

## 4. Getting started: general advice on use

The following is a suggested checklist for new users.

### 1. Start by reading Section 2 to ensure a broad understanding of the ICF.

It is almost certain that, if you go beyond this step, you will need a copy of the ICF itself (see Section 11 for details on how to obtain it).

### 2. Think about how your ideas and information needs fit the ICF framework.

For example:

- What do you need to know about functioning and disability?
- What conclusions do you want to be able to make, or what hypotheses do you want to test? List up to 10 of these, in fairly plain language.
- Can you relate the underlying ideas you are working with to the ICF framework (Figure 2.1)? Are you interested in some or all of the following: impairment? participation? activity? environment? What will be missing if you do not use all components?
- Who will be interested in the results? What questions will they ask? How detailed is the information they will seek?

### 3. At what level do you want to use the ICF?

For instance:

- Do you want to use the ICF as a framework to organise thoughts and ensure that major factors of interest are not omitted from a plan, explanation, argument or set of information?  
*Section 2 of this document is a useful starting point, but you will probably still need to examine the chapter headings in the ICF itself.*
- Do you want to use the ICF classification, perhaps as a menu to select the *domains* most relevant to the information you need. Then, at which level do you want to use the classification: chapter level (for instance, 'mobility'), at block level (for instance, 'walking and moving'), second-level category (for instance, 'walking') or third-level category (for instance, 'walking short distances')?  
*See Section 2. See also Section 10 for applications using the ICF in data collections.*

- Do you want to use the ICF *qualifiers*, for instance, to develop a measurement, or to assist a researcher select a scale that is either directly related to the ICF or that ensures the data collected will map to an ICF qualifier?

*In this case, you need to read the ICF itself and Sections 2, 5 and 7 of this guide. You should also refer to Section 10 where current users illustrate their approach to these issues.*

#### **4. What information is already available?**

It is always worth investigating whether the information you need already exists. Visit the web sites of bodies such as the AIHW and the ABS. See also the AIHW *Data Starter* (AIHW, ACROD & NCDCO 2000).

#### **5. What can be learnt from other similar applications?**

*See Section 10.*

#### **6. How can you share your ideas with other interested users?**

*Refer to specific sections with templates (Sections 5 and 6).*

# 5. Activities and Participation: application in Australia

The purpose of this section is to:

- introduce users to the concepts, definitions and options for use, relating to the Activities and Participation component of the ICF;
- recommend some approaches to the WHO options for use, to increase consistency of ICF application in Australia; and
- suggest methods of recording uses and applications to ensure that the Australian experience is shared and discussed.

## 5.1 Activities and Participation in the ICF

Key definitions are:

- *Activity* is the execution of a task or action by an individual.
- *Participation* is involvement in a life situation.
- *Activity limitations* are difficulties an individual may have in executing activities.
- *Participation restrictions* are problems an individual may experience in involvement in life situations.

The ICF provides a single list of Activities and Participation domains, or life areas, with options for use. This approach reflects the inability of ICF developers to reach consensus on devising two separate lists of domains for Activities and Participation (WHO 2001:16):

It is difficult to distinguish between Activities and Participation on the basis of domains...Therefore ICF provides a single list that can be used if users wish to do so to differentiate Activities (A) and Participation (P) in their own operational ways...Basically there are four possible ways of doing so:

- (a) to designate some domains as Activities and others as Participation, not allowing any overlap;
- (b) same as (a) above, but with partial overlap;
- (c) to designate all detailed domains as A and use the broad category headings as P;
- (d) to use all domains as both A and P.

Based on experience in Australia during the testing of the draft ICF, options (b) and (d) appear the most useful approaches. Option (a) may also be useful

for specific applications where agreement can be achieved among stakeholders.

This section outlines the basis for these suggestions, and recommends how to proceed during application.

Option (c) appears to be untried, and at this stage this User Guide contains no advice on its use.

## **Qualifiers of Activities and Participation, and the concepts of performance and capacity**

Qualifiers are measures coded after the relevant category code of any component (Body Structures or Functions, Activities and Participation, Environmental Factors). Qualifiers are recognised as essential to the meaningful use of the ICF classification because the domains themselves are neutral:

The ICF codes are only complete with the presence of a *qualifier*, which denotes a magnitude of the level of health (e.g. severity of the problem) (WHO 2001:21). Without qualifiers codes have no inherent meaning (WHO 2001:222).

The instructions in the ICF allow considerable discretion in the hands of the user. Both Activities and Participation, for instance, are to be used with a 'generic qualifier', which indicates the extent of difficulty, using the scale:

- 0 No difficulty
- 1 Mild difficulty
- 2 Moderate difficulty
- 3 Severe difficulty
- 4 Complete difficulty
- 8 Not specified
- 9 Not applicable

WHO recognises that the scale requires calibration.

All three components in the ICF (Body Functions and Structures, Activities and Participation, and Environmental Factors) are quantified using the same generic scale...For this quantification to be used in a universal manner, assessment procedures need to be developed through research...The percentages are to be calibrated in different domains with reference to relevant population standards as percentiles (WHO 2001:22).

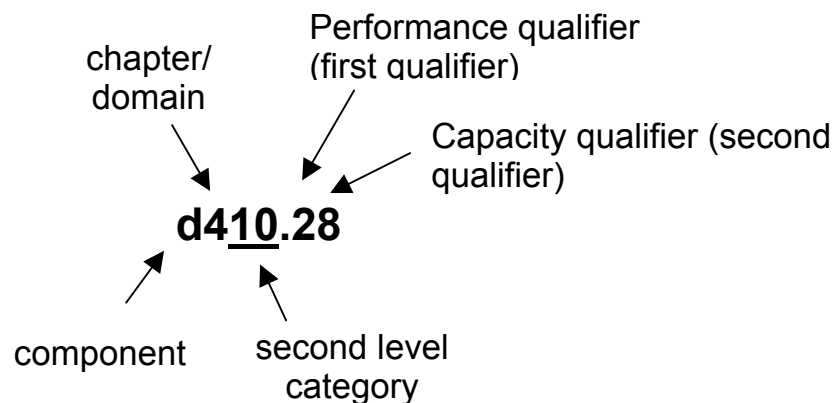
## **Performance and capacity**

Two constructs – 'performance' and 'capacity' – can also be used, together with the generic qualifiers, for the Activities and Participation domains. These

constructs indicate the environment in which measurement is taking place (see Section 2.2). Performance relates to the 'current' environment. Capacity relates to a 'standardised' environment (either an actual test environment or an assumed one) – and also an 'optimum' environment, in that the ICF also states that:

The gap between capacity and performance reflects the difference between the impacts of current and uniform environments, and thus provides a useful guide as to what can be done to the environment of the individual to improve performance (WHO 2001:15).

It is suggested that the performance-related qualifier be coded first, after the category code and a decimal point that separates the domain or category from the qualifying measurement; and any capacity-related qualifier is coded second (WHO 2001:229). Thus, the officially recommended coding style is illustrated in the following example:



In this example, the performance qualifier indicates moderate difficulty (2) with performance, in this case changing basic body position, and the capacity qualifier indicates that capacity is not specified (8).

The prefix d may be used to denote the component 'Activities and Participation' or 'a' or 'p' may be used to denote an activity or participation respectively (WHO 2001:14). This coding convention is also relevant to the discussion in the ICF of an 'information matrix' (see Section 5.6).

The ICF (WHO 2001:15) states that both capacity and performance:

- are 'assessed against a generally accepted population standard' i.e. to record the 'discordance' between the observed level and what is expected of a similar individual without a similar 'health condition'; and
- can be measured with or without assistance (personal or assistive devices).

## Operationalising performance and capacity—and the concept of ‘need’

In developing approaches to these qualifiers, it is helpful to consider three typical coding situations (using Activities domains).

1. The person has moderate difficulty in their current environment with the aid of some equipment, and severe difficulty in their current environment without it.
2. The person has moderate difficulty in their current environment with the aid of equipment (e.g. a walking stick). An assessment of ‘capacity’ in a clinic results in a recommendation that the person gets a new aid (e.g. a walking frame).
3. The person has moderate difficulty in their current environment with the equipment, severe difficulty in this environment without it, and expresses the need for both new equipment and a better environment in order to experience only mild difficulty (e.g. a walking frame, home modifications, additional personal assistance – i.e. three environmental enhancements).

To code all the information in each example, using what is given in the ICF, the following must be recorded:

- difficulty with the activity;
- environmental factors that are in use (or predicted or recommended to be in use); and
- the type of environment (whether current or standardised/optimum).

This amounts to coding convention 3 for Environmental factors (see Section 6 and WHO 2001:225-6):

### *Convention 3*

Environmental factors are coded for capacity and performance qualifiers in the Activities and Participation component for every item.

Performance qualifier \_\_\_\_\_ E code \_\_\_\_\_

Capacity qualifier \_\_\_\_\_ E code \_\_\_\_\_

In addition, however, examples 2 and 3 illustrate the ‘predictive’ concept of ‘need’, i.e. it is predicted that different environmental circumstances could enhance performance. This prediction may be made by various people, for instance, the person expressing their own needs, or a clinician, possibly in a ‘standard environment’.

To recapitulate, the following points are relevant in operationalising the concepts of performance and capacity in the Australian context:

- *Performance* relates to the *usual* or *current* environment.
- *Capacity* relates to the *standardised* or *uniform* environment (see second ICF qualifier). Capacity also appears to relate to an ‘optimum’ environment as

the ICF describes capacity in terms of indicating ‘the highest probable level of functioning that a person may reach in a given domain at a given moment’ (WHO 2001:15).<sup>3</sup>

- *Need* relates to the environmental factors (such as personal assistance, equipment, environmental modifications) that are present in the standardised or ‘optimum’ environment (where maximum capacity is achieved) but are not in the current environment (where current performance is achieved); that is, ‘need’ relates to closing the ‘performance gap’ between the current and the optimum environments for the person.

## **Additional qualifiers**

The possibility of coding further qualifiers is recognised in Annex 2 of the ICF (WHO 2001:230–32). The advice given is as follows:

- *Qualifiers indicating the use of assistance:* Performance (or capacity) may be measured with and without assistance (assistive devices or personal assistance). WHO specifies an order for recording them using four successive qualifiers: (1) performance with assistance; (2) capacity with no assistance; (3) capacity with assistance; (4) performance without assistance (WHO 2001:230).
- *Qualifiers indicating involvement:* ‘The fifth digit position is reserved for qualifiers that may be developed in the future, such as a qualifier for involvement or subjective satisfaction’ (Annex 2, WHO 2001:231).

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3 The construct of ‘capacity’ appears to relate to a conceptualisation of health that distinguishes between what is sometimes called ‘within the skin’ factors and external factors. This distinction in turn relies on the notion of a separate individual with intrinsic capacity, where better health outcomes can be promoted by health interventions and environmental modifications. This approach is based in an egalitarian, human rights philosophy and has much to commend it in theory. The need to introduce the idea of ‘capacity’ into the classification appears to be driven at least in part by the desire to measure the performance of health systems and how well they are closing the gap between capacity and performance. This purpose brings with it the need to define and confine the scope of the health system, not holding it accountable for measures that, while promoting good human health and functioning, are beyond the scope of many health systems. This aim, of assessing health systems, thus may require a measurement of ‘capacity’, but also requires the measurement of the level of health and human functioning (to indicate the ‘performance gap’).

## 5.2 Approaches to delineating Activities and Participation

Activities and Participation are two distinct concepts in the ICF with distinct definitions but measured along the same domains. The ICF offers four possible ways of delineating activities and participation (WHO 2001:16):

- (a) to designate some domains as Activities and others as Participation, not allowing any overlap;
- (b) same as (a) above, but with partial overlap;
- (c) to designate all detailed domains as Activities and use the broad category headings as Participation;
- (d) to use all domains as both Activities and Participation.

Annex 3 of the ICF concludes with a statement recognising that practice must be built up, recorded and analysed regarding the 'operationalisation' of Activities and Participation.

This section explores this issue further, leading on to suggestions for practice in Australia and for recording experience.

### Draft criteria for delineating Activities and Participation

The delineation of the concepts of Activity and Participation has been a consistent goal of the Australian Collaborating Centre (ACC) and its advisers. Criteria for distinguishing the two concepts, in line with their definitions in the final ICF, were accordingly developed, revised and discussed during the process of revising the ICIDH.

The ACC draft criteria for distinguishing Activities and Participation are included here for use and comment:

- i. Activities focus on the person's individual functioning, while Participation emphasises the person's involvement in society.
- ii. A is completely externally observable. P refers to the 'lived experience of the person' (WHO 2001:15).
- iii. Activity *can* relate to a 'test' environment (although it can also relate to a 'real' environment), with or without equipment. Participation is essentially 'confounded' with the environment, i.e. the concept has little meaning without consideration of the physical and social environment, and it cannot be 'assessed' in a 'test' environment.
- iv. 'Involvement in society' relates in particular to societal roles. This highlights the confounding of Participation with that part of the environment that shapes expected roles and societal norms.

- v. A is fine grained whereas P is broad brushed.
- vi. A is about action or process, P relates to the overall goal of actions or sets of actions.

These draft criteria expand on the WHO definitions (see Section 2.1). Both could be applied together in delineating Activities and Participation in practice.

The purpose is either to:

- split the A-P domains, so that some apply to Activities and the others to Participation, i.e. option (a)
- use the A-P domains with partial or total overlap, together with qualifiers, in order to achieve delineated approaches to Activities and Participation, i.e. options (b) or (d).

These two options are discussed in Sections 5.3 and 5.4.

### **5.3 Splitting the domains to delineate Activities and Participation—option (a)**

Table 5.1 attempts an A-P split of the domains in the single A-P list of domains, reflecting the WHO definitions and Australian Collaborating Centre draft criteria as far as possible. Comment has been sought within the AIHW and from its advisers. The italicised comments in the table show how much agreement there was on the split and the differing views in some areas.

An additional criterion was used in attempting the split; namely the split was done using broad groups of codes, so that ICF ‘blocks’ went into either one column or the other. This keeps comparison with the single A-P list (and any other split) as simple as possible.

Work along similar lines was undertaken by the Canadian Institute for Health Information on behalf of the North American Collaborating Centre (NACC) (CIHI 2001). Several options for splitting the domains were suggested, but the NACC has not adopted a particular split of the domains.

If option (a) is to be adopted, this table must be finalised to prevent overlap; that is, it must split the domains into activity domains and participation domains, so that no domain remains indeterminate, i.e. able to be used for *either* Activities or Participation.

Option (a) has been impossible to achieve over several years of testing. Although it is possible for individual users, it is not possible across different fields. Table 5.1 stems from different perspectives in the aged care and disability fields.

**Table 5.1: Attempted split of Activities and Participation on the basis of domains**

Activity	Participation
<p>Ch 1: Learning and applying knowledge</p> <ul style="list-style-type: none"> <li>• Purposeful sensory experience d110–129</li> <li>• Basic learning d130–159</li> <li>• Applying knowledge d160–179</li> </ul> <p><i>All advisers agree these are 'A'</i></p>	
<p>Ch 2: General tasks and demands</p> <ul style="list-style-type: none"> <li>• Undertaking a single task d210</li> <li>• Undertaking multiple tasks d215</li> <li>• Carrying out daily routine d220</li> <li>• Handling stress and other psychological demands d230</li> </ul> <p><i>Most agree these are 'A'</i></p>	
<p>Ch 3: Communication</p> <ul style="list-style-type: none"> <li>• Communication—receiving d310–d329</li> <li>• Communication—producing d330–d349</li> <li>• Using communication devices and techniques d360–369</li> </ul> <p><i>Most agree these are all 'A'</i></p>	<p>Ch 3: Communication</p> <ul style="list-style-type: none"> <li>• Conversation d350–359</li> </ul> <p><i>Disagreement on this. Some would like it in 'A' to keep the whole 'slab' together.</i></p> <p><i>If separated, could call one group 'communication activities' and the other 'participation in conversation/communication'.</i></p>
<p>Ch 4: Mobility</p> <ul style="list-style-type: none"> <li>• Changing and maintaining body position d410–d429</li> <li>• Carrying, moving and handling objects d430–449</li> <li>• Walking, moving and related activities d450–459 (excluding d460–469)</li> </ul> <p><i>All advisers agree these are 'A'</i></p>	<p>Ch 4: Mobility</p> <ul style="list-style-type: none"> <li>• Moving around in different locations (home, other buildings, outside) d460–469</li> <li>• Moving around using transportation d470–499</li> </ul> <p><i>Disagreement on this. Some would like these in 'A' to keep the whole 'slab' together. A difficulty is that 'the home' could perhaps be better separated from the other parts of d460-469, but this makes an awkward split.</i></p> <p><i>Others are concerned that this is a fundamental human rights issue, not just a means to other ends—how can you participate in your society if you can't move around in it?</i></p> <p><i>If separated, one group could be called 'movement activities' and the other 'participation in movement around the home and community'.</i></p>
<p>Ch 5: Self-care</p> <ul style="list-style-type: none"> <li>• Washing oneself d510</li> <li>• Caring for body parts d520</li> <li>• Toileting d530</li> <li>• Dressing d540</li> <li>• Eating d550</li> <li>• Drinking d560</li> <li>• Looking after one's health d570</li> </ul> <p><i>All advisers agree these are 'A'</i></p>	

(continued)

**Table 5.1(continued): Attempted split of Activities and Participation on the basis of domains**

<p>Ch 6: Domestic life</p> <p><i>See discussion opposite. Some would put this entire chapter in 'A'.</i></p>	<p>Ch 6: Domestic life</p> <ul style="list-style-type: none"> <li>• Acquisition of necessities d610–629</li> <li>• Household tasks d630–649</li> <li>• Caring for household objects and assisting others d650–669</li> </ul> <p><i>There is considerable disagreement here. Some would put all these in 'A', and suggest that some areas (e.g. 'household tasks') are very much like activities without very much social focus. Others see this group as so socially and environmentally determined as to make it difficult to ascribe meaning without the context of the physical household environment and the social expectations on the roles involved. Some see both sides!</i></p>
	<p>Ch 7: Interpersonal interactions and relationships</p> <ul style="list-style-type: none"> <li>• General personal interactions d710–729</li> <li>• Particular personal relationship d730–779</li> </ul> <p><i>All agree these are 'P'.</i></p>
	<p>Ch 8: Major life areas</p> <ul style="list-style-type: none"> <li>• Education d810–839</li> <li>• Work and employment d840–859</li> <li>• Economic life d860–879</li> </ul> <p><i>All agree these are 'P'.</i></p>
	<p>Ch 9: Community, social and civic life</p> <ul style="list-style-type: none"> <li>• Community life d910</li> <li>• Recreation and leisure d920</li> <li>• Religion and spirituality d930</li> <li>• Human rights d940</li> <li>• Political life and citizenship d950</li> </ul> <p><i>All agree these are 'P'.</i></p>

**Advice to users**

- The Australian Collaborating Centre is **not** able at this stage to recommend a split of the domains for general use; that is, it is not able to recommend option (a) as a general solution to delineating Activities and Participation.
- Option (a) may nevertheless be suitable for specific applications, where users can obtain agreement among stakeholders on a suitable split of the domains, consistent with the ICF definitions. *In this case, please record your experience in the template in Sections 5.6.*

## 5.4 Using the qualifiers as the basis for delineating Activities and Participation—options (b) and (d)

The previous discussion prompts the question: are the different perspectives reflected in Table 5.1 a problem? If potential users preserve the separate concepts of Activities and Participation, does it matter that they wish to use and interpret the domains somewhat differently in different circumstances? Is it in fact more useful to use the freedom offered in options (b) and (d) to adapt and experiment in this difficult area?

It is logically obvious that if any domain can be used for *either* Activities or Participation, then the delineation between Activities and Participation must involve the use of different qualifiers as the only other tools available in the classification for this purpose.

In ICF terms, this means that, if options (b) or (d) are adopted, then the ‘generic qualifier’ must be translated into suitable language for Activities and Participation separately, and/or additional qualifiers must be provided, such as a qualifier for participation, indicating ‘involvement in life situations’ (see Section 5.1).

## 5.5 Qualifiers for Activities and Participation—and A–P delineation

This section describes a suggested approach, for use in Australia, to qualifiers for Activities and Participation. The aim is to provide qualifiers that:

- can be used to help delineate Activities from Participation for users using options (b) or (d)
- can also be used with option (a)
- are consistent with the ICF.

### Qualifiers for Activities

The ICF gives us:

- Activities domains
- A qualifier about ‘difficulty’ with the activity (the generic qualifier); the statement is made that difficulty can be measured with or without assistive devices or personal assistance, and as capacity or performance; the constructs of performance and capacity relate to the person in a specified environment;

- Environmental factors that may facilitate or be a barrier to the activity.

Further, it was said in Section 5.1 that:

- Performance relates to the usual or current environment (see first ICF qualifier).
- Capacity relates to the standardised or uniform environment (see second proposed ICF qualifier). Capacity also appears to relate to an ‘optimum’ environment as the ICF talks of capacity in terms of indicating ‘the highest probable level of functioning that a person may reach in a given domain at a given moment’ (WHO 2001:15).
- Need relates to the Environmental factors (such as personal assistance, equipment, environmental modifications) that are present in the standardised or ‘optimum’ environment but are not in the current environment (where current performance is achieved).

### **Work in progress**

What has emerged from discussion in the Advisory Committee on Australian and International Disability Data (ACAIDD) is the need to operationalise more explicitly a concept of ‘Assistance with Activity’. This is considered to be an important subset of Environmental factors on which much measurement work has been done, and a major component of disability and aged care services policy in Australia. Work to date conceptualises ‘Assistance with Activity’ as a multidimensional concept, relating to the duration, frequency and intensity of assistance; information on various scales in use is being assembled. This qualifying concept would be used to describe aspects of the current or standardised or optimum environment, in terms commonly used in measurement and assessment tools – i.e. to record more detail than just ‘with or without assistance’ as currently envisaged in the ICF. Thus, this concept would be consistent with the ICF and would supplement the information obtained by using the ICF. It is planned to continue work on this idea, starting with including a relevant data concept in the National Community Services Data Dictionary (NCSDD) V3, as a supplement to data elements based on components of the ICF (AIHW 2003a).

Thus two possible qualifiers for Activities are suggested. The ICF generic qualifier (‘difficulty’) and the qualifying concept suggested above (‘Assistance with Activity’) can be used in different environments; each could, of course, result in different measures depending on which environment is present.

A guide for use (to be developed) could indicate:

- how questions asked would vary to indicate which construct (performance or capacity) and which corresponding environment was being considered

- how to record the results (possibly by positioning of qualifiers – this is the method for distinguishing performance and capacity specified in the ICF).

## **Qualifiers for Participation**

Work has been carried out in Australia on the measurement of participation, both during the revision years and since publication of the ICF in May 2001. Two qualifiers were developed for inclusion in the NCSDD V2 on a trial basis – ‘Participation extent’ and ‘Participation – satisfaction level’ (AIHW 2000). A recent review of measures of participation has confirmed these ideas as appropriate templates for the development of new data elements for the NCSDD V3 (AIHW 2003a; Bricknell & Madden 2002).

The qualifier ‘Participation extent’ corresponds to the ICF generic qualifier and indicates the extent of participation restriction. This will correspond to an externally observable (or ‘objective’) measure of participation.

The qualifier ‘Participation – satisfaction level’ corresponds to the person’s own perspective on their participation, and reflects their attitude to their participation in the various life domains. It is essentially a summary measure in which are embedded the concepts of satisfaction, choice, opportunity and importance. This corresponds to the qualifier for ‘involvement or subjective satisfaction’ allowed for in the ICF (Annex 2). Such a qualifier may indicate a ‘performance gap’ for participation, in that a person may indicate life areas where they are not satisfied, and may indicate environmental factors that could ameliorate the situation (see also Section 5.6).

## **Data elements for Activities and Participation qualifiers**

Data elements have been drafted for these qualifiers to operationalise these ICF concepts and options (b) and (d) for Australian use of Activities and Participation. See Section 7 for further detail on this work, and the related national data dictionaries.

## **5.6 The ‘information matrix’**

WHO states that the information gathered from the list of Activities and Participation, suitably qualified, provides an information matrix, recording performance and capacity in each of the life domains (WHO 2001:14).

If option (b) or (d) is adopted, then an expanded information matrix is created.

If, for instance, users opted to use the qualifiers described above, to delineate Activities and Participation, then codes for both Activities and Participation would be recorded in the following format:

- *axxxx.q<sub>p</sub>q<sub>c</sub>* – the first qualifier being difficulty with Activity in the current environment and the second being difficulty in a standard or optimum environment; if qualifiers for assistance are developed (see Section 5.5) these would be additional.
- *pxxxx.q<sub>p</sub>q<sub>c</sub>* – the first qualifier would relate to extent of Participation and the second to Participation in an optimum (or standard) environment; if qualifiers for satisfaction are developed (see Section 5.5) these would be additional.

As outlined in Section 5.1, these qualifiers (recorded measures) can only be interpreted if the environment is also recorded – whether the environment is current, optimum or standard, and whether it is a facilitator or barrier (using the qualifiers offered by the ICF).

The expanded matrix could then look like Table 5.2 (drawn to correspond to Option (b) and Table 5.1). The ‘assistance’ and ‘satisfaction’ qualifiers are not yet included in the expanded matrix but are recommended for use by Australian users.

**Table 5.2: Expanded information matrix for Option (b) – some A-P overlap**

Domains	Qualifiers							
	Performance				Capacity			
	Activity		Participation		Activity		Participation	
	Difficulty	Assistance*	Extent	Satisfaction	Difficulty	Assistance*	Extent	Satisfaction
Learning and applying knowledge								
General tasks and demands								
Communication								
Mobility								
Self-care								
Domestic life								
Interpersonal interactions and relationships								
Major life areas								
Community, social and civic life								

Key: (shading is illustrative only, not a recommended split of the domains)

	Domains less likely to relate to Participation
	Domains that may relate to Activities or Participation
	Domains less likely to relate to Activities

\* ‘Assistance’ may be a set of supplementary measures or qualifiers, reflecting the multidimensional nature of ‘assistance’ (see Section 5.3).

## 5.7 Moving forward on measurement and the qualifiers

The scales of the suggested qualifiers, including the generic or uniform qualifier, require calibration with existing measures and assessment tools, and more description as to rating. Many existing assessment tools are in use and are firmly embedded in measurement and even payment methods in services around Australia.

In Australia some calibration and mapping has already been undertaken in the disability services field (see the CSTDA NMDS module in Section 10.1). It would be of benefit if it were undertaken in other new developments including aged care 'dependency' measures and health status measurement, as well as in assuring continuing alignment of disability population surveys with the new ICF.<sup>4</sup> Such work will enable final data elements in the NCSDD V3 to be fully useable in the range of applications to which the new classification should be applied.

The challenge then is how to use the classification in a consistent way when much work remains to be done on qualifiers, i.e. **measurement**. In 1999 a range of measurement issues that needed consideration in the ICF were suggested (Madden 1999), including:

- the need to clarify purpose before deciding method
- the importance of understanding the role played by 'perception' in measurement (i.e. who measures – sometimes oversimplified as a distinction between 'objective' and 'subjective') and, related to this point,
- the vital role played by people with disabilities in the ICF revision.

### Testing and development

WHO envisages that, in the early period of ICF implementation, users will wish to experiment with the different approaches suggested in the classification. During the early implementation period of the new ICF in Australia, it will be fruitful to promote testing and development within broad spheres of application and to record and share experience. This would allow the ICF to be more widely explored and reported on for a period, as users in various application areas come to grips with it.

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4 The Australian Bureau of Statistics Survey of Disability, Ageing and Carers is now undertaken at 6-yearly intervals. Since the first survey in 1981, it has been reasonably well aligned with some ICF (and previously ICIDH) concepts.

Current work in Australia includes:

- developing and discussing the draft data elements for the NCSDD V3 (see Section 7)
- continuing work on the types of developments outlined in this User Guide – this will involve having regard to national and international consistency, using the best available tools, and avoiding ‘premature closure’, i.e. recommending Australian solutions that do not suit all Australian applications
- encouraging potential users to undertake discussion and development, and to refer to and contribute to this User Guide
- engaging in discussion of health applications
- organising further consultation within Australia and staying involved in the international communication.

## **5.8 Advice to users—and how to contribute to national development by recording use in a ‘test template’**

This section has focused on Activities and Participation, both in terms of the life domains listed in the ICF, and the measures relating to them.

On the A-P list and the possibility of delineating Activities and Participation on domains according to WHO’s option (a) it is suggested that agreement on splitting the domains may not generally be possible. One Australian application now developed (see Section 10.1) illustrates the benefits of using the flexibility offered by the classification with the new combined list and the options for use.

The qualifiers remain a major issue. Measurement is largely unresolved by the classification, and much work remains to be done, to avoid fragmentation in the early years of implementation. Progress is important because of the persisting possibility that some applications, particularly those with large resources, will swamp those that move more slowly or are less adequately resourced. It will be important to build up knowledge about measurement, and its purpose, its method and the impact of the perspective of the measurer. If options (b) or (d) are used for Activities and Participation, then different qualifiers are needed.

This approach, of providing additional qualifiers to delineate Activities and Participation, is the one suggested in this section, in the form of:

- a generic qualifier for Activities – difficulty with Activities, and one also for Participation – extent of Participation
- an additional qualifier for Participation, the option offered by the ICF (see Section 7)
- a supplementary, summary concept about assistance with Activity. This is still under development, and may need to be accompanied by advice on data collection.

This User Guide therefore proposes that Australian users:

- consider adopting options (b) or (d) for delineating between Activities and Participation, i.e. use qualifiers to delineate rather than splitting the A-P domains for that purpose
- if option (a) is preferred for any particular application, then record the split of domains and the reasoning for it
- use and comment on the draft data elements for Activity and Participation qualifiers (see Section 7)
- calibrate measures being used for the ICF generic qualifier
- record their experience in the suggested ‘test template’.

## **A ‘test template’ for promoting consistent use and recording experience**

The ICF should prove invaluable as a conceptual and information-oriented framework for a wide range of applications relating to human functioning. These applications are likely to increase quickly and significantly. The ICF classification has significant implications for national and international data collections, both in terms of the content of the collections and the scope of collections that could be affected.

This section has highlighted a number of areas where the classification allows some flexibility for the user. It is suggested that Australian users take advantage of this flexibility, but also record their experience systematically, so that knowledge can be built and shared rapidly.

Communication is essential to harness and harmonise the rapid progress that is likely to occur. Table 5.3 aims to act as a framework for this communication and promotes :

- a means of developing language, concepts and measures for Activities and Participation qualifiers
- protocols for calibration in a broad range of fields of application

- methods for sharing and publishing results, to promote discussion, quality and consistency.

The goal of such a template is to promote coherent ongoing development, and consistency where it is achievable. The template is structured as a set of suggestions for use and a corresponding 'area for comment'.

It must be emphasised that this template supplements the ICF. It is to be used alongside the ICF, and as a guide in areas where the classification has left some discretion to the user. All material in this section is designed to be consistent with the ICF but to guide the user in areas where flexibility remains.

**Table 5.3: A and P options: a recommended template for ICF use and development in Australia**

<b>Area of user choice</b>	<b>Suggestion for use in Australia</b>	<b>How to record application</b>
<b>Distinguishing A and P conceptually</b>	Use draft Australian criteria (see Section 5.2) to supplement the ICF.	Comment on the criteria. Record any refinements for use in a particular area of application.
<b>Area of user choice</b>	<b>Suggestion for use in Australia</b>	<b>How to record application</b>
<b>Use of options (a) to (d)</b>	We suggest use of options (d) or (b). If using one of these options, record experience as indicated.	Record and explain the split of domains if option (b) is used.  Use draft Australian qualifiers to delineate A and P (see Sections 5.2 and 7). Record comments and suggestions.
	If using option (a), record experience as indicated.	Record: <ul style="list-style-type: none"> <li>• reasons for choice of option (a),</li> <li>• what the split of domains is and why it was chosen.</li> </ul>
<b>Use of the generic qualifier</b>	If used with option (a), calibrate as indicated.	Calibrate for field of application and explain calibration.
<b>Use of (draft) A and P qualifiers from the NCSDD—see Section 7</b>	We suggest their use for options (b) or (d).	Calibrate for field of application. Record comments on use and suggested refinements.
	If used for option (a) then record application as shown.	Explain which qualifiers were used and why.  Calibrate for field of application. Record comments on use and suggested refinements.
<b>Performance, Capacity and Need</b>		Record ideas and comments
<b>PLEASE ALSO FILL IN THE FOLLOWING:</b>		
Your contact details.....		
Would you like your contact details added to an Australian ICF User Network?.....		
May we include your answers in this template in Section 10 of the User Guide?.....		
Would you be willing to contribute a short description of your application for inclusion in the User Guide, to supplement the template? If possible, please include now.....		