Let's DO IT TOGETHER

MANUAL
FOR
WORKING
WITH PEOPLE WITH
DISABILITIES

Project title | **Social Inclusion of Disabled Persons into the Labour Market**

Lead partner organisation | Anykščiai Art Incubator – Art Studio, Lithuania

Partners | Panevėžys Business Advisory Centre, Lithuania
Jelgava Local Municipality, Latvia

Financial support of the European Regional Development Fund
(size of the ERDF co-funding) EUR 210,230.50

Project duration 24 months

Start date 01.03.2018

End date 29.02.2020

This publication has been produced by the project "Social Inclusion of Disabled Persons into the Labour Market" (No. LLI-404, New Skills), funded by the European Union. The contents of this publication are the sole responsibility of Anykščiai Art Incubator – Art Studio and can under no circumstances be regarded as reflecting the position of the European Union.

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Introduction

This publication has been produced by the project "Social Inclusion of Disabled Persons into the Labour Market" (No. LLI-404, New Skills). The overall objective of the project is to enhance social inclusion for disabled persons by increasing their participation in the labour market and by improving accessibility to training in new professional skills.

The project is targeted at persons with physical, cognitive, sensory or emotional disabilities from the age of 16, by developing a tailor-made training system to help them acquire new professional skills under the leadership of a **mentor – a professional in a particular domain who is ready to work with a disabled person for the purpose of integration into the labour market**. Social inclusion measures have been created and launched to provide the specific training of new skills adjusted for disabled persons to increase their labour market participation and to reduce inequalities in reaching their specific educational goals.

Who can use this manual and how should it be used?

Mentors working in the area of social inclusion.

The methodology for the training of disabled persons has been elaborated and is targeted at professionals who will be willing to become mentors for disabled persons, through learning by teaching them the technical skills required for their profession. This Methodological Handbook describes the approach and the methodology for mentors on how to work with and train a person with disabilities by outlining practical tips and examples of best practices, as well as discussing possible problematic situations and offering some solutions.

The Handbook will be made publicly available to everyone through the websites of our project partners and other relevant stakeholders.

CHAPTER 1

What is a disability?

Isn't every person special? We think so.

We think that everyone should have possibilities to learn, to work and to participate in every activity. We use terms such as "person with special needs", "people with disabilities" and "people with impairments". But what do we mean when we say a "person with special needs"? What do we mean when we say "disabilities"?

The word "disability" can be used to refer to a lack or a limited capacity of the body, in either a mental or a physwical sense (Grue, 2015). The World Health Organisation (WHO, 2012) has published the following definition: **Disabilities is an umbrella term, covering impairments, activity limitations and participation restrictions**. An impairment is a problem in a bodily function or structure; whereas an activity limitation is a difficulty encountered by an individual in executing a task or and action; and a participation restriction is a problem experienced by an individual in relation to life situations. Thus, a disability is not just a health problem. It is a complex phenomenon, reflecting the interactions between the features of a person's body and the features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

A disability is the interaction between an individual with a health condition and their personal, environmental factors. Models of disability help us to understand people who have health problems, but because of political situations, technologies, changes in worldviews, etc., such models are not stable. Webb (2015) explained that a disability can be viewed differently and described by two models, or two ways of viewing the disability. The first is the Individual Model in which a disability is viewed in terms of disease and impairment — the problem is seen as being within the individual. According to this perception of a disability, disabled people have something wrong with them that needs to be fixed or corrected so that they can become as much like other people as possible. The main way in which they are identified is by their impairment or disease. The second is the Tragedy Model, in which

disabled people are viewed as unhappy, inferior and a burden to their families and society.

The United Nations Convention on the Rights of Persons with Disabilities (2006) provides a framework for countries to change the attitudes and beliefs about the potential of people with disabilities and their active participation in the society, and it has been helpful in reducing the attitudinal and environmental barriers for persons with disabilities (Bingham, Clarke, Michaelsen, Van de Meer, 2013). It's models help us to understand the term "disability". The first model is a Medical Model of disability which focuses on institutionalisation (such persons need to be treated). The Social Model of disability (1980) focuses on politics, anti-discrimination and system advocacy, and in contrast to previous models, it defines disability as a societal rather than an individual phenomenon.

The International Classification of Function and Disability (ICF) Bio-Psycho-Social Model (1990) was developed as a compromise that absorbs aspects of both the Medical and Social accounts of a disability. The initial publication was entitled International Classification of Impairments, Disabilities and Handicaps. Since then, each of the following terms have been replaced to reflect the shift to a holistic perspective:

- Handicap has been changed to participation restriction.
- Disability has been changed to activity limitation.
- Impairment has been changed to health condition, which is an umbrella term for not only a disease, disorder, injury or trauma, but also for conditions such as pregnancy, aging, stress, congenital anomaly and a genetic predisposition (Jacobs, MacRae, Sladyk, 2014).

According Jenkins (2014) a "disability" includes:

- A loss of physical or mental functions;
- A loss of part of the body;
- Infections and non-infectious diseases and illnesses;
- The malfunction or disfigurement of a part of a person's body;
- Any condition which affects a person's thought processes, understanding of reality, emotions and judgments, or which results in disturbed behaviour.

What definitions we should use? In this Handbook, we will use the terms according Jenkins (2014) to seek a better understanding.

How should you work with people with and without disabilities?

People with disabilities seek the same opportunities as people without disabilities. **Inclusion means that people with or without disabilities can participate in an activity and interact on an equal basis. Inclusion is a natural part of the human experience.**

The inclusion of people with disabilities in everyday activities involves practices and policies designed to identify and remove barriers, such as physical, communication and attitudinal barriers that hamper an individual's ability to fully participate in a society in the same manner as people without disabilities. Inclusion, as the participation of all society member, is an equitable aspect of a just society. The Inclusive Education Outcome Framework draws upon sociocultural learning theory in framing the nature of learning as inherently both social and cultural in nature (Rogoff, 2003; Vygotsky, 1980).

How does it work? Inclusion includes: non-discrimination; modifying items, procedures or system to enable a person with a disability to use them to the maximum extent possible (reasonable accommodations); making products, communication systems and the physical environment more usable by as many as possible (universal design); and eliminating the belief that people with disabilities are unhealthy or less capable of doing things (stigmas). Reasonable accommodations are alterations that have been made to items, procedures or systems that will enable a person with a disability to use them to the maximum extent possible. The use of universal designs simplify things for everyone by making products, communication systems and the physical environment more usable by as many people as possible, at little or no extra cost. A universal design benefits people of all ages and abilities. Therefore, universal design principles are used in education, rehabilitation and in many other areas. The learning is designed to accommodate a wide range of individual students with different abilities. However, it's also really important to have an understanding of the impact of an individual student's disability and give consideration to the different ways in which a person with a disability can do things.

What opportunities are there for people with a work disability?

Nowadays, labour participation is very important, but health conditions and diseases can restrict a person's working productivity. A work disability refers to a person's inability to perform a job or to work a certain number of hours because of health reasons. Personal suffering, limitations in functioning, loss of income, and strained relationships between the individual with others are all included under the term work disability. Unemployment can lead to social exclusion, so that's a good reason why work should be used to reintegrate people with disabilities into the community.

It is important to remember that inclusive work is not just about the design of a particular workplace, it is also about what goes on in that workplace.

Inclusive work means:

- A person can get a job and learn new skills, even if they have severe or complex special needs;
- Supporting and encouraging employees with special needs to feel good and to take part in every situation at the work place;
- Helping an employee with special needs to achieve the most from their work;
- Ensuring that the system is adjusted to meet the employee's needs, rather than expecting an employee with special needs to "fit" into the system;
- Ensuring that the person with special needs shall have the same rights and benefits from the appropriate work as their colleagues who do not have such needs;
- Having someone available to support a person with special needs in doing his/her jobs;
- Ensuring the equality of a person with special needs at the work place;
- Paying extra attention to empowering a person with special needs;
- Paying special attention to the needs of an employee with special needs;
- Giving flexible tasks to the employee with special needs.

CHAPTER 2

STARTING THE PROCESS

1. **Communication**
2. **Gathering information about the disability**
3. **Risk assessment**
4. **Individual plan**

Inclusive vocational training systems have the following characteristics:

- The inclusion of disabled and non-disabled people in one overall system;
- The involvement of disabled people in all aspects of that system, including the design and development of programmes and the hiring of disabled people as trainers and teachers in these programmes;
- A barrier-free environment – one that eliminates all barriers, including physical, learning, social and psychological barriers. An infrastructure is designed and built with accessibility for disabled people in mind and the existing facilities are renovated. Accommodations are included, systems are made accessible to all people, including people who are blind or deaf, and transport is made accessible;
- Teaching methods are adapted and assistive learning devices or other adaptations are made available;
- Career guidance is offered so that people with disabilities can make appropriate choices. This includes individualised assessments of the students' skills and proactive guidance that does not discriminate against a person with a disability;
- A market-driven approach that ensures the quality of the training and maximises the employment outcomes, with the active involvement of employers to ensure that the skills are developed in line with their needs;

- Recognition of the importance of cultivating positive attitudes – including the attitudes of non-disabled students and staff – to ensure a welcoming and supportive atmosphere for people with disabilities;
- Teaching staff and disability specialist support staff who can adapt the instructional methods and techniques to ensure that all students, including those with disabilities, will develop the vocational competencies they need;
- Adequate resources to support the training of all types of students;
- Adequate preparation of the people with disabilities to ensure that they succeed in the vocational training. This includes children with disabilities attending and succeeding in their basic education as well as building linkages between secondary schools and vocational education and training systems. (International Labour Office, Gender, Equality and Diversity, 2013).

Categories of actions to address in your plan:

- **Accessibility** and required physical modifications to the vocational centre and its grounds.
- **Staff training** and, possibly, disability training for other stakeholders.
- **Communication** and outreach to people with disabilities, directly and through others.
- **Securing advice and guidance** from partners or experts to address the inclusion issues that may arise and that you did not anticipate or cannot handle internally.
- **Equipment acquisition** or modification for instruction-related equipment and tools, or securing other resources based on the individual trainees' needs.
- **Materials and curriculum modifications**, especially ensuring that print and electronic information is accessible or available in alternative formats, and that a variety of training approaches are used and the testing procedures can be modified if needed.

(International Labour Office, Gender, Equality and Diversity, 2013

Expected Role of the Mentor

A positive attitude towards a person with special needs can have a positive impact on an individual. That individual will have the opportunity to gain new experiences, greater respect, friendship and experience the feeling of being part of the community, as well as developing self-esteem and self-confidence.

The mentors working as a team member with a colleague with special needs should:

- **Be a positive role model.** Modelling is one of the most powerful ways in which people learn. A person learns from others through observing how someone else responds to a particular situation, and how someone relates to another person. A mentor should be a role model for the person he/she supports and also for the wider community.
- **See the person first.** All people are individuals – and to define a person by their disability is to imply that they are the disability first and a person second. An example of this is saying the "Downs youngster". This defines the youngster by his disability. It is preferable to say a "youngster with Down Syndrome"; thus, you are seeing the person first and their disability second.
- **Address people in a respectful manner.** Avoid using language that is demeaning, childish or patronising. Include the person in conversations that are about them or that are taking place around them. Introduce the person you are supporting to the people you are speaking with, and include them in the conversation. Be respectful when introducing the person to someone else.
- **Avoid giving hyper-care.**
- **Use easy-to-understand language.**

What styles should mentors use?

INFORMAL	FORMAL
Unplanned	Planned
Voluntary participation	Degree of compulsion
Individual goals	Policy and institutional goals
High level of negotiation	Low level of negotiation
Shared background and experiences	Social distance
High social intensity	Low to medium social intensity
Self-sought friendship	Relationship mediated by a matching process
Indefinite time-span	Limited time-span
Less directive	More directive
Difficult to track	Intensely monitored in terms of specific criteria
Located in familiar surroundings	Located in institutional settings
Relates to wider social ties and a peer group	Focuses on the individual
Rooted in the local community	Separate from the local community

Ethics

It's very important to act in the client's best interests and to establish an ethical climate for the purpose of maintaining privacy and confidentiality in a community:

- Avoid all "corridor conversations". Establish confidential places to discuss private client matters, and remember that even casual conversations can quickly turn into conversations in which confidential information is shared.
- Make sure your clients understand what is private and what is not, as research indicates that many clients do not understand confidentiality. For our young clients, involve them in decisions using plain language that they will understand.
- Make all efforts to keep private, professional information confidential. Do not carry confidential reports or files casually, and do not leave them in the bathroom or in your unlocked car. Transport confidential items only when absolutely necessary. Keep your computer encrypted or password sensitive for all client-related information.
- Respond "naturally" to questions that occur in typical settings, but be careful not to violate privacy or confidentiality obligations. Make sure that paraprofessionals understand their obligations to privacy and do not give more information than is needed.
- Communicate with your clients and their families about what you need in order to provide best practices as a specialist, and what participation in natural environments might entail. Ask about mentioning the disability or educating others; involve the disables person in the decisions and discussion.
- Implicit consent and reasonable expectations of privacy are part of good practice when the client and family are involved in a community-based environment. The family and client need to be informed and "agree" to the setting and approach to the intervention.
- Establish an ethical climate in the community through modelling, educating and sponsoring workshops with experts. Consider the establishment of an ethics programme (Jacobs, MacRae, Sladyk, 2014).

Remember, the person with a disability is the expert in his/her impairment and may have a different way of doing a task.

It is important not to assume that a student with a disability cannot complete a task, but to ask the student how he/she can do it.

Protection of Personal Data

It is very important to know and to follow and European Union (EU) Directive No. 95/46/EC on the protection of personal data.

A mentor often gets to know more about the person he/she supports and their family than other people. Respecting a person's privacy relates to all areas of the person's life, including their home, personal life, family, working life and all other areas that a Disability Support Worker may or may not be involved in.

THE MENTOR IS NOT PERMITTED TO:

- Tell another person the personal information about the person he/she supports;
- Discuss the person he/she supports with another worker, family member or acquaintance;
- Leave notes of a personal nature about the person he/she supports;
- Leave personal files in an area where they can be accessed by someone else.

Section 1 / Communication

How should you talk? Getting to know each other

Welcome a new co-worker with a disability in the same way that you would welcome anyone else who is new to your workplace. Just because someone has a disability it does not mean a different form of communication is required. Be honest and open - BE YOURSELF!!!

- If the person agrees, offer to shake their hand when you are introducing yourself and when you are saying goodbye.
- Speak directly to the person; do not speak through an assistant or a person who is helping.
- Gain the person's attention.
- Speak in a normal tone of voice. It is big mistake to speak to a person with a disability in sweet voice like when talking with a small child.
- Each person is different and may need more or less or different types of accommodations.
- Always use the person's name.
- Be polite and patient.
- Speak with the person in easy-to-understand language. Give a short and clear message or information. Be specific.
- Try not to talk too much.
- Wait for the person to finish speaking.
- Avoid crowded, busy and noisy places. Move to a quieter place.
- Some people may use speech that is difficult to understand. If you are communicating with a person with speech and language difficulties, it is ok to ask short questions that can be answered with "yes" or "no" (by

nodding or shaking the head). Never pretend that you understand if you do not. Ask the person to show you what he or she means.

- If you are communicating with a wheelchair user, ensure the communication takes place at eye level. Sit down so that you can be at the same level. This helps the person feel equal in the conversation and avoids them getting a pain in the neck.
- If you are communicating with a person with a visual impairment then identify yourself. If you are meeting for the first time you could describe how old you are, what you look like, how you are dressed, etc.
- If you are communicating with a person with a hearing impairment who can read lips, keep objects away from your mouth so that the person can read your lips.
- Eye contact reflects our sincerity, integrity and comfort when we communicating with another person. However, eye contact can be very uncomfortable to a person with an autism spectrum disorder.
- Be clear and direct. Some people may have difficulties in understanding jokes, body language or indirect meanings.
- Use visual supports – prepare materials in advance that will support your communication in specific activities.

Support materials can include:

- A calendar used as a pictorial reminder of the work that should be done in the week ahead;
- An illustrated manual with photos of the sequential steps to be taken to complete a task;
- A daily schedule with photographs of the tasks that will likely need to be done.

Relax— not everyone has the same needs and ability to communicate. What is OK for you could be not OK to other person, or vice versa.

Use a person-first attitude when you are speaking with a person with a disability (Fig.1).

What styles should mentors use?

PERSON-FIRST OR POSITIVE ATTITUDE	DISABILITY-FIRST OR NEGATIVE ATTITUDE
Person with a disability	The disabled person, the disabled
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Slow, simple, defective, idiot
Person with an emotional or behavioural disability	Crazy, psycho, maniac
Person with a mental health or a psychiatric disability	Crazy, psycho, maniac
Person who is blind/visually impaired	Blind
Person who is hard of hearing	Deaf and dumb, mute
Person who uses a wheelchair	A wheelchair-bound person
Person with a physical disability	Crippled, lame, deformed, invalid, spastic
Person with epilepsy or seizure disorder	Epileptic
Person with cerebral palsy	CP victim
Person with Down Syndrome	Down person, Mongoloid
Person of a short stature	Lilliputian, gnome

Non-verbal signals for responding to a person

- Position yourself at a slight angle, whether seated or standing, without turning away, as being squarely face-to-face can look confrontational;
- Maintain a large enough distance to be out of arm's reach: about two arms lengths if standing, and perhaps one-and-a-half (at shoulder height) if sitting;
- Do not touch the aggressor first – it will evoke a hostile response;
- Make occasional nods;
- Keep your head straight on to the aggressor – tilting your head back, with the chin up, is the sign of an aggressor, while looking down with the chin tucked in is the sign of a victim;
- Do not smile – it will be seen as mocking;
- Make eye contact but don't stare;
- Try to relax as is this is less threatening;
- Keep your hands in sight, not in your pockets, preferably with relaxed arms;
- Make gentle, free-flowing open hand movements;
- Use one hand to indicate "stop", as putting two hands up looks like a surrender;
- Holding out an open hand, with the palm up, indicates negotiation;
- Keep your hands away from your hair and face – you could look anxious, impatient, doubting, bored or seductive;
- Self-comforting behaviours like wrapping your arms around your body or holding your forearm are signs of a victim, while self-stroking is seen as seductive;
- Avoid repetitive movements like finger drumming;
- Avoid conveying sexual signals – don't draw attention to the mouth, genital or breast areas with hand or body movements, and do not lick your lips when you can be seen;

- Sit down, provided you feel safe enough to do so, as it makes you less of a threat. (Braithwaite, 2001)

Section 2 / Gathering information about the disability

An inclusive vocational training programme starts with the planning of the activities. The trainee should plan not only the activities, but also gather information about the participants. Individual work plans or individual profiles have become important tools in planning programmes for people with different impairments. Assessments can be formative and summative. An assessment should help to distinguish a person's strengths and weaknesses. Therefore, they can help to form the programme and to monitor all the processes and see the progress taking place. Dynamic assessments forms, as well as various assessments tools are used by specialists to get information about a person's cognitive and effective state, physical impairment level and sensory dysfunctions. There are a few forms of assessment which everyone working within the inclusive model should use. These include observation, conversation and some simple special tests.

Needs should be identified by the person with special needs. Taking note of these will help you to work in a team with a special needs employee.

1. Identify the motivation to work.

2. Identify the support person needs.

3. Identify the ability to learn and learning styles.

4. Identify the communication needs.

5. Identify the autonomy in the working place.

6. Identify the ability to solve conflicts and problems.

INDIVIDUAL NEEDS ASSESSMENT TEMPLATE

1. Identify the motivation to work.

- ☐ Do you have work experience?
- ☐ Have you ever lost a job?
- ☐ Have you not been able to accept a job offer? Why?
- ☐ How satisfied you were with your previous job?
- ☐ Why do you want this particular job?
- ☐ What could be your employment status: full time, part time, seasonal?
- ☐ What would be the perfect job for you?
- ☐ What advice would you give to people who do things wrongly at their work place?

2. Identify the support person needs.

- ☐ Do you need help in accessing written or electronic information?
- ☐ Do you need help in navigating unfamiliar workplaces and/or learning new tasks?
- ☐ Do you need help identifying workplace hazards?
- ☐ Do you need help getting to a workplace via public transport?

3. Identify the ability to learn and learning styles?

- ☐ How fast do you learn new skills?
- ☐ You prefer learning by using pictures, images and spatial understanding?
- ☐ Is it ok for you to work in a noisy environment or do you need silence?
- ☐ Do you like to repeat things a few times to remember them better or do you prefer using logic, reasoning and systems?
- ☐ Do you prefer to receive information in speech or in writing?
- ☐ Do you prefer to learn in groups with other people or to learn alone with self-study methods?

4. Identify the communication needs

- ☐ Do you have difficulties speaking in public?
- ☐ Do you have difficulties in writing or reading?
- ☐ Do you have difficulties in reading and understanding official papers like your job contract?
- ☐ Do you use social media as a communications tool (Facebook, Twitter, WhatsApp, etc.)

5. Identify the autonomy in the working place.

- ☐ Do you like to have lunch alone or together with other people?
- ☐ Do you need assistance during your lunch break?
- ☐ Do you need a special diet?
- ☐ Do you need assistance in using the bathroom?
- ☐ Do you have reliable telephone access and can I call you if I need to give you information?
- ☐ Do you need assistance in managing money?

6. Identify the ability to solve conflicts and problems.

- ☐ Tell me about the happiest moment in your life.
- ☐ Could you tell me about the last conflict you had? How long has this been a problem?
- ☐ Are you “problem maker” or a “problem solver”?

7. Identify the special needs.

- ☐ Would it be okay if I asked you a few questions about your special needs?
- ☐ Special movement-related needs / Special sensory function needs (vision) / Special sensory function needs (hearing) / Special sensory function needs (ASD) / Special communication needs / Special mental needs / Special intellectual needs / Challenging behaviour

Simple special tests

The individual's learning and vocational skills should be assessed before starting the process. Individuals with communicational disorders such as dyslexia and others could be tested by using discrepancies, differences and by having a conversation with the person and their family members.

Discrepancies

This is an approach to assessment that can involve noting the discrepancies between different components when reading. The following methods can be involved: decoding test (non-word reading test); word reading test; phonological awareness test; listening comprehension test; and a reading comprehension test. The information obtained from these tests can be compared and any obvious discrepancies can be noted.

Differences

The learning context can show differences because an individual's performance depends on contextual factors and their level of productivity can be changed. Contextual factors include: the classroom environment, teaching style, nature of the task and the materials/resources. Interactive models let us focus on the barriers to learning that may arise for pupils as a result of the interaction between the characteristics of the student and what is offered to them. The environmental factors can be examined by observing how a person with communication problems performs in different settings and with different types of support.

Observing

An observational assessment can be used in a natural setting with interactive activities. The following features should be observed:

- Emotional motivation
- Persistence
- Responsibility
- Structure
- Social interaction
- Communication
- Cognitive modality preference
- Food intake
- Time of day
- Reflection sounds
- Lighting
- Temperature
- Furniture design
- Metacognition
- Prediction
- Feedback

There are many manifestations of different learning styles and the learning environment. However, one method that can be used to begin the observation process is to select one of the learning aspects and to progress from there. Your insights will usually become greater as the observation progresses. Information on an individual's learning styles can also be obtained by asking the student questions about their own preferences for learning.

Section 3 / Risk assessment

No less important is the RISK ASSESSMENT.

To ensure a safe working environment, it is important that the Mentor assesses any hazards.

Assessing the risks means asking yourself:

- How likely is it that the hazard will hurt me or my colleague with special needs?
- How badly could I or someone else be harmed?
- It is important for all co-workers:
  - » to attend safety training;
  - » to use personal protective equipment;
  - » to use the safest way of performing the work.

A mentor, during his/her work, could meet people who have decision-making difficulties. In this case, the mentor should not make decisions for the person, but should help them to understand their choices and the consequences of each option. The mentor should take care to enhance the right of each person to make the decisions that will affect them, while at the same time ensuring that any foreseeable risks are avoided that could cause loss or harm. The mentor may be faced with a situation where the person he/she supports is observed making a decision that could lead to harm. The mentor should then ensure that the co-worker with special needs is aware of all of the potential consequences and is able to make an informed decision.

Section 4 / Individual plan

It is recommended to make an INDIVIDUAL PLAN (IP) (see the examples below) for each employee with special needs.

An individual plan is a written plan that will guide an employee with special needs in their learning, work and progress. The IP sets out the work goals to be achieved by an employee over a certain time period, and it lists the work strategies, resources and support measures that are needed to help a person reach the stated goals. The IP should be developed and reviewed by a mentor or a supervisor, together with the employee with special needs.

Example # 1

INDIVIDUAL PLAN

Name _____ **Date** ___/___/_____

Hand functions (state if a trainee has no use or limited use of his/her arms, is a person who does not shake hands, uses a prosthesis, etc.) _____
_____

Eye contact (should a person maintain eye contact, or is the person blind or deaf) _____
_____

Assistance (what help does he/she need) _____
_____

Communication (what is needed for independence) _____
_____

Physical space (describe any specific needs) _____
_____

Equipment required (audio recordings, writing pads, name tags, etc.) _____

Goals:

Results:

Example # 2

INDIVIDUAL PLAN

Name _____ **Date** ___/___/_____

What kinds of help does this person need?

☐ none / ☐ help with getting dressed /
☐ help with eating / ☐ help with taking care of himself/herself / ☐ help with getting places
☐ OTHER

Job/task description

Performance evaluation

Possible / desired improvements

Short-term target (up to 6 months)

Long-term target (up to 12 months)

Recommendations for co-workers

Example # 3

INDIVIDUAL PLAN

Name _____ **Date** ___/___/_____

Brief information about the person:

1.1. Name, surname: Year of birth

1.2. Social communications network (family with whom she/he lives, friends, contacts)

1.3. Emotions: prone to aggressiveness, conflicts, sensitivity, etc.

1.4. Personal health status, diagnosis of a major illness(es), etc.:

// continued on next page

#	Work tasks	Tools, equipment and environment needed to accomplish the task	Results

Date of issue: ___ /___ /_____

The person responsible for drawing up the plan (name, surname, position, signature):

Signature of the plan holder:

Plan to be reviewed: ___ /___ /_____

Viewed: ___ /___ /_____

CHAPTER 3

THE PROCESS

1. **Physical impairments**
2. **Sensory system impairments**
3. **Communication impairments**
4. **Behaviour impairments**
5. **Mental health impairments**
6. **Epilepsy seizures**
7. **Cognitive impairments**

Section 1 / Physical impairments

There are a number of different medical conditions associated with a physical disability that can have an impact on mobility. A number of conditions can be included under the category of musculoskeletal and neurological problems, which result from a birth injury or another injury, such as when multiple fractures are sustained in a road-traffic or a work-related accident, or as a part of the chronic disease process, such as in the case of arthritis, etc. These conditions can lead to physical impairments.

A diagnosis could be, for example: spina bifida and hydrocephalus, muscular dystrophy, cerebral palsy, spinal curvature, limb loss or damage, epilepsy, cystic fibrosis, asthma, diabetes mellitus, etc.

What are the symptoms of a physical impairment?

- Total or partial paralysis of the legs or arms;
- Paralysis which affect all four limbs (tetraplegia) or one side of the body (hemiplegia);
- Paralysis of the bladder and bowels;
- Difficulties with activities involving the arms and hands;
- Stiff and/or immobile legs;
- Poor control of the head;
- Poor fine motor skills;
- Poor balance;
- Problems with circulation;
- Problems with breathing;
- Epilepsy;
- Pain in the lower back, neck, hips, knees or upper limbs;
- Visual impairments.

What should I know?

Difficulties with physical abilities and mobility can be aided through various means, including: adaptations in the environment; flexibility in routines; use of equipment and aids; and the support of an assistant. People with physical impairments can often use wheelchairs, crutches or walkers, so it's very important to make the physical environment accessible.

HOW TO WORK WITH PEOPLE WITH UPPER LIMB DISORDERS

MAIN SYMPTOMS OF THE DISORDER	RECOMMENDATIONS
UPPER LIMB DISORDERS **Symptoms:** Aching limbs, pain, swelling, numbness, tingling, weakness and cramps. Excessive repetitive movements, static or poor posture and stress. **LIMB LOSS OR DAMAGE** **Symptoms:** Coordination and movement difficulties.	• Allow short breaks (recommended every hour for 5-10 minutes); • Meet ergonomics requirements; • Make the load smaller or easier to lift; • Modify the activity area so as to reduce twisting movements, or lifting things from the floor level or above shoulder height; • Make manual handling activities easier and safer by creating the optimum environmental conditions with regard to lighting, flooring and air temperature; • Perform lifting activities as safely as possible; • Use lifting and handling aids, such as rotary and tilt tables, as well as mechanical hoists; • Allow the affected limb to be placed in a resting position for a very short time; • Include time for relaxation; • Some individuals may need help with personal skills such as using the toilet, dressing and eating; • Adapt the seating if necessary, because people may be fitted with artificial limbs (prostheses); • Provide a lift instead of stairs; • Give more time for activities with the hands if a person is affected by the loss of a hand.

HOW TO WORK WITH PEOPLE WITH CARDIO-RESPIRATORY DISORDERS

MAIN SYMPTOMS OF THE DISORDER	RECOMMENDATIONS
CARDIAC CONDITIONS **Symptoms:** Arrhythmias (irregular heart beat – the heart can beat too fast or too slowly); poorly controlled blood pressure. **RESPIRATORY CONDITIONS** Smoke, dust and fumes can influence breathing. **Symptoms:** Breathing difficulties.	• Restrict physical activity (depending on the medical recommendations, some movements could be forbidden or not recommended); • Avoid physical effort that is unsuitable; • Commuting can be a stressful activity for many people; • Some electrical equipment can cause an irregular heartbeat, so read the instructions for the equipment; • Allow short breaks (recommended every hour for 5-10 minutes); • Meet ergonomic requirements.

HOW TO WORK WITH PEOPLE WITH NEUROLOGICAL CONDITIONS

MAIN SYMPTOMS OF THE DISORDER	RECOMMENDATIONS
NEUROLOGICAL CONDITIONS	• Mobility aids such as callipers or a wheelchair may be used, so just be attentive and make more places near tables or free spaces;

These conditions negatively affect the functioning of the brain and persons can experience major barriers when trying to find a suitable, flexible environment. **Symptoms:** Mild, moderate or severe cognitive impairments (loss of memory, concentration, executive skills such as planning, organising, decision-making and problem-solving); intellectual problems; limited social skills; behavioural and emotional problems (including disinhibition, aggression or unpredictability); coordination and movement difficulties; loss of sight, taste and smell; communication problems; dyslexia; epilepsy; general learning difficulties; fatigue; malaise; pain; sleep and digestive disturbances.	• Suggestions for working with wheelchair users: include seating near the door so that there is easy access to and from the classroom; be flexible concerning the time of arrival at the classroom and the departure, to avoid times when the corridors are full of pupils; • Be aware that people can use a wheelchair but can also use a desk with their ankles at right angles resting on the floor or on a foot block; • Motor difficulties and spatial problems may lead to problems in handwriting and number work; • People with cognitive functions disorders often have problems in learning and understanding, so the instructions for an activity should be clear and in oral or written forms; • People with cognitive functions disorders sometimes need audio recordings; • Speech and language difficulties could require the help from other therapists, such a speech therapist, or require the assistance of voice synthesisers; • Rough physical activity may be too risky; • A quiet place for a break or for leisure activities might be helpful during the day;

	• Seating arrangements may need to be adapted to provide for individuals with posture difficulties; • Sometimes people will need flexible start and finish times for a activity; • People can have problems with urination and may use a catheter which held near the leg or they may have to go to the WC more often; • People sometimes need assistance during the activities of daily living such dressing, eating, toileting, etc.; • Present the information in short chunks; • Reinforce verbal information with written notes or with bullet-pointed hand-outs; • Offer direct support when a pupil is felt to have difficulties in maintaining focus or attention – particularly when working in group settings; • Classroom or work environments can have high levels of sensory stimuli in terms of noise and visual clutter, and the physical activity of a classroom full of students can have a disorganising effect; • Allow short breaks (recommended every hour for 5-10 minutes); • Meet the ergonomics requirements.

Section 2 / Sensory system impairments

Each of our senses opens up a different aspect of the world. The skills that we develop through the efficient use of our four senses are called perceptual skills. They are composed of: visual perceptual skills – what we see; tactile perception – what we can touch; auditory perception – what we hear; and taste perception – what we eat.

French et al. (1997) suggest some practical steps you can take, to which we have added some further ideas:

- In an interview, your facial expressions may be more visible if you sit in the light.
- Some people see best in sunlight, or indoors, at dusk or in a dimly-lit environment. This could influence the times when it is easiest for you to communicate.
- Many people can read print, however: it may be legible in an everyday font size, or it may need to be enlarged; and it may be clearer on a particular colour of paper. In any event, you should allow sufficient time for the information to be read, and should send it out in advance of important meetings.
- If a person can't read print, do they read braille and can you produce braille documents for them? Do they use a computer with voice features so that you can send them email? Is the phone a good means of contacting them? Generally, the phone is better for brief items of information, while braille and email will allow the person to review the information in their own time.
- Recognition may involve visual cues for some, but many people will need an aural cue: don't just smile – say "Hello". Remind the person who you are, and make sure to also introduce anyone else who is present.

- Deciding when to enter a discussion involving more than one other person is more difficult without access to non-verbal cues, so make sure that you check in from time to time, pick up on non-verbal messages that indicate the person is wanting to speak, and make space for them to have their say. They may lean forward or draw a breath in anticipation, for example.

Sound helps us to understand the world. Special hearing needs may be mild, moderate, severe or profound. A person with a mild hearing limitation may have problems understanding speech, especially if there is a lot of noise around, while those with moderate deafness may need to use a hearing aid.

Some people with hearing limitations use lip-reading to communicate with others. People who are profoundly deaf can hear nothing at all, so may find themselves totally reliant on lip-reading or sign language. Meanwhile, the effects of autism are wide-ranging and can include difficulties in social interaction and communication, restricted and repetitive interests and behaviours, and sensitivity to sensory experiences – noise, light, touch, etc.

HOW TO WORK WITH PEOPLE WITH NEUROLOGICAL CONDITIONS

WHAT ARE THE IMPLICATIONS?	RECOMMENDATIONS
Headaches; **Discomfort;** **Avoidance with close work;** **Becoming fatigued or tired;** **Loss of concentration;** **Loss of attention;** **Distractible behaviour;** **Screwed up eyes;** **Sensitivity to bright light;** **Abnormal posture when reading or writing;**	• Visual breaks are essential (every 5 minutes to reduce fatigue) • Reduce the amount of time spent on close work • Schedule a few moments to close and relax the eyes • Give only the information which is important • Ensure there is as much natural lighting as possible

Difficulties in coping with tasks; **Skipping or re-reading lines or words; Difficulty drawing;** **Handwriting problems.**	• Provide a paper copy when information is given on a board • Use computers instead handwriting

HOW TO WORK IN A TEAM WITH A PERSON WITH VISION DYSFUNCTIONS

CHALLENGES	ASSISTANCE
Living with a person with special visual needs can make performing everyday tasks more difficult. **A vision limitation refers to some degree of sight loss and may range from blurred vision, reduced depth and distance perception, sensitivity to glare, tunnel vision, poor night vision, etc.**	• Identify yourself when greeting someone who has special vision needs, even if the person knows your voice. • In social situations, introduce the individual. Bring him or her into the conversation. Identify and introduce others who are present. • Talk directly to the person. Do not ask questions through another person. • Do not speak in a loud voice. Also, do not assume that the other senses are different because of vision loss. • Do not be concerned if an individual does not look directly at you. He or she may look down or slightly away from you. • When entering a new building, a walk-through can helps an individual understand the building's layout. As you walk together, point out key locations such as the safety exits, restrooms, and so forth. Help the individual feel comfortable and safe.

	• Offer to help if needed and appropriate. Ask, "May I help you?" or "May I walk with you?" Invite the individual to take your arm, rather than taking his or her arm or pushing the person in the right direction. • Identify the food served at social gatherings. If the event is self-serve, offer to help the individual move through the line. • As early as possible, tell the individual about changes in meeting times or locations, so that they can decide on the means of transportation. • Tell the person when you are leaving the room. • Be specific with any verbal directions or instructions.

HOW TO WORK IN A TEAM WITH A PERSON WITH HEARING DYSFUNCTIONS

CHALLENGES	ASSISTANCE
Special hearing needs may be mild, moderate, severe or profound. A person with a mild hearing limitation may have problems understanding speech, especially if there is a lot of noise around, while those with moderate deafness may need to use a hearing aid.	• Find ways to communicate. Write down words or draw pictures on paper. • Find ways to present the information visually. • Ask the person how they would like to receive the information.

Some people with hearing limitations use lip-reading to communicate with others. People who are profoundly deaf can hear nothing at all, so may find themselves totally reliant on lip-reading or sign language.	• Look directly at the person and speak normally. • If you don't understand what a person is saying, ask them to repeat or rephrase, or alternatively offer them a pen and paper. • Consider the workspace location – allow the employee to see people entering the room and situate the workstation in an area where there is minimal background noise.

WORKING WITH DEAF PEOPLE (after Harris (1997), Williams and Hewitt (2004), and Young et al. (1998)):

- Respect deafness as a difference, just as we view gender, sexual orientation, etc.;
- Respect sign language as a full and complex language;
- Be anti-discriminatory by being creative with pens and paper, gestures, drawings, etc.;
- Be patient;
- Allow more time for meetings;
- Meet in uncluttered environments with few visual distractions;
- Speak more slowly, and form words more clearly (but not exaggeratedly);
- Don't turn away or cover your mouth when speaking;
- If you don't understand the person, then ask questions;
- Use interpreters, especially for critical meetings;

- Communicate by letter, fax or email in preference to the phone;
- Learn sign language – even a little knowledge shows respect and interest;
- Become fluent in sign language if you work with deaf people regularly.

WAYS TO WORK IN A TEAM WITH A PERSON WITH SPECIAL SENSORY FUNCTIONS NEEDS (AUTISM SPECTRUM DISORDERS)

The effects of autism are wide-ranging and can include difficulties in social interaction and communication, restricted and repetitive interests and behaviours, and sensitivity to sensory experiences – noise, light, touch, etc.

As autism can be very variable, the word "spectrum" is used to describe the range of difficulties.

Autistic Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) are considered to be Autism Spectrum Disorders. The degree to which the different characteristics affect a particular child depends on the level of severity of the impairments.

General characteristics of person with Autism Spectrum Disorders include:

• **Cognitive:** Uneven development of cognitive skills; relative strength in processing visual versus verbal information.

• **Social skills:** Difficulty in understanding social rules, such as taking turns and sharing; problems understanding and reading the emotions of others; difficulty in considering the perspectives of other people; problems in initiating and maintaining interactions and conversations with other people.

• **Communication:** Trouble with responding to verbal information presented at a fast pace; trouble with understanding multiple-step commands; inconsistent understanding of verbal information; a need for verbal information to be repeated, especially information that is new.

• **Organisation/self-direction:** Difficulty in screening out distractions; difficulty in completing activities independently and initiating work activities; problems with organising free time, and stopping one activity and moving on to the next; difficulty in being flexible, or shifting one's attention to a new focus; problems with doing more than one thing at a time.

Section 3 / **Communication impairments**

Speaking a minority language is not an impairment. However, you should remember that new arrivals, long-standing residents who have not learned the native language, deaf people and some people with learning disabilities can all have problems with speaking. How should you work with them? You should avoid using complex grammar and ambiguous terms, be imaginative in describing words or concepts that aren't easy to understand, explain the information in simple language, draw pictures, and bring in objects such as maps or magazines as sources of visual information to aid in communication. You should also check the person's understanding and ensure that decisions are not arrived at without their full involvement.

We communicate to make our needs known, to establish our identity, to learn new things, to socialise, to form relationships, to exchange knowledge and to influence others. This communication can be both verbal and non-verbal. Verbal communication relates to the spoken word. Non-verbal communication relates to gestures, facial expressions, behaviour, tone and perceived power status. Many people may have difficulties with communication and they may have different levels of understanding.

Dysphasia and dyslexia are two types of communication disorders. Dyslexia is often used in quite a general way to describe a range of specific learning difficulties. Dyslexia includes difficulties and differences in processing sounds, visual stimuli, symbols and movement, and has an impact upon tasks which require various kinds of information processing, linear sequencing, timing and motor coordination. Dyslexic people show a range of levels of difficulties in performing (writing, reading text, music, dance notation or other symbolic representations), spelling, basic numeral computation, organisational skills, listening, speaking, balance and coordinating physical movements. Usually, their higher cognitive processing skills such as reasoning, interpreting, understanding, creating and synthesising are not directly affected. However,

everyone is different and one dyslexic person may be in a similar position to a partially-sighted or blind person, another dyslexic person might have difficulties in processing sounds after a short time, and another dyslexic person may be in a similar position to someone with a hearing impairment. Sometimes, dyslexic persons may not be able to produce writing at the same speed as someone with a missing or broken limb. Some people experience combinations of more than one of these difficulties at certain times. It should be clear that dyslexic people tend to show unusual or unexpected patterns of strengths and weaknesses in their learning and performance, but it is very important to be patient and to let them do things in their own time. Of course, it may take a dyslexic person much longer to learn and perform some of the more basic sub-skills of a task because of their processing difficulties.

How to teach new skills to dyslexic persons?

- Be aware of the potential for a wide range of undisclosed learning needs and unknown levels of disability in any classroom.
- Set up an atmosphere where it feels safe for the students to disclose their difficulties, discuss different approaches and share strategies.
- Encourage the students to work according to their learning styles, and teach to a variety of sense modalities.
- Provide the lecture notes in advance, in a paper and electronic form.
- Include the main points and guidance on where to go for supplementary information.
- Suggest alternatives, in case your first recommendations are unavailable or will not scan into the computer.
- When responding to questions, avoid complex syntax and the use of "negatives". Dyslexic students are more likely to use global reading strategies than word-by-word reading; therefore, they may not "see" words such as "not" and "no" under exam conditions. In everyday life, they might use strategies to ensure accurate reading that are not possible under exam conditions.
- Use tasks that really allow the students to demonstrate their understanding and knowledge, with a reduced emphasis on memorising,

as dyslexic students can find it harder than others to learn by rote and to recall information such as names, dates and data under exam conditions.

- Dyslexic students are less likely to be able to use language to disguise what they do not know.
- Offer training and guidance on how to approach early assignments, as well as study skill strategies. These often work best if presented as "professional" skills rather than as study skills.
- Be aware that assistive technologies such as electronic readers or spellcheckers may provide only part-solutions and can also be time-consuming.
- Ensure that photocopies and hand-outs are of a good enough quality to be scanned into computers. Avoid using small fonts and cumbersomely-arranged enlarged texts.
- To help improve readability for dyslexic students, where possible, print the text in columns, double-spaced and in Ariel 14.

S. Cortnell determined that students with specific learning difficulties are likely to perform best when:

- They can be creative;
- They are relaxed and confident, rather than stressed and pressurised;
- They have sufficient time to work at their own pace, to double-check their actions or output, and to practise new tasks multiple times;
- They can pause, relax and focus before and during tiring or demanding tasks;
- They can plan out their task and compensate for their specific difficulty, rather than being "put on the spot";
- They are given time and space to work out how to perform a task "from within";
- They have specialist guidance to identify appropriate personal strategies;

- They are allowed to demonstrate their understanding through the means that best suit their disability (i.e. by voice, hand-writing, typing, voiced software, production of an artefact, practical demonstration, etc.);
- They can make use of their best sense modality, such as sophisticated colour coding, auditory memory, or the opportunity to move about and shift position;
- Their attention is not diverted by unnecessary interruptions or distractions;
- Visual (such as overheads/handouts) and sound (such as audio recording) stimuli are of a good quality;
- Unnecessary hurdles are removed, in due consideration for the additional time that tasks can take;
- Verbal instructions are accompanied by written ones, and vice versa.

The situation for people with specific learning difficulties in the labour market has shown that it is very hard to teach this group, and without the needed skills they can't find a job. Therefore, it's very important before starting to work with them to think about the ways that the teaching and assessment methods will be used.

Ways to work in a team with a person with special communication needs

- Be attentive when speaking with someone or listening to someone with a communication disorder. Make eye contact.
- Treat the person with respect. Do not be afraid to ask him/her to repeat a word or sentence. Be patient and do not supply words or finish thoughts for him/her.
- Address the person with the communication disorder directly. Do not assume that someone with a speech disorder lacks the capacity to understand.

- Look for facial, hand and other responses. Speech is not the only form of communication.
- Do not urge a person who stutters to slow down or to start over. This tends to make the stuttering worse. Give him or her time to respond.
- Speak clearly and distinctly, but naturally. Be aware that people might feel like you are "talking down" to them, if you speak too slowly.
- Strive to understand what the individual is saying by focusing onwhathe or shesays rather thanon howhe or sheis saying it.
- Avoid using jargon

Section 4 / **Behaviour impairments**

Patience, consistency and caring are successful tools for working together with a co-worker with an emotion disability.

You should remember that hostile and aggressive acts can include shouting, swearing, using abusive language, taking up a threatening stance (e.g. jabbing a finger in a person's face), making verbal threats in person or in writing, spitting, invasion of personal space, unwanted touching, throwing objects, brandishing a weapon, hitting, other physical or sexual attacks, preventing someone from leaving, or damaging property. Braithwaite (2001, pp. 23–4); Mason and Chandley (1999, pp. 21–2); Gilbert (1992).

In everyday situations:

- Set rules and make a behaviour contract;
- Make the tasks clear and orderly;

- Avoid giving tasks that may be too difficult for a co-worker;
- Give enough time to complete one task before beginning another;
- Praise the co-worker for good behaviour;
- Do not talk about problems;
- Do not expect too much;
- Never act as the boss of a person with disabilities;
- Never use physical or emotional force;
- Never speak with a sarcastic or a high voice;
- Give extra positive attention to your co-worker with disabilities and demonstrate positive behaviour;
- Create a positive climate in the workplace;
- Earn the co-worker's trust;
- Use positive "self-talk," about nice behaviour and other important values;
- Share your feelings with the co-worker with emotional disabilities regularly.

When inappropriate behaviour occurs:

- Suggest that the co-worker have an additional break;
- Suggest that the co-worker go to another room to relax or to calm down;
- Ignore small disruptions;
- Say "stop";
- Be patient, and never show annoyance;
- Respond calmly: take a deep breath and make sure your own emotions aren't taking over;
- Redirect attention: change the topic or change the activity.

Remember – patience, consistency and caring are the successful tools for working together with a co-worker with an emotion disability.

CHALLENGES	ASSISTANCE
People with emotional disabilities have difficulties in recognising, interpreting, controlling and expressing fundamental emotions. Some of the characteristics and behaviours of a person who has an emotional disability are: • Hyperactivity (short attention span, impulsiveness); • Aggression or self-aggression; • Dramatic mood swings from overly "high" to sad and hopeless, and then back again; • An irrational fear of everyday situations; • Difficulty in following rules and behaving in a socially acceptable way; • Bad communication skills; • Hallucinations; • Repetitive behaviours (hand washing, counting, checking, cleaning, etc.); • Difficulties in finding and keeping a job; • Difficulties in building or maintaining interpersonal relationships; • Inappropriate behaviour or feelings under normal circumstances; • Speech that is unusually fast or slow, or a voice that is unusually high, low, loud or soft; • Negative reactions to any change; • Low self-esteem; • Manipulative behaviours towards other people.	When you starting to work together with a person with an emotional disability do a data collection activity – take time to sit and talk about: • What the person likes and dislikes; • What could irritate him; • What could make him happy or unhappy; • What could make him angry and what could make him calm; • If he likes routine or challenges; • If he likes to work alone or in a team; • When he feels safe and unsafe. Tell the person about yourself, your expectations, your strengths and your weaknesses. Develop a safety plan.

Section 5 / Mental health impairments

Our mental health includes our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life.

The most common types of mental illness are: Depression, Anxiety Disorders, Schizophrenia Personality Disorders, Anorexia, Bulimia, Obsessive Compulsive Disorder (OCD) and Post-Traumatic Stress Disorder (PTSD).

A person with a disorder of their mental functions may have difficulties in communicating, learning and retaining information. Such a person may process information more slowly than others, have difficulty in communicating and managing daily living skills, and also have difficulty with abstract concepts such as money and time.

A mental functions disorder is usually a degenerative condition that affects the brain's ability to process information. It is not present from birth. Cognitive disabilities may include Alzheimer's, senility and late stage alcoholism. Mental functions disorders affect how a person feels, thinks, behaves and interacts with other people. Mental functions disorders can also cause problems in daily life, work and relationships, as well as unpredictable mood changes.

Empathy, a cooperative attitude and a calm temperament are crucial traits for a co-worker.

CHALLENGES	ASSISTANCE
Working together with someone with a mental illness can be challenging. You should be not approach such work alone, as you will need to have additional support and resources. It's also important that you look after your own physical, social and emotional needs. Look out for signs that you're becoming stressed and consider asking for help when you think you need it.	Some specific ways of working together with a person with a mental illness: • Listen to the person's thoughts and feelings. Listen patiently and without judgment. • Encourage them to socialise and do activities, within reason. • Help the person achieve their goals • Watch your words. Your language can change the listener's perceptions. • Avoid negative phrases, and choose words that have a very direct meaning. • Be friendly.

Section 6 / Epilepsy seizures

CHALLENGES	ASSISTANCE
Epilepsy affects people of all ages. Epilepsy means the same thing as a "seizure disorder". Epilepsy is characterised by unpredictable seizures and can cause other health problems. Epilepsy is a spectrum condition, with a wide range of seizure types and controls that vary from person-to-person. Public misunderstandings of epilepsy can cause challenges that are often worse than the seizures.	**DO** • Stay with the person • Time the epilepsy attack • Keep them safe: protect the person from injury, especially the head • Roll the person onto their side after the attack stops (or immediately, if there is food/fluid/vomit in mouth) • Observe and monitor the breathing • Gently reassure the person until they have recovered **DO NOT** • Put anything in the person's mouth • Restrain the person • Move the person, unless in danger **CALL FOR AN AMBULANCE IF:** • You are in any doubt • Injury has occurred • There is food/fluid/vomit in the mouth • The person has breathing difficulties • Another seizure quickly follows • The epilepsy attack lasts longer than 5 mins • The person is non-responsive for more than 5 mins after the epilepsy attack ends

Section 7 / Cognitive impairments

A cognitive impairment (also known as an intellectual disability) is a term used when a person has certain limitations in their mental functioning and in skills such as communication, self-help and social skills. It can be caused by an injury, disease, genetic condition or a brain abnormality.

This can happen before a child is born or during childhood. For many people, the cause of their intellectual disability is not known.

Cognitive impairment occurs in 2.5-3% of the general population.

Cognitive or intellectual disabilities can range from very mild to very severe. Some people with intellectual disabilities may also have physical disabilities or health conditions that affect their lives. Cognitive impairment is defined as an IQ score below 70-75.

Mild cognitive disorder.

Approximately 85% of the mentally retarded population is in the mildly retarded category. Their IQ score ranges from 50-75, and they can often acquire academic skills up to the 6th-grade level. They can become fairly self-sufficient and, in some cases, can live independently, with community and social support.

Moderate cognitive disorder.

About 10% of the mentally retarded population is considered to be moderately retarded. Moderately retarded individuals have IQ scores ranging from 35-55. They can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community in a supervised environment, such as in a group home.

Severe cognitive disorder.

About 3-4% of the mentally retarded population is severely retarded. Severely retarded individuals have IQ scores of 20-40. They may master very basic self-care skills and some communication skills. Many severely retarded individuals are able to live in a group home.

Profound cognitive disorder.

Only 1-2% of the mentally retarded population is classified as profoundly retarded. Profoundly retarded individuals have IQ scores under 20-25. They may be able to develop basic self-care and communication skills with the appropriate support and training. Their retardation is often caused by an accompanying neurological disorder. The profoundly retarded need a high level of structure and supervision.

CHALLENGES	ASSISTANCE
People with a cognitive disability can have trouble learning and coping with everyday tasks. They might take longer than others to do the routine things in life, and they may need extra support to learn new skills.	Each person is unique and is different, and everyone has unique needs. Therefore, individualised support is the most important thing. It is very important to identify and rank the care and support needs of a particular person.

A person with an intellectual/cognitive disability has intensely individualised support needs. They typically need a lot of time to understand and to learn new things.	Some specific ways you might consider to support and help, if you are working together with a person with intellectual disabilities, are: • Speak simply and clearly, while looking directly at them, so the person can see your eyes and facial expressions. • Ask them to repeat the information in their own words, to check that they've understood. • Use predictable routines. • Present tasks and information in a step-by-step fashion, keeping it as simple as possible. • Allow them to learn or understand by touching, looking and listening, where possible. • Be clear and consistent with your expectations, to reduce misunderstandings. • Identify support structures (such as support networks or professional help) that may help them to participate in the work.

CHAPTER 4

ENVIRONMENT

1. **Universal design**
2. **Assistive technologies**
3. **Job modifications**

Any environment is complex and multi-faceted, and can either challenge or support a person's competencies and performance in their daily life.

Accessible environments (World Health Organisation, 2001) described the physical elements (human-made environments, natural environments, equipment and technology), the social elements (social supports and societal attitudes), and the cultural, institutional and economic elements having an influence on physical impairments, as well as the environmental modifications needed to maintain and/or improve the occupational performance of physically impaired people.

You should gather information about the teaching environment, because it's very important to know how many people with disabilities will participate in an activity and what kind of disability they will have.

The main questions you should ask yourself are:

- How many people with disabilities might choose to participate in your vocational training programme?
- What types of accessibility measures and reasonable accommodations will you need to arrange?
- Are the people who want to enrol in the programme ready? If not, what is needed to help them get ready?

Environmental barriers and adjustments could help or hamper those wishing to participate in the vocational process.

That's why it is very important to know the answers to some key questions before starting to make any additional adjustments:

- Can the trainee get to and from the training site easily?
- Can the trainee get around the classroom, workshop or training facility easily?
- Can the trainee use the things in the classroom, workshop or on the job site easily and safely?
- Can the trainee acquire the information from the course material or from workshop demonstrations in the form in which it is currently presented?
- With regard to group activities, can the trainee participate along with the other trainees? With regard to practice, can the trainee perform in the same manner as the other trainees do?
- With regard to demonstrating the acquisition of knowledge or skills (evaluation and testing), can the trainee do this in the same manner as the other trainees do (i.e. perform as others do)?
- With regard to testing or performance evaluations, what type of support or other adjustments, if any, does the trainee need?

Section 1 / Universal design

A universal design is a way to create products and environment that are more usable by everyone, regardless of their age or ability.

Universal design, at its core, has seven principles. They are defined as follows (The Centre for Universal Design, 1997):

1. Equitable use

2. Flexibility in use

3. Simple and intuitive use

4. Perceptible information

5. Tolerance for error

6. Low physical effort

7. Size and space for approach and use

How is a universal design created? There are a number of universal design principles and guidelines (prepared with The Principles of Universal Design: Version 2.0. [Source: Centre for Universal Design, 1997]).

PRINCIPLE 1: Equitable use

The design should be useful and marketable to people with diverse abilities.

Guidelines:

1a. Provide the same means of use for all users: the usage should be identical whenever possible, or equivalent when this is not possible.

1b. Avoid segregating or stigmatising any users.

1c. Provisions for privacy, security and safety should be equally available to all users.

1d. Make the design appealing to all users.

PRINCIPLE 2: Flexibility in Use

The design should accommodate a wide range of individual preferences and abilities.

Guidelines:

2a. Provide choice in the methods of use.

2b. Accommodate right- or left-handed access and use.

2c. Facilitate the user's accuracy and precision.

2d. Provide adaptability to the user's pace.

PRINCIPLE 3: Simple and Intuitive Use

Use of the design should be easy to understand, regardless of the user's experience, knowledge, language skills or current concentration level.

Guidelines:

3a. Eliminate unnecessary complexity.

3b. Be consistent with the user expectations and intuition.

3c. Accommodate a wide range of literacy and language skills.

3d. Arrange information that is consistent in terms of its importance.

3e. Provide effective prompting and feedback during and after completing the task.

PRINCIPLE 4: Perceptible Information

The design should communicate the necessary information effectively to the user, regardless of the ambient conditions or the user's sensory abilities.

Guidelines:

4a. Use different modes (pictorial, verbal, tactile) for a redundant presentation of the essential information.

4b. Provide an adequate contrast between the essential information and the surroundings.

4c. Maximise the "legibility" of the essential information.

4d. Differentiate elements in ways that can be described (i.e. make it easy to give instructions or directions).

4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations.

PRINCIPLE 5: Tolerance for Error

The design should minimise hazards and the adverse consequences of accidental or unintended actions.

Guidelines:

5a. Arrange the elements to minimise hazards and errors: most-used elements should be the most accessible, with hazardous elements eliminated, isolated or shielded.

5b. Provide warnings of hazards and errors.

5c. Provide fail-safe features.

5d. Discourage unconscious actions in tasks that require vigilance.

PRINCIPLE 6: Low Physical Effort

The design should be able to be used efficiently and comfortably, and with a minimum of fatigue.

Guidelines:

6a. Allow the user to maintain a neutral body position.

6b. Use reasonable operating forces.

6c. Minimise repetitive actions.

6d. Minimise sustained physical effort.

PRINCIPLE 7: Size and Space for Approach and Use

An appropriate size and space should be provided for the user to approach, reach, manipulate, and use the design, regardless of the user's body size, posture or mobility.

Guidelines:

7a. Provide a clear line of sight to the important elements for any seated or standing user.

7b. Make reaching all components comfortable for any seated or standing user.

7c. Accommodate variations in the hand and grip size.

7d. Provide adequate space for the use of assistive devices or personal assistance. A universal design is a way to create products and an environment that is more usable by everyone, regardless of their age or ability.

IMPAIRMENT	ENVIRONMENTAL MODIFICATIONS (Note: this is only some examples, not a comprehensive list)
Cognitive impairment	• Minimise distractions in a quiet, private space. • Use the layout of the space to provide structure to the work day. • Provide photographs, in addition to words on signs or office name plates.
Fatigue/ weakness	• Use the layout of the space to efficiently complete tasks. • Provide parking close to the building.
Fine motor impairment	• Implement an ergonomic workstation design. • Provide large buttons or controls with lever-type handles and low force requirements to operate.
Gross motor impairment	• Provide an accessible entrance (e.g. add a ramp). • Provide accessible parking on an accessible travel route. • Provide power-assist door openers. • Provide an accessible restroom and break room.
Auditory impairment	• Provide a teletypewriter (TTY) with a visual alert system. • Install an emergency alert system with a visual or tactile signal. • Encourage full use of visual aids, including films, overhead projectors, diagrams and chalkboards.
Vision impairment	• Install proper office lighting. • Use a high-contrast colour on door frames. • Provide large signs with high colour contrast.

Section 2 / Assistive technologies

Assistive technologies have traditionally been divided into two types:

1. Low-tech devices:

These devices are characterised as being "inexpensive and easy to obtain" (Cook & Hussey, 1995, p. 7). Examples include built-up handles on utensils, adapted doorknobs, dressing sticks and sock aids.

2. High-tech devices:

These devices are thought of as more expensive, more difficult to obtain, and often require training to operate. They are usually electrical or electronic. The examples falling into this classification include robotic assistants, augmented speaking devices and prosthetic limbs.

Low-tech devices are: canes, walkers, crutches, lower extremity orthoses and manual wheelchairs. Low-tech mobility devices such as canes, walkers and crutches are commonly prescribed by a physical therapist, who performs the initial selection, set-up and training. Thereafter, all team members frequently work to improve a client's functional mobility, as during the activities of daily living.

Lower extremity orthoses: These can take many forms and can impact the body at the ankle, knee, hip, or in any combination of these areas. They are frequently used to stabilise the lower extremity, correct a deformity or slow the progression of a deformity. In addition to stability functions, they are used to assist in mobility by correcting problems in gait. They are generally fabricated and fitted by an orthotist.

Manual wheelchairs: These are generally prescribed by an attending physical and an occupational therapist. High-tech examples include powered wheelchairs, personal mobility devices, lower extremity prosthesis and robotic walkers

Powered wheelchairs: These items change dramatically every year.

Personal mobility devices: A wide range of devices fall into this category, ranging from three-wheeled scooters to electric carts, and high-tech two-wheeled devices such as the Segway personal transportation device.

Hearing and environmental adaptations

These adaptations include modifications to the environment to reduce background noise and "auditory clutter".

Low-tech examples: These include sound-deadening materials, amplification or the choice or positioning of the furniture. These also include the modifications a speaker might make, such as not standing in front of a bright light source, and trimming their moustache or beard to allow a listener who lip-reads a clearer view of the speaker's lips.

High-tech examples: In some situations, selective amplification, as occurs with assisted listening devices, is more appropriate. The assisted listening devices involve a microphone (speaker), transmitter, receiver and an earphone (listener) system that allows an individual with diminished hearing to adjust the sound levels that are produced. In this way, an audience can be made up of those who do and do not need amplification. Hearing aids are generally all high tech devices. Other devices that alert or augment hearing also fall into this category, including: buzzers, strobes, flashing lights and vibratory devices that can signal to an individual that he/she needs to attend to some event or situation.

Hearing aids are classified by the National Institute of Health (National Institute on Deafness and Other Communications Disorders, 2002) using a number of categories:

• By style: In-the-ear hearing aids fit into the outer ear; behind-the-ear aids are located behind the ear, with the earpiece located within the canal; canal aids fit completely within the ear canal; and body aids are large devices carried externally to the ear and located on the wearer's clothing.

• By circuitry: the analogue adjustable type of hearing aid is built for a specific client to augment a specific level of hearing loss. The analogue programmable type of aid is fabricated according to an individual's specific needs – the user

can often select a variety of settings, depending on the environment that he/she is in. The digital programmable type of hearing aid contains a microchip which increases the ability of the device to be adjusted to the acoustics of varying environments.

• Cochlear implants. This AT involves the implantation of a device behind the ear. The device bypasses the damaged or non-functioning parts of the user's ear, sending information directly to the brain.

Vision and environment

Low-tech examples: Glasses, a magnifying glass, large print, large fonts, alterations to light levels, contrast enhancement, reduction of glare, books and signage in Braille, and walking canes.

High-tech examples: Scanning or large display devices, character enhancement via a computer, Braille talkers or typers, digital e-books and tablet computers.

- Scanning or large display devices: There are a large number of devices that allow a user to scan the print on a page and display it on a screen in real time.
- Character enhancement: A computer can enlarge a font or "speak" the words on a page
- Braille talkers or typers: A Braille typer uses a scanner that is moved over a printed page. The device converts the text input to Braille and raises the correct pins under the reader's fingers. Another strategy uses a scanner to convert the text to Braille, but the output is delivered in Braille via a specialised printer.

Touch and the environment

Altered sensations, particularly tactile loss and pain, have the potential to lead to a significant impact on a client's life and well-being. Because the hands are the most common means by which we interact with our environment, the loss of tactile sensation makes it more difficult to choose an effective AT for the other existing conditions. Therapists should remember that switches need not always be activated by hand.

The key is that the switch should be positioned where the motor ability allows for consistent and accurate access.

Loss of sensation in the protopathic pathways (sharp-dull and hot-cold sensations) brings a safety issue into the equation. Clients may not recognise that they have come into contact with an object that is sharp, or is sufficiently cold or hot enough to cause tissue damage. Individuals with decreased peripheral sensation, such as is found after trauma or with diabetes, may not recognise that their fingers, toes or a complete limb is too cold or hot.

The first strategy could be deemed to be "no-tech," in that clients should be trained to attend visually to the affected body parts. When the body part cannot be readily visualised, it can often be viewed using a hand mirror or a mirror fitted with a universal cuff.

Assistive Technology for the Augmentation of Communications

A wide variety of conditions can lead to a decreased ability to communicate. Such problems may be congenital, as in a child with dysarthria acquired after a cerebrovascular accident; or progressive, as seen in the case of amyotrophic lateral sclerosis. The strategies for coping with these conditions involve a wide range of low and high-tech interventions.

No-tech examples: Gestures, grimaces, "mouthing", eye movements.

Low-tech examples: Paper and pencils, picture boards, symbol boards, touch talkers and speech recognition software. Speech recognition and touch talkers were originally considered to be high-tech interventions. However, both have now become much more commonly available to the general public.

High-tech examples: Tablet computers now have downloadable applications or "APPs" that are used as AT. Some examples, such as the Smarty Ears APP, assist in teaching pronunciation skills, articulation, stuttering, articulation and language skills. There are also APPS that will provide icons, phrases and videos to assist or supplement speech (Lingraphica). Dedicated software and computer systems also use variable strategies for word selection or prediction.

Mann and Lane (1991) has grouped electronic communication devices into three types by the method of access, each with its own advantages and drawbacks:

1. Direct:

Here, the user touches or uses a form of fine motor augmentation to select the response from among a group of options. The fine motor augmentation could be a mouth stick or one of the many head-mounted electronic pointers that use lasers, infrared light or radio waves.

2. Scanning:

In this strategy, the device moves through the available choices in a prearranged pattern and at a pre-set pace. When the desired choice is available, which is often signalled by a light-emitting diode (LED) near the choice, the user responds. This method requires less user action, but it is slower than the direct form of selection.

3. Encoding:

Symbols, numbers, colours or letters are used to indicate the desired words or phrases. This requires the least action on the part of the client, but in exchange the client must learn a new system of symbolising.

Section 3 / Job modifications

Job modifications to decrease the risk of injury at work are grouped into three categories:

1. Engineering controls:

The design of the job, the work station, the tools and the work process are created from the beginning to accommodate the capabilities and capacities of the workers. Such controls are independent of the worker's capabilities or techniques.

2. Administrative controls:

Policies or work practices are used to prevent or control the exposure to ergonomic risks (e.g. there are frequent rest breaks to offset fatigue, limited overtime or rotating between tasks, broadening job responsibilities to decrease repetition or awkward postures, and slowing of production rates).

3. Personal protective equipment:

This equipment provides a barrier between the worker and the hazard source. This is the least preferred intervention, and should only be implemented when engineering and administrative controls have not been effective.

CHAPTER 5

EXAMPLES OF BEST PRACTICE

Behaviour disorder

Some co-workers noticed that somebody was rolling out the toilet paper and leaving the water running from the tap in the toilet room. After a while, it became clear who was acting in the manner. It was Jonas. The manager talked to Jonas several times, but his behaviour did not change. Everyone lost patience with the situation. After many unsuccessful efforts, Jonas was asked to be responsible for the economy of water and paper. Once he was assigned this responsibility, the situation changed. Jonas wanted to be important and to have additional responsibilities at the workplace. However, because of his disability, he was unable to express his wish in a more reasonable way.

Intellectual disorder

The disabled person was assigned a work task – to pack bolts into small plastic bags (7 bolts per bag) and to zip up the bag. However, Gediminas once in a while failed in counting up to 7. Therefore, the social worker found a solution. She gave Gediminas a tablet storage box with 7 compartments. Now, Gediminas puts 1 bolt into every compartment of the box, and has made no further mistakes.

Memory and attention disorder

The disabled person was assigned a work task – to deliver papers into the 3 different rooms in the office. It was important to keep the correct sequence. However, Antanas ways forgot the sequence concerning which room he must go into first and which he should visit last. The social worker found a solution. She wrote the numbers 1, 2 and 3 on the office doors. The disabled worker never again forgot the sequence and was able to do the job without any additional help.

Autism spectrum disorder

From time to time, the manager changes the work tasks for Tadas. Every time this happens, Tadas gets very angry and frustrated. Even though he can easily manage all the tasks, it takes one day for him to calm down after such a change. The social worker advised the manager to give Tadas a warning of such changes in advance. Now, Tadas feels frustration about the changes. The most important aspect for him was to know about the changes in advance.

Learning disability

Rasa has difficulties in understanding written information. As a result, she cannot read timetables, announcements, notes and SMS from the manager, and she often misses important information. The social worker advised the manager to send voice messages to Rasa instead of written messages. Now, Rasa receives information in the proper way, and does not suffer from a lack of information.

Dementia

Joana very regularly rang the emergency services to inform them about a gas leak in her flat. No discussion or intimidation means helped with this issue, and the woman continued to call. In view of the gas leak risk, each call meant that medical workers, firefighters and the police were mobilised. Therefore, each call caused a great expense. Assuming that the woman, despite her age and her serious dementia, still had some logical thinking processes, it was decided to install a gas leak detector in Joana's apartment. Every time Joana rang to summon help, she was then asked if the detector had gone off. The woman thought about this, and withdrew her call for assistance after realising the detector had not indicated a problem.

Autism

A young man, aged 28, started to behave badly each autumn and began to throw chairs and other objects in the direction of staff. The employees refused to continue their work, and there were several reasons for trying to understand the causes of such an action. One of the assumptions was that

when it becomes dark outside, the lights were turned on. After the lighting was reduced in the respective room and the position of the lamps was changed, the man did not show any further signs of bad behaviour. It should be noted that people with autism can have a very high sensitivity to light, sound, touch and taste.

Down Syndrome

An employee with Down Syndrome refused to perform one specific work obligation (to place the printer paper back in the printer space) and every time he was asked to execute this task, he became angry and would even leave work and go home. After some time, the employee who worked in the printer room passed away. Since that day, another employee with Down Syndrome has carried out this duty without any objection. In this case, the employee was trying to avoid a situation in which he was uncomfortable, but he could not explain the reason for it.

Physical environment

18-year-old Tom uses wheelchair because he can't walk as a result of a spinal cord injury. He would like to study at university, but he lives in a small city with his parents and there are no universities there. He can't live alone in another city, because he needs help to transfer from his bed to the wheelchair, from his wheelchair to a car, and he can't go up/down stairs, etc. He therefore decided to go to a vocational centre. He called the centre and asked about the stairs, toilet and the physical space, and requested a visit. Once he had visited the centre and saw that he could get in as there was enough space, he had further questions about the learning process. He determined that it would be possible to use a computer and voice recorder, because he has problems with his grip and handwriting.

Reading problems

Agata is now a young woman, but when she was seven years old she fell from a high wall and was diagnosed head trauma. Now, she lives with her mother and wants to learn painting. At home, she prepares meals, does the

cleaning and goes shopping. She has a lot of friends because loves to talk and she participates in all community events. She sent her CV to a flower shop, because she thought that would be the best place to work. However, Agata has problem with reading: she can't read books, because of headaches and dizziness, but she can read for a while (for about 15 min.). Therefore, she thinks that working in a flower shop would be possible.

Attention and memory

Sara is attending sewing classes, and she loves to learn and to communicate with others during the workshops. She says that she loves to attend these classes because the teacher does a review of the previous session at the beginning of each class, and this helps her to remember. The teacher uses slides and notes, and explains what Sara has to do in a simple way. Sara has memory and attention problems, so that's why she has chosen to learn sewing. She needs more time to learn how to do tasks, which is the reason why the teacher has followed the recommendation to use video and notes.

Proprioception

Roland loves woodwork classes because he can build tables, chairs, spoons and other things. Why does he love this class? Because the teacher gives him "heavy" work and opportunities to have regular movement breaks.

Difficulties in starting and finishing work

Ana has problems with starting work and cannot stop until she has completely finished, but the teacher has helped her to learn a solution. The teacher gives structured information on what she had to achieve, and uses visual schedules and timers. The goals are short and she has regular breaks.

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