Functioning and Disability DSS

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	320319
Registration status:	• [Community Services (retired)](#), Standard 16/10/2006 • [Disability](#), Standard 13/08/2015 • [Health](#), Standard 29/11/2006
DSS type:	Data Set Specification (DSS)
Scope:	The Functioning and Disability DSS aims to ensure national consistency in relation to defining and measuring human functioning and disability. This DSS has been developed to be consistent with the International Classification of Functioning, Disability and Health (ICF).

Functioning and disability are dual concepts in a broad framework.

Functioning is the umbrella term for any or all of: body functions, body structures, activities and participation. Functioning is a multidimensional concept denoting the neutral aspects of the interaction between an individual (with a health condition) and that individual's environmental and personal factors.

Disability is the umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. Disability is a multi-dimensional and complex concept and is conceived as a dynamic interaction between health conditions and environmental and personal factors (WHO 2001:6).

A health condition may be a disease (acute or chronic), disorder, injury or trauma. Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives. Personal factors relate to the individual, such as age, sex and Indigenous status.

The components of functioning and disability are classified and defined in the ICF as **body structures** and **body functions**, **activities** and **participation** and **environmental factors**. Each component is composed of various domains; these are sets of related physiological functions, anatomical structures, actions, tasks, areas of life, and external influences. Qualifiers, the numeric measures coded after the relevant domain, are usually essential to the meaningful use of the classification because of the neutral terms of the domains.

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

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

Defining disability makes it possible to determine the number of people in the population with disability, those who are accessing services, both disability specific and generic, and those with a disability in the general population with unmet need. Better definition of disability will aid better targeting of resources to those in need.

The concept 'Disability' can be operationalised in a wide variety of settings and for various purposes, using a combination of related metadata items as building blocks.

The metadata items selected for a particular application may vary depending on

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

The Functioning and Disability DSS comprises the following four clusters to describe level of human functioning:

1. Body functioning, qualified by extent of impairment
2. Body structure, qualified by extent, nature and location of impairment
3. Activities and participation, qualified by level of difficulty and need for assistance with undertaking activities and extent of and satisfaction with participation
4. Environmental factors, qualified by extent of influence of the environment

Data collected using this DSS can be related to national data collections which use ICF concepts such as the Commonwealth State Territory Disability Agreement (CSTDA) NMDS collection and the ABS Survey of Ageing, Disability and Carers and, from 2006, the Census.

Collection and usage attributes

Collection methods: Each of the four clusters that make up the Functioning and Disability DSS should be recorded for a complete description of human functioning. This information can be gathered over time by a range of health and community care providers.

Completion of the DSS will record a person-centred description of the experience of functioning of the individual who is the subject of the data. The experience of functioning is in relation to a health condition, and does not consider decrements in functioning that may be associated with social factors such as ethnic background or economic status. For example, the level of communication is recorded in relation to the heath condition, not to the fact that a person does not speak English at home.

The ICF provides a framework for the description of human functioning and disability. The components of ICF are defined in relation to a health condition. A health condition is an umbrella term for 'disease (acute or chronic), disorder, injury or trauma' (WHO 2001). A health condition may be recorded, for example, as:

- Episode of care principal diagnosis, code (ICD-10-AM 5th Ed) ANN{.N[N]}
- Episode of care additional diagnosis, code (ICD-10-AM 5th Ed) ANN{.N[N].

This DSS may be used in data collections in the community services, housing and health sectors.

Comments: The ICF was endorsed by the World Health Assembly in 2001 as a reference member of the WHO Family of International Classifications and of the Australian Family of Health and Related Classifications (endorsed by the National Health Information Management Group in 2002). The ICF is grounded in a human rights philosophy, and its relationship to the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities endorsed by the United Nations in 1994 is acknowledged. The purpose of the Rules is to ensure that people with disabilities, as members of their societies, may exercise the same rights and obligations as others.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Steward: [Advisory Committee on Australian and International Disability Data (ACAIDD)](#)

Origin: WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents: Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website http://www.who.int/classifications/icf/en/
- Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.cfm

Relational attributes

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Activities and Participation cluster	Optional	1
-	Body functions cluster	Optional	1
-	Body structures cluster	Optional	1
-	Environmental factors cluster	Optional	1