Today’s global population encompasses a diversity of age and ability greater than at any point in history. Never before has the human life cycle extended so long, nor harbored expectations of functionality and self-sufficiency at such advanced ages. Improvements in medical technology and the continuing emergence of holistic practices have allowed individuals with a wide range of disabilities or environmental limitations to lead productive and satisfying lives. “In 2000, there were 600 million people aged 60 and over and estimates show that number will climb to 1.2 billion by 2025 and 2 billion by 2050.”

In 2002, the World Health Organization transformed the International Classification of Functioning, Disability and Health of 1980, into a more cohesive document setting the framework for a classification of health and health-related domains that does not draw distinct lines between function and disability. The WHO’s holistic approach defines the ICF as a vehicle that joins together “what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance).” The WHO also defined functioning as “all body functions, activities and participation, while disability similarly remains an umbrella term for impairments, activity limitations and participation restrictions.”

The ICF 2002 breaks down the previous barrier of ‘limitations’ and presents a model for examining the diverse global population and the performance of environmental factors as a means to not only remove barriers but enhance the performance of people, places, buildings, activities, and social justice. As a vehicle to measure performance in the global environment the Person-centered Assessment Tool (PCAT) draws from the ICF 2002 as a model in the development and identification of Performance and Functional Categories that can be used to measure the context of Universality and Environmental Factors performance.

As the needs of the diverse global community change due to population changes and needs, natural disasters, for example The Tsunami Disaster in Asia 2004 that resulted in over 150,000 deaths, South Asia Earthquake, October 2005 that resulted in over 73,000 deaths, and terrorist events, buildings and spaces must be designed to perform well for a wide range of users, cultures, climates, and security needs. The basic assumption is that design that meets the needs and performance of users with a broad range of function and aware and sensitive to a specific environment will benefit all.

1 The world is ageing – have we noticed?, © World Health Organization 2005, www.who.int/ageing/en/
3 IBID
users. Throughout recent years, there has been a growing international movement to promote person-centered design. The name for this design concept and movement varies between countries. Most commonly, it is referred to as “Universal Design.” Other less-common labels include “design-for-all,” “lifespan design,” “human-centered design” and “inclusive design.” In 1997, a group of American designers and advocates developed a set of seven principles of universal design. These principles are now in use worldwide, and are included within this document for historical reference.

While the understanding and acceptance of Person-centered principles continue to grow, and the charge of the WHO advocating for person-centered assessment gains broader acceptance there is currently no standard tool to assess the degree to which a building or space complies with the ICF. To this need, LIEBSTUDIOS: architecture has developed the Person-Centered Assessment Tool (PCAT) Edition 1.1. This assessment tool is not intended to measure compliance with global laws or codes, US laws or codes, or setting or defining minimum standards for access and sustainability. Minimum legal standards are a valuable starting point but are limited in their scope and in the kinds of Performance Categories considered. The Person-Centered Assessment Tool (PCAT) Edition1.1, takes a broader viewpoint, attempting to evaluate performance for individual using, visiting, and experiencing buildings or spaces across the spectrum of ability and age.

For the purposes of using this assessment tool, you will be asked – to the best of your ability – to identify with varying criteria for Performance and Functioning in the context of the WHO’s ICF 2000, then evaluate the degree to which the space being assessed meets the needs of diverse categories of performance / functioning. We recognize the challenges of the task being asked of you, and that it may not be possible to fully understand all the issues and challenges presented by the Performance Categories.

This document in its inception is seen as an educational tool for the next generation of design professionals, planners, members of municipalities, and county representatives.