

# DISABILITY DATA BRIEFING

Number 20  
(occasional series)

June 2002

This briefing is produced periodically by the Australian Institute of Health and Welfare.

The Institute is an independent health and welfare statistics and information agency established under Commonwealth legislation. The Institute is working to improve the collection and analysis of national data in the disability field. These briefings provide data and share information about national data developments with people in the field.

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## The International Classification of Functioning, Disability and Health (ICF)

### Introducing the ICF

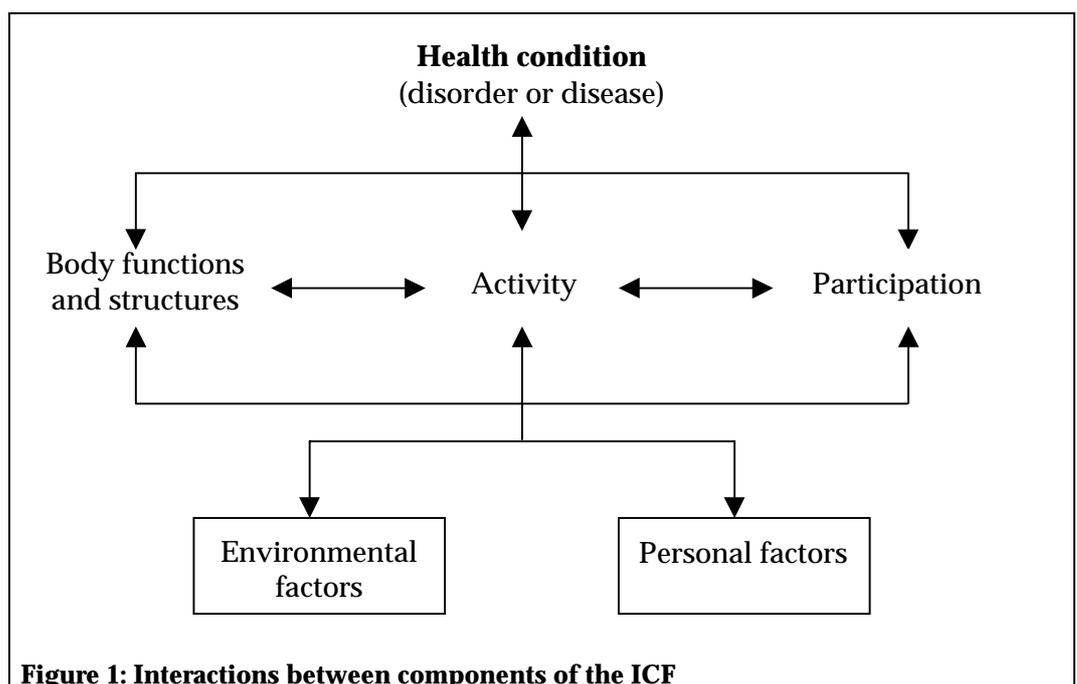
In May 2001 the new Classification of Functioning, Disability and Health (ICF) was endorsed by the World Health Assembly (WHO 2001). This marked the finalisation of a revision of the ICIDH (WHO 1980), a process that involved several years of redevelopment and testing by the World Health Organization (WHO) and its Collaborating Centres, including the Australian Institute of Health and Welfare.

The ICF has been developed for use in describing functioning and disability. It is now recognised as a core member of the WHO family of health-related classifications, complementary to the ICD, which focuses on diseases and health conditions.

### The ICF interactive model

A person's functioning or disability is conceived as a dynamic interaction between health conditions and environmental and personal factors (WHO 2001:6 and see Figure 1). Functioning and disability are both multidimensional concepts.

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.



**Figure 1: Interactions between components of the ICF**

The ICF provides a framework for the description of human functioning, on a continuum—not just at the extremes. This point is explicitly stated in the classification. It is an important point although it is sometimes clouded because of the vital role that organisations of people with disabilities have played in the revision and their insistence that the classification be meaningful to them. The involvement of disability organisations in the revision process is a significant achievement of the ICF and has vastly improved its validity.

Because of the efforts taken to involve a wide range of disciplines and people in the redevelopment and testing, the ICF should be able to be used for an even wider range of purposes than its predecessor, the ICIDH.

Professor Trevor Parmenter (of the Centre for Development Disability Studies), speaking at the Australian launch of the ICF in December 2001, recognised the progress that had been made, and the potential of the new classification for positive change in many fields. In particular he noted:

- the importance of the relationship of the ICF to the UN Standard Rules on the Equalization of Opportunities and the importance of these rules for people with disabilities;
- the ICF's recognition of social construct of disability; and
- the removal of 'handicapism language'.

He was pleased that the WHO stated that:

- Health is a basic human right;
- No one should be discriminated against on the basis of their health status and functioning;

- Most people have some disability;
- Disability is a fact of life; and
- Functioning may be altered at *body – person – society levels* – solutions could be found at all these levels.

Professor Parmenter went on to say that the disability community must be consulted on the applications of the ICF. He considered that the ICF had potential to inform the development of:

- support needs instrumentation
- assessments of quality of life
- client satisfaction surveys.

### Examples of ICF content

The three components of the classification are defined 'in the context of a health condition' and are Body Functions and Body Structures, Activities and Participation, and Environmental Factors. Each component is comprised of various domains, or separate sets of related physiological functions, anatomical structures, actions, tasks, areas of life, and external influences. Examples of components and related domains are given in Table 1.

Environmental factors represent an important new component of the ICF in recognition of their influence on functioning and disability.

Personal factors are also recognised but are not classified and are beyond the scope of the ICF. These factors might include age, sex, and Indigenous status, and would be selected by users according to the application.

## Definitions

Key definitions of components are:

**Body functions** are the physiological functions of body systems (including psychological functions).

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

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

**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.

**Environmental factors** make up the physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning.

**Table 1: Examples of ICF components and domains**

Component	Domains
Body Function	Specific mental functions, e.g. memory function Sensory functions and pain, e.g. hearing function, smell function, sensation of pain
Body Structures	Structures of the nervous system, e.g. spinal cord and related structures Structures involved in voice and speech, e.g. structure of mouth
Activities & Participation	Mobility, e.g. getting around inside or outside home Self-care, e.g. washing oneself, dressing Major life areas, e.g. work and employment, remunerative employment Community, social and civic life, e.g. recreation and leisure, religion and spirituality
Environmental Factors	Products and technology, e.g. products and technology for communication Support and relationships, e.g. immediate family, health professionals

## Classification within components

Table 2 outlines the hierarchy of classification in the ICF. Domains are at chapter level (e.g. *Communication*) and consist of facets or blocks (e.g. *Conversation and use of communication devices and techniques*) within which are nested

groups of two-, three-, and sometimes four-level categories. These categories are the units of classification and are used to further refine the code, for instance, specifying holding a conversation through the 2nd level category *Conversation* and the third level category of *Sustaining a conversation*.

**Table 2: Classification within components in the ICF**

Chapter/Domain e.g. Communication (within the Activities and Participation component)
Facet/Block e.g. Conversation and use of communication devices and techniques
Two-level category e.g. Conversation
Three-level category e.g. Sustaining a conversation
Four-level category, if needed

## Qualifiers

Qualifiers are measures coded after the relevant domain. These qualifiers are recognised as being essential to meaningful use of the classification because of the neutral domains of its components.

All domains are coded using a uniform or 'generic' qualifier to record the extent of the 'problem' (none, mild, moderate, severe, complete) in relation to impairment, activity limitation or participation restriction, and environmental barrier. It is recognised that these qualifiers need calibration to relate them to existing measurement and assessment instruments in the field.

In addition to the generic qualifier, qualifiers for specific components have been proposed. These are:

- 2nd qualifier for body structure, which measures the change in body structure;
- 3rd (suggested) qualifier for body structure, which measures the localisation of the impairment; and
- Environmental Factor qualifiers, which measure the extent to which an environmental factor acts as a facilitator or barrier.

Two constructs—'capacity' and 'performance'—can also be used together with the generic qualifiers for the Activities and Participation domains to record the extent of the activity limitation (the extent of 'difficulty') or participation restriction (the 'problem' with participation). Performance relates to 'the current environment' and capacity to a 'standardised' environment, either an 'actual' environment where capacity assessment is commonly performed or an 'assumed' environment, judged to have a uniform impact. These two constructs were included in the classification after the Beta testing phase and have not been subjected to development and

testing. In particular, the notions of capacity and a standard environment are not well developed.

## Applying ICF codes

As an example, the code recorded for a person experiencing moderate difficulty changing body position is **d410.28**, where:

- d denotes the component, in this case Activities and Participation
- the first digit (4) denotes the chapter or domain, i.e. Mobility
- the 2nd and 3rd digits (10) denote the 2nd level category, i.e. Changing basic body position
- the first digit after the decimal point (2) denotes the uniform qualifier, indicating there is moderate difficulty with performance
- the second digit after the decimal point (8) indicates that capacity is not specified.

## What next for the ICF?

The ICF provides a framework for the description of human functioning, on a continuum—not just at the extremes. There is huge potential for its use in fields such as: disability assessment and research, chronic disease monitoring, rehabilitation, aged care or other 'dependency' measurement, and health outcome measurement.

The next steps for the ICF in Australia are:

1. To implement its application in Australia. The Advisory Committee on International and Australian Disability Data (ACAIDD) will advise the AIHW on ICF implementation, an early major project being the development of a User Guide for Australian users.
2. To develop appropriate training materials and methods to increase knowledge of the ICF,

its application and coding methods.

3. To participate in development of coding guidelines and software, with other Collaborating Centres.
4. The construction of an Australian ICF webpage, which is located on the AIHW website. This site will include:
  - an overview of the ICF;
  - a downloadable version of the (planned) ICF User Guide;
  - a history of the ICF and the revision of the ICIDH;
  - links to reports and conference presentations produced by the Australian Collaborating Centre during the ICIDH revision; and
  - links to the WHO Collaborating Centre during the ICIDH revision.

### **ICF history—the ICIDH and its redevelopment**

The predecessor of the ICF was the ICIDH (International Classification of Impairments, Disabilities and Handicaps) which was originally proposed to describe the effects of chronic conditions such as arthritis and the long-term effects of rehabilitation. In 1980 the ICIDH was published by the WHO, as a 'manual of classification relating to the consequences of disease' (and injuries and other 'disorders') and as a 'conceptual framework for information'. Since its release, a number of review articles described the potential applications and uses of the ICIDH, including:

- conceptual development in interdisciplinary fields related to disability;
- medical and rehabilitation monitoring systems;
- survey research;

- database development;
- clinical diagnosis and rehabilitation assessment; and
- programme evaluation.

By 1994 the ICIDH had been translated into 13 languages. However, some criticism was levelled at the ICIDH, in particular from people with disabilities and many professionals who were critical of the inadequate recognition given to the role of the environment in the creation of disability. Seven years of revision and testing ensued. A review of the development of the ICIDH is discussed in Bickenbach et al. 1999. An historical overview of the work of the Australian Collaborating Centre is provided in a companion Data Briefing (No. 21).

### **References**

Bickenbach JE, Chatterji S, Badley EM & Ustun TB 1999. Models of disablement, universalism and the international classification of impairments, disabilities and handicaps. *Social Science & Medicine* 48:1173–87.

World Health Organization 2001. *International Classification of Functioning, Disability and Health*. Geneva: WHO.

Australian Institute of Health and Welfare 2002. *History of the International Classification of Functioning, Disability and Health (ICF) Disability Data Briefing Number 21*.

### **ICF websites**

The Australian ICF site is at:  
[www.aihw.gov.au/disability/icf/index.htm](http://www.aihw.gov.au/disability/icf/index.htm)

The WHO ICF site is at:  
[www3.who.int/icf/icftemplate.cfm](http://www3.who.int/icf/icftemplate.cfm)

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