Video 2:

I’d like to tell you a little bit about the approach of the WG in measuring disability. From the very beginning we decided that we needed a framework to build our modules on and we chose the International Classification of Function in health and disability. The ICF was developed by the WHO at around the same time that we began in 2001. That approach to disability focuses on what we call the ‘social model’ of disability rather than the ‘medication model’. The medical model finds disability within the person; really it’s about impairments and things that happen to a person’s body and their structure. But the social model removes it from the body and puts it outside in the environment. So it’s not really on the person that the disability is focused but it’s more on the environment. What is it that is in the environment that makes it difficult for somebody to participate? So what we’re focusing on is difficulties in basic activities that in an unaccommodating environment make it difficult to participate. And what the WG decided to focus on in this rather complex model is exactly that, those basic activities. If you have difficulty doing something like walking or seeing or hearing, that puts you at risk in an unaccommodating environment of not being able to participate. That’s what’s really important to remember. As I said earlier, disability is complex so we have to focus on one part of this model to guide us in collecting the information. At the end of the day we want to know about participation - that’s what’s important. So we have this information on disability functioning, then we can look at things like employment, education, etc., later on, and see whether people with and without difficulties have equal access to participation - because that’s also what’s very important according to the UN Convention on the Rights of Persons with Disability. They set out very clearly that equalisation of opportunity is one of the key roles of the convention and that’s one of the goals of WG as well - by looking at equalisation of opportunities, and finding people who are at risk. We try to use what we call a neutral language when we develop questions. That’s important because often disability is stigmatising. If you go to somebodies house for a survey or census and ask about disability or ask about things like blindness or mental retardation, people might chose not to offer that information, they might chose to deny because of the stigma that’s attached. So if you look at the questions that we’ve developed we don’t use the term disability at all, we ask about difficulty. If you have a difficulty walking, or climbing stairs, do you have difficulty with self-care like washing all over or dressing - difficulties that anybody might experience that would put them at risk. The other things a basic part of our tool is the fact that we realised that disability is measured on a continuum. It’s not a dichotomy. We can’t immediately say yes or no to disability. Everybody has a different level of functioning and if you think of mild, moderate and sever levels of functioning it’s the same with disability; you want to be able to allow for that broad spectrum of functioning. In our questions, we provide guidelines for international reporting but we cover the entire spectrum of disability.