

4 Current concepts, terminology and definitions in use in Australia

4.1 Introduction

The approach to describing, naming and measuring disability in legislation or service programs may vary according to:

- the purpose and/or target group of the service or program;
- the model of service delivery; and
- the philosophy of disability and the appropriate social response to it.

Some of these sources of variation have been described briefly in chapter 1. The ways in which service and target group definitions affect disability definitions are explored more fully in this chapter, which discusses some of the main concepts, terminology and definitions in place in Australia. The purpose of the chapter is to indicate the variation in approaches to naming and defining disability concepts used by some of the main services of relevance to people with a disability in Australia. This 'catalogue' cannot be exhaustive, but aims to be nationally representative and is a first step in an attempt to find common elements in these approaches, and perhaps a common framework. The administrative definitions are compared to the emerging new ICIDH approach, to explore the possibility that the ICIDH may provide a useful national framework—and perhaps to influence its development for that purpose.

There is no search for 'uniform definitions'. It is accepted that administrative definitions must vary, as different services attempt to meet different needs, provide different supports or promote different abilities. Instead, a framework is sought, providing some common language, common reference points and, for statistical purposes, data items which can be related to each other.

Concepts, terminology and definitions

Terminology provides a name to a concept—an idea or a way of thinking about a particular entity, relationship or situation—and the description of the concept may be formalised into a definition.

Terminology is subject to change as the disability field develops, and as certain words become pejorative. It has become unclear in some instances, with some terms being used to label a range of definitions. The word 'disability', while often used according to its definition within the 1980 ICIDH, is also used as a substitute word for the now less-favoured 'handicap'. A single word may also be used to describe more than one concept. Commonly, for instance, a reference to 'intellectual disability' refers to both

‘disability’ and ‘handicap’ (in the 1980 ICIDH sense) arising from any of a range of intellectual impairments.

In this chapter, the three dimensions of the ICIDH-2—Impairments, Activity [limitations], and Participation [restrictions]—are mapped against current Australian definitions and terminology. As well, the related Contextual factors are discussed in terms of how well this aspect of the ICIDH-2 fits Australian definitions and terminology.

Definitions in use in Australia

This chapter outlines some of the major administrative definitions in use in Australia. It attempts to relate these definitions to the current and emerging concepts and definitions of the ICIDH.

For the purposes of this comparison, Australian definitions are grouped into four main categories :

- broad inclusive definitions for population research and anti-discrimination measures (discussed in section 4.2);
- definitions for generic or ‘mainstream’ services (discussed in section 4.3);
- definitions for income support: insurance and social security (discussed in section 4.4); and
- definitions for disability support services (discussed in section 4.5).

Health outcome and health status measures are considered briefly in section 4.6, to investigate the extent of their consistency, overlap or complementarity with the broad notion of ‘disability’.

Definitions related to acute health care services are not within the scope of this paper. Health services play a part in the prevention or creation of impairment, and ‘disability’ may be considered as an outcome of health services and processes, but these services should not drive the definition of disability.

4.2 Broad, inclusive definitions

Commonwealth Disability Discrimination Act

Section 4 of the Commonwealth *Disability Discrimination Act 1992* (DDA) defines disability as:

- (a) total or partial loss of the person’s bodily or mental functions; or
- (b) total or partial loss of a part of the body; or
- (c) the presence in the body of organisms causing disease or illness; or
- (d) the presence in the body of organisms capable of causing disease or illness; or
- (e) the malfunction, malformation or disfigurement of a part of the person’s body; or
- (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or

- (g) a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour; and includes a disability that:
- (h) presently exists; or
- (i) previously existed but no longer exists; or
- (j) is imputed to a person.

The Act provides for disability standards to be made by the Attorney-General, with parliamentary approval. Areas in which standards may be made include administration of Commonwealth laws and programs. Working groups have been established to develop standards in the following five areas: access to premises; employment; public transport; education; commonwealth information and communication.

The Act’s definition is geared to including as many people as possible within its operation, and is wider in scope than definitions which focus on establishing and possibly limiting rights to support services. This definition uses an unstructured mixture of the ICIDH and the International Classification of Diseases ideas, in order to cast its net wide in the existing field of disability and related conditions.

Table 4.1: Disability Discrimination Act

Purpose/philosophy	To eliminate discrimination on the grounds of disability in a range of specified areas of ‘participation’.
Eligibility/coverage	A person comes under operation of the Act if, because of their disability, a ‘discriminator’ treats or proposes to treat them (the ‘aggrieved person’) less favourably than the discriminator treats or would treat a person without the disability. The definition appears to be framed to ensure that a very wide group of people are potentially included.
ICIDH-2 dimensions	
• Impairment (I)	Concept present in definition of ‘disability’ (section 4 of the Act), for instance, in terms of loss of organ or body part.
• Activity (A) [limitation]	Concept present in definition of ‘disability’ (section 4 of the Act), in terms of loss of functions, or learning or thought processes ‘resulting’ from a disorder or malfunction. Term ‘disability’ present and defined, but definition is broader than that provided by the ICIDH.
• Participation (P) [restriction]	Concept present in section 3 of the Act, outlining the domains of participation (work, accommodation, education, access, etc.) from which it is the object of the Act to eliminate discrimination.
• Contextual factors	Concept present in provision for standards (section 31) in relation to employment, education, accommodation, public transport, Commonwealth laws and programs. The sociocultural environment is recognised via its interaction with ‘imputed disability’.

Australian Bureau of Statistics Survey of Disability, Ageing and Carers

The ABS Survey of Disability, Ageing and Carers uses screening criteria which range over impairment, disability and even handicap and health condition. For the purpose of this survey:

- ‘impairment’ is defined by the WHO 1980 ICIDH definition;
- ‘disability’ is defined, by the screening criteria, as the presence of one or more of 15 limitations, restrictions or impairments (see box 4.1) which had lasted, or were likely to last, for a period of six months or more. A criterion such as ‘disfigurement’

suggests impairment and an effect on participation, so ‘disability’ is imputed in a sense;

- ‘handicap’ is identified as a limitation in performing certain tasks associated with daily living. The limitation must be due to a disability and in relation to one or more of the areas: self-care; mobility; verbal communication; schooling; or employment. Persons aged less than 5 years with one or more disabilities are all regarded as having a handicap, but are not classified by areas or severity of handicap.

The ABS considers that it is established that people identified by one or more of these screening questions are within the concept of disability as commonly accepted by data users.

Box 4.1: Areas of limitation, restriction or impairment identified by the ABS

Affirmative responses to any of the following categories ‘screen’ the person into the ABS survey:

- *loss of sight, not corrected by glasses or contact lenses*
- *loss of hearing*
- *speech difficulties in native languages*
- *blackouts, fits, or loss of consciousness*
- *slowness at learning or understanding*
- *incomplete use of arms or fingers*
- *difficulty gripping or holding small objects*
- *incomplete use of feet or legs*
- *treatment for nerves or an emotional condition*
- *restriction in physical activities or in doing physical work*
- *disfigurement or deformity*
- *long-term effects of head injury, stroke or any other brain damage*
- *a mental illness requiring help or supervision*
- *treatment or medication for a long-term condition or ailment and still restricted*
- *any other long-term condition resulting in a restriction.*

This list creates the definition of disability for the survey.

In developing the survey questions, the ABS attempted to relate the survey concepts as closely as possible to the 1980 ICIDH concepts and definitions.

Although it is a broad definition, the ABS survey is not designed to ‘pick up’ all people entitled to protection under the Disability Discrimination Act—for instance, those with ‘imputed’ disability (section 4j) would not be included.

The draft ICIDH-2 categories of impairment and activity concord quite well with ABS screening questions (for example, mental functions, sight, hearing, mobility and communication). The ABS concept of activity limitation or difficulty in performing tasks relates directly to the ICIDH-2 concept of Activity limitation. The need for personal help or reliance on technical aids relates both to the ‘assistance’ qualifier of the activity dimension of the ICIDH-2, and to the ‘personal support and assistance’ code of the ‘contextual facilitator’ qualifier of the participation dimension of the ICIDH-2.

However, some of the later screening questions are harder to map to ICIDH-2—for instance, unspecified ‘long term conditions’. When trying to map the ICIDH-2 to the screening questions, it can be seen that the screening questions do not include large

categories—they omit specific mention of cardiovascular and respiratory ‘impairments’ even though these are significant disabling conditions (although, when asking people to consider ‘any other condition’, surveyors show a prompt card listing five general conditions including ‘heart disease’ and ‘asthma’). Some of the more complex activities in the ICDH-2, such as ‘domestic activities’ or ‘dealing with particular situations’, are dealt with later in the ABS survey, but not specifically used to screen people.

Nevertheless, the screening questions focus on impairments and activity limitations, even if not covering them perfectly, and are thereby used to define disability for the purposes of the survey. This ensures that later detail on Participation is related to disability rather than any other socially defined or influential characteristic (for instance, race or sex).

Table 4.2: ABS Survey of Disability, Ageing and Carers

Purpose/philosophy	To provide information about people with a disability and their carers.
Eligibility or coverage	Persons included are those that respond positively to one or more of the screening questions. The screening questions use a mixture of Impairment, Activity and Participation, and also ICD (health) concepts which can assist with identifying persons with a disability. These questions are designed to ensure inclusion, and possibly extend beyond the concepts below by incorporating of such questions as ‘is anyone having treatments or medication for a long term condition or ailment?’ Severity of handicap decided only on self-care, mobility, verbal communication
ICIDH-2 dimensions	
• Impairment	Concept present in areas of limitation, restriction or impairment included in the screening questions e.g.: ‘loss of sight’, ‘loss of hearing’.
• Activity [limitation]	Concept present in areas of limitation, restriction or impairment included in the screening questions e.g.: ‘difficulty gripping or holding small objects’, ‘restriction in physical activities or in doing physical work’. Term ‘disability’ present and defined as above by the screening criteria (box 4.1).
• Participation [restriction]	Concept present in screening questions and in questions relating to restrictions and the need for assistance in particular domains of participation, e.g.: ‘a mental illness requiring help or supervision’.
• Contextual factors	Concept acknowledged in questions on access to assistance, housing modifications, public transport, income support.

4.3 Generic services

Commonwealth Employment Service

Until recently the Commonwealth Employment Service (CES) has assisted people to enter the workforce by providing labour market programs for unemployed people and job search assistance.

The CES used JOBSYSTEM codes to classify clients. These codes included a set of ‘disability codes’ which include ‘amputation’, ‘arthritis’, ‘intellectual learning’, alcohol dependence’, ‘speech or voice disorders’ and ‘disorders of the immune system’. Examination of these items show they are a mixed collection of condition, impairment and disability codes. Notification of disability with the CES did not automatically entitle the client to additional or specific services.

From May 1998, most labour market assistance administered by DEETYA will be 'cashed out' to fund employment services in the new employment services market.

Table 4.3: Commonwealth Employment Service

Purpose/philosophy	To assist people to enter the workforce.
Eligibility or coverage	All Australian citizens and citizens of other countries with a valid work permit are eligible for assistance from the CES. To be included as a person with a disability, one or more of the disability codes must be marked.
ICIDH-2 dimensions	
• Impairment	Concept present in codes such as: amputation, visual impairment. Concept possibly implied in systemic codes such as respiratory system, circulatory system.
• Activity [limitations]	Concept present in codes such as: specific learning disability. Concept possibly implied in codes such as musculoskeletal & intellectual disability.
• Participation [restrictions]	Concept not considered in codes.
• Contextual factors	Concept not considered in codes.

Commonwealth Higher Education Programs

Students with disabilities have the opportunity to self-identify at the time of enrolment in Commonwealth higher education programs. Identification opens the gateway to certain types of assistance such as adaptive technology, tutors, signers and interpreters, and flexible assessment procedures.

Table 4.4: Higher education admissions

Purpose/philosophy	To identify students needing special assistance while studying.
Eligibility or coverage	Students with disabilities are defined as those responding in the affirmative to both the first and third of these three questions asked of them at the time of their enrolment or re-enrolment by the institutions. Q1. Do you have a disability, impairment or long-term medical condition which may affect your studies? Q2. If 'yes' to Q1, please indicate the area/s of impairment: () hearing () learning () mobility () vision () medical () other. Q3. If 'yes' to Q1, would you like to receive advice on support services, equipment and facilities which may assist you?
ICIDH-2 dimensions	
• Impairment	Concept possibly present in the list of disability types the student is asked to identify. Term not used.
• Activity [limitations]	Concept implicit in the questions on need for assistance with hearing, vision, mobility. Possibly assumed in the self-identification question. Term present in the self-identification question. The word 'disability' is used in the questions as well as to name the 'class of clients', where it includes the ICIDH concepts of impairment, disability and participation.
• Participation [restriction]	Concept implicit in the questions on: – effect on studies; – need for assistance with hearing, learning, mobility, vision.
• Contextual factors	Concept present in the notion of support services, equipment and facilities which are provided in response to the identified disability.

Other training institutions

Data are collected by all training organisations except on those programs which fall within the higher education and schools collection (described above), and includes programs delivered by state training authorities (apprenticeships and traineeships), State TAFE systems, adult migrant education service and, more recently, Adult and Community Education and private providers of vocational education. The data are collected in a format compliant with the national standard, called the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS).

AVETMISS classifies disability which an individual may have where ‘the disability is both significant and permanent; and for a specific enrolment, the disability may affect performance in the course or module’.

The draft Operations Guide being developed by the Australian Committee on VET Statistics defines disability as ‘any restriction or inability (resulting from impairment) to perform an activity in the manner or within the range considered normal for a human being’.

Table 4.5: Other training institutions

Purpose/ philosophy	To collect data on the client group undertaking vocational education and training. Also used to identify students needing special assistance while studying.
Eligibility or coverage	AVETMISS classifies disability which an individual may have where: ‘the disability is both significant and permanent; and for a specific enrolment, the disability may affect performance in the course or module’. Those who self identify via the following questions: Q1. Do you consider yourself to have a permanent and significant disability? If Yes, then tick applicable boxes: () visual/sight () physical () chronic illness () hearing () intellectual () other Q2. Do you require special assistance because of the disability?
ICIDH-2 dimensions	
• Impairment	Concept possibly present in the list of disability types. Word not used.
• Activity [limitation]	Concept implicit in the questions on need for assistance with hearing, vision, mobility. Term ‘disability’ present in the self-identification question. The term ‘disability’ is used in the questions as well as to name the ‘class of clients’, where it includes the ICIDH concepts of impairment, activity limitation and participation restriction.
• Participation [restriction]	Concept present in the criteria ‘and for a specific enrolment, the disability may affect performance in the course or module’. Concept implicit in the questions on – effect on studies; – need for assistance with hearing, learning, mobility, vision.
• Contextual factors	Concept possibly present in the concept of requiring special assistance because of the disability.

AUSTUDY and the Assistance for Isolated Children’s Schemes

These schemes provide concessions for students with disabilities, primarily in the area of the academic eligibility rules (workload and duration of assistance). While Assistance for Isolated Children (AIC) is primarily targeted to geographically isolated students, assistance is also available to students who cannot attend their local school daily because of disability.

AUSTUDY and AIC do not prescribe definitions of disability. In the main, statements from medical practitioners are accepted where a student’s disability is a determinant of scheme eligibility and/or the amount of assistance provided.

Students normally need to study full time to be eligible for AUSTUDY. However, students with a physical, intellectual or psychological disability which substantially affects their ability to study can obtain AUSTUDY assistance for part-time study. To claim, students need to include a letter with their application describing their situation, and a certificate from a specialist practitioner. Students on the Disability Support Pension do not need to provide extra documentation, and may receive the AUSTUDY Pensioner Education Supplement.

Similarly, general access to Assistance for Isolated Children by students with disabilities is granted where students board at a special institution which caters specifically for their condition. A statement from a medical practitioner is sought if doubt exists.

Table 4.6: AUSTUDY and the Assistance for Isolated Children Schemes

Purpose/ philosophy	To provide financial assistance to eligible people to enable them to obtain an education. AUSTUDY provides some concessions for people with a disability, and the AIC Scheme provides funds for people who are isolated due to their disability.
Eligibility or coverage	AUSTUDY: Students with disabilities can access assistance for part-time study where their disability precludes full-time study. Eligibility is proven by: (1) a medical assessment of the impact of a disability (confined to a physical, intellectual or psychological disability) on students’ ability to study full-time; or (2) the person being on the Disability Services Pension. AIC: Students who are boarding at a special institution which caters specifically for the condition, or provision of a medical certificate.
ICIDH-2 dimensions	
• Impairment	Concept possibly present in the notion of ‘condition’ for AIC funding. Concept not apparent in AUSTUDY criteria.
• Activity [limitation]	Concept possibly present in AUSTUDY criteria in ‘(1) a medical assessment of the impact of the disability (confined to a physical, intellectual or psychological disability)’. Term ‘disability’ present in AUSTUDY eligibility criteria but not defined.
• Participation [restriction]	Concept present in ‘precluding full time study’ in AUSTUDY criteria. Also implied in AIC criteria in ‘boarding at a special institution which caters specifically for the condition’
• Contextual factors	Concept present in a limited way in AIC criteria in ‘boarding at a special institution which caters specifically for the condition’.

Commonwealth Rehabilitation Service

The provision of services by the Commonwealth Rehabilitation Service (CRS) is governed by Section 3 of the Commonwealth *Disability Services Act 1986*. The objective of the CRS is to achieve positive outcomes, such as increased independence, employment opportunities and integration in the community, for persons with disabilities who are of working age, by providing comprehensive rehabilitation services.

CRS staff case manage client programs, providing discipline-specific input and purchasing other specialist services as needed to achieve clients’ vocational and independent living goals.

Table 4.7: Commonwealth Rehabilitation Service

Purpose/ philosophy	To reduce the personal, social and financial cost of disability to the individual and the community. Their philosophy is one of minimising the impact of functional limitations on social and vocational roles.
Eligibility or coverage	<p>People with a disability attributable to certain impairments, where there is a reduced capacity for paid employment or independent living.</p> <p>The Act defined the target group as persons who:</p> <p>(a) have attained 14 years of age but have not attained 65 years of age; and</p> <p>(b) have a disability that:</p> <p>(i) is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments; and</p> <p>(ii) results in a substantially reduced capacity of the person:</p> <p>(A) to obtain or retain unsupported paid employment; or</p> <p>(B) to live independently.</p>
ICIDH-2 dimensions	
• Impairment	<p>Concept present as ‘gateway’ to eligibility: ‘disabilities that ... are attributable to an intellectual, psychiatric, sensory or a physical impairment or a combination of such impairments’.</p> <p>Term present in definition of target group, but undefined in the Act.</p>
• Activity [limitation]	<p>Concept implied in definition of target group. The work of the CRS is aimed at minimising the impact that functional limitations have on the social and vocational roles of an individual, and thus the concept of activity limitation is considered in practice.</p> <p>Term ‘disability’ present in definition of target group, but undefined in the Act.</p>
• Participation [restriction]	<p>Concept present in definition of target group in the notion of reduced capacity for paid employment or independent living. Concept also represented in the objective ‘to achieve positive outcomes, such as increased independence, employment opportunities and integration into the community’.</p>
• Contextual factors	<p>Concept possibly present in the notion of assisting people back ‘into the workplace’.</p>

4.4 Income support: social security and insurance

Social Security Act 1991

Income security is a Commonwealth responsibility administered by the Department of Social Security (DSS). The Department operates under the *Social Security Act 1991*. Key disability-related terms and definitions from this Act are set out below.

- ‘Care’ includes attention and supervision
- A person has ‘a continuing inability to work because of an impairment’ if the secretary is satisfied that:
 - (a) the impairment is of itself sufficient to prevent the person from doing any work within the next two years; and
 - (b) either (i) the impairment is of itself sufficient to prevent the person from undertaking educational or vocational training or on-the-job training during the next two years; or (ii) even if the impairment does not prevent the person from undertaking educational or vocational training or on-the-job training, such training is unlikely (because of impairment) to enable the person to do any work within the next two years.

- A 'handicapped person' means a person who:
 - (a) has a physical or mental disability; and
 - (b) has turned 16.
- A 'severely handicapped person' means a person who:
 - (a) has a physical, intellectual or psychiatric disability; and
 - (b) because of that disability: (i) requires frequent care in connection with the person's bodily functions; or (ii) requires constant supervision to prevent injury to the person or to another person permanently or for an extended period.
- A person is 'severely disabled' if:
 - (a) a physical impairment, a psychiatric impairment, an intellectual impairment, or two or all of such impairments, of the person make the person, without taking into account any other factor, totally unable: (i) to work for at least the next two years; and (ii) unable to benefit within the next two years from participation in a program of assistance or a rehabilitation program; or
 - (b) the person is permanently blind.
- A young person is a 'disabled child' if:
 - (a) the young person has a physical, intellectual or psychiatric disability; and
 - (b) because of that disability: (i) the young person needs care and attention from another person on a daily basis; and (ii) the care and attention needed by the young person is substantially more than that needed by a young person of the same age who does not have a physical, intellectual or psychiatric disability; and
 - (c) the young person is likely to need that care and attention permanently or for an extended period.

The main pensions and allowances administered by the DSS and of relevance to people with a disability are described in this subsection.

Disability Support Pension

The purpose of the Disability Support Pension is to ensure an adequate level of income for people whose physical, intellectual or psychiatric impairment prevents them from working for at least thirty hours per week at award wages, or for people who are permanently blind.

The person claiming the pension is asked to provide a report on their impairment and work capacity from their own doctor. In addition, there may be an examination by an Australian Government Health Service Medical Officer.

If a claim is granted, the person may be invited to meet a disability panel to discuss their needs and preferences, and to develop an 'activity plan'. The panel comprises representatives from the Department of Health and Family Services (usually the CRS), DEETYA, and the DSS.

Table 4.8: Disability Support Pension

Purpose/philosophy	To provide income support to people who, because of disability, are not able to work in paid employment
Eligibility or coverage	To be eligible a claimant must: (a) have a physical, intellectual or psychiatric impairment of at least 2%; and (b) be prevented by that impairment from working at least 30 hours per week at award wages at the person's usual work, or be unable to be retrained for work, within the next two years; or (c) be permanently blind.
ICIDH-2 dimensions	
• Impairment	Concept used as a screening device or gateway: 20% 'whole person impairment' must be established before further consideration. The assessment of 'whole person impairment' goes further than the ICIDH, which provides no rules for assessing and combining multiple impairments. Concept implied in the criteria that 'blindness' creates automatic eligibility. Term used in definitions i.e.: a person is severely disabled if: (a) a physical impairment, a psychiatric impairment, and intellectual impairment, or 2 or all of such impairments, of the person, make the person'.
• Activity [limitation]	Term 'disability' present but more consistent with the I and P levels of the new ICIDH. The Social Security Act defines a person as 'severely disabled' if: (a) a physical impairment, a psychiatric impairment, an intellectual impairment, or 2 or all of such impairments, of the person, make the person, without taking into account any other factor, totally unable: (i) to work for at least the next two years; and (ii) unable to benefit within the next 2 years from participation in a program of assistance or a rehabilitation program; or (b) the person is permanently blind.
• Participation [restriction]	Concept present in the notion of 'being prevented from working' for the next two years.
• Contextual factors	Concept possibly implied in the idea of a 'program of assistance' to help the person back to work.

Child Disability Allowance

The Child Disability Allowance gives financial help to parents or guardians who care for a child with a disability at home. Qualification for the allowance currently depends on the amount of extra care and attention needed by the child every day, and not the type of disability, or the costs involved.

A new assessment tool for new claimants will be introduced in July 1998. It will measure functional ability of the child in the areas of communication, self-care, feeding and mealtime skills, social/community skills, and motor skills/mobility. In addition it will take into account the child's behaviour, emotional state and additional special care needs. The focus of the new assessment is therefore not just on the needs of the child, but takes into account the child's impact on the family.

Table 4.9: Child Disability Allowance

Purpose/ philosophy	To provide financial help for parents or guardians who care for a child with a disability at home.
Eligibility or coverage	Requirements of the <i>Social Security Act 1991</i> are that: (a) the child has a physical, intellectual or psychiatric disability; (b) because of a disability the child requires care and attention from another person on a daily basis which is substantially more than that required by a child of the same age who is not disabled; (c) the child is likely to need that care and attention permanently or for an extended period; and (d) the child receives care and attention from the claimant on a daily basis in the claimant and child's home.
ICIDH-2 dimensions	
• Impairment	Concept not apparent, although implied by usual interpretation of terms such as 'intellectual disability'. Term not used.
• Activity [limitation]	Concept present in eligibility criteria. Term 'disability' present in the eligibility criteria and defined in the Act—a young person is a 'disabled child' if: (a) the young person has a physical, intellectual or psychiatric disability; and (b) because of that disability; (i) the young person needs care and attention from another person on a daily basis; and (ii) the care and attention needed by the young person is substantially more than that needed by a young person of the same age who does not have a physical, intellectual or psychiatric disability; and (c) the young person is likely to need that care and attention permanently or for an extended period. This definition extends beyond the ICIDH definition of Activity and includes some Participation. The new assessment tool explicitly assess functional ability in five areas: communication, self-care, feeding and mealtime skills, social/community skills, and motor skills/mobility.
• Participation [restriction]	Concept present for two people: the child, who needs support for daily activities; and the carer, who is providing more than usual support and has other activities curtailed.
• Contextual factors	Concept not apparent. Possibly present in the eligibility criteria '(c) the child is likely to need that care and attention permanently or for an extended period', i.e.: the child needs to be in a constantly supporting environment. Concept present in the new assessment tool in the consideration of the impact of the child on the family.

Carer Payment

The Carer Payment is made under the Social Security Act to eligible people who personally provide a 'severely handicapped' person with constant care and/or constant supervision on a daily basis. 'Personal care and attention' refers specifically to the assistance required with routine bodily functions, such as eating, dressing, hygiene and mobility, but not assistance with everyday domestic tasks such as housekeeping, gardening, shopping etc. The application form for receipt of the carer pension states that 'it follows that a person caring for that person [the 'severely handicapped' person] will generally be unable to undertake employment of a full-time or substantial nature'.

Table 4.10: Carer Payment

Purpose/philosophy	To provide financial assistance to people who personally provide a 'severely handicapped' person with constant care. It is acknowledged that these carers are usually limited from participating in the workplace.
Eligibility or coverage	A 'severely handicapped person' means a person who: (a) has a physical, intellectual or psychiatric disability; and (b) because of that disability (i) requires frequent care in connection with the person's bodily functions; or (ii) requires constant supervision to prevent injury to the person or to another person permanently or for an extended period. 'Personal care and attention' refers specifically to the assistance required with routine bodily functions, such as eating, dressing, hygiene, mobility, but not assistance with everyday tasks.
ICIDH-2 dimensions	
• Impairment	Concept not apparent although implied by terms such as 'intellectual disability'. Term not present.
• Activity [limitation]	Concept implied in the [severely handicapped] person's inability to perform personal care and attention functions such as eating, dressing, hygiene etc. Term 'severely disabled' defined in the Act.
• Participation [restriction]	Concept possibly implied for the person with a 'severe handicap' in their need for assistance with personal care and attention. Does not include assistance with everyday tasks like housekeeping, gardening, shopping etc. Concept present for carer in their restrictions to participate in the workplace.
• Contextual factors	Concept not apparent. Possibly present in the eligibility criteria (b)(ii) 'requires constant supervision... permanently or for an extended assistance' i.e.: the child needs to be in a constantly supporting environment'.

Mobility Allowance

Under the Social Security Act a successful applicant for Mobility Allowance must meet certain qualifying criteria. One qualification is that the person's physical, intellectual or psychiatric disability precludes the use of public transport without substantial assistance, either permanently or for an extended period (one year or more). This does not just mean local public transport the client may have to use, but their ability to use public transport in general in any location at any time and at any place. 'Substantial' means the degree of assistance required to do certain activities with no difficulty.

The examining doctor's assessment provides the basis for determining whether the client requires substantial assistance.

Table 4.11: Mobility Allowance

Purpose/philosophy	Mobility Allowance is payable to persons who are unable to use public transport without substantial assistance because they have a physical, intellectual or psychiatric disability. They must also be spending at least 8 hours per week in employment and/or vocational training.
Eligibility or coverage	<p>The person's physical, intellectual or psychiatric disability precludes the use of public transport without substantial assistance, either permanently or for an extended period (one year or more). The person must be working or undertaking vocational training.</p> <p>The person must be a 'handicapped person', which means a person who: (a) has a physical or mental disability; and (b) has turned 16 years of age.</p>
ICIDH-2 dimensions	
• Impairment	<p>Concept not apparent.</p> <p>Term not used.</p>
• Activity [limitation]	<p>Concept implied in person's difficulty with mobility..</p> <p>Concept explicit in the examining doctor's report which assesses the person's level of activity with specific activities such as 'sitting in public transport' and 'personal survival skills'.</p> <p>Term 'disability' used in the definition of a 'handicapped person', but not defined.</p>
• Participation [restriction]	<p>Concept present in a limited way in the notion of assistance with mobility. Also present in the eligibility criteria which states '...This does not just mean local public transport the client may have to use, but their ability to use public transport in general in any location at any time and at any place.</p> <p>The Act uses the phrase 'handicapped person' as part of the eligibility criteria.</p>
• Contextual factors	<p>Considered in the use of '...not just any transport the client may have to use, but their ability to use public transport in general in any location at any time and at any place'.</p>

Veterans' Affairs Disability Pension

The Veterans' Entitlements Act provides compensation for disability which is caused by diseases or injuries resulting from war or other eligible service. Once a disease or injury is found to be service related, it is called an accepted disability. Medical treatment is provided for these disabilities. If the accepted disability (or combination of accepted disabilities) causes a measurable amount of 'incapacity', a disability pension may also be granted.

Incapacity is defined in the Act as 'the effects of the injury or disease and not a reference to the injury or disease itself'. It is determined by combining a medical impairment rating and a lifestyle rating. These are described below.

- 'Impairment' consists of two components: physical loss of, or alteration to, any body part or system; and the functional loss to which this may give rise. The Department uses the concept of whole person impairment, that is, impairment scores are expressed as a percentage impairment of the whole person. Whole person impairment by complete loss of sight, for example, is rated at 85%. Impairment is assessed using system-specific tables. In cases of non-specific loss of function, or where the system-specific tables do not apply, additional tables provide an assessment of impairment based on 'activities of daily living' and 'pain and suffering'. Impairment ratings are made by a Departmental medical officer after a purpose-specific medical examination has been made.
- The 'lifestyle rating' examines the impact of the impairment on the person's capacity to function in society and enjoy life. Four areas are considered: relationships; mobility; recreational and community activities; and employment and domestic activities. Lifestyle assessments can either be self-assessed using one of two assessment instruments, or the applicant can opt to have an average score allocated according to their level of medical impairment.

Appendix 7 of the Guide to Assessment of Rates of Veterans' Pensions provides a table for combining the impairment and lifestyle ratings to derive the overall incapacity rating. The derived rating is then used to allocate the rate of pension payable to the veteran.

The basic disability pension is the General rate and is paid in multiples of 10% up to a 100% pension. Additional pension is available to veterans who:

- (a) are unable to undertake remunerative work for more than 50% of the time ordinarily worked on a full-time basis, or 20 hours per week; and as a result, are suffering a loss of salary or wages, or earnings on their own account that they would not otherwise be suffering; or
- (b) are totally and permanently incapacitated i.e.: are incapable of undertaking remunerative work for periods in excess of eight hours per week; and as a result of accepted disabilities alone, are prevented from continuing to do the work the person was doing, and are, as a result, suffering a loss of salary or wages, or of earnings on their own account, that they would not be suffering if free of that incapacity.

An Extreme Disablement Adjustment payment is also available to those veterans over the age of 65 years who are severely disabled by their accepted disabilities but able to work.

Table 4.12: Veterans' Affairs Disability Pension

Purpose/philosophy	To provide compensation for incapacity which is caused by diseases or injuries resulting from war or other eligible service.
Eligibility or coverage	Available to Australian veterans who have been assessed as having an accepted disability— defined as 'a war-caused injury or war-caused disease, or both, or a defence-caused injury or defence-caused disease, or both'.
ICIDH-2 dimensions	
• Impairment	Concept present as a fundamental component in determination of incapacity. Measured by the system-specific impairment tables. Term present, and defined in terms of two components: (a) physical loss of, or alteration to, any body part or system; and (b) the functional loss to which this may give rise. Part B of this definition may also include the concept of activity limitation.
• Activity [limitation]	Concept present in the 'other' impairments table which assesses ability to undertake simple activities of daily living (ADLs). Concept also present in the 'Whole person impairment' approach which considers the impact of the condition on the ability of the whole person to function. Term not present.
• Participation [restriction]	Concept present in the 'lifestyle rating', which is combined with the impairment rating to derive an incapacity rating, examines the impact of the impairment on the person's capacity to function in society and enjoy life. Four domains are considered: relationships; mobility; recreational and community activities; and employment and domestic activities. Concept also present in availability of additional pension if the person is limited in participating in the workplace.
• Contextual factors	Concept present in the need for participation in a 'military environment' as a criterion for eligibility.

Insurance and compensation schemes

A number of insurance and compensation schemes exist in Australia. Generally, these schemes provide compensation in three areas:

- income replacement,
- general damages—non-economic loss, pain and suffering; and
- long-term care components.

This paper will consider four schemes that could be considered under this broad heading:

- Commonwealth employees rehabilitation and compensation (Comcare);
- Private accident and injury insurance;
- Victorian Workcover; and
- the Victorian Transport Accidents Commission.

Commonwealth employees rehabilitation and compensation (Comcare)

Comcare operates under the *Commonwealth Employees Rehabilitation and Compensation Act 1988*. It provides insurance for full-time, part-time, temporary and probationary employees of an organisation insured with Comcare. Compensation is available for

impairment of any body part, system or function, caused by or contributed to in a material degree by a work-related injury. Compensation can be provided as:

- weekly payments;
- the covering of medical expenses; and
- the payment of a return to work plan and essential needs.

In addition, the Act provides for the payment of compensation in a lump sum for permanent impairment and other non-economic loss resulting from a work related injury. Non-lump-sum payments are based on the loss of income for the person as a result of the injury. The degree of injury or impairment is not measured. Approval of a claim for compensation is based on the claimant's anecdotal and medical evidence, and support from the employing organisation.

The degree of impairment and the degree of non-economic loss are determined using the Guide to Assessment of the Degree of Permanent Impairment. The Guide states that 'impairment' means 'the loss, loss of use, damage or malfunction, of any part of the body, bodily system or function or part of such system or function'. It relates to the health status of an individual and includes anatomical loss, anatomical abnormality, physiological abnormality and psychological abnormality.

Impairment is measured against its effect on personal efficiency in the 'activities of daily living' compared with a normal healthy person. The measure of 'activities of daily living' is a measure of primary biological and psychological function and includes: ability to receive and respond to incoming stimuli; standing; moving; feeding; control of bladder and bowel; self-care; and sexual function.

The impairment tables are based on the concept of 'whole person impairment' which is drawn from the American Medical Association's Guide to Physical Impairment. Evaluation of the whole person impairment is a medical appraisal of the nature and extent of the effect of an injury or disease on a person's functional capacity and on the activities of daily living (ADLs). The guides are structured by assembling detailed descriptions of impairments into groups according to body system and expressing the extent of each impairment as a percentage value of the functional capacity of a 'normal healthy person'. Thus, a percentage value can be assigned to an employee's impairment by reference to the relevant description in this guide.

'Non-economic loss' is a subjective concept of the effects of the impairment of the employee's life. It includes pain and suffering, loss of amenities of life, loss of expectation of life, and any other real inconveniences caused by the impairment. Non-economic loss is determined by examination of the 'lifestyle effects' of the impairment.

'Lifestyle effects' are a measure of an individual's mobility in, enjoyment of, and participation in, recreation, leisure activities and social relationships. It is emphasised that the employee must be aware of the losses suffered. Employees may have equal ratings of impairment but it would not be unusual for them to receive different ratings for non-economic loss because of their different lifestyles.

Section 29, part 3, of the Act allows for some payment of the costs of attendant care as a result of an injury. However, no allowance is provided for possible loss of income by a family member as a result of performing a caring role.

Table 4.13: Comcare

Purpose/philosophy	Comcare helps employees who are unable to work because of work-related injuries and illnesses return to safe, productive work at the earliest opportunity. For people permanently unable to return to work it provides financial compensation for economic and non-economic loss for work-related injury and illness.
Eligibility or coverage	Employees are eligible if they incur income loss, expenses or certain non-economic losses from a work-related injury, illness or impairment.
ICIDH-2 dimensions	
• Impairment	Concept present as basis for eligibility. Level of impairment is assessed using the 'guide to the assessment of the degree of permanent impairment'. Permanent 'impairment' is an essential prerequisite for consideration for lump sum payment for non-economic loss.
• Activity [limitation]	Concept is present in the determination of 'Impairment' which is 'measured against its effect of personal efficiency in the activities of daily living in comparison with a normal healthy person'. This is similar to the whole person impairment concept in other schemes.
• Participation [restriction]	Concept present in the assessment of non-economic loss in terms of 'lifestyle effects', which are a measure of an individual's mobility and enjoyment of, and participation in, recreation, leisure activities and social relationships. Also present in the notion of economic loss, in terms of paid employment. The term 'participation' is used in the definition of lifestyle effects.
• Contextual factors	Concept present in payment for 'return to work plan' and 'essential needs'.

Private accident and injury insurance

This type of policy is available from most life insurance companies. As an example, AMP provides an 'income continuation and business overheads insurance' policy, which insures a individual against the loss of income due to illness or injury.

This policy provides a monthly benefit to people suffering illness or injury causing them to be unable to carry out their usual occupation and lasting beyond the selected waiting period. Depending on the occupation and the benefit payment period, the 'usual occupation' provision may only apply to the first two or five years of disablement. Subsequently, there may be a benefit only if the person is unable to do any work for which they are 'reasonably suited' by training, education or experience.

Table 4.14: Example of a private accident and injury insurance policy (AMP)

Purpose/philosophy	To insure against loss of income if the person is unable to work due to illness or injury.
Eligibility or coverage	Under this policy, disablement means an inability, due to illness or injury, to carry out usual business. The claimant is required to remain under the ongoing care of their doctor and not undertake any remunerative work.
ICIDH-2 dimensions	
• Impairment	Concept not apparent. Implied in determination of eligibility i.e.: the presence of illness or injury.
• Activity [limitation]	Concept not apparent. The term 'disablement' is used, but is defined in terms of Participation i.e.: the person's inability to work due to illness or injury.
• Participation [restriction]	Concept a key determinant of eligibility i.e.: the inability to participate in the workplace is the single criterion for receipt of benefit.
• Contextual factors	Concept present in the notion that the person is paid for not being able to participate <i>in the workplace</i> .

Victorian Workcover

Victorian Workcover's objectives are to prevent work injuries, to assist individuals with their return to work after injury, and to provide compensation for injury and impairment.² Workcover operates under the *Accident Compensation Act 1985* of Victoria. The Act defines the following terms:

- 'Disease' includes (a) any physical or mental ailment, disorder, defect or morbid condition whether of sudden or gradual development; and (b) the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.
- 'Incapacity' includes (a) in relation to industrial deafness, inability to engage in the worker's own or other suitable employment because of an immediate and substantial risk of increasing the industrial deafness to a level of material disability; and (b) a disfigurement that is sufficient to affect the earning capacity of a worker's opportunities for employment.
- 'Partial incapacity' in relation to a worker, means an inability arising from an injury such that the worker is not able to return to his or her pre-injury employment but is able to return to work in suitable employment.
- 'Total incapacity' in relation to a worker means an inability arising from an injury such that the worker is not able to return to work, either in the worker's pre-injury employment or in suitable employment.
- 'Injury' means any physical or mental injury and without limiting the generality of the foregoing includes (a) industrial deafness; (b) a disease contracted by a worker in the course of the worker's employment whether at or away from the place of employment and to which the employment was a significant contributing factor; and (c) the recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease where the worker's employment was a significant contributing factor to that recurrence, aggravation, acceleration, exacerbation, or deterioration.

Compensation is paid for permanent injury. The Act sets out a 'table of maims' which provides a whole person percentage injury rating for a range of 'losses' such as loss of an eye, and impairments such as impairment of the back. Medical assessors must use the American Medical Association's Guide for Physical Impairment.

In addition, a person with an impairment rating of 30% or greater is deemed to have a substantial impairment and is entitled to sue under common law for costs and damages. People with an impairment rating of less than 30% can sue under common law if they are assessed as eligible. Eligibility in these cases is determined by an oral disability assessment.

Once permanent injury is established, a claim for 'pain and suffering' can be made. No guidance is provided for the measurement of pain and suffering, except that due regard must be given to the duration of pain and suffering and the severity of any injuries.

² Other similar schemes exist in other States. This example is used as an illustration.

Table 4.15: Victorian Workcover

Purpose/ philosophy	To improve the health and safety of persons at work and reduce the social and economic costs to the Victorian community of accident compensation.
Eligibility or coverage	Persons eligible for compensation must have injuries which arise out of or in the course of employment.
ICIDH-2 dimensions	
• Impairment	<p>The concept is present in the payment of compensation for permanent injury. The Act sets out a 'table of maims' which provides a whole person percentage injury rating for a range of 'losses' such as loss of an eye, and impairments such as impairment of the back.</p> <p>Concept may be implied in definition of 'disease' as (a) any physical or mental ailment, disorder, defect or morbid condition whether of sudden or gradual development; and (b) the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.</p> <p>Term 'impairment' is not defined in the Act.</p>
• Activity [limitation]	<p>Concept not apparent.</p> <p>Term 'disability' not present.</p>
• Participation [restriction]	<p>Concept implied in 'incapacity' where the ability of the person to operate in the workplace is a criterion for eligibility.</p> <p>Concept also present in the development of a 'return to work' plan as a key factor in the rehabilitation process.</p>
• Contextual factors	<p>Concept present in the provision for costs incurred in returning the person to the workplace, including aids, workplace modification and medical care.</p> <p>Concept also present in the occupational health and safety and injury prevention roles of Workcover.</p>

Victorian Transport Accidents Commission

The Victorian Transport Accidents Commission performs accident prevention activities, provides rehabilitation for people injured in a transport accident, and provides compensation for people who are injured or die in a transport accident. The Commission operates under the *Victorian Transport Accident Act 1986*, which defines 'injury' as 'physical or mental injury and includes nervous shock'.

Depending on their age, status before the accident, and needs and degree of impairment, injured persons are able to claim for:

- rehabilitation costs including aids, treatment and assistance;
- a weekly payment or lump sum compensation;
- a weekly payment to compensate for total loss of earning capacity; and/or
- a weekly payment to compensate for partial loss of earning capacity.

To be eligible for rehabilitation or compensation, the degree of impairment of the applicant must be determined. The assessment of degree of impairment is undertaken using the American Medical Association's Guide to Physical Impairment (second edition). Assessment cannot be undertaken until 18 months after the accident, or until the injury stabilises, whichever occurs last, that is, the scheme is compensating for permanent impairment.

In addition, a person with an impairment rating of 30% or greater is deemed to have a substantial impairment and is entitled to sue under common law for costs and damages. People with an impairment rating of less than 30% can sue under common law if they are assessed as eligible. Eligibility in these cases is determined by an oral disability assessment.

The legislation was amended in 1996 so that secondary or consequential impairments as a result of a transport accident are not eligible for compensation.

Table 4.16: Victorian Transport Accidents Commission

Purpose/ philosophy	To undertake accident prevention activities, to rehabilitate people injured in a transport accident, and to provide compensation for people who are injured or die in a transport accident.
Eligibility or coverage	A permanent impairment of 10% or greater as a result of a transport accident that occurred in Victoria or in a Victorian registered motor vehicle.
ICIDH-2 dimensions	
• Impairment	Concept used as the basis of determining entitlement to rehabilitation. The assessment of degree of impairment is undertaken using the American Medical Association's Guide to Physical Impairment (second ed.). Term present but not defined.
• Activity [limitation]	Concept not apparent. Term not present.
• Participation [restriction]	Concept present in notion of reduced income (usually as a result of reduced participation in the workplace) which is compensated for. No other domains of participation are considered.
• Contextual factors	Concept present in determining eligibility for compensation i.e.: legal status of motor vehicle at time of accident. Concept also present in provision of funding for rehabilitation which includes the provision of appliances and apparatus, and modifications to a home or a motor vehicle.

4.5 Disability support services

Commonwealth, State and Territory disability-specific legislation

In July 1991, the CSDA was signed by Australian heads of government. This Agreement outlined how responsibilities are shared between the Commonwealth and the State and Territory Governments, and sets out the types of disability support services to be provided or funded by governments.

It was a requirement of the CSDA that all jurisdictions develop legislation for provision of disability services. Thus the CSDA definitions have provided a reference point for the development of State disability services legislation, and a common approach can be seen when comparing the various State legislation.

Discussed below are:

- the Commonwealth *Disability Services Act 1986*
- the Commonwealth/State Disability Agreement
- the *Disability Services Act 1993*, South Australia
- the *Disability Services Act 1992*, Queensland
- the *Disability Services Act 1991*, Victoria
- the *Intellectually Disabled Persons' Services Act 1986*, Victoria
- the *Disability Services Act 1993*, New South Wales

Commonwealth *Disability Services Act 1986*

The Act covers all disability support services provided by the Commonwealth and the services of the CRS.

Table 4.17: Commonwealth *Disability Services Act 1986*

Purpose/ philosophy	To assist persons with disabilities to receive services necessary to enable them to work towards full participation as members of the community.
Eligibility or coverage	Persons with a disability that: (a) is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments; (b) is permanent or likely to be permanent; and (c) results in: (i) a substantially reduced capacity of the person for communication, learning or mobility; and (ii) the need for ongoing support services.
ICIDH-2 dimensions	
• Impairment	Concept present as 'gateway' to eligibility: 'disabilities that ... are attributable to an intellectual, psychiatric, sensory or a physical impairment or a combination of such impairments'. Term present but undefined.
• Activity [limitation]	Concept present in eligibility criteria which include 'disabilities which ... are permanent or likely to be permanent; and result in: (a) a substantially reduced capacity of the person or persons for communication, learning or mobility; and (b) the need for ongoing support services. Term present but undefined.
• Participation [restriction]	Concept implied in eligibility criteria by the notion of 'need for ongoing support services'. Also implied in: 'disabilities which are permanent or likely to be permanent; and result in: (a) a substantially reduced capacity of the person or persons for communication, learning or mobility; and (b) the need for ongoing support services. Concept of participation present in objectives of the Act which are: ' (b) to ensure that persons with disabilities receive the services necessary to enable them to achieve their maximum potential as members of the community, (c) to ensure the further integration of persons with disabilities in the community..., (d) ... to achieve positive outcomes, such as increased independence, employment opportunities and integration in the community' etc.
• Contextual factors	Concept present in Act purpose: 'to promote services provided to persons with disabilities that (iii) are provided on ways that promote in the community a positive image of persons with disabilities'.

The Australian Law Reform Commission recently undertook a review of this legislation. This review made three recommendations relating to the definition of disability (box 4.2).

Box 4.2 Australian Law Reform Commission recommendations regarding CSDA definitions

- *Recommendation 14: 'The Commission recommends that the new legislation contain a broad definition of disability based on the definition in the Commonwealth Disability Discrimination Act 1992'.*
- *Recommendation 15: 'The Commission recommends that people included within this definition should also have to demonstrate they have a need for the services being provided and meet the eligibility criteria'.*
- *Recommendation 20 proposes that the new legislation broadly base eligibility for the CRS and other services funded by the Commonwealth on need for the service rather than on whether the person has a particular type of disability or a disability attributable to a specified cause.*

The Commission is recommending a broad, inclusive definition—based on a mixture of concepts—with individual services and programs left to define their specific subgroup of people. According to Recommendation 20, eligibility for Commonwealth services would be established by looking at activity limitation and participation restriction rather than impairment. No decisions have been taken on these recommendations.

Commonwealth/State Disability Agreement (CSDA)

Services covered by the Agreement include employment services, accommodation and other support services such as independent living training, respite care, recreation, information, print disability and advocacy support services. The Commonwealth takes administrative responsibility for employment services, with the States and Territories assuming responsibility for accommodation and other support services. Both levels of government retain some responsibility for advocacy and research.

The range of services provided by each jurisdiction is largely similar, with the exception of early intervention and psychiatric services which are funded outside the CSDA in some States.

Table 4.18: CSDA

Purpose/ philosophy	Set out in Part III of the Agreement (principles and objectives) including: a. Services should have as their focus the achievement of positive outcomes for persons with disabilities, such as increased independence, employment opportunities and integration into the community. g. 'Programs and services should be designed and administered so as to promote the participation of persons with disabilities in the life of the local community through maximum physical and social integration in that community'
Eligibility or coverage	The Agreement specifies its target group as people with disabilities that: 1 are attributable to an intellectual, psychiatric, sensory or a physical impairment or a combination of such impairments; 2. are permanent or likely to be permanent, and result in: (a) a substantially reduced capacity of the person or persons for communication, learning or mobility; and (b) the need for ongoing support services. 3. This includes a person or persons with a disability of a chronic episodic nature.
ICIDH-2 dimensions	
• Impairment	Concept present as 'gateway' to eligibility i.e.: 'disabilities that ... are attributable to an intellectual, psychiatric, sensory or a physical impairment or a combination of such impairments'. Term present in the Agreement but not defined.
• Activity [limitation]	Concept implied in eligibility criteria i.e.: 'disabilities which ... are permanent or likely to be permanent; and result in: (a) a substantially reduced capacity of the person or persons for communication, learning or mobility'. Term 'disability' present in Agreement, but not defined.
• Participation [restriction]	Concept implied in eligibility criteria by the notion of 'need for ongoing support services' i.e.: 'disabilities which ... are permanent or likely to be permanent; and result in: (a) a substantially reduced capacity of the person or persons for communication, learning or mobility; and (b) the need for ongoing support services'. Concept also present in the principles and objectives (Part III) (a) independence, employment opportunities, integration and (g). participation (see above under purpose).
• Contextual factors	Concept recognised in the notion of assistance to achieve greater participation, as well as in the principles and objectives (Part III), for instance (b) ensuring the conditions and patterns of everyday life are ... as close as possible to norms and patterns which are valued in the general community.

All jurisdictions have cooperated with the AIHW in the formulation of a Minimum Data Set for the national collation of data on services provided under the CSDA. This data set attempts as far as possible to use commonly accepted terminology to group disability into the following categories: developmental delay, intellectual, specific learning, autism, physical, acquired brain injury, deaf-blind, vision, hearing, speech, psychiatric and neurological.

These disability groupings make extensive use of the impairment and activity concepts, although there is by no means a perfect concordance in the coverage. While it is quite easy to map the disability groupings to the ICIDH-2 impairment and activity dimensions, mapping in the reverse direction shows some gaps. The CSDA MDS disability groupings largely omit specific recognition of the impairments of function set out in chapters 6, 7, 8, 9 and 11 of the draft ICIDH-2, and the complex activities (chapters 6, 7, 8, 9 and 10). Appendix 3 provides details of these ICIDH-2 chapters.

A major use of the first two dimensions of ICIDH-2 is in the defining and naming of disability groupings referred to in common terminology.

Box 4.3: CSDA evaluation recommendations

- *Recommendation 33: The Disability Services Sub Committee (or the National Disability Management Agency as recommended in Rec 44.) establish a Taskforce which includes Australian Institute of Health and Welfare and relevant professional expertise associated with the full range of impairment types to:
 - (e) consider the implications of a broad, more inclusive classification for how disability and handicap are to be defined.*
- *Recommendation 34: As advised by the recommendations of the Taskforce (see Rec. 33) the State, Territory and Commonwealth Governments continue to work with the Australian Institute of Health and Welfare to adopt a common definition of disability-related need for services which can be incorporated into all relevant legislation, policy and program objectives, eligibility criteria etc.*
- *Recommendation 36: The Taskforce (referred to in Rec. 33) also be asked to consider whether permanency should be made a defining feature of disability for the purposes of designing a disability service system, and whether there is a more appropriate definitional criterion than that of 'permanency'.*
- *Recommendation 37: For the purposes of negotiating with the next CSDA, and as subject to review, the eligible target group for CSDA services to be defined as follows:
 - 'A person with a disability attributable to an intellectual, developmental, psychiatric, sensory, physical, cognitive or neurological impairment (or a combination of these) which is permanent or likely to be permanent and results in:
 - (i) a substantially reduced capacity of the person for: self-care and management, mobility, communication, learning, employment, social interaction; and
 - (ii) the need for disability-related support services, including needs which are of a chronic and episodic nature, and including services which result in the enhancement or increase of the capacities of persons with disabilities, and their carers.*

South Australian *Disability Services Act 1993*

In determining eligibility for and priority of access to services, the provider of the service is also required to take the following into account:

- (a) the person's wishes;
- (b) the level of disability and its impact on the person;
- (c) the needs and capabilities of any carers;
- (d) the extent of support and assistance (if any) provided or available to the person from all other sources;
- (e) the implications of any decision for carers and members of the person's family;
and
- (f) such other matters as may be considered relevant.

Table 4.19: South Australian *Disability Services Act 1993*

Purpose/ philosophy	To describe the principles to be applied to people with disabilities, to set out the objectives for providers of disability services and researchers, and to provide funding for these activities.
Eligibility or coverage	People with a disability: (a) that is attributable to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination or any of those impairments; and (b) that is, or is likely to be, permanent; and (c) is the result of the person having (i) a reduced capacity for social interaction, communication, learning, mobility, decision making or self-care; and (ii) a need for continuing support services.
ICIDH-2 dimensions	
• Impairment	Concept possibly present in definition of disability, which states that impairment is a prerequisite for disability i.e.: 'a disability that is attributable to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination or any of those impairments'. Term present but not defined.
• Activity [limitation]	Concept implied in definition of disability i.e.: 'a disability ... that is attributable to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination or any of those impairments'. Concept also present in definition i.e.: 'and is the result of the person having (i) a reduced capacity for social interaction, communication, learning, mobility, decision making or self-care'. Term 'disability' present in the act and defined (see eligibility above) in terms of Impairment, Activity and Participation.
• Participation [restriction]	Concept possibly present in the notion of 'reduced capacity' and 'need for ongoing support services' in the definition of eligible persons. Concept also present in Schedule 2 of the Act which states that 'Disability Services are to be administered and designed so as (a) to achieve positive outcomes for persons with disabilities, such as enhanced image and level of competence, increased independence, increased education, training and employment opportunities and integration into, and participation in the life of the community, and (b) to ensure that the conditions of the day-to-day life of persons with disabilities are as close as possible to those of other members of the community.
• Contextual factors	Schedule 1 of the Act states that 'in receiving the services ... persons with disabilities (a) have the right to choose between those services, and to choose between the options available within a particular service, so as to provide assistance and support that best meets their individual needs'. Schedule 2 also states that in assessing the person's eligibility and priority of access the following must be taken into consideration: (c) the needs and capabilities of any carers, (d) the extent of support and assistance (if any) provided or available to the person from all other sources, and (e) the implications of any decision for carers and members of the person's family.

Queensland's *Disability Services Act 1992*

This Act is based on the philosophy that people with disabilities have the same human rights as others, and these principles are stated in part 3 of the Act.

Table 4.20: Queensland's *Disability Services Act 1992*

Purpose/philosophy	To affirm the rights of people with disabilities, to set out the objectives of programs and services for people with disabilities, and to establish a funding mechanism.
Eligibility or coverage	A person with a disability: (a) that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of impairments; and (b) that results in (i) a substantial reduction of the person's capacity for communication, social interaction, learning or mobility; and (ii) the person needing support. The disability must be permanent or likely to be permanent. The disability may be, or may not be, of a chronic episodic nature.
ICIDH-2 dimensions	
• Impairment	Concept implied in definition of target group as a 'prerequisite' to disability i.e.: 'a disability:(a) that is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of impairments'. Term present but not defined.
• Activity [limitation]	Concept implied in definition of target group i.e.: 'a disability ... that is attributable to intellectual, psychiatric, cognitive, neurological, sensory or physical impairment, or a combination of impairments.' Concept also partially present in definition i.e.: 'and is the result of the person having (i) a reduced capacity for social interaction, communication, learning, mobility, decision making or self-care'. Term 'disability' present in the act as a descriptor of the target group and defined (see eligibility above).
• Participation [restriction]	Concept partially present in eligibility criteria i.e.: ' that results in substantial reduction of the person's capacity for communication, social integration, learning or mobility'. Term and concept also present in part (3) of the Act i.e.: 'People with disabilities have the right to: (c) services that support their attaining a reasonable quality of life in a way that supports their family unit and their full participation in society: (d) participate actively in the decisions that affect their lives, including the development of disability policies, programs and services; and (e) any necessary support, and access to information, to enable them to participate in decisions that affect their lives'.
• Contextual factors	Concept present in part (3) which states 'People with disabilities have the right to: (a) respect for their human worth and dignity as individuals; and (f) receive services in a way that results in the minimum restriction of their rights and opportunities'.

Victoria's *Disability Services Act 1991*

There are two relevant Acts in Victoria—an older Act, relating to services for people with intellectual disability, and a newer Act relating generally to disability support services, introduced after the CSDA commenced.

Table 4.21: Victoria's *Disability Services Act 1991*

Purpose/philosophy	To set out the principles with respect to persons with disabilities, and the objectives and funding provisions for providers of services and researchers.
Eligibility or coverage	The Act states that 'disability' in respect of a person, means a disability (a) which is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of those impairments; and (b) which is permanent or likely to be permanent; and (c) which results in (i) a substantially reduced capacity of the person for communication, learning or mobility; and (ii) the need for continuing support services; and (d) which may or may not be of a chronic episodic nature.
ICIDH-2 dimensions	
• Impairment	The concept of Impairment is implied as a prerequisite for disability i.e.: 'means a disability (a) which is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of those impairments and (b) which is permanent or likely to be permanent'. Term present but not defined.
• Activity [limitation]	Concept implied in definition of disability i.e.: 'a disability ... that is attributable to intellectual, psychiatric, sensory or physical impairment, or a combination of impairments'. Concept also partially present in definition i.e.: 'which results in (a) a substantially reduced capacity for communication, learning or mobility'. Term 'disability' present in the act and defined (see eligibility above).
• Participation [restriction]	Concept partially represented in eligibility criteria i.e.: 'which results in (i) a substantially reduced capacity of the person for communication, learning and mobility and (ii) the need for continuing support services'. Concept and word present in schedules 1 & 2 which include: 1(b) 'to ensure that services provided to persons with disabilities (i) further the integration of persons with disabilities in the community ... (ii) enable persons with disabilities to achieve positive outcomes, such as increased independence, employment opportunities, and integration into the community'. 2 'The principles which are to be furthered with respect to persons with disabilities are that (e) persons with disabilities have the same right as other members of Australian society to participate in decisions which affect their lives'.
• Contextual factors	Concept present in schedules 1 & 2 which include: 1(b) 'to ensure that services provided to persons with disabilities (iii) are provided in ways that promote in the community a positive self image of persons with disabilities' and (d) to encourage innovation in the provision of services for persons with disabilities'. 2(b) 'persons with disabilities, whatever the origin, nature, type and degree of disability, have the same basic human rights as other members of Australian society', and (d) 'persons with disabilities have the same right as other members of Australian society to services which will support their attaining a reasonable quality of life' and (f) 'to receive those services in a manner which results in the least restriction of their rights and opportunities'.

Victoria's *Intellectually Disabled Persons' Services Act 1986*

The objectives of this Act are to outline the principles and objectives of programs for intellectually disabled persons, and to establish the Intellectual Disability Review Panel.

Table 4.22: Victoria's *Intellectually Disabled Persons' Services Act 1986*

Purpose/ philosophy	The objectives of this Act are to outline the principles and objectives of programs for intellectually disabled persons, and to establish the Intellectual Disability Review Panel.
Eligibility or coverage	<p>People with 'intellectual disability', that is, over the age of 5 years, and with the concurrent existence of:</p> <p>(a) significant sub-average general intellectual functioning; and</p> <p>(b) significant deficits in adaptive behaviour each of which became manifest before the age of 18 years.</p> <p>People with 'developmental delay', that is a delay in the development of a child which:</p> <p>(a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and</p> <p>(b) is manifested before the child attains the age of 6 years; and</p> <p>(c) results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, cognitive development, motor development; and</p> <p>(d) reflects the child's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of extended duration and are individually planned and coordinated.</p>
ICIDH-2 dimensions	
<ul style="list-style-type: none"> • Impairment 	<p>Concept present in the use of IQ as an indication of subaverage intellectual functioning. Also implied as a 'prerequisite' to developmental delay in the definition i.e.: 'delay in the development of a child which (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments'.</p> <p>Term present but not defined.</p>
<ul style="list-style-type: none"> • Activity [limitation] 	Concept present in the notion of 'general intellectual functioning' and 'developmental delay' resulting in 'substantial functional limitations' in self-care, language, cognitive or motor development.
<ul style="list-style-type: none"> • Participation [restriction] 	<p>Concept present in the notion of 'adaptive behaviour' and in the need for ongoing care or service.</p> <p>Concept and term included in 'Statement of Principles' including (e) Services should promote maximum physical and social integration through the participation of intellectually disabled persons in the life of the community.</p> <p>Concept and term also present in 'Aims and objectives of the Department' including : '(m) to put into effect policies in relation to services provided by government and non-government organisations to ensure that intellectually disabled persons are able to participate in decisions about the provision of services'.</p>
<ul style="list-style-type: none"> • Contextual factors 	<p>Concept present in the consideration of developmental delay which is in part culturally determined, and also in the need for ongoing care or service.</p> <p>Concept present in 'Statement of Principles' including (f) Services generally available to all members of the community should be adapted to ensure access by intellectually disabled persons and specialised supplementary services should be provided to the extent required to meet individual needs, (g) Services to intellectually disabled persons should be provided in such a manner that an individual need not move out of his or her local community or travel inordinately long distances to receive the services needed.</p> <p>Concept also present in 'Aims and objectives of the Department' including: '(b) To ensure access by intellectually disabled persons to a range of services ..., and (q) to promote actively through education programs ... positive and enhancing social images of intellectually disabled persons'.</p>

New South Wales' *Disability Services Act 1993*

Table 4.23: New South Wales' *Disability Services Act 1993*

Purpose/ philosophy	To outline the goals of services for people with a disability, to provide the mechanism for funding disability services, and to determine eligibility for CSDA State-funded services.
Eligibility or coverage	For the purposes of this Act, a person is in the target group if the person has a disability (however arising and whether or not of a chronic episodic nature): (a) that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments; and (b) that is permanent or is likely to be permanent; and (c) that results in (i) a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision making or self-care; and (ii) the need for support, whether or not of an ongoing nature.
ICIDH-2 dimensions	
• Impairment	Concept implied in definition of target group as a 'prerequisite' for disability i.e.: 'means a disability (a) which is attributable to an intellectual, psychiatric, sensory, physical or like impairment or a combination of such impairments and (b) which is permanent or likely to be permanent'. Term present but not defined.
• Activity [limitation]	Concept present in definition i.e.: 'that results in (i) a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision making or self-care'. Concept implied in definition of target group i.e.: 'a disability ... that is attributable to intellectual, psychiatric, sensory, physical or like impairments, or a combination of such impairments'. Term 'disability' present but not defined.
• Participation [restriction]	Concept implied in eligibility criteria 1(c)(i) and possibly (ii). Concept and Term present in 'Principles' and 'Applications of Principles' in the Act including: 'Persons with disabilities have the same basic rights ... include the following (b) Persons with disabilities have the same right to live in and be part of the community'. 'Services and programs of services must apply the principles ... to achieve the following (a) to have as their focus the achievement of positive outcomes for people with disabilities, such as increased independence, employment opportunities and integration into the community, and (g) to promote the participation of persons with disabilities in the life of the local community through maximum physical and social integration in that community'.
• Contextual factors	Concept possibly implied in eligibility criteria 1(c)(ii) re: the need for support being ongoing or short term. Concept present in 'Principles' and 'Application of Principles' including 'Services and Programs of services must apply the principles ... to achieve the following (b) to contribute to ensuring that the conditions of the everyday life of persons with disabilities are the same as, or as close as possible to, norms and patterns which are valued in the general community'.

Home and Community Care (HACC) Services

The HACC program is a cost shared program between the Commonwealth Government and State and Territory Governments. Through the program, financial assistance is provided for services which support people living at home who are at risk of inappropriate institutionalisation. The objective of the HACC program is to provide an integrated range of support services for frail aged and other people with a disability and their carers to enable them to be more independent at home and in the community.

The program is administered in accordance with the *Home and Community Care Act 1985*. This legislation states that 'the program shall be directed towards assisting

- (a) persons living in the community who, in the absence of basic maintenance and support services provided or to be provided within the scope of the program, are at risk of premature or inappropriate long-term residential care including:
 - (i) frail or at-risk aged persons, being elderly persons with moderate or severe disabilities;

- (ii) younger disabled persons, being people with moderate or severe disabilities;
 - (iii) such other classes of persons as are agreed upon by the Commonwealth Minister and the State Minister; and
- (b) the carers of those persons’.

The HACC National Guidelines further describe the eligible group as people ‘having a functional disability which makes it difficult for them to perform the tasks of daily living, such as dressing, preparing meals, house cleaning, home maintenance or using public transport, without personal assistance or supervision’.

The Client Information, Assessment and Referral Record Form asks questions regarding:

- any health problems or difficulties the applicant may have (such as hearing, allergies, incontinence) and their possible effect on service delivery;
- the applicant’s ability to undertake tasks of daily living (such as shopping/banking, house work, transport) and tasks of self-care (such as bathe/shower, grooming, eating, foot care) and equipment needed to maintain independence;
- the person’s physical and social environment (such as home safety and carer needs); and
- specific service needs (such as GP/hospital, food services and respite)

Table 4.24: HACC definitions

Purpose/philosophy	The objective of the HACC program is ‘to enhance the quality of life of the frail aged and younger people with disabilities and their carers’, by the provision of support services, and to avoid inappropriate admission to residential care.
Eligibility or coverage	Persons must have ‘moderate or severe disabilities’, be living in the community, and be ‘at risk’ if services not provided (need help with any of a series of tasks).
ICIDH-2 dimensions	
• Impairment	Concept not present. Concept may be considered in questions on health problems/difficulties which may affect service delivery. Term not present.
• Activity [limitation]	Concept represented in guidelines i.e.: ‘having a functional disability which makes it difficult for them to perform the tasks of daily living, such as dressing, preparing meals, house cleaning, home maintenance or using public transport without personal assistance or supervision’. Concept also represented in the application form in questions on tasks in self-care. The terms ‘moderate’ and ‘severe’ disability are used but not defined.
• Participation [restriction]	Concept partially represented in guidelines which consider the need for personal assistance or supervision’. Objective of program is to ‘enhance the quality of life ... by the provision of support services, and to avoid inappropriate admission to residential care’.
• Contextual factors	Concept present in eligibility criteria i.e.: persons must be living in the community, and at risk of inappropriately being shifted to a long term residential situation. Concept also present in questions asked in application form i.e.: questions on social supports and environmental safety.

Residential aged care services

Residential aged care services are provided under two Acts, *the Aged or Disabled Persons Care Act 1954* and the *National Health Act 1953*. It is anticipated that new legislation will be implemented by 1 January 1998 to replace both these Acts. Although the Aged or Disabled Persons Care Act contains definitions of ‘aged person’, ‘disabled

person' and 'eligible person', these are not used to define the target group of Aged Care Services.

Currently, clients receiving government-subsidised residential aged care services are first assessed by an Aged Care Assessment Team (ACAT). These teams were introduced to ensure that only those most in need of intensive levels of care entered nursing homes. However, their function is now much broader, and the ACATs operate as an interface between the health and aged care systems. They are multi-disciplinary teams, specially trained to perform a holistic assessment of the person's care needs. In response to these needs, a range of services may be provided, including both residential-based (nursing homes and hostels) and community-based (HACC) services. The teams also assess some younger people with disabilities.

Age Care Assessment Teams use a wide variety of assessment measures and no standard assessment procedure is prescribed. A national minimum data set was established in 1994 which collects data on 23 items including 'primary diagnosis' and severity ratings in the areas of 'mobility', 'continence' and 'orientation'.

Hostel care services

Hostel care is for people who can no longer maintain, without support, a satisfactory standard of personal care, health or nutrition or social wellbeing in their own home.

The *Aged or Disabled Persons Homes Act 1974* defines a 'disabled person' as a person who has attained the age of 16 years and who is (a) permanently blind or (b) permanently incapacitated for work.

In making their assessment, assessment teams must consider the following criteria (DCSH 1991).

- An eligible person shall be assessed as requiring hostel care services if that person's physical, mental or social functioning is affected to such a degree that the person cannot maintain himself or herself independently without support.
- Evidence of loss of physical functioning should be established by tests of capacity to perform daily living tasks such as reading, using public transport, laundering, cooking meals, writing, dressing, toileting, cleaning, using the telephone, following a special diet or taking medication.
- Evidence of loss of social functioning shall be established by an investigation of the extent of a person's social contact with relatives, friends, other persons and general community services.

Table 4.25: Hostel care services

Purpose/ philosophy	Hostel care is for people who can no longer maintain without support, a satisfactory standard of personal care, health or nutrition or social wellbeing in their own home.
Eligibility or coverage	An eligible person shall be assessed as requiring hostel care services if that person's physical, mental or social functioning is affected to such a degree that the person cannot maintain himself or herself independently without support. A 'disabled person' means a person who has attained the age of 16 years and who is: (a) permanently blind; or (b) permanently incapacitated for work.
ICIDH-2 dimensions	
• Impairment	Concept only apparent in terms of being 'permanently blind' in the definition of 'disabled person'. Term not present.
• Activity [limitation]	Concept present in the need to provide evidence of loss of physical functioning by tests of capacity to perform daily living tasks such as reading, using public transport, laundering, cooking meals, writing, dressing, toileting, cleaning, using the telephone, following a special diet or taking medication.
• Participation [restriction]	Concept present in need to provide evidence of loss of social functioning by an investigation of the extent of a person's social contact with relatives, friends, other persons and general community services. Concept present in definition of disability i.e.: 'a person that is ... permanently incapacitated for work'.
• Contextual factors	Concept present in the notion that hostel care is for people who can no longer maintain without support ... wellbeing <i>in their own home</i> .

Nursing homes

Information required for an application to nursing home admission is provided by the ACAT and a registered medical practitioner. Key aspects of the assessment process for entry into nursing homes are:

- accurate medical diagnosis and provision of appropriate medical management of disabling conditions (includes service use);
- accurate description of the person's disabilities (including mobility, falls, continence, orientation and behaviours), as well as their capability to perform activities of daily living (including bathing/washing, eating, transferring to/from bed/chair/walking aid) and provision of appropriate retraining/rehabilitation; and
- accurate description of the family, social and community supports available to the person.

In terms of 'functional disability', a nursing home resident should be someone requiring care by a registered nurse, or under the supervision of a registered nurse on a continuing (24 hour) basis. It is also expected that approval would be given where it is no longer possible to support the person at home or with carers, with support from a full range of community services.

A Domiciliary Nursing Care Benefit is a payment for carers who live with and provide care to relatives or friends who have been assessed as needing the level of care provided in a nursing home. The assessment of the care recipient's care needs is based on his or her need for nursing and personal care and whether he or she needs complete or almost complete assistance with activities of daily living such as mobility, toileting, eating, washing and dressing.

In general, nursing homes are not appropriately staffed or equipped to provide care for people with psychiatric disorders or intellectual disability. However, some younger people with 'psychiatric illness' or 'intellectual handicap' are admitted to

nursing homes where ‘... they need the nursing home care for reasons not related to these conditions and where the overall needs of the applicant can be most suitably met in a nursing home’.

Table 4.26: Nursing homes

Purpose/philosophy	To provide care for people requiring care by a registered nurse, or supervision of a registered nurse on a continuing (24 hour) basis.
Eligibility or coverage	For people who can no longer be supported at home or with carers, with support from a full range of community services. Key aspects of the assessment process for entry into nursing homes are: (a) accurate medical diagnosis and provision of appropriate medical management of disabling conditions; (b) accurate description of the person’s disabilities, as well as their capability to perform activities of daily living, and provision of appropriate retraining/rehabilitation; and (c) accurate description of the family, social and community supports available to the person. Some younger people with ‘psychiatric illness’ or ‘intellectual handicap’ are admitted to nursing homes where ‘they meet need the nursing home care for reasons not related to these conditions and where the overall needs of the applicant can be most suitably met in a nursing home’.
ICIDH-2 dimensions	
• Impairment	Concept implied in need to provide ‘accurate medical diagnosis and provision of appropriate medical management of disabling conditions’. Term not present.
• Activity [limitation]	Concept present in the need for an ‘accurate description of the person’s disabilities, as well as their capability to perform activities of daily living such as eating, toileting and showering’. Term ‘disability’ present, but not defined.
• Participation [restriction]	Concept present as eligibility to nursing homes is determined somewhat by an inability to participate i.e.: ‘It is also expected that approval would be given where it is no longer possible to support the person at home or with carers, with support from a full range of community services’.
• Contextual factors	Concept present in the assessment criteria with respect to the inability to remain in the home environment. Assessment criteria also include consideration of the family, social and community supports available to the person.

4.6 Quality of life and health status measures

The ICIDH was first developed as a classification of health outcome measures, recognising the inadequacies of existing measures to describe the longer term effect of some conditions and events. Health outcome measures have now proliferated, with many measures and scales being devised for specific purposes and specific client groups. The same instruments can be used for both health outcome and health status measurement purposes, but the attribution of ‘outcome’ is generally more complex than simply describing ‘status’. Disability free life expectancy and disability adjusted life years (DALYs) are used to measure the success of health policies and actions, the burden of disease and to guide resource allocation. These uses of the term ‘disability’ are beyond the scope of the present paper, but comment is invited on whether the ICIDH definitions are relevant for use in the health field, and what issues might arise from such an extended use of the term.

The ICIDH, as a classification system, can perhaps only provide a framework for these more detailed measures. But, in considering whether the ICIDH provides a useful conceptual framework for Australian disability definitions, it seems worthwhile to examine the following questions: Are the ICIDH concepts present in some outcome

measures? Are there elements of some important outcome measures which are not present in the ICIDH? Are they inconsistent and, if so, does it matter?

To examine these questions briefly, we look at two common measures of health status or health outcome, and one quality of life measure developed specifically for people with an intellectual disability.

SF-36

The SF-36 is a set of 36 questions which have been developed for use—as either a health status or health outcome measure—in clinical practice and research, health policy evaluations and population surveys (Ware & Sherbourne 1992). The questions can be self-administered by people aged 14 years or older; obtaining the ‘patient’s view’ was an aim of the development. The SF-36 includes one multi-item scale which assesses eight health concepts:

1. limitations in physical activities because of health problems;
2. limitations in social activities because of physical or emotional problems;
3. limitations in usual role activities because of physical health problems;
4. bodily pain;
5. general mental health (psychological distress and wellbeing);
6. limitations in usual role activities because of emotional problems;
7. vitality (energy and fatigue);
8. general health perceptions.

The SF-36 approach is compatible with some of the ICIDH concepts, but there are some notable differences in the approach. Probably the most significant is the attribution of cause, and the associated exclusion of some effects from some ‘causes’. Question 3, for example, states: ‘The following questions are about activities you might do during a typical day. Does your health now limit you in these activities?’ The SF-36 does not explore the possibility that usual roles can be limited by other than ‘physical health problems’ (group 3 above), and makes no reference to environmental factors—the only ‘diagnosis’ relates to the person.

Table 4.27: SF-36

Purpose/ philosophy	To measure health-related quality of life, general health and depression.
ICIDH-2 dimensions	
• Impairment	Concept implied in the attribution of cause to ‘health problems’. Concept possibly implied in the question ‘How much did pain interfere with your normal work?’.
• Activity [limitation]	Concept implied in the following questions: ‘Does your health now limit you in these [list of activities] activities?’ and ‘As a result of physical health/emotional problems, have you had difficulty in performing work or other activities?’.
• Participation [restriction]	Concept present in the questions ‘As a result of your physical health/emotional problems, have you cut down on the amount of time on work or other activities?’ and ‘As a result ... have you accomplished less than you would like?’ and ‘... how much has.. health.. interfered with your social activities?’.
• Contextual factors	Concept not present.

Generally, the SF-36, while focusing on the person's 'usual roles' makes limited use of the broader disability framework, and is firmly based in a narrower health framework.

London handicap scale

This scale was developed using the 1980 ICIDH concepts fairly directly (Harwood et al. 1994). People are asked whether their 'health':

- stops them from getting around;
- stops them from looking after themselves;
- limits work or leisure;
- stops them from getting on with other people;
- stops them from understanding the world around;

and asks whether they can afford the things they need.

A six-point gradation, generally from 'not at all' to 'completely' is used for the answers. The scale is based on the six handicap 'survival roles' of the 1980 ICIDH, and focuses solely on the notion of handicap or participation restriction. The words 'disability' and 'impairment' are not used in the questionnaire, only the more general and undefined 'health'.

Table 4.28: London handicap scale

Purpose/ philosophy	To measure effect of health on 'everyday life'.
ICIDH-2 dimensions	
• Impairment	Concept possibly implied in the attribution of cause to 'health problems'.
• Activity [limitation]	Concept appears present in questions such as: 'does your health limit your work or leisure activities', but on further examination of response categories it is clear the question is aimed more at the concept of Participation [restriction] as an example, one response for this question is 'you do almost all the things you want to do'.
• Participation [restriction]	The six questions of the scale are based on the six 'survival role' categories of the Handicap dimension of the 1980 ICIDH.
• Contextual factors	Concept not present explicitly, but is present in response categories to questions, for example, the question 'Does your health stop you from getting around?' has responses including 'You get out of the house but not far away from it' and 'You go most places you want, but not all'.

ComQol

The ComQol scale (Cummins 1993) is designed as a comprehensive quality of life scale, which incorporates a contemporary understanding of the quality of life construct. ComQol defines life quality in terms of seven domains which together are intended to be inclusive of all quality of life components. These are: material wellbeing, health, productivity, intimacy, safety, place in community, and emotional wellbeing. There is an adult version of the ComQol, with two parallel versions also developed: ComQol-AD for adolescents, and ComQol-ID for people who have an intellectual disability or cognitive impairment.

In scoring against this scale, objective and subjective measures are considered independently. The measurement of each subjective quality of life domain is achieved by obtaining a satisfaction score for that domain which is weighted by the perceived importance of the domain for the individual. The measurement of each objective

quality of life domain is achieved by obtaining an aggregate score based on the measurement of objective indices relevant to that domain. 'Material wellbeing' for example, is measured by an aggregate score of income, type of accommodation and personal possessions.

Table 4.29: ComQol

Purpose/ philosophy	To provide an aggregate score for the quality of life of an individual, combining objective and subjective measures.
ICIDH-2 dimensions	
• Impairment	Implied in the questions: Do you have any disabilities or medical conditions (e.g. visual, hearing, physical, health etc.)?
• Activity [limitation]	Implied in above question.
• Participation [restriction]	Frequency of participation in social and recreational domains, such as clubs and societies, chatting with neighbours, movies etc. Satisfaction with and importance of different domains is explored (domains similar but not identical to ICIDH-2 domains).
• Contextual factors	Questions on environment mainly relate to home and living arrangements.

4.7 Conclusion

The framework provided by the draft ICIDH-2 appears useful in describing and relating the various administrative definitions of disability and disability services in Australia.

Mapping the various definitions and concepts has highlighted some patterns in services for, and legislation relating to, people with a disability. Broad, inclusive definitions—such as those used in the Commonwealth Disability Discrimination Act, and those used by the ABS in its Survey on Disability Ageing and Carers—focus on all dimensions as well as contextual factors.

Generic or 'mainstream' services tend to use impairment and activity limitation as screens to bring people under consideration, and then may use participation and contextual factors to determine eligibility, if the assistance offered is directed to these effects (for instance, the effects of impairment on education, and the possibility that equipment may be of assistance).

Income support schemes—social security or insurance based schemes—frequently use the concept of impairment (sometimes including a concept of 'whole person impairment') as a gateway to eligibility, and then use participation restrictions (usually relating to employment) to establish entitlement to income replacement.

Specialist services for people with a disability appear to focus principally on participation, both in terms of eligibility for and purpose of the services. Impairment again is a gateway to eligibility (and to categorising 'disability groups') although it does not establish eligibility on its own.

Specific definitions or use of the concepts of activity limitation or disability are relatively rare, as is acknowledgment of environmental or contextual factors.