning
- 2 Psychiatric
- 3 Sensory/speech
- 4 Physical/diverse
- 9 Disability group not yet classified

Guide for use: The experience of disability is complex and multi-dimensional. It has been described using impairments of structure and/or function, patterns of activity limitation, participation restrictions, environmental factors and support needs. Each of these dimensions can inform the decision of which group to use.

Intellectual/learning disability is associated with impairment of mental functions with limitations in a range of daily activities and restriction in participation in a range of life areas. Supports may be needed throughout life, the level of support tends to be consistent over a period of time but may change in association with changes in life circumstances. This grouping will include such groupings as, for example, Developmental delay, Intellectual, Specific learning/ Attention deficit disorder and Autism from the Australian National disability grouping.

Disability grouping—International (*continued*)

Guide for use (continued):

Psychiatric disability is associated with clinically recognisable symptoms and behaviour patterns associated with distress that may impair personal functioning in normal social activity. Impairments of global and specific mental functions are experienced, with associated activity limitations and participation restrictions in a range of areas. Supports needed may vary in range, and may be required with intermittent intensity during the course of the condition. Change in level of supports tends to be related to changes in the level of impairment.

Sensory/speech disability is associated with impairment of the eye, ear and related structures. Extent of impairment, and activity limitation tend to remain consistent for long periods. Participation restrictions are in areas of communication primarily, but may include mobility. Availability of a specific range of environmental factors will affect the level of disability experienced by people in the sensory grouping. Once in place, the level of support tends to be relatively consistent. Sensory disability will include such groupings as, for example, Deaf-blind, Vision, and Hearing and Speech from the Australian National disability grouping.

Physical/diverse disability is associated with the presence of a common impairment, which may have diverse effects within and among individuals, including effects on physical activities such as mobility. The range and extent of activity limitation and participation restriction will vary with the extent of impairment. Environmental factors and support needs are related to areas of activity limitation and participation restriction, and may be required for long periods. Level of supports may vary with both life changes and extent of impairment. Physical/diverse disability will include such groupings as, for example, Physical, Acquired brain injury and Neurological and from the Australian national disability grouping.

Collection methods:

Some collections may collect at a higher level of detail such as the 'Disability grouping – Australian national' as long as it can be mapped to this disability grouping.

Related data:

An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept, Disability v.1.

Can be derived from the data element Disability grouping - Australian national.

Is related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1.

Disability grouping—International (*continued*)

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation
Australian Institute of Health and Welfare

Comments: Four terms – ‘intellectual’, ‘psychiatric’, ‘sensory’ and ‘physical’ – are used in many of the international, national, state and territory administrative definitions of disability, including The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (WHO, 1994). It is important to be able relate different forms of disability groupings (such as the CSDA MDS) in a consistent way in order to provide meaningful data.

Some Australian administrative descriptions of disability use three terms, ‘intellectual’, ‘psychiatric’ and ‘physical’; where this occurs the ‘sensory’ disabilities are included in the ‘physical’ grouping.

For further information on disability, see the Information Annexe – Disability, in particular, Section 4, Table 3.

Body functions

New	Status TRIAL (WHO field trial)	Effective Date 1/07/2000	Reg. Auth. NCSIMG	ID No. 000549
NCSI Model Location Person characteristic/functional characteristic			Data Class Cross-Program	Version 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Body functions are the physiological or psychological functions of body systems.

Context: Body refers to the human organism as a whole; hence it includes the brain and its functions, that is, the mind. Impairments of body functions are problems in body function such as significant deviation or loss.

The Body function classification is a neutral list of functions that can be used to record positive or neutral body function as well as impairment of body function.

This element, in conjunction with 'Impairment extent', enables the provision of information about the presence and extent of impairment for given body functions.

'Body functions' and 'Body structure' together represent one of the three dimensions that define the concept 'Disability'.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: *Min.* 1 *Max.* 8 **Representational layout:** NNNNNNNN

Data domain:

- 1 **Mental functions** (includes, for example, consciousness, orientation, intellectual, temperament and personality, attention and memory).
- 2 **Sensory functions** (includes, for example, seeing, hearing, and touch).
- 3 **Voice and speech functions** (includes, for example, voice, articulation, and fluency and rhythm of speech).
- 4 **Functions of the cardiovascular, haematological, immunological and respiratory systems** (includes, for example, heart, blood vessel, immunological system and respiration).
- 5 **Functions of the digestive, metabolic, endocrine systems** (includes, for example, ingestion, digestion, metabolic and thermoregulatory).
- 6 **Genitourinary and reproductive functions** (includes, for example, urinary excretory, sexual, menstruation and procreation).
- 7 **Neuromusculoskeletal and movement-related functions** (includes, for example, mobility of joints, muscle and endurance and motor reflex).
- 8 **Function of skin and related structures** (includes, for example, protective function of the skin, repair functions of the skin, sensation related to the skin and functions of hair).

Guide for use: Body function and impairment of body function are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe – Disability for further details.

Body functions (*continued*)

Guide for use (continued): Where multiple body functions or impairment of body functions are recorded, the following prioritising system may be useful.

- The first recorded body function or impairment of body function is the one having the greatest impact on the individual.
- Second and subsequent recorded body function or impairment of body functions is also of relevance to the individual.
- Up to eight responses may be recorded.

Collection methods: In order to indicate the presence and, extent of an impairment in relation to a given body function, 'Impairment extent' should also be recorded.

There are numerous possible methods for collecting body function or impairments of body function. Where multiple body functions or impairment of body functions are recorded, the prioritising system in the Guide for use may be useful.

Related data: An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data element concept, Disability v.1. May be used in conjunction with the data element Impairment extent v.1.

Is related to the data elements:

Body structures v.1,
Activity areas v.1,
Activity – level of difficulty v.1,
Assistance with activity v.1,
Participation areas v.1,
Participation extent v.1,
Participation – satisfaction level v.1,
Environmental factors v.1,
Environmental factors – extent of influence v.1,
Disability grouping – Australian national v.1,
Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. It is expected that endorsement by the World Health Assembly will be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website:

<http://www.who.ch/icidh>

For further information on disability see the Information Annexe – Disability.

Body structures

New	Status TRIAL (WHO field trial)	Effective Date 1/07/2000	Reg. Auth. NCSIMG	ID No. 000550
NCSI Model Location Person characteristic/functional characteristic			Data Class Cross-Program	Version 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Body structures are anatomical parts of the body such as organs, limbs and their components.

Context: Impairments of body structure are problems in body structure such as a significant deviation or loss. Impairments of structure can involve anomalies, defects, loss or other significant deviations in body structures.

The Body structures classification is a neutral list of structures that can be used to record positive or neutral body structure as well as impairment of body structure.

This element, in conjunction with 'Impairment extent', enables the provision of information about the presence and extent of impairment for given body structures.

'Body functions' and 'Body structure' together represent one of the three dimensions that define the concept 'Disability'.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: *Min.* 1 *Max.* 8 **Representational layout:** NNNNNNNN

Data domain:

- 1 **Structure of the nervous system** (includes, for example, structure of the brain, the spinal cord and the spinal nerves).
- 2 **Structure of the eye, ear and related structures** (includes, for example, structure of the eye socket, the eyeball, the external ear and the middle ear).
- 3 **Structures involved in voice and speech** (includes, for example, structure of the nose, the mouth and the pharynx).
- 4 **Structures of the cardiovascular, immunological and respiratory systems** (includes, for example, structure of the heart, structure of the lymphatic vessels and structure of the lungs).
- 5 **Structures related to the digestive, metabolism and endocrine systems** (includes, for example, structure of the oesophagus, the intestine and the endocrine glands).
- 6 **Structures related to genitourinary system** (includes, for example, structure of the kidney, the pelvic floor and the reproductive system).
- 7 **Structures related to movement** (includes, for example, structure of the shoulder region, the lower extremity and the trunk).
- 8 **Structure of the skin and related structures** (includes, for example, structure of the skin glands, nails and hair).

Body structures (*continued*)

- Guide for use:** Where multiple body structures or impairment of body structures are recorded, the following system may be useful.
- The first recorded body structure or impairment of body structure is the one having the greatest impact on the individual.
- Second and subsequent recorded body structures or impairment of body structures are also of relevance to the individual.
- Up to eight responses may be recorded.
- Body structure and impairment of body structure are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe – Disability for further details.
- Collection methods:** In order to indicate the presence and extent of an impairment in relation to a given body structure, ‘Impairment extent’ should also be recorded.
- There are numerous possible methods for collecting body structure or impairments of body structure. Where multiple body structures or impairment of body structures are recorded, the system in the Guide for use may be useful.
- Related data:** An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.
- Is related to the data concept, Disability v.1.
- May be used in conjunction with the data element Impairment extent v.1.
- Is related to the data elements:
- Body functions v.1,
 - Activity areas v.1,
 - Activity – level of difficulty v.1,
 - Assistance with activity v.1,
 - Participation areas v.1,
 - Participation extent v.1,
 - Participation – satisfaction level v.1,
 - Environmental factors v.1,
 - Environmental factors – extent of influence v.1,
 - Disability grouping – Australian national v.1,
 - Disability grouping – International v.1.

Body structures (continued)

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. It is expected that endorsement by the World Health Assembly will be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website:
<http://www.who.ch/icidh>

For further information on disability see the Information Annexe – Disability.

Communication method

<i>New</i>	<i>Status</i> CURRENT	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000580
<i>NCSI Model Location</i> Person characteristic/functional characteristic			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The method of communication, including sign language, most effectively used by the person.

The communication must be effective of itself, that is the person must be able to communicate more than just basic needs, to unfamiliar people using the method.

Context: Client support needs:

Method of communication is an important indicator of potential barriers to social integration, particularly in conjunction with country of birth data and information on language spoken at home.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

0	Child aged under 5 years (not applicable)
1	Little, or no effective communication
2	Sign language
3	Other effective non-spoken communication (e.g. e-mail)
4	Spoken language (effective)
5	Other method of communication
9	Not stated/inadequately described

Guide for use: This item is considered 'not applicable' to children under 5 because of the difficulty in assessing communication at early developmental stages. The ABS in the Survey of Disability, Ageing and Carers only asks questions about difficulty and assistance with communication for people aged 5 years and older. Hence, children aged 0–4 years should be coded as '0'.

The communication may be in a language other than English, even where the person can speak fluent English.

Collection methods:

Related data:

Administrative attributes

Source document: AIHW: 2000. CSDA Minimum Data Set Collections Data Guide: Data Items and Definitions. Canberra: AIHW.

Source organisation: Australian Institute of Health and Welfare

Comments:

Activity areas

<i>New</i>	<i>Status</i> TRIAL (WHO field trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000546
<i>NCSI Model Location</i> Person participation/independence			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Broad areas of tasks or actions that may be performed by an individual.

Context: The areas of activity classification is a neutral list of activities that can be used to record positive or neutral performance as well as activity limitations. Activity limitations are difficulties an individual has in the performance of activities.

This data element is one of a number of elements that enable the provision of information about the difficulty experienced by an individual in a range of activity areas, in the absence or presence of assistance (see also 'Activity – level of difficulty' and 'Assistance with activity').

Activity is one of the three dimensions that define the Disability. The other two dimensions are 'body function and structure' and 'participation'.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 8 *Representational layout:* NNNNNNNN

Data domain:

- 1 **Activities of learning and applying knowledge** (includes, for example, activities of learning to read, activities of learning to write, problem-solving activities, decision-making activities).
- 2 **Communication activities** (includes, for example, activities of understanding messages such as understanding literal and implied meaning of spoken message or non-verbal message. As well as, activities of producing messages such as producing literal and implied meaning in formal sign language or conveying meaning by drawing, painting or using photographs; and conversation activities such as initiating, maintaining, shaping and directing conversation or using communication devices and techniques).
- 3 **Movement activities** (includes, for example, activities of maintaining and changing body position, activities of carrying, moving and manipulating objects. Excludes walking; see below).
- 4 **Activities of moving around** (includes, for example, walking and related activities, activities of moving around using transportation).
- 5 **Self-care activities** (includes, for example, activities of washing and drying oneself, activities relating to going to the toilet, dressing, eating, drinking, activities of looking after one's health).
- 6 **Domestic activities** (includes for example, activities of acquiring necessities such as shopping for, transporting and storing daily necessities, household activities such as organising meals and disposing of garbage. Activities of caring for possessions and assisting others such as making and repairing clothes, taking care of plants and animals, and assisting others).

Activity areas (*continued*)

Data domain (<i>continued</i>):	7	Interpersonal activities (includes, for example, activities of initiating, maintaining and terminating interactions or relationships, engaging in physical intimacy).
	8	Performing tasks and major life activities (includes, for example, organising time and materials, carrying out and completing a task; organising daily routine, sustaining task performance. Activities of performing in major life situations include activities involved in work or school and in recreation, religious or spiritual pursuits).
	9	Not stated/inadequately described. Please refer to ICIDH Activities for a more detailed categorisation.
Guide for use:		<p>Activity and Activity limitation are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe – Disability for further details.</p> <p>When recording activity limitations that activity limitation is always associated with a health condition. For example a communication activity limitation may be recorded when the person has had a stroke. The category of ‘communication activity limitation’ is not intended for use where a person has an English language limitation, but has no related health condition.</p> <p>Where multiple activities or activity limitations are recorded, the following system may be useful.</p> <ul style="list-style-type: none">• The first recorded Activity or Activity limitation is the one having the greatest impact on the individual and his/her current life goals.• Second and subsequent recorded Activities or Activity limitations are also of relevance to the individual and his/her current life goals.• Up to nine responses may be recorded.
Collection methods:		<p>In order to indicate that an Activity limitation exists in relation to a given area of activity, ‘Activity – level of difficulty’ should also be recorded.</p> <p>There are numerous possible methods for collecting areas of activity or activity limitation. A decision could be made to collect information about every area of activity; select only those areas of particular relevance (e.g. movement activities in relation to rehabilitation services). Or limit to a number of areas of activity and prioritise the areas according to specified criteria; or even limit to one activity/ activity limitation per person.</p> <p>Where multiple activities or activity limitations are recorded, the system in the Guide for use may be useful.</p>

Activity areas (*continued*)

Related data: An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data element concept, Disability version 2.

May be used in conjunction with the data elements:

- Activity – level of difficulty v.1
- Assistance with activity v.1

Is related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. Endorsement by the World Health Assembly is expected to be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>.

For further information on disability see the Information Annexe – Disability.

Activity – level of difficulty

<i>New</i>	<i>Status</i> TRIAL (WHO field trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000560
<i>NCSI Model Location</i> Person participation/independence			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The degree of difficulty that an individual has in performing an activity. As such, this data element can be used to indicate whether or not there is an activity limitation and the extent of the activity limitation.

Activity is the performance of a task or action by an individual. Activity limitations are difficulties an individual has in the performance of activities.

Context: This data element is one of a number of elements that provide information about the extent of activity limitation experienced by an individual in one or more activity areas, in the absence or presence of assistance (see also 'Activity areas' and 'Assistance with activity').

The reciprocal relationship between 'Activity – level of difficulty' and 'Assistance with activity' may be used to provide information about support needs and outcomes.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

1	No difficulty
2	Mild difficulty
3	Moderate difficulty
4	Severe difficulty
5	Complete difficulty
9	Not stated/inadequately described

Guide for use: Activity and Activity limitation are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe – Disability for further details.

The area in which an individual experiences difficulty with an activity (i.e. activity limitation) is indicated in the data element 'Activity areas'. Presence of activity limitation in a given activity area is indicated by a non-zero response in this data domain. Activity is limited when an individual, in the context of a health condition, either has difficulty performing an activity in an expected manner, or cannot perform it at all.

Difficulties with activities can arise when there is a qualitative or quantitative alteration in the way in which these activities are carried out. Activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations.

Activity – level of difficulty (*continued*)

Collection methods: This coding is used in conjunction with specified Activity areas. For example 'mild difficulty with self care activities'.

This data element, in combination with 'Activity areas' indicates the presence and extent of activity limitation in a given area or areas, in the absence of assistance. To indicate the degree of difficulty experienced in the presence of assistance, 'Activity areas' and 'Activity – level of difficulty' should be recorded in conjunction with 'Assistance with activity'.

Related data: An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept, Disability.

Is used in conjunction with the data element Activity areas.

May be used in conjunction with the data element Assistance with activity.

Is related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. Endorsement by the World Health Assembly is scheduled to be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>

For further information on disability see the Information Annexe – Disability.

Assistance with activity

<i>New</i>	<i>Status</i> TRIAL (WHO field trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000548
<i>NCSI Model Location</i> Person participation/independence			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The type of assistance an individual currently has in accomplishing an area of activity, where they experience difficulty without assistance. Activity is the performance of a task or action by an individual.

Context: This data element is one of a number of elements that provide information about the extent of activity limitation experienced by an individual in a range of areas, in the absence or presence of assistance (see also 'Activity areas' and 'Activity – level of difficulty').
Activity limitations are difficulties an individual has in the performance of activities.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

- 1 **No assistance used**
- 2 **Non-personal assistance** (this includes use of assistive devices, technical aids, adaptations, prostheses, wheelchair, cane and other material help)
- 3 **Personal assistance** (where the task is carried out with the help of another individual, where 'help' includes supervision and cueing as well as physical help).
- 4 **Both non-personal and personal assistance**
- 9 Not stated/inadequately described

Guide for use: Activity and Activity limitation are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe - Disability for further details.

Collection methods: This coding is used in conjunction with specified Activity areas. For example the use of 'personal assistance with self care'.
The area in which an individual experiences an activity limitation is indicated in the data element 'Activity areas'. The extent of the activity limitation is indicated in 'Activity – level of difficulty'. This data element indicates the type of assistance the individual currently has in a given area of activity. When 'Assistance with activity' is recorded, the 'Activity – level of difficulty' is taken to be the difficulty experienced given the current assistance.

Assistance with activity (*continued*)

Related data: An explanation of the disability data elements and their inter-relationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept, Disability version 2.

Is used in conjunction with the data element Activity areas v.1.

May be used in conjunction with the data element Activity – level of difficulty v.1.

Is related to the data elements:

- Body functions v.1,
- Body structures v.1,
- Impairment extent v.1,
- Participation areas v.1,
- Participation extent v.1,
- Participation – satisfaction level v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept which, has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. It is expected that endorsement by the World Health Assembly will be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>

For further information on disability see the Information Annexe – Disability.

Participation areas

<i>New</i>	<i>Status</i> TRIAL (WHO field trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000547
<i>NCSI Model Location</i> Person participation/independence			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The area of life in which an individual is involved, has access to, and, has societal opportunities or barriers. Participation is an individual's involvement in life situations, in relation to Health Conditions, Body Functions and Structures, Activities and Contextual Factors.

Context: The areas of participation classification is a neutral list of life situations that can be used to record positive or neutral participation as well as participation restriction. Participation restrictions are problems an individual may have in the manner or extent of involvement in life situations.

Participation is one of the three dimensions that define the concept Disability. The other two are 'body function and structure' and 'activity'.

Involvement refers to the lived experience of people in the actual context in which they live. This context includes the 'Environmental factors' – all aspects of the physical, social and attitudinal world. The individual's degree of involvement, including society's response to the individual's level of functioning can be reflected by this element when combined with the 'Participation extent' and 'Participation – satisfaction level' elements.

This information may be used to plan interventions to improve extent of or satisfaction with participation.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 9 *Representational layout:* NNNNNNNNN

Data domain:

- 1 **Participation in personal maintenance as a function of the availability and accessibility of resources** (includes, for example, personal hygiene, nutrition, organising health care and the prevention of ill health).
- 2 **Participation in mobility as a function of the availability and accessibility of resources** (includes, for example, mobility within the home, within buildings other than home and far from home, the use of private, commercial, and public transportation).
(Participation in mobility within the home includes, for example, having the opportunity for mobility within and at all levels of one's residence; having an accessible or adapted home.
Participation in mobility outside the home includes, for example, being able to move around outside, or inside buildings other than home; involvement in any form of private, commercial or public transportation).

Participation areas (*continued*)

Data domain (continued):

- 3 **Participation in exchange of information as a function of the availability and accessibility of resources** (includes, for example, involvement in the exchange of information about needs, feelings, beliefs, thoughts, by means of spoken, written, or body language, public symbols or communication by means of devices).
- 4 **Participation in social relationships as a function of the availability and accessibility of resources** (includes, for example, involvement in the creation and maintenance of parent-child, sibling, romantic, spousal, friends, acquaintance or formal relationships).
- 5 **Participation in home life and assistance to others as a function of the availability and accessibility of resources** (includes, for example, involvement in management of home and possessions, caring for others and the provision of assistance to others).
- 6 **Participation in education as a function of the availability and accessibility of resources** (includes, for example, involvement in learning in informal settings such as home, and having the opportunity to engage in educational programs in formal settings such as school, vocational and higher education institutions).
- 7 **Participation in work and employment as a function of the availability and accessibility of resources** (includes, for example, involvement in work preparation programs, self-employment, paid employment and voluntary work).
- 8 **Participation in economic life as a function of the availability and accessibility of resources** (includes, for example, involvement in economic transactions, such as buying and selling, using money, purchasing goods and services, maintaining a bank account and trading in stocks bonds and securities. It also includes involvement in economic self-sufficiency such as access to money, being financially self-sufficient and enjoying economic security).
- 9 **Participation in community, social and civic life as a function of acceptance by others and the availability and accessibility of resources** (includes, for example, having the opportunity to join and being included in formal associations, ceremonies, recreation and leisure. It also includes human rights and involvement in the social, political and legal role of a citizen).

Guide for use:

Participation and Participation restriction are classified in the World Health Organisation (WHO) 1999. ICIDH-2 Beta-2 draft, Full Version. Geneva: World Health Organisation.1999. Refer to the Information Annexe – Disability for further details.

When recording participation restrictions the area of restriction is always associated with a health condition. For example a restriction in the participation in exchange of information may be recorded when the person has had a stroke. Note that the data domain ‘participation restriction: communication’ is not intended for use where a person is from a non- English speaking background, who has a participation restriction in communication in English, but has no related health condition.

Where multiple life areas of participation are recorded, the following prioritising system may be useful.

Participation areas (*continued*)

- Guide for use (continued):**
- The first life situation in which participation or participation restriction is recorded is that which has the greatest impact on the individual and his/her current life goals.
 - Second and subsequent life situations are of relevance to the individual and his/her current life goals.
 - Up to 9 responses may be recorded.

Collection methods: The area of life in which an individual experiences a participation restriction is indicated in the data element 'Participation areas'. The extent of and level of satisfaction with participation in a given area are indicated in 'Participation extent' and 'Participation – satisfaction level'.

There are numerous possible methods for collecting participation in life situations. A decision could be made to collect information about every life situation; select only those life situations of particular relevance (e.g. participation in work and employment in relation to employment programs). Or limit to a number of life situations and prioritise according to specified criteria; or even limit to one life situation per person.

Where multiple life situations are recorded, the prioritising system in the guide for use may be useful.

Related data: An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept, Disability version 2.

May be used in conjunction with the data elements:

- Participation extent v.1,
- Participation – satisfaction level v.1.

Is related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Participation areas (*continued*)

Comments:

Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. It is expected that endorsement by the World Health Assembly will be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website:
<http://www.who.ch/icidh>

For further information on disability see the Information Annexe – Disability.

Participation extent

<i>New</i>	<i>Status</i> TRIAL (WHO field trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000568
<i>NCSI Model Location</i> Person participation/independence			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The level of participation in a specified area and the degree of restriction experienced.

Participation is the nature and extent of a person's involvement in life situations in relation to Health Conditions, Body functions and Structures, Activities and Environmental Factors. Participation restrictions are problems an individual may have in the manner or extent of involvement in life situations.

Context: This data element may be used to describe the extent of participation in life situations for an individual. The standard or norm against which an individual's participation is compared is that of an individual without disability in that particular society. The participation restriction records the discordance between the observed participation and the expected participation of an individual without a similar disability. The definition of 'particular society' is not specified and will inevitably give rise to different interpretations. If limiting the interpretation it will be necessary to state the factors which are taken into account, for example, age, gender, ethnicity, religion, education, locality (town, state, rural, remote, urban).

Extent of participation is always associated with a health condition. For example a restriction in participation in exchange of information may be recorded when the person has had a stroke, but not when the person is from a non-English speaking background, without a related health condition.

A value is attached to restriction of participation (i.e. a participation restriction is a disadvantage). The value is dependent on cultural norms, so that an individual can be disadvantaged in one group or location and not in another place.

As used in ICIDH-2, the notion of participation incorporates as an overarching, international standard formally adopted by the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (WHO, 1994). The purpose of the Rules is to ensure that people with disabilities, as members of their societies, may exercise the same rights and obligations as others. The equalisation of opportunities for persons with disabilities is an essential contribution in the general and worldwide effort to mobilise human resources.

This data element contributes to the definition of the concept Disability and gives an indication of the experience of disability for a person.

Participation extent (*continued*)

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

0	Not applicable
1	Full participation
2	Mild participation restriction
3	Moderate participation restriction
4	Severe participation restriction
5	Complete participation restriction
9	Not stated/inadequately described

Guide for use: Participation and participation restrictions are classified in the ICIDH-2, 1999. Refer to the Information Annexe – Disability for further details.

This data element gives an external rating of the extent of restriction in participation in terms of duration, frequency, manner or outcome. The coding is used with specified Participation areas, for example, 'mild restriction of participation in mobility'.

Not applicable is recorded when participation in a life area is not relevant, such as military service for an infant.

Full participation is recorded if a person is involved in this life situation to the extent expected of an individual without disability.

Mild participation restriction is recorded where the level of participation of the person is similar but less than the participation of an individual without disability.

Moderate participation restriction is recorded when the level of participation when compared to that of an individual without disability is reasonably restricted.

Severe participation restriction is recorded when the restriction to participation is high or extreme when compared to that of an individual without disability.

Complete participation restriction is recorded when the person does not participate in this life situation

Not stated/inadequately described is recorded when there is insufficient information to record extent of participation in any other class.

Collection method: This coding is used in conjunction with specified Participation areas. For example a 'mild restriction in participation in exchange of information'.

The area in which an individual experiences a participation restriction is indicated in the data element 'Participation areas'. The extent of and level of satisfaction with participation in a given area are indicated in 'Participation extent' and 'Participation – satisfaction level'.

Participation extent (*continued*)

Related data: An explanation of the disability data elements and their inter-relationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept, Disability.

Is used in conjunction with the data elements Participation areas v.1. May be used in conjunction with the data element Participation – satisfaction level v.1.

Is related to the data elements:

- Body structures v.1,
- Body functions v.1,
- Impairment extent v.1,
- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Environmental factors v.1,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept, which has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. Endorsement by the World Health Assembly is scheduled to be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>

For further information on disability see the Information Annexe – Disability.

Participation—satisfaction level

<i>New</i>	<i>Status</i> TRIAL (AIHW trial)	<i>Effective Date</i> 1/07/2000	<i>Reg. Auth.</i> NCSIMG	<i>ID No.</i> 000589
<i>NCSI Model Location</i> Person participation/independence			<i>Data Class</i> Cross-Program	<i>Version</i> 1

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: A person's level of satisfaction with participation in relation to their current life goals. Participation is the nature and extent of a person's involvement in life situations in relation to Health Conditions, Body Functions and Structures, Activities and Environmental Factors. Participation restrictions are problems in the manner or extent of involvement in life situations.

Context: The individual's experience of life situations may be described by this data element in conjunction with 'Participation areas' and 'Participation extent'. This data element may contribute to the definition of disability and give an indication of the experience of disability from a personal perspective.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 1 *Representational layout:* N

Data domain:

0	Not applicable
1	High satisfaction with participation
2	Moderate satisfaction with participation
3	Moderate dissatisfaction with participation
4	Extreme dissatisfaction with participation
5	No participation
6	No participation and none desired
9	Not stated/inadequately described

Guide for use: Participation and participation restrictions are classified in the ICIDH-2, 1999. Refer to the Information Annexe - Disability for further details.

This data element gives a rating of the degree of satisfaction experienced in participation, in relation to a person's current life goals. Choice and autonomy are key aspects of satisfaction and quality of life for all people. Satisfaction with participation may also, be affected by duration, frequency, manner or outcome of participation. Duration and frequency may be less than or more than desired by the individual.

Not applicable is recorded when participation in a life situation is not relevant, such as military service for an infant.

High satisfaction with participation is recorded if a person is involved in the specified life situation as he or she wishes, to fulfil his or her current life goals in terms of duration, frequency, manner and outcome.

Participation – satisfaction level (*continued*)

Guide for use:

Moderate satisfaction with participation is recorded if the person is reasonably satisfied with their participation in this life situation. This could occur if one of the criteria (duration, frequency, manner or outcome) is not fulfilled and that criterion is not critical to the person's goals. For example, the person does not participate in the specified life situation as frequently as wished, but the other criteria are met and the frequency is not so affected that it is critical to the person's satisfaction.

Moderate dissatisfaction with participation is recorded if two or three criteria (duration, frequency, manner or outcome) are not fulfilled, but are not so badly affected, in relation to the person's goals in that life area, that the person is extremely dissatisfied. For example, a person is able to participate in work, but is placed in supported employment rather than employment in the open labour market. This is not in line with the person's goals, so the manner and outcome of the participation are not fulfilled.

Extreme dissatisfaction with participation is recorded when all criteria (duration, frequency, manner and outcome) are not fulfilled for the specified life situation, or where any of the criteria are so badly affected in relation to the person's goals that they consider themselves to be extremely dissatisfied with this life area. An example of the latter would arise when a person is extremely dissatisfied with participation in interpersonal activities because his/her goal in terms of duration of visits is never fulfilled, although the other three criteria (frequency, manner and outcome) may be fulfilled.

No participation is recorded when the person does not participate in this life situation in line with his or her own goals, i.e. in an area where they wish to participate.

No participation and not desired is recorded when the person does not participate in this area, but does not wish to do so.

Not stated/inadequately described is recorded when there is insufficient information to record satisfaction with participation in any other category.

Collection methods:

This coding is used in conjunction with specified Participation areas. For example a person's 'moderate satisfaction with participation in exchange of information'.

The area in which an individual experiences a participation restriction is indicated in the data element 'Participation areas'. The extent of and level of satisfaction with participation in a given area are indicated in 'Participation extent' and 'Participation – satisfaction level'

Participation – satisfaction level (*continued*)

Related data: An explanation of the disability data elements and their interrelationship is contained in the Information annex, 4.4 Disability.

Is related to the data concept, Disability v.1. Is used in conjunction with the data elements, Participation areas v.1 and Participation extent v.1.

Is related to the data elements:

- Body structures v.1,
- Impairment extent v.1,
- Activity areas v.1,
- Activity – level of difficulty v.1,
- Assistance with activity v.1,
- Environmental factors v.,
- Environmental factors – extent of influence v.1,
- Disability grouping – Australian national v.1,
- Disability grouping – International v.1.

Administrative attributes

Source document: WHO: 1999. ICIDH-2: International Classification of Functioning and Disability. Beta-2 draft, Full Version. Geneva: World Health Organisation.

Source organisation: World Health Organisation

Comments: Disability is a multi-dimensional and complex concept which, has been described in three dimensions (WHO, 1999): Body structures and functions/impairments, Activity/activity limitation and Participation/participation restriction. Environmental factors interact with all dimensions of functioning and disability. All disability is associated with a health condition, disease or injury.

The data elements relating to disability are based on the draft ICIDH-2, Beta-2, 1999, as the best available conceptualisation suitable to the purpose. The Beta-2 draft is subject to systematic field trials and further consultation until 2001. Use of the ICIDH-2 has not been endorsed by WHO Member States. Endorsement by the World Health Assembly is scheduled to be sought in 2001. Further information on the ICIDH-2 can be found on the WHO website: <http://www.who.ch/icidh>

For further information on disability see the Information Annexe- Disability

