

ASSESSMENT OF DISABILITY, SOCIAL DETERMINANTS OF HEALTH, AND INSTRUMENTALITY OF SOCIAL WORK: CRITICAL MEDIATIONS BASED ON THE MODIFIED BRAZILIAN FUNCTIONALITY INDEX

AVALIAÇÃO DA DEFICIÊNCIA, DETERMINANTES SOCIAIS DA SAÚDE E INSTRUMENTALIDADE DO SERVIÇO SOCIAL: MEDIAÇÕES CRÍTICAS A PARTIR DO ÍNDICE DE FUNCIONALIDADE BRASILEIRO MODIFICADO

EVALUACIÓN DE LA DISCAPACIDAD, DETERMINANTES SOCIALES DE LA SALUD E INSTRUMENTALIDAD DEL TRABAJO SOCIAL: MEDIACIONES CRÍTICAS BASADAS EN EL ÍNDICE DE FUNCIONALIDAD BRASILEÑO MODIFICADO



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ABSTRACT

This theoretical-analytical chapter addresses the assessment of disability through the articulation between the social determinants of health, the Modified Brazilian Functioning Index (IFBrM), and the instrumentality of Social Work within the scope of Brazilian public policies. It begins with a critique of the traditional biomedical model, which understands disability as an individual limitation, highlighting the transition to social and biopsychosocial approaches that recognize the interaction between physical impairments and social barriers. Based on a theoretical and documentary review, it discusses how the perspective of the social determinants of health contributes to understanding disability as a socially produced phenomenon, influenced by living conditions, work, income, education, and access to public policies. In this context, the IFBrM is analyzed as a technical instrument aligned with the International Classification of Functioning and Disability (ICF) and Brazilian legislation on the rights of people with disabilities, highlighting its role in operationalizing biopsychosocial assessment in accessing social rights. It is argued that the use of this instrument requires critical mediation from Social Work, whose professional instrumentality allows for the articulation of social analysis, theoretical foundations, and ethical-political commitment in the construction of socially referenced assessments. It is concluded that disability assessment, when guided by a critical perspective, can contribute to the strengthening of inclusive public policies and to the realization of the rights of people with disabilities.

Keywords: Disability. Social Determinants of Health. Biopsychosocial Assessment of Disability. Modified Brazilian Functioning Index. Social Work.

RESUMO

Capítulo teórico-analítico sobre a avaliação da deficiência a partir da articulação entre os determinantes sociais da saúde, o Índice de Funcionalidade Brasileiro Modificado (IFBrM) e a instrumentalidade do Serviço Social no âmbito das políticas públicas brasileiras. Parte-se

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da crítica ao modelo biomédico tradicional, que compreende a deficiência como limitação individual, destacando a transição para abordagens social e biopsicossocial, as quais reconhecem a interação entre impedimentos corporais e barreiras sociais. Com base em revisão teórica e documental, discute-se como a perspectiva dos determinantes sociais da saúde contribui para compreender a deficiência como fenômeno socialmente produzido, influenciado por condições de vida, trabalho, renda, educação e acesso a políticas públicas. Nesse contexto, analisa-se o IFBrM como instrumento técnico alinhado à Classificação Internacional de Funcionalidade e à legislação brasileira sobre os direitos das pessoas com deficiência, destacando seu papel na operacionalização da avaliação biopsicossocial no acesso a direitos sociais. Argumenta-se que a utilização desse instrumento exige mediação crítica do Serviço Social, cuja instrumentalidade profissional permite articular análise social, fundamentos teóricos e compromisso ético-político na construção de avaliações socialmente referenciadas. Conclui-se que a avaliação da deficiência, quando orientada por uma perspectiva crítica, pode contribuir para o fortalecimento de políticas públicas inclusivas e para a efetivação dos direitos das pessoas com deficiência.

Palavras-chave: Deficiência. Determinantes Sociais da Saúde. Avaliação Biopsicossocial da Deficiência. Índice de Funcionalidade Brasileiro Modificado. Serviço Social.

RESUMEN

Este capítulo teórico-analítico aborda la evaluación de la discapacidad mediante la articulación entre los determinantes sociales de la salud, el Índice Brasileño de Funcionamiento Modificado (IFBrM) y la instrumentalidad del Trabajo Social en el marco de las políticas públicas brasileñas. Comienza con una crítica del modelo biomédico tradicional, que concibe la discapacidad como una limitación individual, y subraya la transición hacia enfoques sociales y biopsicosociales que reconocen la interacción entre las limitaciones físicas y las barreras sociales. A partir de una revisión teórica y documental, se analiza cómo la perspectiva de los determinantes sociales de la salud contribuye a comprender la discapacidad como un fenómeno socialmente construido, influenciado por las condiciones de vida, el trabajo, los ingresos, la educación y el acceso a las políticas públicas. En este contexto, se analiza el IFBrM como un instrumento técnico alineado con la Clasificación Internacional del Funcionamiento y de la Discapacidad (CIF) y la legislación brasileña sobre los derechos de las personas con discapacidad, destacando su papel en la operacionalización de la evaluación biopsicosocial para el acceso a los derechos sociales. Se argumenta que el uso de este instrumento requiere la mediación crítica del Trabajo Social, cuya instrumentalidad profesional permite articular el análisis social, los fundamentos teóricos y el compromiso ético-político en la construcción de evaluaciones con referencia social. Se concluye que la evaluación de la discapacidad, guiada por una perspectiva crítica, puede contribuir al fortalecimiento de políticas públicas inclusivas y a la realización de los derechos de las personas con discapacidad.

Palabras clave: Discapacidad. Determinantes Sociales de la Salud. Evaluación Biopsicosocial de la Discapacidad. Índice de Funcionamiento Brasileño Modificado. Trabajo Social.

1 INTRODUCTION

Throughout the twentieth century, a biomedical conception of disability predominated, centered on the identification of body deficits and the measurement of functional limitations based on clinical parameters. In this paradigm, disability was understood mainly as an individual problem, resulting from physical, sensory, or intellectual impairments, and institutional responses were primarily oriented towards the diagnosis, treatment, and rehabilitation of these limitations.

From the last decades of the twentieth century, however, this perspective began to be questioned by different theoretical currents and social movements, which began to emphasize the role of social, environmental and institutional barriers in the production of the exclusion of people with disabilities. These debates contributed to the emergence of new interpretative paradigms, which came to understand disability not only as a biological condition, but as a phenomenon socially produced and conditioned by social structures, power relations and barriers existing in the physical and institutional environment.

In this context, the so-called social model of disability has been internationally consolidated, which shifts the focus of the analysis from individual limitations to the barriers imposed by society. According to this perspective, the social exclusion experienced by people with disabilities does not result only from their bodily conditions, but, above all, from the lack of accessibility, social discrimination and structural inequalities that limit their full participation in social life.

Subsequently, this debate evolved into the formulation of the biopsychosocial approach, which seeks to integrate different dimensions of the human experience, that is, biological, psychological, and social, in the understanding of functionality and social participation. A fundamental milestone in this paradigmatic change was the elaboration of the International Classification of Functioning, Disability and Health (ICF), published by the World Health Organization in 2001. The ICF proposes an integrative model that considers human functionality as a result of the interaction between health conditions, personal factors, and environmental factors.

In Brazil, this conceptual change gained greater institutionality with the enactment of the Brazilian Law for the Inclusion of Persons with Disabilities (Law No. 13,146/2015), which establishes the assessment of disability based on biopsychosocial criteria. This legislation represents a significant advance in guaranteeing the rights of people with disabilities, by recognizing that disability results from the interaction between long-term impediments and social barriers that restrict the full and effective participation of individuals in society.

The operationalization of this perspective in Brazilian public policies has led to the development of specific instruments for assessing functionality and social participation. Among these instruments, the Modified Brazilian Functionality Index (IFBrM) stands out, designed as a technical tool to support the assessment of disability in different institutional contexts, especially in the granting of social benefits and access to public policies.

The IFBrM is based on the International Classification of Functioning, Disability and Health and seeks to assess human functionality from different domains of daily life, considering not only bodily limitations, but also environmental and social factors that influence the autonomy and participation of individuals.

However, the use of this instrument cannot be understood in a strictly technical or administrative way. The assessment of disability occurs in institutional contexts permeated by power relations, political disputes, and structural limitations of public policies.

In this scenario, the role of the social worker is particularly relevant, since this professional acts directly in the mediation between the social demands of users and the processes of recognition and guarantee of rights. The intervention of Social Work in Brazilian public policies is historically linked to the analysis of the expressions of the social question and to the defense of the expansion of social rights.

Thus, the use of instruments such as the IFBrM requires a critical approach capable of considering the social living conditions of the subjects, the structural inequalities of society and the social determinants of health that influence the functionality and social participation of people with disabilities.

In this sense, it is essential to articulate the assessment of disability with the perspective of the social determinants of health, which recognizes that the conditions of life, work, income, education and access to public policies exert a decisive influence on the levels of health and well-being of populations.

Thus, this chapter aims to discuss the articulation between three fundamental dimensions: the social determinants of health, the evaluation of disability through the Modified Brazilian Functionality Index, and the instrumentality of Social Work in the context of public policies.

It seeks to analyze how these elements are related in the construction of socially referenced evaluations, capable of contributing to the guarantee of the rights of people with disabilities and to confronting the social inequalities that cross their living conditions.

To this end, the chapter is based on a theoretical and documentary review, mobilizing contributions from collective health, the field of disability and the critical tradition of Brazilian Social Work.

The analysis seeks to show that the assessment of disability, when guided by a critical perspective and committed to social justice, can be an important instrument for the promotion of citizenship and for the construction of more equitable public policies.

From the methodological point of view, the study is characterized as a qualitative research, based on bibliographic review and documentary analysis of legislation, institutional instruments and specialized literature on disability, public policies and Social Work.

2 SOCIAL DETERMINANTS OF HEALTH AND THE SOCIAL PROCESS OF PRODUCTION OF HEALTH AND DISEASE

The contemporary understanding of the health-disease process has been profoundly influenced by the incorporation of the perspective of the social determinants of health, which emphasizes the role of social, economic, and environmental conditions in the production of health inequalities.

This approach represents an important theoretical and political advance in relation to traditional biomedical conceptions, which tended to explain health and disease predominantly from biological or behavioral factors.

The World Health Organization has defined health, since 1948, as a state of complete physical, mental and social well-being, and not just the absence of disease or infirmity. This expanded definition breaks with the strictly biological view of health and recognizes the influence of multiple factors that condition the well-being of individuals and collectivities.

However, despite its conceptual relevance, this definition remained for decades relatively distant from institutional practices and public policies, which continued to favor approaches centered on the treatment of diseases and the organization of health services. It was only from the second half of the twentieth century that more systematic efforts were made to understand health as a socially determined phenomenon.

In this process, the contributions of social medicine and collective health stand out, especially in Latin America, which began to analyze the health-disease process based on its relations with the social structure, working conditions, and socioeconomic inequalities.

These studies showed that the health conditions of the populations are directly related to the forms of organization of production, the distribution of wealth and the unequal access to social resources.

An important milestone in this debate was the International Conference on Primary Health Care, held in 1978 in the city of Alma-Ata, in the former Soviet Union. The Declaration of Alma-Ata affirmed that health is a fundamental human right and that its promotion depends on intersectoral action and the improvement of the living conditions of the population.

This document highlighted that factors such as adequate food, decent housing, access to education, sufficient income, and safe working conditions are fundamental elements for health promotion. In this way, the declaration established important bases for the understanding of health as a result of social and political processes.

Subsequently, the approach to the social determinants of health was systematized in a more consistent way by the Commission on Social Determinants of Health of the World Health Organization, created in 2005. The final report of this commission, published in 2008, emphasizes that health inequalities are the product of social inequalities existing in society.

According to this report, the conditions in which people are born, grow, live, work and age are shaped by the unequal distribution of power, income and resources. Thus, the production of health inequities is deeply related to the economic and political structures that organize social life.

The perspective of the social determinants of health emphasizes that the conditions in which people are born, grow, live, work and age exert a decisive influence on the health levels of populations (BUSS; PELLEGRINI FILHO, 2007; WHO, 2008).

One of the most well-known analytical models in this field is the one proposed by Dahlgren and Whitehead (1991), which represents the determinants of health in different interrelated layers.

At the heart of this model are individual factors such as age, sex, and genetic characteristics. In subsequent layers appear individual lifestyles, social and community networks, living and working conditions, and finally broader socioeconomic, cultural, and environmental conditions.

This model shows that the factors that influence health are multiple and interdependent, ranging from individual characteristics to structural processes in society. Thus, public policies that seek to promote equity in health need to act in an integrated manner on different dimensions of social life.

The perspective of the social determinants of health also contributes to understanding how different social groups experience unequal health conditions and access to services. Populations in poverty, workers subjected to precarious working conditions, and socially marginalized groups often have worse health indicators, reflecting structural inequalities present in society.

The perspective of the social determinants of health is based on the recognition that living and working conditions exert a decisive influence on the health levels of populations. As argued by Paulo Marchiori Buss and Alberto Pellegrini Filho, health should be understood

as the result of social, economic and political processes that structure the life opportunities of different social groups.

This approach is close to the contributions of Latin American social medicine and collective health, which analyze the health-disease process based on its social and historical determinations, emphasizing the relationship between social inequalities and health conditions (BUSS; PELLEGRINI FILHO, 2007).

In the case of persons with disabilities, these inequalities take on particularly complex characteristics. In addition to the functional limitations associated with certain health conditions, these people often face social, institutional, and environmental barriers that restrict their social participation and limit access to fundamental rights.

Thus, understanding disability requires an approach that simultaneously considers the health conditions of individuals and the social structures that influence their participation in social life.

3 DISABILITY, SOCIAL INEQUALITY AND TRANSFORMATIONS IN THE INTERPRETIVE PARADIGM

For analytical purposes, the term disability is understood in this study from the social and biopsychosocial perspective consolidated in the field of disability studies and incorporated into contemporary normative frameworks, which emphasize the interaction between bodily impediments and social barriers.

The understanding of disability has historically been marked by different interpretative paradigms, which reflect not only scientific advances, but also changes in social conceptions about the body, normality, citizenship and human rights.

For much of the twentieth century, the so-called medical or biomedical model of disability predominated, which understood this condition as a direct result of physical, sensory, or intellectual limitations resulting from biological or physiological changes.

In this model, disability was essentially understood as an individual problem, whose solution should be sought through medical, therapeutic and/or rehabilitative interventions.

The centrality of clinical diagnosis and interventions aimed at functional normalization guided institutional policies and services aimed at people with disabilities.

In this context, the social insertion of these people was often conditioned by the ability to adapt to the norms and expectations established by society.

This perspective, however, began to be intensely questioned from the second half of the twentieth century onwards, especially with the strengthening of social movements of people with disabilities in several countries.

These movements denounced that the social exclusion experienced by this group could not be explained only by individual bodily limitations, but was deeply related to the barriers imposed by social organization, urban structures, institutions and discriminatory attitudes present in society.

From these criticisms, the so-called social model of disability was consolidated, which represents an important break in relation to the traditional biomedical perspective.

The development of the social model of disability is related to the political mobilizations of people with disabilities, especially in the United Kingdom, whose debates were driven by authors such as Vic Finkelstein and later systematized by Michael Oliver.

According to Michael Oliver, disability should be understood not only as an individual limitation, but as a result of social barriers that restrict people's full participation in social life.

According to this model, disability should not be understood only as a characteristic of the individual, but as a result of the interaction between bodily impediments and social barriers that limit people's full participation in social life.

In this field of debate, authors such as Tom Shakespeare highlight that the analysis of disability must simultaneously consider biological and social dimensions, avoiding both biomedical reductionism and interpretations that disregard the bodily experience of disability.

In this way, the analytical focus shifts from individual limitations to the social conditions that produce exclusion and inequality. Architectural barriers, lack of accessibility in transportation, discrimination in the labor market, social stigmatization and insufficient public policies are now recognized as central elements in the production of disability as a social phenomenon.

This change in perspective has profound implications for the formulation of public policies, as it implies recognizing that the promotion of the social inclusion of people with disabilities depends not only on medical or therapeutic interventions, but also on the transformation of social structures that produce inequality.

In this sense, disability is now understood as a matter of human rights and social justice, requiring public policies aimed at promoting accessibility, eliminating barriers and ensuring social participation on equal terms.

3.1 DISABILITY AND THE SOCIAL PRODUCTION OF EXCLUSION

The analysis of disability from a social perspective allows us to understand how different dimensions of inequality influence the living conditions of people with disabilities.

Studies carried out in different contexts show that this population group presents, on average, higher levels of poverty, less access to formal education, greater difficulty in entering the labor market, and less access to health and social assistance services.

Sociological studies on disability show that social and institutional barriers play a central role in the production of social exclusion of people with disabilities (BARNES; OLIVER; BARTON, 2002). In this sense, authors such as Colin Barnes highlight that the inequality experienced by this group cannot be explained only by individual functional limitations, but is deeply related to the social structures that organize collective life.

These inequalities cannot be explained only by the functional limitations associated with health conditions. They result, above all, from historical processes of social exclusion that restrict the opportunities for economic, political and cultural participation of people with disabilities.

The relationship between disability and poverty is one of the most evident aspects of this process. In many contexts, disability can contribute to the reduction of opportunities for productive insertion and income generation, especially when there are no adequate public policies for inclusion in the labor market.

At the same time, poverty can also increase the risk of disability occurring, due to greater exposure to poor working conditions, inadequate nutrition, limited access to health services, and greater vulnerability to accidents and diseases.

In this way, a cycle of reproduction of inequality is established, in which disability and poverty are mutually reinforcing. This phenomenon highlights the need for intersectoral public policies capable of simultaneously addressing the different dimensions of social exclusion.

In addition to economic inequalities, people with disabilities often face specific forms of discrimination and social stigmatization. The cultural construction of bodily normality and economic productivity tends to marginalize individuals who do not fit into the dominant standards of physical or intellectual performance. This marginalization is expressed in prejudiced attitudes, social invisibility, and limited opportunities for social participation.

In this context, the social exclusion of people with disabilities should not be understood as an inevitable result of individual limitations, but as a product of historically constructed social relations, which reflect cultural values, institutional structures and economic interests present in society.

3.2 DISABILITY AND SOCIAL ISSUE

The analysis of disability from the perspective of the social issue allows for a deeper understanding of its multiple determinations. In the field of Brazilian Social Work, the social question is understood as an expression of the inequalities produced by the structural contradictions of the capitalist mode of production, particularly in the relationship between capital and labor, as discussed by José Paulo Netto and Marilda Villela Iamamoto.

In this sense, the different forms of social exclusion experienced by people with disabilities can be interpreted as specific manifestations of these structural contradictions.

The productivist logic that guides the functioning of the economic system tends to value certain standards of bodily and cognitive performance, marginalizing individuals who do not meet these expectations.

The difficulty in inserting people with disabilities into the labor market is a significant example of this dynamic. Despite the existence of legislation aimed at promoting labor inclusion, such as the quota policy for people with disabilities, many individuals continue to face significant obstacles to accessing dignified and stable work opportunities.

In addition, social policies aimed at this group often have structural limitations related to financing, coverage, and institutional capacity to provide care. These limitations reflect political and economic disputes around the distribution of public resources and the definition of social policy priorities.

This dynamic is related to the processes of social disaffiliation analyzed by Robert Castel (2015), which demonstrate how the weakening of labor relations and social protection networks can produce different forms of exclusion and vulnerability.

In this context, the performance of Social Work becomes particularly relevant, since the social worker works directly with the concrete expressions of the social issue in the daily life of public policies

Professional intervention involves the analysis of people's living conditions, the identification of barriers that restrict access to rights and the construction of strategies to cope with social inequalities.

Thus, the understanding of disability as an expression of the social issue allows overcoming individualizing and moralizing approaches, recognizing that the difficulties faced by people with disabilities are deeply related to the social structures that organize the production, distribution of resources and access to rights.

3.3 DISABILITY AND SOCIAL RIGHTS IN BRAZIL

In Brazil, the consolidation of public policies aimed at promoting the rights of people with disabilities is directly related to the process of redemocratization and the expansion of social rights enshrined in the Federal Constitution of 1988.

The Constitution establishes fundamental principles such as the dignity of the human person, equal rights and the promotion of the good of all, without discrimination of any kind.

From this constitutional framework, several public policies began to incorporate measures aimed at the social inclusion of people with disabilities, especially in the areas of education, health, social assistance and work.

Among these initiatives, the creation of the Continuous Cash Benefit (BPC), provided for in the Organic Law of Social Assistance, which guarantees a minimum income benefit for people with disabilities in situations of socioeconomic vulnerability, stands out.

Another important advance occurred with Brazil's ratification of the United Nations International Convention on the Rights of Persons with Disabilities, which has *the status* of a constitutional amendment in the Brazilian legal system.

This convention, promulgated by Decree No. 6,949/2009, establishes fundamental principles such as respect for the inherent dignity of the human person, non-discrimination, full participation and inclusion in society, and equal opportunities.

Subsequently, the enactment of the Brazilian Law for the Inclusion of Persons with Disabilities (Law No. 13,146/2015) consolidated several rights and established guidelines for the promotion of accessibility, social participation, and equal opportunities. This legislation also introduced the need for disability assessment based on biopsychosocial criteria, overcoming the exclusive centrality of medical diagnosis.

According to paragraph 1 of article 2 of Law 13,146/2015, the assessment of disability, when necessary, will be biopsychosocial, carried out by a multiprofessional and interdisciplinary team and will consider: I - impediments in the functions and structures of the body; II - socio-environmental, psychological and personal factors; III - the limitation in the performance of activities; and IV - the restriction of participation.

This change has important implications for the formulation of public policies and for the performance of professionals involved in the processes of evaluation and granting of rights. The assessment of disability now requires a more comprehensive analysis of the living conditions of individuals, considering social, environmental and institutional factors that influence their functionality and social participation.

In this context, instruments such as the Modified Brazilian Functionality Index play an important role in the operationalization of this approach, contributing to the construction of more integrated and socially referenced assessments.

4 DISABILITY ASSESSMENT AND THE MODIFIED BRAZILIAN FUNCTIONALITY INDEX (IFBrM)

The incorporation of the biopsychosocial perspective in the assessment of disability represents a significant advance in the field of public policies and the production of knowledge about human functionality.

This change implies recognizing that disability cannot be understood only as a result of organic limitations or physiological changes, but as a complex phenomenon that emerges from the interaction between health conditions, personal factors, and environmental factors.

In this context, the development of instruments capable of operationalizing this perspective has become an important challenge for social protection systems. The need to assess disability in a more comprehensive and socially referenced way has led to the development of methodologies that simultaneously consider biomedical, functional and social aspects.

In Brazil, this process resulted in the creation of the Modified Brazilian Functionality Index (IFBrM), in order to comply with the provisions of paragraph 2, article 2, of the Brazilian Inclusion Law, which provides that the Executive Branch will create instruments for the assessment of disability.

This instrument seeks to assess the functionality and social participation of people with disabilities based on criteria aligned with the International Classification of Functioning, Disability and Health (ICF).

The IFBrM was conceived as a technical-operative tool aimed at subsidizing evaluation processes within the scope of public policies, especially in the granting of social benefits and access to rights provided for in Brazilian legislation.

In order to properly understand the role and structure of this instrument, it is necessary to analyze, initially, the conceptual foundations of the International Classification of Functionality, which constitutes its main theoretical reference.

4.1 THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)

The International Classification of Functioning, Disability and Health was published by the World Health Organization in 2001, representing an important reformulation of the

traditional approaches used to describe and assess the health conditions and functioning of populations.

Before the ICF, a classification focused mainly on diseases and clinical diagnoses, such as the International Classification of Diseases (ICD), predominated in the health field. Although this classification is fundamental for the organization of health systems and for epidemiological monitoring, it has limitations when it comes to understanding the impact of health conditions on people's daily lives.

The ICF was developed precisely to complement this perspective, offering a conceptual model capable of analyzing how health conditions influence the functionality and social participation of individuals. In this model, human functionality is understood as the result of the dynamic interaction between three main dimensions: body functions and structures, activities and participation, and contextual factors.

The functions and structures of the body refer to the physiological and anatomical aspects of the human organism. Alterations in these functions can result in impairments, which correspond to problems or abnormalities in the body structures or their functions.

The dimension of activities refers to the execution of tasks or actions by the individual, while participation refers to involvement in situations of daily life, such as work, education, family life, and community participation.

In addition to these dimensions, the ICF incorporates so-called contextual factors, which include both environmental and personal factors. Environmental factors encompass elements such as physical accessibility, availability of assistive technologies, social support, societal attitudes, and public policies. Personal factors, on the other hand, refer to individual characteristics that can influence the experience of functionality, such as age, gender, education, and life trajectory.

This approach allows us to understand that disability does not result only from bodily limitations, but from the interaction between these limitations and the social conditions in which individuals live. In this way, the ICF establishes an integrative model that articulates biological and social dimensions in the analysis of human functionality.

The adoption of this model represented a significant change in the way disability came to be understood and evaluated in several countries, influencing the formulation of public policies and the development of more comprehensive assessment instruments.

4.2 THE CONSTRUCTION OF THE IFBRM IN THE CONTEXT OF BRAZILIAN PUBLIC POLICIES

The need to develop a national instrument for the assessment of disability aligned with the biopsychosocial perspective has become more evident in Brazil with the expansion of public policies aimed at people with disabilities, especially in the field of social assistance.

One of the main institutional contexts that demanded the construction of more comprehensive evaluation criteria was the Continuous Cash Benefit (BPC), provided for in the Organic Law of Social Assistance. This benefit guarantees a monthly minimum wage to elderly or disabled people who prove that they do not have the means to provide for their own subsistence or to have it provided by their family.

Initially, the assessment of disability for access to the BPC was predominantly based on medical criteria, centered on the identification of physical or mental impediments. However, over time it became evident that this model had important limitations, as it did not adequately consider the social conditions that influence the autonomy and social participation of individuals.

In this context, the Brazilian State initiated a process of reviewing the instruments used to assess disability, seeking to align them with the guidelines of the International Classification of Functionality and international recommendations related to the rights of persons with disabilities.

This process culminated in the development of the Modified Brazilian Functionality Index, an instrument that seeks to assess the degree of functionality and independence of individuals based on different dimensions of daily life. The IFBrM was conceived as a multidimensional tool, capable of integrating information from different areas of knowledge and from different professionals involved in the evaluation process.

The adoption of this instrument was also influenced, as already mentioned, by the enactment of the Brazilian Law for the Inclusion of Persons with Disabilities, which establishes the need to assess disability based on biopsychosocial criteria. Thus, the IFBrM has become one of the main tools used to operationalize this guideline within the scope of Brazilian public policies.

4.3 IFBRM STRUCTURE AND EVALUATION DOMAINS

The Modified Brazilian Functionality Index evaluates functionality based on a set of activities that represent different dimensions of daily life. The instrument considers 38 core activities and 19 non-discriminant activities, organised in seven key areas.

The first domain refers to the learning and application of knowledge. This domain includes activities related to the ability to observe, listen, read, write, calculate, and solve problems. These skills are fundamental for participation in educational processes and for the development of individuals' intellectual autonomy.

The second domain corresponds to communication, which involves the ability to produce, understand and interpret messages. This includes both verbal communication and the use of communication technologies or devices that enable social interaction.

The third domain is mobility, which refers to the ability to move in the physical environment, change and maintain body positions, walk, move and use means of transport. Mobility is a fundamental dimension of autonomy, as it directly influences the possibility of access to services, educational activities, work and community participation.

The fourth domain corresponds to domestic life, which involves performing activities related to the organization and maintenance of the home environment, such as preparing meals, performing household chores, and taking care of the living space.

The fifth domain refers to personal care, covering activities related to personal hygiene, dressing, eating, and health self-care. These activities are fundamental for maintaining the autonomy and dignity of individuals.

The sixth domain corresponds to economic life, education and work. This domain evaluates the ability to participate in educational and work activities, as well as to manage financial resources and perform productive activities.

Finally, the seventh domain refers to community, social and civic life, which involves participation in social, cultural, community and political activities. This domain expresses the broader dimension of social inclusion, related to the possibility of active participation in collective life.

The analysis of these domains allows us to identify not only functional limitations, but also the restrictions to social participation resulting from barriers present in the physical and social environment.

4.4 THE IFBRM AND ITS APPLICATION IN PUBLIC POLICIES

The use of IFBrM in Brazilian public policies seeks to promote greater standardization and transparency in disability assessment processes. By adopting criteria based on functionality and social participation, the instrument contributes to reducing the exclusive dependence on clinical diagnoses in the granting of rights.

In addition, the multidimensional approach of the IFBrM allows considering aspects related to the social living conditions of individuals, bringing the assessment of disability

closer to contemporary perspectives that recognize the influence of social determinants of health.

In the context of social assistance, the instrument is used in evaluation processes related to access to the Continuous Provision Benefit, involving the performance of multiprofessional teams that include professionals from the medical and Social Work areas.

In this process, the social assessment carried out by the social worker plays a fundamental role, as it allows the analysis of the individual's living conditions, his family and community support network, as well as the social barriers that influence his autonomy and social participation.

In this way, the IFBrM can contribute to the construction of more integrated and socially referenced assessments, as long as its application is guided by a critical understanding of social reality and by the ethical-political guidelines of the professions involved in the process.

5 SOCIAL WORK, INSTRUMENTALITY AND DISABILITY ASSESSMENT

The performance of Social Work in the scope of Brazilian public policies is historically linked to the mediation between the social demands of the population and the institutional mechanisms to guarantee rights. In this process, the social worker mobilizes different technical, methodological and analytical instruments that make it possible to understand the social reality and intervene in its multiple determinations.

In the specific field of disability assessment, this intervention is particularly relevant, since it involves institutional processes that can result in the recognition or denial of fundamental rights. The use of evaluative instruments, such as the Modified Brazilian Functionality Index, is part of this context and requires a critical understanding of the role of the professionals involved and of the institutional mediations that condition professional practice.

In this sense, it is necessary to discuss the category of instrumentality of Social Work, which constitutes one of the central theoretical-methodological foundations to understand the relationship between theory, method and practice in professional practice.

5.1 THE INSTRUMENTALITY OF SOCIAL WORK

The category of instrumentality has been widely discussed in the theoretical production of Brazilian Social Work, especially from the contributions of authors who analyze the profession from the perspective of critical social theory.

From the perspective of José Paulo Netto (2011), the professional practice of the social worker should be understood as a historically and socially determined mediation, inserted in the contradictions of social policies and capitalist society, and cannot be reduced to the mere mastery of techniques or operative procedures.

In this field of reflection, the contribution of Yolanda Guerra is also highlighted, who defines instrumentality as the professional ability to articulate means and ends in the process of social intervention.

According to this perspective, instrumentality is not limited to the use of specific technical instruments, such as interviews, reports or social opinions. It is a broader dimension of professional practice, which involves the ability to mobilize theoretical knowledge, methods of analysis and institutional resources to respond to the social demands presented by the users of public policies.

Instrumentality expresses, therefore, the relationship between the professional project and the concrete conditions of intervention within the institutions. It is materialized in the set of mediations that allow the transformation of theoretical knowledge into professional practices guided by ethical and political objectives.

In this sense, the technical-operative instruments used by the social worker should be understood as mediations that enable the performance of professional intervention. These instruments do not have a neutral or merely technical meaning, since their use is always linked to certain theoretical conceptions and certain societal projects.

In the case of disability assessment, instruments such as the IFBrM can be used in different ways, depending on the theoretical and ethical perspective that guides professional performance. When used in a strictly bureaucratic way, these instruments tend to reduce the complexity of social reality to classificatory categories, limiting the understanding of the multiple determinations that influence the functionality and social participation of individuals.

On the other hand, when used in a critical and reflective way, these same instruments can contribute to revealing the social conditions that produce inequalities and restrict access to rights. In this case, the evaluation process ceases to be just an administrative procedure and becomes a moment of production of knowledge about social reality.

5.2 PROFESSIONAL PRAXIS AND CRITICAL ANALYSIS OF SOCIAL REALITY

The understanding of the instrumentality of Social Work is deeply linked to the conception of professional praxis, understood as a dialectical unity between theory and practice. Praxis is not reduced to the simple application of previously elaborated knowledge, but involves a continuous process of analysis, interpretation and intervention in social reality.

In the field of Social Work, this conception of praxis has been strongly influenced by the tradition of historical-dialectical materialism, which seeks to understand social phenomena from their historical and structural determinations.

This perspective is based on the tradition of historical-dialectical materialism, inaugurated by Karl Marx and later developed by authors such as György Lukács, who analyze social phenomena from their historical and structural determinations (MARX, 2013; LUKÁCS, 2012).

From this perspective, social reality cannot be analyzed only in its immediate or apparent dimension. It is necessary to understand the broader social relations that structure the living conditions of the subjects and produce the different expressions of the social question.

In this process, the social worker acts as a mediator between the concrete demands presented by the users of public policies and the structural determinations that condition these demands. Professional intervention requires, therefore, the ability to relate particular situations experienced by individuals with broader social processes, such as social inequality, job insecurity, and social exclusion.

In the case of people with disabilities, this analysis becomes especially relevant, as functional limitations are often articulated with adverse social conditions, such as poverty, low education, lack of urban accessibility, and fragility of social protection networks.

Thus, the assessment of disability cannot be restricted to the identification of bodily or functional limitations. It is necessary to understand how social living conditions influence the autonomy and social participation of individuals.

5.3 MEDIATION, SINGULARITY, PARTICULARITY AND UNIVERSALITY

The analysis of social reality carried out by the social worker involves a methodological movement that articulates different levels of determination. This movement can be understood from the categories of singularity, particularity and universality, widely discussed in the tradition of historical-dialectical materialism.

Uniqueness refers to the concrete situations experienced by individuals in their daily lives. In the context of disability assessment, this dimension corresponds to the specific experience of each person, including their health conditions, their life trajectory, their family relationships and their forms of social insertion.

The particularity, in turn, concerns the institutional and social contexts in which these individual experiences are inserted. This includes the characteristics of public policies, the

conditions of operation of institutions, and the territorial dynamics that influence access to social services and resources.

Universality, on the other hand, refers to the broader social structures that condition these experiences, such as class relations, the forms of organization of production, and the structural inequalities present in society.

The professional intervention of the social worker requires the ability to articulate these different levels of analysis, understanding individual demands as concrete expressions of broader social processes. This analytical movement makes it possible to overcome simplifying interpretations that attribute the difficulties faced by individuals exclusively to personal or family factors.

In the case of disability, this approach makes it possible to highlight how functional limitations are articulated with social and institutional barriers that restrict the social participation of people with disabilities.

5.4 THE CRITIQUE OF THE AXIOLOGY OF THE LAW AND THE ETHICAL-POLITICAL PROJECT OF SOCIAL WORK

The professional performance of the social worker also involves a critical analysis of the legal norms and public policies that guide their intervention. Social laws and policies cannot be understood as neutral expressions of the collective interest, as they are produced in historical contexts marked by political disputes and class interests.

In this sense, from the perspective of Elisabete Borgianni (BORGIANI, 2012, p. 64 *apud* CFESS, 2014, p. 24), the social worker must critically analyze the axiological foundations of legislation, that is, the values and principles that guide the formulation of legal norms and public policies. This questioning does not mean denying the importance of the legal framework in guaranteeing rights, but recognizing that the realization of these rights depends on political and institutional processes that can reproduce or confront social inequalities.

In the field of policies aimed at people with disabilities, this critical analysis becomes particularly relevant. Although the Brazilian legal system has made significant progress in protecting the rights of this group, there are still important challenges related to the effective implementation of these policies.

Insufficient public resources, regional inequalities and institutional limitations can restrict the scope of social policies, producing situations in which the formal recognition of rights does not translate into effective access to services and benefits.

As Marilda Villela Iamamoto analyzes, the ethical-political project of Brazilian Social Work is linked to the defense of the expansion of social rights and the construction of a sociability based on social justice and democracy.

In this context, the ethical-political project of Brazilian Social Work guides professional performance towards the uncompromising defense of human rights, for the expansion of citizenship and for the confrontation of social inequalities. This professional project is based on values such as freedom, social justice, democracy and respect for diversity.

Thus, the use of instruments such as the IFBrM should be guided by these ethical-political principles, contributing to the construction of socially referenced evaluations committed to the guarantee of rights.

6 THE IFBrM AS TECHNICAL-POLITICAL MEDIATION IN THE PERFORMANCE OF SOCIAL WORK

The incorporation of assessment instruments based on the biopsychosocial perspective represents a significant advance in the way Brazilian public policies have sought to understand disability and its implications for the social participation of individuals. In this context, the Modified Brazilian Functionality Index is a relevant tool for the operationalization of disability assessment in different social policies.

However, the use of this instrument cannot be understood in isolation or exclusively technically. The process of assessing disability takes place within public institutions and is directly linked to the definition of access to social rights, benefits and services. Thus, the application of the IFBrM is part of a field of political and institutional disputes that involve the distribution of public resources and the definition of eligibility criteria for social policies.

In this scenario, the role of the social worker is particularly important, since this professional acts directly in the mediation between the demands of users and the institutional mechanisms for the recognition of rights. The use of the IFBrM in the context of social evaluation should be guided by a critical understanding of social reality, capable of evidencing the structural conditions that influence the functionality and social participation of people with disabilities.

The evaluation carried out by the social worker is not limited to the application of standardized instruments. It involves the analysis of the individual's living conditions, their family and community insertion, their social support networks and the environmental barriers that limit their autonomy and social participation. In this sense, the social study constitutes a privileged moment for the production of knowledge about the social reality of the subjects served by public policies.

By considering aspects such as family income, housing conditions, access to public services, insertion in the labor market and availability of support networks, the social worker contributes to broadening the understanding of disability beyond its biomedical dimensions. This approach allows us to identify how social and economic factors directly influence the degree of autonomy and social participation of people with disabilities.

This perspective dialogues directly with the approach to the social determinants of health, which recognizes that living and working conditions exert a decisive influence on the well-being of individuals. In the case of people with disabilities, factors such as poverty, low education, job insecurity, and lack of urban accessibility can significantly increase the functional limitations associated with certain health conditions.

Thus, the assessment of disability must consider not only bodily or functional limitations, but also the social conditions that structure the daily life of individuals. The absence of accessible transportation, for example, can restrict the mobility of a person with a physical disability, even when their bodily limitations would not, by themselves, be an impediment to their social participation.

Likewise, attitudinal barriers present in the labor market can limit the opportunities for labor insertion of people with disabilities, regardless of their professional qualification or functional capacity. These situations show that disability cannot be understood only as an individual characteristic, but as a result of the interaction between health conditions and social structures.

The institutional definition of disability also involves political and administrative processes related to the definition of eligibility criteria for public policies. As Deborah Stone analyzes, the category of disability itself is constructed within social policies, especially in evaluation processes aimed at granting benefits and rights.

In this context, the IFBrM can play an important role in allowing the identification of restrictions to social participation in different dimensions of daily life. However, the effectiveness of this instrument depends on the way it is used in the evaluation process.

When applied in a merely bureaucratic way, the instrument can reduce the complexity of social reality to rigid classificatory categories, limiting the understanding of the multiple determinations that influence human functionality.

On the other hand, when used in a critical and reflective way, the IFBrM can contribute to revealing the social conditions that produce inequalities and restrict access to rights. In this case, the instrument ceases to be just a classification mechanism and becomes a technical-political mediation capable of subsidizing fairer and more equitable institutional decisions.

This approach requires the social worker to mobilize theoretical and methodological knowledge capable of articulating the different dimensions of social reality. The analysis of functionality must be integrated with the understanding of the socioeconomic conditions of individuals, the characteristics of the territory in which they live and the public policies available to meet their demands.

By adopting this perspective, the professional contributes to strengthening the social dimension of disability assessment, showing that the full participation of people with disabilities in social life depends on overcoming structural barriers present in society.

7 LIMITS AND POTENTIALITIES OF THE IFBrM IN THE CONTEXT OF PUBLIC POLICIES

Despite its contributions to the construction of a more comprehensive approach to disability, the IFBrM also has limits that need to be recognized in the context of the critical analysis of public policies. Like any technical instrument, its use is conditioned by the institutional structures and political guidelines that guide the functioning of social policies.

One of the main challenges refers to the risk of bureaucratization of the evaluation process. In institutional contexts marked by high demand and limited resources, there is the possibility that the instrument will be used in a mechanized way, prioritizing the application of standardized criteria to the detriment of an in-depth analysis of the social reality of individuals.

In addition, the very structure of public policies can impose limits on the realization of the rights of people with disabilities. The granting of social benefits, for example, is often conditioned to restrictive criteria related to family income and proof of long-term impediments. These criteria reflect political disputes over the distribution of public resources and may restrict the access of certain groups to social protection policies.

In this context, the performance of Social Work assumes a fundamental role in the defense of users' rights and in the construction of socially referenced evaluations. The social worker, by preparing social studies and technical opinions, contributes to evidencing the conditions of social vulnerability that are often not fully captured by standardized assessment instruments.

An important potential of the IFBrM lies in its ability to promote greater integration between different professional areas involved in the disability assessment process. The biopsychosocial approach presupposes the performance of multiprofessional teams, in which different types of knowledge contribute to the construction of a more comprehensive analysis of the functionality and social participation of individuals.

This interdisciplinary perspective can favor the construction of more complete and socially sensitive evaluations, as long as the different professionals involved in the evaluation process are committed to an approach centered on guaranteeing rights and promoting social inclusion.

8 FINAL CONSIDERATIONS

The reflections presented in this chapter do not intend to exhaust the complexity of the debate on disability assessment and public policies, but to contribute to the critical analysis of the mediations between assessment instruments, social determinants of health and the professional performance of Social Work.

The analysis developed throughout this chapter sought to discuss the articulation between the assessment of disability, the perspective of the social determinants of health and the instrumentality of Social Work in the context of Brazilian public policies.

It was based on the recognition that the contemporary understanding of disability requires the overcoming of reductionist approaches focused exclusively on bodily limitations, incorporating a broader analysis of the social conditions that influence the functionality and social participation of individuals.

The perspective of the social determinants of health offers important contributions to this analysis by showing that the conditions of life, work, income and access to public policies exert a decisive influence on the levels of health and well-being of populations.

In the case of people with disabilities, these conditions can significantly increase or reduce restrictions on social participation, highlighting the need for public policies that address the structural inequalities present in society.

In this context, the Modified Brazilian Functionality Index represents an important advance in the operationalization of disability assessment according to the biopsychosocial perspective established by Brazilian legislation. By considering different dimensions of daily life, the instrument contributes to broadening the understanding of human functionality and reducing the exclusive centrality of clinical diagnosis in the evaluation processes.

However, the effectiveness of this instrument depends on the way it is used within the institutions responsible for implementing public policies. The performance of Social Work assumes a central role in this process, as the social worker has theoretical and methodological training focused on the critical analysis of social reality and the defense of the rights of users of public policies.

The use of the IFBrM should, therefore, be guided by the principles of the ethical-political project of Social Work, which emphasizes the intransigent defense of human rights,

the expansion of citizenship and the confrontation of social inequalities. When used in a critical and reflective way, the instrument can contribute to revealing the social conditions that produce exclusion and to subsidize fairer and more equitable institutional decisions.

In this way, the assessment of disability is no longer just a technical-administrative procedure and becomes a process of production of knowledge about social reality, capable of strengthening the struggle for the realization of the rights of people with disabilities and for the construction of a more just and inclusive society.

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