

Potential problems in building social model of disability

Benjak, Tomislav; Ježić, Anica; Janičar, Zvezdana; Ivanković, Davor; Vuletić Mavrinac, Gorka

Source / Izvornik: **Croatian medical journal, 2009, 50, 594 - 595**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

<https://doi.org/10.3325/cmj.2009.50.594>

Permanent link / Trajna poveznica: <https://urn.nsk.hr/urn:nbn:hr:105:569036>

Rights / Prava: [In copyright](#) / [Zaštićeno autorskim pravom.](#)

Download date / Datum preuzimanja: **2025-02-24**



Repository / Repozitorij:

[Dr Med - University of Zagreb School of Medicine
Digital Repository](#)



Potential Problems in Building Social Model of Disability

Tomislav Benjak

Croatian Institute of Public Health, Zagreb, Croatia
tomislav.benjak@hzjz.hr

Anica Ježić, Zvezdana Janičar

Ministry of Health and Social Welfare, Croatia

Davor Ivanković

University of Zagreb Medical School, Zagreb, Croatia

Gorka Vuletić Mavrinc

University J. J. Strossmayer, Osijek, Croatia

December 3 is celebrated as the International Day of Persons with Disabilities, with a series of events and activities that aim to draw continuous attention to improving the status and quality of life of persons with disabilities, as well as to equalizing the opportunities for this particularly vulnerable population group. Croatia pays great attention to the rights of the persons with disabilities, which is shown by the fact that it was the fourth country to ratify the United Nations Convention on the Rights of Persons with Disabilities (1) and that continuous efforts are being taken to improve the well-being of persons with disabilities and to foster open communication and partnership between representatives of non governmental organizations for persons with disabilities and experts of different profiles in the area.

One of the segments presently worked intensively on is the modification of the forensic system for persons with disabilities, in line with the National Strategy of Equalization of Possibilities for Persons with Disabilities (2). To carry this modification successfully out, in accordance with World Health Organization (WHO) recommendations, the International Classification of Functioning, Disability and Health (ICF) had to be translated into Croatian and introduced. It is currently in the final phase of publication. This classification belongs to a family of WHO classifications and ensures a unified and standardized language, as well as a framework for describing the health and health status of the individual. ICF elaborates the individual's areas of functioning and activity, bodily structure, and environmental factors requiring assessment to give a comprehensive insight into the functioning and health condition of that person (3). According to the WHO recommendation,

the ICF should be used complementarily with the International Classification of Diseases – tenth revision, where the latter gives an etiological frame, whereas the former allows insight into the functioning of an individual (3). In 1993, the ICF was adopted by the United Nations as a social classification that refers to and is incorporated in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (3). Based on the same document, as well as the fact that Croatia has ratified the Convention on the Rights of Persons with Disabilities, whose definition of disability presumes also the importance of environmental interaction of the person with disability (1), experts in the disability area and representatives of associations of persons with disabilities have decided to use the above classification in Croatia as a measuring instrument in appraising the inclusive needs of persons with disabilities and an additional instrument in disability assessment within the scope of the reformed expertise system, all in line with the National Strategy of Equalization of Possibilities for Persons with Disabilities (2). The basic changes in the expertise system would, as a result of the Strategy, imply a disability assessment of a person which, in addition to diagnosing the cause of disability, would also take into consideration the functioning of this person and their interaction with the environment. This interaction can either be a barrier or facilitator for the monitored person.

To create a model of assessing a person with disability which would take into consideration both the cause of disability and the individual's interaction with their environment (3), a unified list of impairments had to be prepared as the basis for establishing the causes of disability, ie, the medical model of disability, while functions, activities, and

environmental factors had to be listed as the basis for preparing the previously elaborated social model. One should stress here that the latter model was developed by people with disabilities themselves, taking into consideration the functions, activities, and environmental factors important for each disability group, as described by the ICF (3). To realize and apply this model in disability assessment, an individual's impairments and functioning have to be appraised. This assessment of impairments was achieved by attributing impairment shares to each entity on the unified list. The assessment of functioning and person-environment interaction, however, encountered difficulties, as they result from a series of previously listed functions, activities, and environmental factors, which need to be assessed as instructed by the ICF: 0-4, where 0 means no impairment, 1 mild impairment, 2 moderate impairment, 3 severe impairment, and 4 complete impairment (3). To provide the basis for a standardized assessment of the functioning and environmental interaction, each individual function, activity, and environmental factor requires specification for total absence of impairment, mild, moderate, severe, and complete impairment. An example of walking activity will be used to illustrate what needs to be done for each activity, function, and environmental factor.

When assessing a person's walking activity, one can state that they have no impairment, ie, they walk normally, if they can walk a continuity of 5 km without pain or fatigue.

Complete impairment would imply paraplegia or tetraplegia, which render walking activity impossible. A problem arises when considering mild, moderate, and severe impairment. To achieve complete assessment, all previously discussed impairment scale points should be made attributable.

And, finally, here is the basic motivation behind this appeal to the Croatian and international scientific public. We are hereby inviting all interested experts of all profiles (physicians of different specialties, psychologists, special education teachers, social workers, etc) to give their proposals for solving the problem of standardization and developing a national disability model based on the socio-medical model and in line with WHO recommendations.

References

- 1 UN Convention on the Rights of Persons with Disabilities. Available from: <http://www.un.org/disabilities/default.asp?navid=12&pid=150>. Accessed: December 9, 2009.
- 2 National Strategy of Equalization of Possibilities for Persons with Disabilities from the year 2007 till the year 2015. *Narodne Novine*. 2007;63:4565-608.
- 3 International Classification of Functioning. Disability and Health (ICF). Geneva (Switzerland): World Health Organization; 2001.