



This Learning Unit presents the principles under which the entire conception of disability and accessibility has changed in the last twenty years, thanks to an important publication of the UN World Health organization in 2001, the “International Classification of Functioning and Disability (ICF).

The ICF model provides an international, standardized and unified language to talk about disability and it has become a reference model for the description of health, disability and environmental factors.

ICF changes the paradigm of disability, which is from 2001 on the result of a correlation between persons’ health, their characteristics and the environment.

ICF provides tools to « action » for policy makers in different fields (social policies, transport, and also tourism).

The main concept can be summarized quoting directly the document when it says « Disability is characterized as the outcome or result of a complex relationship between an individual’s health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives ».

The ICF is the result of a long revision process on a previous document, the ICIDH (International Classification of Impairments, Disabilities and Handicaps, 1980) of which it represents an evolution and complement.

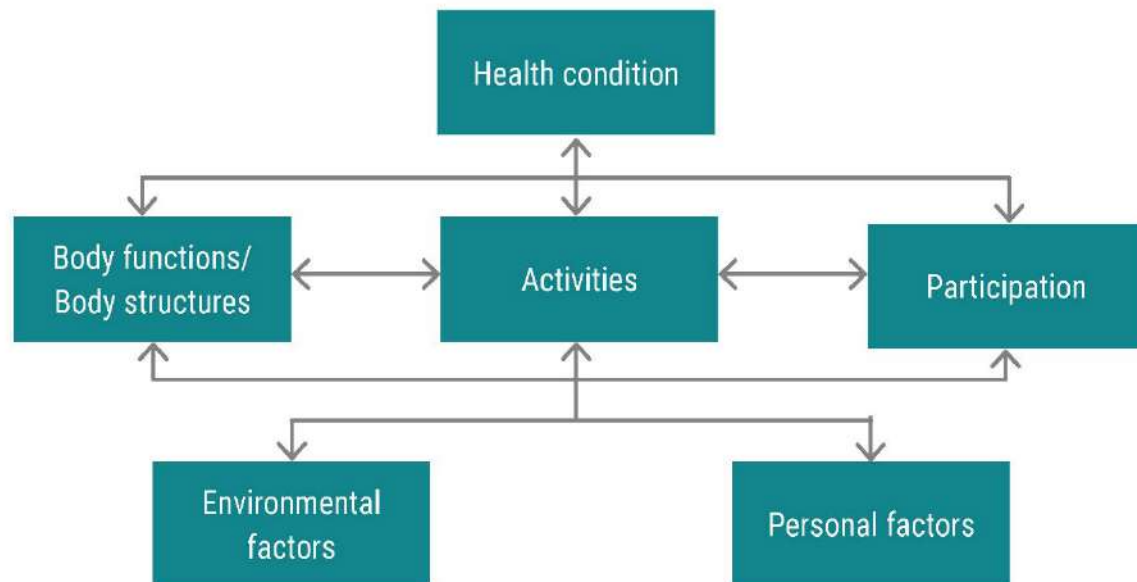
For ICIDH, **impairments** were considered as a loss or abnormality of a psychological, anatomical, physiological structure or function. **Disability** was any limitation or loss (resulting from impairment) of the ability to perform an activity in the manner or extent considered normal for a human being. The term **Handicap** was used and it meant the condition of disadvantage resulting from an impairment or a disability which in a certain subject limits or prevents the fulfilment of the normal role for that subject in relation to age, gender and socio-cultural factors.

This model was called the “**medical model of disability**” as it viewed disability as a feature of the person, directly caused by disease, trauma, or other health condition which required medical care provided in the form of individual treatment by professionals.

This way impairments were seen as the cause of Disabilities which then produced Handicaps.

The medical model was opposed by the “**social model of disabilities**” which sees disability as totally a socially created problem and not at all an attribute of the individual. On the social model, disability demands a political response: « Society disables impairments ».

The **biopsychological model** developed with ICF provides a coherent view of the different perspectives of health: biological, individual and social. It moves the concept of disability away from solely being a consequence of diseases to a recognition of the interaction of health and functioning and environmental and personal factors.



For the ICF model, which is shown schematically above, a health condition is an umbrella term for disease, disorder, injury or trauma. Health conditions are coded using a standard called ICD-10, developed in parallel with ICF.

**Impairments** are problems in body functions or structure as significant deviation or loss.

**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 life. Environments may facilitate functioning or be a barrier to functioning.

**Personal factors** are the particular background of a particular life and living and comprise features of the individual that are not part of a health condition or health state.

The biopsychosocial model of ICF is different from previous models as it focuses on human functioning and not merely disability. It is a universal model and not a minoritarian one. It is an integrated model and not only medical or social. It is an interactive model, and not progressive or linear.

In fact, there is an equality of factors causing a disability and not an etiological causality. ICF model Includes the context in which the persons live, it is not centred on the persons impairments. It is applicable in different cultures, as it is not tied to western concepts. The method is operational and not guided by theory alone. Finally, it covers the entire life of people, and not only adulthood.

The new model and terminology set by the ICF is therefore a Copernican turn, as its focus can be summarized as follows:

- What is important is “Human functioning” (not only disability)



## M2 LU5 International Classification of Functioning, Disability and Health

- The focus is on body functions instead of impairments
- The model is centred on bodily activities instead of limitation of activities
- The model focuses on the participation of people in society rather than on his/her handicaps which prevent participation.

The environmental context has a fundamental role in facilitating or, vice versa, hindering participation in the social, economic and working life of each individual.

Accessibility to places, spaces and equipment therefore represents the means by which to allow and guarantee everyone participation in life activities in an active and autonomous way.

