

CLASSIFICATION OF IMPAIRMENTS, DISABILITIES, AND HANDICAPS

1. Classifications

Impairment

WHO definition: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function.
(Note: 'Impairment' is more inclusive than 'disorder' in that it covers losses – for example, the loss of a leg is an impairment, but not a disorder).

Disability

WHO definition: In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap

WHO definition: In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

2. Australian usage

2.1 ABS

The Australian Bureau of Statistics used the above WHO data as its model in undertaking its 1981 and 1988 survey. In these surveys the Australian Bureau of Statistics distinguishes between a disabled person and a handicapped person. A disabled person is defined as a person who had one or more disabilities or impairments (from a list of twelve conditions). A handicapped person is defined as a disabled person aged 5 years or more who was further identified as being limited to some degree in his or her ability to perform certain activities or tasks in relation to one or more of the following five areas: self care, mobility, communication, schooling, employment.

2.2 *Disability Services Act*

The *Disability Services Act 1986* does not include a definition of a disability but it specifies the target groups in each of its two parts. In terms of its funding of services for persons with disabilities the target group consists of 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.

In terms of its provision of rehabilitation services by the Commonwealth the target group consists of persons who have a disability that:

- (i) is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments; and
- (ii) results in a substantially reduced capacity of the person—
 - (A) to obtain or retain unsupported paid employment; or
 - (B) to live independently.

2.3 *Handicapped Persons Assistance Act*

The *Disability Services Act* replaced the *Handicapped Persons Assistance Act*. That Act provided assistance by the Commonwealth towards the provision of facilities for handicapped children, disabled persons and certain other persons. 'Disabled person', meant a person who was 'permanently incapacitated for work or whose physical and mental condition was such that, in the opinion of the Minister, he would become so permanently incapacitated for work if he were not provided with sheltered employment, or is permanently blind'.

A 'handicapped child' meant a person who (a) was suffering from a physical or mental disability; and (b) had not attained the age of 16 years.

2.4 The then Department of Community Services and Health provided the following information from an internal policy document:

IMPAIRMENT, DISABILITY AND HANDICAP

The Department has adopted the World Health Organization definitions of the terms impairment, disability and handicap.

An impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function.

A disability is restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within a range considered normal for a human being.

A handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual.

2.5 DEET

DEET advised the Committee in February 1992 that it has adopted the WHO (1980) definitions of disability. The Department will also be coding people with disabilities who register with the CES¹, and the Community Strategies Branch of the Department which administers the SkillShare Program, has developed a system which relates the level of need to the level of disability.²

2.6 The Department of Social Security

The Social Security Review Issues Paper No. 5 *Towards Enabling Policies: Income support for People with Disabilities* dealt with the definitional issues as follows. (However, it is important to note that 1991 changes to Social Security legislation introduced Impairment Tables and a different assessment of disability and sickness – *Social Security (Disability and Sickness Support) Amendment Act 1991*.)

RELEVANT DEFINITIONS

A number of key concepts which relate to disability and its functional impact are used throughout this paper. These are:

sickness, which refers to a state of ill health caused by a medically-recognised illness or injury;

1. See Appendix 7, Attachment.

2. See Appendix 7, Paragraphs 4.20, 4.22.

impairment, which is a medical term for the loss, loss of use, or disturbance of any body part, system or function. Impairment refers to possible disturbance to physical, psychiatric or intellectual functions;

disability, is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range usually expected in the community, according to age, sex and other relevant circumstances;

incapacity, is reduced ability to engage in an activity as a result of an impairment, either alone or in combination with other factors such as age, sex, educational qualifications and skills, access to income and services. Incapacity therefore refers to the effect of an impairment on a particular activity or activities. The other factors referred to may either exacerbate or reduce the incapacitating effect of an impairment;

workforce incapacity, refers to significantly reduced ability to undertake substantial gainful employment caused by the interaction of a physical, psychiatric or intellectual impairment with socio-economic factors such as age, sex, education, skills, literacy and labour force history. Both of these factors: a medically recognised impairment and other socio-economic circumstances interact with the structure of available job opportunities to determine the extent of workforce incapacity applicable in particular cases.

2.7 University of New South Wales – Social Welfare Research Centre

The Social Welfare Research Centre of the University of New South Wales Report *Accommodation and Employment Policies for People with Disabilities* (October 1987) contains a description of physical, intellectual, and psychiatric disability:

Persons with a physical disability include those who are restricted by a physical condition such as paraplegia, quadriplegia, loss of limbs, arthritis, visual impairment, hearing impairment.

Persons with an intellectual disability include those with a chronic intellectual or physical impairment, or combination of both, which is likely to continue indefinitely and result in functional limitations in areas of major life activity such as self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, economic self sufficiency. Examples of such disabilities include intellectual handicap, autism, Down's syndrome, severe epilepsy. Other terms which are used instead of intellectual disability are developmental disability, mental retardation.

Persons with a psychiatric disability are those with a mental disorder such as dementia, anxiety states, manic depression, schizophrenia.

Another term which may be used instead of psychiatric disability is mental illness. Psychiatric services may be called mental health services.