



Making ESN an accessible organisation  
Handout for section coordinators







## ***Acknowledgement***

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# 1. INTRODUCTION

Going abroad for a period of time is not always easy for young people, especially if it is the first time away from their familiar environment or the first time they are studying and living together with other young people they didn't know before. It is even more difficult for young persons with disabilities as they face inaccessible environment or disability-related stereotypes.

Creation of this booklet is a part of the ExchangeAbility project that aims at integrating young people with disabilities in ESN local sections as well as giving students with disabilities an opportunity to be involved in the international environment.

**The booklet is dedicated to raising awareness about what disability means and what the specificities of young people with disabilities are.** It was created as a help for ESN sections to better integrate young persons with disabilities in their activities. However, the publication can be of benefit to anyone who would like to broaden their knowledge about the subject.



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## 2. PARTNERS' DESCRIPTION



Three partners are involved in the development of the ExchangeAbility project (in alphabetical order): Erasmus Student Network (ESN), the European Disability Forum (EDF) and the Youth Agora.

**The European Disability Forum (EDF)** is the European umbrella organisation representing the interests of 65 million citizens with disabilities in Europe. EDF membership includes national umbrella organisations of persons with disabilities from all countries of the European Union and European Economic Area, as well as European NGOs representing the different types of disabilities, organisations and individuals committed to disability issues. We are the only European platform of people with disabilities, which is run by people with disabilities or the families of people with disabilities unable to represent themselves. The mission of EDF is to ensure persons with disabilities full access to fundamental and human rights through their active involvement in policy development and implementation in Europe. EDF believes that a society in which people with disabilities are fully included is a better society for all.

**Erasmus Student Network (ESN)** is one of the biggest non-profit interdisciplinary student associations in Europe, founded in 1990 for supporting and developing student exchange. We are present in 290 Higher Education Institutions from 32 countries. ESN works for the creation of a more mobile and flexible education environment by supporting and developing the student exchange from different levels, and providing an intercultural experience also to those students who cannot access a period abroad ('internationalisation at home').

**Youth Agora** is a Brussels-based not-for-profit organisation active since February 2008. Youth Agora's mission is to improve the quality, effectiveness and accessibility of online information aimed at young people and produced by organisations dealing with youth information, volunteering, education and research. In particular, members of Youth Agora have successfully completed the transformation of the new website of the European Youth Information and Counselling Agency (ERYICA [www.eryica.org](http://www.eryica.org)) into an accessible website.



### 3. ABOUT THE PROJECT: OBJECTIVES AND SUMMARY



#### Objectives

**The main aim of the project is to make ESN an association accessible for students with disabilities on all the levels of its activities.** That means that ESN wants to provide the conditions and opportunities for students with disabilities to actively participate in student life. As ESN is active on the field of student mobility we would like to give students with disabilities the possibility to be involved in the work with international students and therefore to benefit from the exchange programmes at their home universities.

The project also aims, in the long term vision, to encourage the increase of the number of exchange students with disabilities and to create the best conditions for them during their stay abroad.

#### Summary of the Project

According to the data from the European Commission, during the academic year 2006/07 over 140 students with disabilities participated in Erasmus (LLP/NA/ERA/19/08rev). This represents 0.09 % of all Erasmus students. Although an increase compared to the previous years has been observed, the number is still exceptionally low.

ESN, Youth Agora and EDF are currently working on a project that will allow students with disabilities to be fully involved in the activities of the local sections of ESN. Pilot sections will be encouraged to engage students with disabilities at their universities in the work for the exchange students. Sections of ESN participating in the project will offer students with disabilities a variety of activities that they could be involved in. The majority of ESN sections websites are standardised since they are based on a common template (ESN Satellite) developed by Youth Agora, and they are planned to become accessible for blind and sight-impaired people by the end of 2009, the tool itself will be provided by Youth Agora.

**Through participation and involvement in the activities, students with disabilities will be given an opportunity to experience the international and intercultural atmosphere associated with the exchange programs.** The long term goal of the project is to encourage an increasing number of students with disabilities to go for an exchange and to provide them with the best possible conditions preparing the International Relations Offices as well as the local ESN sections to receive students with specific needs during the exchange.



## 4. ABOUT DISABILITY AND PEOPLE WITH DISABILITIES

### 4.1. What is a Disability?<sup>1</sup>

***“Disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment.”<sup>2</sup>***

There is no universally accepted definition of ‘disability’, although various attempts have been made to produce one. The problem lies partly - though not entirely - in the complicated and changing relations between our ‘abilities’ and the environment in which we find ourselves. Any one of us may become *unable* to carry out certain tasks if we are put in a different environment; and in the same way, someone who is *disabled* in one environment may become *enabled* as a result of changes in the social or physical environment.

#### **Definitions of Disability**

Probably the most commonly used definition of disability is the one produced by the World Health Organisation (WHO) in 2001, which set out the differences between the concepts of disability, impairment and handicap. In their understanding, the term ‘disability’ can be seen to apply to a complex system of economic and social constraints, imposed on people with impairments by the organisation of society.

The different concepts were distinguished by the WHO<sup>3</sup> as follows:

- **Impairment:** “Any loss or abnormality of psychological, physiological, or anatomical structure or function.”
- **Disability:** “Any restriction or lack resulting from an impairment of ability, to perform an activity in the manner or within the range considered normal for a human being”.
- The term ‘**handicap**’ was also defined by the WHO, as any ‘*disadvantage for a given individual, resulting from an impairment or disability...*’ However the term handicap is no longer considered appropriate or in keeping with the contemporary understanding of disability or people with disabilities.

The United-Nations (UN) Convention on the Rights of Persons with Disabilities<sup>4</sup>, which entered into force in May 2008, does not attempt a definition of disability, but does state in the preamble:

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<sup>1</sup> Source: Chupina, K. “Disablism and Disability”. Unpublished background text for the supplement to the Human Rights Education Manual “COMPASS”, Council of Europe (forthcoming). COMPASS in its current version is available online at: <http://www.coe.int/compass>.

<sup>2</sup> International Classification of Functioning, Disability and Health of the World Health Organisation available online at: <http://www.who.int/classifications/icf/en/>

<sup>3</sup> More information at: <http://www.un.org/esa/socdev/enable/faqs.htm>

<sup>4</sup> The UN Convention on the Rights of Persons with Disabilities is available online at : <http://www.un.org/disabilities/default.asp?id=150>

***“Recognising that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”***

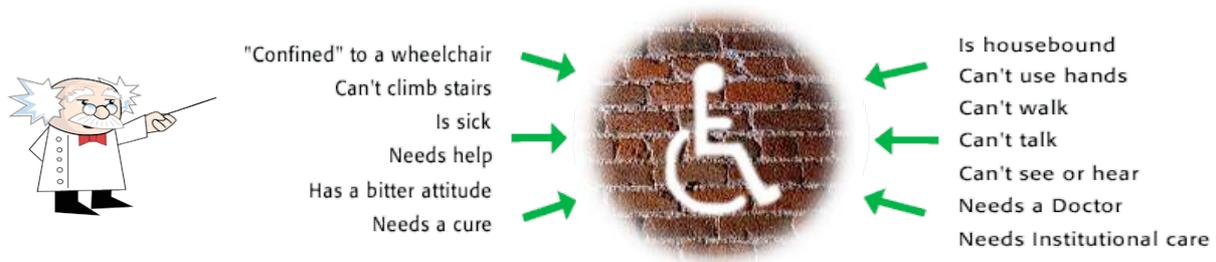
The Council of Europe’s recently adopted ten-year Action Plan on Disability<sup>5</sup> also does not attempt a definition of disability. It states that “this is a matter for individual member states and their national policy”.

**Today the position adopted by international organisations is that disability is a socially created problem and not merely an attribute of the individual.** Having a disability is a consequence of a dynamic interaction between, on one hand, a person’s health and other personal factors (such as age, gender, personality or level of education) and on the other hand, the social and physical environment in which they find themselves. Disability can refer to physical, sensory, mental or intellectual capacities.

### **Social and Medical Models of Disability**

**Historically, disabilities were considered to be personal and family tragedies. Before the 1970s, disability was seen primarily as a medical issue and people with disabilities were viewed as medical failures.** These were the chief characteristics of the ‘medical model’ of disability, which placed the problem firmly with the individual and assumed that only a medical ‘cure’ could remove it. This model portrays people with disabilities as victims of circumstance and the environment, deserving of pity. Individuals are supposed to adjust to disability and to a society which discriminates against them.

### **The Medical Model of Disability**



Source: <http://www.selfdirection.org>

Against this dominant medical model, a major shift in thinking took place in the 1960s, initially in the United States of America (USA), with the ‘independent living movement’. Advocates of independent living adopted a human rights approach which was largely a result of the civil rights, women’s, and antiwar movements, and which prompted them to discard a medical model which saw people with disabilities only as passive recipients of professional of professional care.

<sup>5</sup> The Council of Europe Action Plan is available in various languages and English easy-to-read online at : [http://www.coe.int/t/e/social\\_cohesion/soc-sp/integration/02\\_council\\_of\\_europe\\_disability\\_action\\_plan/Council\\_of\\_Europe\\_Disability\\_Action\\_Plan.asp#TopOfPage](http://www.coe.int/t/e/social_cohesion/soc-sp/integration/02_council_of_europe_disability_action_plan/Council_of_Europe_Disability_Action_Plan.asp#TopOfPage)

The independent living movement began in the USA as a social movement initiated by Ed Roberts (1939-1995), who was the first person with a severe disability to attend the University of Berkeley. This movement radically changed the understanding of 'independence', which is today seen in terms of having autonomy and control over one's own life.

**The disability movement today believes that the overcoming of disability lies in the restructuring of society.** Unlike medical cures, which focus on individuals and their impairment, the restructuring of society is both an achievable goal and to everyone's benefit for an inclusive society. This understanding of disability is referred to as the Social Model of Disability. It suggests that the individual and collective disadvantages suffered by people with disabilities are a result of a complex form of institutional discrimination that is as deep-seated in our society as are sexism or racism.

The Social Model was created as a result of the disability rights movement and out of the personal experiences of persons with disabilities, and it represents the most radical shift from the traditional model. The Social Model recognises the right of people with disabilities to be included in society on an equal footing with their non-disabled peers. The below diagram illustrates the very limited possibilities for social contact for persons with disabilities when the medical model is used.

The obsession with finding medically based cures for 'disabilities' distracts us from looking at causes of exclusion or disabling factors within society itself. Most disabilities are in fact created by oppressive social systems.

### The Social Model of Disability



Source: <http://www.selfdirection.org>

It is notable that in the diagram above, in contrast to the medical model, the arrows on the social model radiate outwards. The issues listed around the globe are now beginning to be addressed and better facilities are being provided for persons with disabilities. This only happens very slowly because too few people are aware of the problems that those with disabilities face.



## Differences between the Medical and Social Models<sup>6</sup>

The difficulties that people with disabilities experience cannot be said always to be a result of their impairment alone; but nor too are they entirely a result of social attitudes, manipulation or an inability on the part of society to respond adequately to people with disabilities. In many cases it is probably a combination of factors.

Despite its undeniably important focus on social factors, the social model of disability can miss out some of the essential personal factors – for example the pain involved in severe disability. Disability activists acknowledge that the social model should go beyond saying that 'handicaps are created by the environment'. They argue that is important to see people with disabilities neither as passive victims of a medical impairment, nor as passive victims of the environment. **Rather, persons with disabilities should be perceived as active agents with full entitlements to rights and capable of exercising autonomy over their own lives.**

The Medical Model asks:	The Social Model asks:
What is wrong with you?	What is wrong with society?
Are your difficulties in understanding people mainly due to a hearing problem?	Are your difficulties in understanding people mainly a result of their inability to communicate with you?
Did you move here because of your health problem?	Which deficiencies in your housing caused you to move here?
Does your health problem/disability prevent you from going out as often or as far as you would like?	Are there any transport or financial problems which prevent you from going out as often or as far as you would like?

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<sup>6</sup> Source: *Difference, Equality and Disabled People: Disability Rights and Disability Culture*, Osamu Nagase, 1995. Online access at: <http://www.arsvi.com/0w/no01/1995.htm>.



## 4.2. The Diversity of Disability

***“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (Article 1 of the UN Convention on the Rights of Persons with Disabilities)***

A disability may occur during a person's lifetime or may be present from birth. The complexity of the needs and assistance required to perform every day life's activities vary greatly from one person to another. Below, you will find explanations of the different types of disabilities you can meet but it is important not to generalise, one person is different from the other.

Besides, as the range of disabilities is wide and definitions of disability may vary from one country to another, it is impossible to cover all aspects in this handout. You will however find some useful explanations about general categories of impairments.

### **Physical Impairment**

**It refers to a reduction in physical mobility, which impacts on an individual's ability to perform everyday activities, in any environment.** Physical impairment can be defined as a dysfunction of the musculoskeletal and/or neurological body systems, which affects the functional ability of a student to move or co-ordinate movement.

There is a wide range of conditions that may result in physical impairment including cerebral palsy, spina bifida, muscular dystrophy, arthritis, osteogenesis imperfect, congenital malformation of the limbs, some acquired brain injuries or some orthopaedic conditions.

A physical impairment may be present from birth (congenital) or acquired later (e.g. through an accident or illness). It can be progressive or non-progressive. The latter refers to whether or not the condition increases in extent or severity.

### **Hearing Impairment**

**It is a broad term used to describe the loss of hearing in one or both ears.** There are different levels of hearing impairment. Hearing impairment refers to complete or partial loss of the ability to hear from one or both ears. The level of impairment can be mild, moderate, severe or profound. Deafness refers to the complete loss of ability to hear from one or both ears.

There are two types of hearing impairment, defined according to where the problem occurs:

- Conductive hearing impairment, which is a problem in the outer or middle ear. This type of hearing problem is often medically or surgically treatable, if there is access to the necessary services; childhood middle ear infection is the most common example;

- 
- Sensor neural hearing impairment, which is usually due to a problem with the inner ear, and occasionally with the hearing nerve going from there to the brain. This type of hearing problem is usually permanent and requires rehabilitation, such as a **hearing aid and/or cochlear implant** and additionally, assistive listening devices, such as **inductive loop systems, infra-red and FM systems**. Common causes are excessive noise, ageing, certain infections such as measles, mumps or meningitis, certain medicines such as antibiotics, or genetic.

A student with hearing impairment may use speech and/or sign to communicate. S-He may also rely on assistive listening devices and palantype services (text-on-screen). Some students who use sign prefer to be referred to as deaf as they identify with the unique culture of the Deaf Community and perceive their deafness as a difference, not a disability.

## **Visual Impairment**

**In educational terms, vision impairment is any diagnosed condition of the eye or visual system that impacts on access to learning.** Vision impairment, or low vision, means that even with eyeglasses, contact lenses, medicine or surgery, you don't see well. Disease, damage or injury causing vision impairment can occur to any part of the visual system (i.e. the eye), the visual pathway to the brain or visual centre of the brain.

Vision impairment can:

- be present at birth
- occur at any time from disease or accident
- be part of a medical condition or syndrome

Most visual conditions in children are stable and vision remains relatively unchanged. Some conditions, however, are progressive, resulting in reduced vision over varying periods.

## **Autism Spectrum Disorder**

Although not universally accepted, the diagnostic labels of 'Autism' and 'Pervasive Developmental Disorders' are being progressively substituted by the term '**Autism Spectrum Disorders**' (ASD) to stress two points: one, that we refer to **specific disorders of social development, and, two, that there is a marked heterogeneity in the presentation of ASD, ranging from the full clinical picture to partial expression or individual traits that are related to ASD but do not merit clinical diagnosis.**

Autism is a significant lifelong disability, due to multiple medical causes, interfering with the normal development and functioning of the brain, identifiable in very early childhood. Autism deeply affects the way the person communicates and relates with one's environment.

This disability affects the vital areas of psychological and behavioural development, generally through the life span. It is characterised by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behaviour, interests and activities.



## Speaking Impairment

**Stuttering is a communication disorder involving disruptions, or ‘disfluencies’ in a person’s speech.** The word ‘stuttering’ can be used to refer either to the specific speech disfluencies that are commonly seen in people who stutter or to the overall communication difficulty that people who stutter may experience.

In addition to producing disfluencies, people who stutter often experience physical tension and struggle in their speech muscles, as well as embarrassment, anxiety, and fear about speaking. Together, these symptoms can make it very difficult for people who stutter to say what they want to say, and to communicate effectively with others. There are perhaps as many different patterns of stuttering as there are people who stutter. And there are many different degrees of stuttering, from mild to severe.

## Intellectual Impairment

An internationally accepted definition for intellectual impairment has been developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) whose members include professionals in related fields, parents, students and others.

The AAIDD (2002) states that:

***"Intellectual disability is characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18."***

## Mental Health Conditions<sup>7</sup>

**Mental health conditions concern mental and emotional conditions and diagnoses such as stress, depression or schizophrenia.**

*"The term ‘mental health condition’ is used when an individual’s mental condition significantly interferes with the performance of major life activities such as thinking, communicating, learning and sleeping. The type, intensity and duration of symptoms vary broadly from person to person. Symptoms can come and go and seldom follow a regular pattern, sometimes making it difficult to predict when symptoms and functioning might worsen."* (Guidance on the Differences between Mental Health Problems and Intellectual Disabilities, 2006)

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<sup>7</sup> Source: *Guidance on the Differences between Mental Health Problems and Intellectual Disabilities*, 2006.

Online access in PDF format at: [http://www.inclusion-europe.org/MMDP/EN/EN\\_Leaflet.pdf](http://www.inclusion-europe.org/MMDP/EN/EN_Leaflet.pdf)

## 4.3. Language Use about Disability

### Portrayal of Persons with Disabilities

When it comes to the participation and inclusion of people with disabilities, the media's role in raising awareness about disability rights and changing attitudes is crucial. The mass media often depicts people with disabilities as lying at one or another extreme: either being poor and to be pitied, or celebrated as heroes who dare to live. Such portrayal only contributes to stereotyping people with disabilities, and not to understanding that they form a group as interesting and diverse as any other group in society.

### Tips on the Language Use<sup>8</sup>

**Put people first, not their disability.** Emphasize the people, not the labels. Do not use a disease or disorder to refer to people. This puts the focus on the individual, not the particular functional limitation.

Don't say	But do say
The disabled	People with a disability or disabled people
X is an epileptic - Don't describe a person with a disability in terms of a condition	X has an epilepsy
Birth defect, congenital defect, deformity	Person born with a disability, person who has a congenital disability
The blind	Person who is blind
Visually impaired	person with a visual impairment or who is partially-sighted
Hard of hearing, hearing impaired	Person who is hard of hearing
Deaf-mute, deaf and dumb	Person who is deaf
The epileptic	Person who has epilepsy
Learning disabled	Person with a learning disability
learning disordered	Person with dyslexia
Spastic	Person who has spasms
Victim of cerebral palsy, multiple sclerosis, etc.	Person who has cerebral palsy, arthritis, multiple sclerosis, arthritis, etc. Or person with a mobility impairment.

<sup>8</sup> Sources: Chapter written by Karina Chupina In: *No Barriers, No Borders*, A practical booklet for setting up international mixed-ability youth projects (including persons with and without disability), SALTO-YOUTH. You can download the booklet online in PDF format at: [www.SALTO-YOUTH.net/Inclusion/](http://www.SALTO-YOUTH.net/Inclusion/).

And EDF Disability Awareness Training

**Show people with disabilities as active** participants of society. Portraying persons with disabilities interacting with non-disabled people in day-to-day social and work environments helps break down barriers and gives a good example of positive and respectful interaction. Using images that isolate or call special attention to persons with disability is only appropriate if it is relevant to the story.

**Update your vocabulary.** The way we refer to persons with a disability has changed over time but some people still use archaic terms (which were used last century!). Avoid using old derogatory terms.

Don't say	But say
Handicap and handicapped persons It comes from the times when persons with a disability had to go with the "cap in the hand" on the streets to beg for food and money to survive. It prompts negative images.	Disability and person with a disability
Invalid - the literal sense of the word "invalid" is "not valid"	Person with a disability
Fit, attack, spell	Seizure
Cripple, crippled, lame	A person with a disability, a person with a mobility impairment, a blind person, a person who has a spinal cord injury, etc.
Insane, lunatic, maniac, mental diseased,	Persons with a mental health/psychiatric disability
Crazy, demented, deviant, psycho	person who has schizophrenia, person who has depression
Mentally retarded, defective, feeble minded, idiot, imbecile, moron, retarded, simple	Person with an intellectual disability
Mongoloid	Person with Down's Syndrome

**Do not focus on disability unless it is crucial to a story.** Sad human interest stories about disability might get you the pity (and alms) of some people but will surely not change the patronising attitudes of people towards people with a disability. Focus instead on issues that affect the quality of life for those same individuals, such as accessible transportation, housing, employment opportunities, and discrimination.

**Emphasize abilities, not limitations.** Assistive technologies (e.g. glasses, wheelchairs, crutches, etc.) enable people with a disability to take part in society, rather than limiting them.

Don't say	But say
Confined to a wheelchair, wheelchair-bound	Person who uses a wheelchair (a wheelchair is a means to get around independently; it gives people freedom)
Patient (only in relation to a doctor)	Person
Handicapped parking, bathrooms	Accessible parking, bathroom

**People with disabilities are not - always - super-heroes.** Even though the public may admire super-achievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve this level. It is probably the 'typical' people who have a disability that we want to put in the picture.

**Avoid artificial or ridiculous euphemisms.** Using euphemisms to describe disabilities is likely to put people in an uncomfortable or patronising situation in which they do not interact "normally" with persons with a disability, but instead be weary about using the most hilariously politically correct term. Let's call spade a spade.

Don't say	But say
Differently abled	Person with a disability
Physically challenged	Person with a disability, person with a mobility impairment
Mentally challenged	Person with a mental/intellectual disability
Vertically challenged	Person of short stature
Visually challenged, hard of vision	Person with a visual impairment or who is partially-sighted

**A little dose of sensationalism?** Avoid negative terms or emotionally laden words to refer to people with a disability. These terms portray the assumed sensation and drama of having a disability (which is not necessarily correct). They will only get you pity or amazement instead of positive attitudes and respectful interaction with people with a disability. Most of the outdated terms above also belong to this category.

Don't say	But say
Suffers from, afflicted by, stricken with, crippled by, etc.	Person with a disability, etc.
Victim of X	Person with X

Having a disability is not synonymous with suffering. Persons with a disability can have a perfectly happy life, with ups and downs like anybody else.

**What to use to refer to people without a disability?** One word to avoid is ‘normal’, as the situation the persons with a disability are in is perfectly normal for them. So we would use ‘people without a disability’ or the ‘non-disabled person’ (but you might want to put the person first?). It is generally OK to use **usual expressions** such as “you see?” or “see you later” when a blind person is around, or “let’s walk to z” with a person using a wheelchair, etc. Don’t get paranoid about what you can say and what not – the persons with a disability can indicate what they take offence at and what alternatives they prefer. As mentioned before, persons with disabilities are a **very amorphous group**, so it is difficult to refer to “them” or “they” as the individuals are very different from one other.

#### 4.4. Interactions with People with Disabilities

Different organisations of persons with disabilities already developed some good booklets explaining how to interact with people with different types of disabilities. Rather than producing a new one, we would like to refer you to the following one that we found relevant: United Spinal Association, *Disability Etiquette: Tips on Interaction with People with Disabilities*<sup>9</sup>.



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“

Paradox example on how a young disabled girl made her voice heard at local level  
A young disabled woman could not make her voice heard in her local community. She then was invited to speak in a European youth meeting. Right after this experience, she was treated with more respect and welcomed in local structures not only because of the increased self-confidence and skills, but also because of the nice printed report from the European meeting. The doors open easier for an ambassador of European youth work issues.

”

<sup>9</sup> The booklet is available online in PDF format at: <http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>.



## 5. ABOUT YOUNG PEOPLE WITH DISABILITIES

The development from a child to an adult is an exciting, but also very often a challenging period in one's life, because young persons have to deal with a lot of physical and psychological challenges. Young people with disabilities perceive this time in a different way from their non-disabled peers. Young people have to live with constraints, they can feel restricted, dependant and unsure about themselves and self-conscious. This section focuses on the outstanding conditions young persons with disabilities have to deal with as well as with their feelings, hopes and dreams.

### Equal with a Disability? A Matter of Attitude

Non-discrimination legislation ensuring fundamental and equality rights have made major advancements for the everyday life of people with disabilities. But, **without a change of mind, persons will not be equal, as equality is something everyone has to believe in and experience in everyday situation.** To reach equality, building one's own life, making one's own choices and be independent is key to develop self-esteem and confidence, which is true for everyone. In view of achieving this independence for young people with disabilities, a positive attitude of society and the role of family is vital.

### Gender Discrimination, Getting Rid of Prejudices and Stereotypes

**Women with disabilities very often have to face severe prejudices because they are perceived by society as asexual and undervalued persons.** From school to work, they are put on a female development rail and it results in lower salaries and underrepresentation in higher levels of organisations.

Moreover, gender stereotypes interact with disability stereotypes. Discrimination based on several grounds at the same time -disability, gender, age, sexual orientation, ethnicity, religion,...- should be addressed as a started point and not as an added aspect.

### Sexuality, a Challenging Issue for all Adolescents

**Discovering one's sexuality, physical and psychological changes, and love for the first time is difficult for everyone, and especially for young persons with disabilities due to prejudices and attitudinal barriers of society.** It is indeed often a taboo issue, and the under-representation of persons with disabilities in media has a strong impact. It is therefore important that all young persons with disabilities get early the opportunity to talk about love and sexuality with adults. It will help to change attitude of society as well as to inform young girls and boys with disabilities themselves.



## **Violence Against Children and Young Persons with Complex Dependency Needs: a Silent Pain**

**Institutional violence, rape, incest, over-medication are a reality and sometimes a part of the daily life of persons with disabilities.** However, people with disabilities are not equal towards violence because their credibility is extremely low in case of non-witnessed violence such as neglect, exploitation, psychological abuse and even sexual abuse. Children with disabilities face risk of repetitive and long-term violence from twice to five times more often than their peers. We must listen to them, reinforce their credibility and have zero tolerance for violent behaviours.

## **Children and Young Persons with Complex Dependency Needs: Excluded Among the Excluded?**

**Young persons with complex dependency needs have the right to live, the right over their body, the right to equal opportunities and solidarity.** Even more than the other young persons with disabilities, they call for the respect of human diversity. Only when their rights will be guaranteed, the society will discover their capacities. They also witness the real value of the human being which is not limited to performance, speed and physical beauty.

## **Formal and Non-Formal Education, the Pathway to Full Integration and Participation in Society**

**Education for all is a first step towards an inclusive society.** Education must be recognised as a fundamental right implying that young persons with disabilities have the right to receive education at schools and universities of the same quality as any other person. Non-formal education and training are sometimes more inclusive for young persons with disabilities than the formal education system. Arts, sports and leisure may also play a vital role.

## **From Education to Employment**

Education should support young people with disabilities to become economically active taking into account their special needs, such as accessibility requirements. But **society also needs to consider young persons with disabilities as active contributors** and as an important part of the workforce.

## **Challenges and Advantages of Youth Work and Involvement in Youth Organisations**

**For young persons with disabilities it is important to meet and share life experience** with their disabled peers as they can often relate to each other in a special way. But being part of mainstream organisations also represents an opportunity to meet for an interest, and not for a disability.

## The Media as a Powerful Awareness Raising Tool

**Persons with disabilities are under represented on the media.** Therefore, the more persons with disabilities participate in the media on stage, the more internal awareness will be created, and the better disability awareness messages will be conveyed.

To conclude, the main reason for the exclusion of many young persons with disabilities from society and the problems they face are due to inaccessibility, negative public perception and prejudices. To establish equal opportunities, possibilities and chances in all aspects of life, it is urgently needed that everyone believe in and fight for equality.



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## 6. INCLUDING STUDENTS WITH DISABILITIES INTO ESN'S ACTIVITIES

### 6.1. Key Concepts to Keep in Mind

#### The Concept of Accessibility

**Accessibility is a pre-requisite for young persons with disabilities to fully participate in society and its activities.** It is well recognised that persons with disabilities are confronted to physical barriers on a daily basis which exclude them from participating fully and equally in society. The resulting discrimination and segregation of persons with disabilities is contrary to all principles of fundamental rights and equality, as stated in Article 9 of the UN Convention on the Rights of Persons with Disabilities. The overall purpose of this article is to enable persons with disabilities to live independently and participate fully in all aspects of life. The Convention is very clear on what States Parties should do to fulfil this obligation: they

*“shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communication technologies and systems, and to others facilities and services open or provided to the public, both in urban and rural areas.”*

#### The Concept of Reasonable Accommodation

The concept of reasonable accommodation for persons with disabilities was firstly introduced by the Council Directive 2000/78/EC<sup>10</sup>, establishing a general framework for equal treatment in employment and occupation. The scope of the Directive applies to employment and trainings within the framework of employment. It defines reasonable accommodation as:

*“appropriate measures, (...), to enable a person with a disability to have access to, participate in, or advance in employment, or to undergo training, unless such measures would impose a disproportionate burden on the employer. This burden shall not be disproportionate when it is sufficiently remedied by measures existing within the framework of the disability policy of the Member State concerned.”*

Article 2 of the UN Convention on the Rights of Persons with Disabilities gives the following definition:

*“necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”*

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<sup>10</sup> The Directive 2000/78/EC is available online in html at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0078:EN:HTML>.



Reasonable accommodation is a key concept for ensuring true equality of opportunity in the employment and inclusion of persons with disabilities. As we can see from the approach given by the UN Convention of the Rights of Persons with Disabilities, reasonable accommodation is not only a matter of guaranteeing the accessibility of training places but a necessary condition to safeguard the human dignity and the human rights of all the citizens. It is recognised that the majority of people with disabilities do not require any form of special aid or adaptation to participate in trainings. However, people can do the same activities in different ways to achieve the same result. Enabling a person with a disability to perform well in training by making a training-related accommodation is therefore entirely consistent with the merit principle. In order to ensure and facilitate the provision of accessible accommodation, the employer will have to anticipate some fundamental well-known needs following the Design for All principles, especially when new infrastructures are being developed.

“

**So...what can a non formal training give to young persons with disabilities?**

- shift from self-centeredness to an increased self-awareness and appreciation of others' differences
- greater self-confidence and self-esteem
- tolerance and respect
- active participation skills
- feeling of belonging
- leadership skills
- communication and group skills
- impetus for counteracting stereotypes and breaking down attitudinal barriers
- integrity (this also implies identifying, recognizing own strengths as well as limitations, and accepting them)
- problem-solving skills
- examples of good practices and powerful role models

All this is crucial for successful inclusion into society and serves to empower young persons with disabilities – even if the main aim of training is not empowerment as such.

”



Accommodation applies to all areas of employment, including:

- Recruitment, selection and appointment;
- Career development;
- Training and;
- Promotion, transfers or any other employment benefit.

Accommodation is a way of changing the workplace and may include:

- Job restructuring;
- Purchasing or modifying equipment;
- Flexible working arrangements.

## The Concept of Design for All

*“Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.” (Article 2 of the UN Convention of the Rights of Persons with Disabilities)*

Universal design is closely related to the concept of Design for All. It is a design philosophy targeting the use of product and services by as many people as possible without the need for adaptation.

Design for All aims at promoting accessibility and usability for people with disabilities, while providing benefits to a much larger population. According to the European Commission, it "encourages manufacturers and service providers to produce new technologies for everyone: technologies that are suitable for the older persons and people with disabilities, as much as the teenage techno wizard."<sup>11</sup>

## 6.2. Checking Ability-related Needs to Set up ESN's Activities

Some good booklets explaining how to develop projects, meetings and activities including people with and without disabilities have already been developed. Rather than producing a new one, we would like to refer you to the following booklet and especially to section “Creating activities for mixed-ability groups” (pp. 78-103) that we found relevant: *No Barriers, No Borders*, A practical booklet for setting up international mixed-ability youth projects (including persons with and without disability) written by Salto Youth<sup>12</sup>, that we also add as annex to the handout for ease of reading

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<sup>11</sup> Source: European Commission webpage on Design for All available online at: [http://ec.europa.eu/information\\_society/activities/einclusion/policy/accessibility/dfa/index\\_en.htm](http://ec.europa.eu/information_society/activities/einclusion/policy/accessibility/dfa/index_en.htm)

<sup>12</sup> The booklet is available online in PDF format at: [www.salto-youth.net/inclusion](http://www.salto-youth.net/inclusion).



## 7. CONCLUSION

We hope this booklet provided you with sufficient support to understand the specificities of different kinds of disabilities as well as explained you various aspects of involving students with disabilities in youth mainstream activities. We believe that you obtained knowledge required to implement the ExchangeAbility project in your section.

Including students with disabilities in your activities means being open to differences and the needs of everyone – students with disabilities, your members and international students. In broader perspective, taking into account the needs of everyone is the key to develop an inclusive society which is a better society for all.

We would like to wish you good luck with the project!

ExchangeAbility Team



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Salto Youth (2006) *No Barriers, No Borders*, A practical booklet for setting up international mixed-ability youth projects (including persons with and without disability). Available online at: [www.salto-youth.net/inclusion](http://www.salto-youth.net/inclusion)

United Spinal Association (2003) *Disability Etiquette: Tips on Interaction with People with Disabilities*. Available online at: <http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>

### Online resources

EDF website: you can find more information on EDF, our members and our activities. We would like to specifically refer to our section "adopt a disability attitude". [www.edf-feph.org](http://www.edf-feph.org)

World Health Organisation: you can find further information on disability and the different types of disabilities. <http://www.who.int/mediacentre/factsheets/fs300/en/index.html>

Wikipedia article on Design for all: [http://en.wikipedia.org/wiki/Design\\_for\\_All\\_\(inclusion\)](http://en.wikipedia.org/wiki/Design_for_All_(inclusion))

European Commission webpage on Design for All: [http://ec.europa.eu/information\\_society/activities/einclusion/policy/accessibility/dfa/index\\_en.htm](http://ec.europa.eu/information_society/activities/einclusion/policy/accessibility/dfa/index_en.htm)



## **9. PRACTICAL INFORMATION**

### **9.1. To contact EDF**

European Disability Forum  
Rue du Commerce / Handelsstraat 39-41  
B - 1060 Brussels BELGIUM  
Tel: +32 2 282 46 00  
E-mail: [secretariat@edf-feph.org](mailto:secretariat@edf-feph.org)  
Website: [www.edf-feph.org](http://www.edf-feph.org)

Should you have any problems in accessing the documentation and/or need an alternative format, please contact the EDF Secretariat (Tel: +32-2-282.46.00 - Email: [secretariat@edf-feph.org](mailto:secretariat@edf-feph.org)).

### **9.2. To contact ESN**

Erasmus Student Network AISBL  
Rue Hydraulique / Waterkrachtstraat, 15  
B-1210 Brussels BELGIUM  
Tel.: +32 2 256 74 27  
Mobile phone.: +32 475 612 677  
E-mail: [secretariat@esn.org](mailto:secretariat@esn.org)  
Website: [www.esn.org](http://www.esn.org)

### **9.3. To contact Youth Agora**

Youth Agora vzw  
Rue de l'Enseignement / Onderrichtsstraat 36/2  
B-1000 Brussels BELGIUM  
Tel.: +32 2 330 42 10  
Mobile phone: +32 477 412 049  
E-mail: [info@youthagora.org](mailto:info@youthagora.org)  
Website: [www.youthagora.org](http://www.youthagora.org)



## Annex: Salto Youth No Barriers, No Borders, A practical booklet for setting up international mixed-ability youth projects, pp. 88-103.

### TIPS & TRICKS - WHEELCHAIR AND MOBILITY IMPAIRMENT

When you are developing your **programme of activities** for the international project (or any other project), you can adapt little things that make it a whole bit easier for wheelchair users and people with mobility impairment to take part. Also note that not all wheelchair users are constantly using wheelchairs, some like to change to chairs, some can walk short distances, some like to dance... Also it is not always visible that someone has a movement restriction (e.g. someone with a heart or respiratory condition might not be able to walk long distances or do very active games). **Don't assume, but ask.**

Here are some concrete tips, based on the SALTO experiences of various training courses.

- It is best to **discuss openly** with the participants in question how they would feel most comfortable participating in activities. Some would prefer not to participate in methods which comprise a lot of activity, whereas other people like to participate as much as possible, maybe in their own adapted way. It is up to the youth worker (or the participant) to suggest adaptations.
- Foresee more time for moving between areas (breaks, dinners, doing activities outside), give the person with reduced mobility indications beforehand on where the next sessions will be, so that they can start moving on time. Do not move around excessively between areas (get a venue where the working rooms and accommodation are close to each other)
- Place sign-up lists (e.g. for working groups) or flipcharts to write on at a lower level, within reach of people in wheelchairs
- Place the materials within reach (pens, paper, paint, sticky tape,...) and not in inaccessible places (in a box under a table, on the top shelf,...)
- Do activities where people are sitting down or are at the same height (or alternatively where everybody is at a different height anyway). When talking to people in a wheelchair, put yourself at eyelevel for longer conversations or do not lose eye-contact when you are talking standing up.
- Do not lean, step or sit on people's wheelchairs. They are considered by many persons in a wheelchair as part of their body (so they are not the place to hang your shopping bags or coats, put your glass on their desktop or to transport things you don't want to carry – unless they agree).
- Make sure people ask/know how they should behave with the persons using a wheelchair (this can vary). Some want to be pushed (because it is very tiring) others make a point of moving independently.
- Always ask where the person wants to move – instead of just pushing them 'somewhere'. Do offer assistance (e.g. opening the doors, pushing,...) but wait until your offer is accepted.
- When taking hurdles or little steps or moving downhill always go with the big wheels first (backwards), tilting the wheelchair a bit. Ask where you can pull, push or lift the wheelchair (some parts come off easily – so best not to grab those to lift a person)

- People with a mobility disability do not like to be carried like a bag of potatoes. Provide ramps and accessible vehicles where the person can enter using the n. Lifting people with a physical disability in a wrong way could lead to injuries (for both the person carrying and the one being carried), so if you are likely to be lifting one of your participants, make sure you learn how to.
- If the person using a wheelchair needs to change from the wheelchair to a more comfortable/different seating position (e.g. to prevent aches), you might need to provide comfortable chairs (with arms), or pillows to increase sitting comfort.
- Have chair(s) for people with difficulties walking or standing, when your activity involves long periods of standing. Rent/borrow some extra wheelchair(s) or have alternative transportation for long distances. It is best of course to have a solution where the group (or at least part of the group sticks together)
- Foresee alternatives when doing activities with people with hand/body movement restrictions. For example instead of lifting your hand, you could ask everybody to lift their heads – instead of pointing to someone, you could nod or blink. It's good to use this alternative for the whole group in order to not stigmatise the persons with a disability as the odd-ones-out.
- Make sure that passageways are uncluttered. Do not leave material/cables/ decoration/sharp objects (thumb tacks, etc) lying around on the floor in spots where people need to step over or pass in a wheelchair.
- Be clear about roles – who is the personal assistant – who helps when and for what (not). The team cannot be a personal assistant, but they can ask some of the participants to help (e.g. with an exercise) – see also Roles and relations in the group (page 48)

## ACCESSIBILITY GUIDELINES FOR WHEELCHAIRS

When preparing for an international project with one or more people with a wheelchair, you might want to check the following **accessibility guidelines** (not exhaustive), to see if the venue where you will be staying is adapted for wheelchairs – and to which extent you will have to improvise with make-shift solutions. It is up to you (and the young people, plus their parents) to balance adventure and improvisation with comfort and safety.

Some of the following items are an 'exclusive criteria' (if it is not there a person in a wheelchair could simply not take part) - other things can be solved with a bit of creativity and good will.

- Check your venue for all horizontal (from room to room, from outside to inside) and vertical (from floor to ceiling, up and down curbs/steps/streets) moving needs!
- There should be a convenient access (to the work room, the restaurant, the bedrooms, the leisure hang-out places) without any stairs or steps (especially in the case of heavy electric wheelchairs)
- How does the access work – sometimes you will need to press a bell for staff to come and open the accessible entrance, does this function all day long, every day of the week? Are the most accessible routes through a building signposted?

- Ramps should have a gradient of 1/12 (preferably 1/15) and be 120cm wide and on the top and the bottom there should be a horizontal landing of at least 120cm. Make sure ramps are not cluttered.
- Door widths should be at least 85cm and open outwards, with no threshold. Door handles should be lever type (not door knobs) and approximately 104cm high.
- How many accessible rooms are there (in case you have more than one wheelchair user)? Most hotels only have one or two. How does the evacuation work in case of fire?
- Bedrooms should have a 120cm free rotating space to at least one side of the bed. All places where a wheelchair needs to turn (around corners, in front of lifts, dining room...) there should be a turning circle of minimum 150cm.
- Shower should have level access (floor draining) and shower seat. It would be practical to have a showerhead you can take down (and that this one is also down)
- (Public) toilets should have a 85cm door width, opening outwards. There should be a clear floor turning space of 150 x 150cm. The toilet seat should be 45cm high. There should be liftable support rails either side of the WC. Ensure clear space under the wash basin of approx.70cm high.
- Are there accessible toilets near the work rooms and in the dining room/restaurants? To avoid having to go all the way to the accessible bedroom every time to go to the toilet.
- How many lifts are there (if needed) and how many wheelchairs fit in them? Do other participants have reasonably easy alternative ways to get down or up? Lifts tend to be slow and can be a bottleneck causing part of the group to be late for appointments.
- Public telephones should have handsets of no higher than 90cm (even though nowadays most people have mobile phones)
- There is a lower part of the service counter available (reception desk, ticket counters, ...) so that the person in a wheelchair can actually see the person behind the counter and vice-versa
- Is there parking space wide enough for a wheelchair to embark and disembark?
- In your **practical preparation**, you will also need to think about the following:
- Insurance for the wheelchair/assistive walking equipment, preferably with on site reparation. Does the country where you are going have the same brand of wheelchairs/equipment? Find and take their contact details.
- Are there parts of the wheelchair/equipment that frequently/easily get damaged? Can you take spare parts? Can you easily repair it yourself?
- If you have an electric wheelchair, can you recharge the battery or do you need to take a spare one. Is the voltage/plugs the same abroad? (e.g. UK, Malta, Ireland have different plugs from mainland Europe).
- Wherever possible locate important functions centrally – try to group rooms used by persons with a disability closer together.
- Is the transport you are going to use accessible? Do you need to arrange it in advance? Plan more time for transport. See also Travelling abroad in mixed-ability groups, page 74.



## TIPS & TRICKS - BLIND AND PARTIALLY-SIGHTED

When you have people with a visual impairment in the group (they are not always totally blind!), you can do a variety of things to make your activity accessible and enjoyable for these participants. There are a **variety of visual impairments**, ranging from colour blindness, absence of seeing depth, not seeing in the dark, bad eyesight to total blindness. Find out from your participants what exactly their impairment is and how you could **adapt your activities** so that they can participate.

- Provide orientation points in the working and living spaces – do a tour of the space (by touch) you will be working/sleeping in
- Read out/mention all the things you show or do, e.g. when you write something on a flipchart, when you stick signs on the wall, etc
- It is possible to prepare 'three dimensional flipcharts' with things in different texture stuck on it, e.g. different texture tape, thick paint, etc so that blind persons can come and feel it – this should not replace, but add to the spoken information.
- In the beginning when meeting blind people or people with a visual impairment, identify yourself when speaking, till they start recognising the voices. In group discussions, make clear who you are speaking to.
- Give verbal indications of how discussions or activities are proceeding, e.g. say aloud who has raised their hand to speak, summarise what you see on people's face (agreement, incomprehension).
- Give information about what is happening, give points for orientation (e.g. if people are changing position, if people are sitting on the floor, if people have closed their eyes,...). Tell blind people when you are leaving!
- Don't use 'here' and 'there' but describe these places according to the orientation points the blind persons know or go to these places and say 'here'.
- Ask aloud if people want to add or ask things (because often we do this with a questioning face expression only)
- Provide, as far as possible, all written materials before the activity either in large print format so that they can read it (with a magnifying glass if needed) or in electronic format to read it with a braille reader. Alternatively, you can ask a local organisation for people who are blind or partially-sighted to print your texts in braille.
- Use touch/hands more in your activities – allow for presentations that can be heard or felt, e.g. theatre, living statues, clay or other constructions,...
- Use colours to reinforce directional guidance for people who are partially-sighted (to the different rooms, to the exit, to working groups)
- Exercises with blindfolds can be useful to integrate the Blind (mostly they are more efficient at these activities than seeing participants). However some blind participants can be sensitive to these activities, as they will not be able to take off the blindfold at the end of the game. Also one could reflect on the fact that the sudden change in seeing or not would be just as confusing for the seeing person with a blindfold, as it would be for a blind person who would all of a sudden see again for an hour.
- If there is a visual interpreter who explains what is happening, who reads what is written etc, allow time for this translation (talking) and for possible late(r) questions or comments. Check regularly if they need more time.

- Blind people focus on sounds, so avoid exercises activities in places where there is lots of background noise (streets, machines,...) or loud music in the background. Make sure people speak loudly and clearly enough.
- The most common colour blindness is the inability to distinguish red and green. Do not use these two colours to put contrast in a drawing or text.
- If you use a flipchart or blackboard: write big and thick enough, so that people with a visual impairment (and others) can see it clearly. Use contrasting colours (black on white or white on black. Red and green are most difficult to see from a distance).
- Avoid putting obstacles in the way. One type of obstacle is the type that stick out above ground level (they cannot be felt by using a cane) e.g. bunk beds, tables with central legs instead of legs on the corners, things sticking out from the wall, passage ways under stairs,... Other obstacles are the ones below waist-height (they cannot be felt when feeling the way with their hands) e.g. boxes on the floor, low fences or steps,...
- Do inform blind participants or people with visual impairments of a change in the setup of the room, e.g. if you rearranged chairs for a session, if you created a little stage for a theatre play etc.
- Do not grab or push a visually impaired person in the direction you think they want to go – ask first if they need assistance and how they wish to be guided.. Most blind people will take your arm or elbow. This way they can walk half a step behind you and gain information about steps etc. Give information about how and where you are moving (e.g. number of steps, going outside, passing orientation point X, etc)
- If a blind participant is assisted by a guide dog, make sure the other participants don't distract and start playing with it – unless they have asked the owner. Also provide pee and drink breaks for the dog.
- If you help blind people with their meals, you can use the clock to indicate where the different food is located on the plate, e.g. 3 o'clock is to the right and 9 o'clock is to the left.
- Always make sure that there is one person 'in charge' of a blind person or a person with a visual impairment, to avoid this person getting lost or bumping into someone or something, especially outside of the known environment, e.g. in a new town, outside, while traveling,...
- Be clear about roles – who is the interpreter – who helps when and for what (not). The team cannot be expected to help all the time, but they can ask some of the participants to assist (e.g. with an exercise) – see also Roles and relations in the group (page 48)

## **ACCESSIBILITY GUIDELINES FOR THE BLIND AND PEOPLE WHO ARE PARTIALLY-SIGHTED**

- Are guide-dogs allowed (in the hotel, transport, restaurants, meeting places)? Can they arrange food for the dogs? Are there any extra costs?
- Are there any hazardous protruding objects (above waist level) which the blind person could bump into? Therefore bunk-beds, passage-ways under stairs, etc are not advisable.

- Is there Braille signalisation or raised signs and symbols in places where the blind participant would go (on their own)? These signs and symbols should be positioned where they can be touched. Knobs on the floor at curbs, steps, etc.
- Do lifts have voice announcements on which floor it stops, when doors are closing, etc? Do push buttons have Braille on them?
- Avoid fast-closing automatic doors and plate glass doors with no colour-contrast. Avoid signalisation in red-green (for the colour-blind)
- Wherever possible locate important functions centrally – try to group rooms used by persons with a disability closer together.
- Are there handrails along stairs and corners? Avoid winding and angled routes – stick to straight angled layouts.
- Light switches and doorknobs should be approx. 104cm high
- What are the procedures in place in case of an emergency? How will blind participants be evacuated?

## TIPS & TRICKS - DEAF AND HEARING IMPAIRMENT

As with visual impairments, there are also a wide **variety of hearing disabilities**, ranging from people that hear ok when they use assistive equipment to people who do not hear anything. People that were deaf at birth have learned to **communicate in visual ways** (e.g. sign language has its own grammar, lexicon and idioms). Speaking or writing a verbal (foreign) language is often a second or third language for them. Some deaf or hard-of-hearing people can lip-read and some use sign language. There are a number of deaf people who have a speech impairment but others speak fluently. Find out what **assistive equipment** or methods they use for communication.

With a little bit of adaptation you can make your programme suitable for all.

- A sometimes funny mistake many people make, is to start shouting louder at deaf persons when they don't understand. Instead repeat more clearly what you said before (if the deaf person lip-reads), use other words and gestures or allow time for other ways of communication (writing, etc)
- Quite obviously, if the deaf or hard-of-hearing people can lip-read, you will need to speak facing these persons so they can see your lips. Pronounce words clearly and articulately but without overdoing it. Do not obscure your lip movements with your hands, chewing gum, a cigarette, etc
- However, it is not easy to lip-read a foreign language! Also, it is more complicated to read lips of a non-native speaker speaking the language of the lip-reader because the pronunciation or accent (the use of the lips) can be different. Rephrase or explain rather than repeating the same sentence.
- People with hearing impairments need to concentrate on the gestures, expressions and lips of others so well planned lighting and distance is necessary – make sure the background of the speaker is not distracting.

- 
- If you choose to work with a sign language interpreter (between voice and sign language), make sure that you leave enough time for interpreting, and possible questions after that. Speak in coherent blocks, take a pause and when the signing is finished ask your questions to which participants can react. Speak directly to the person, not the interpreter.
  - Ask regularly if the interpreter has enough time and ask pro-actively if the participant has a question or something to add. You could learn the basic sign language for “do you understand?” or “is it clear?” and use this regularly.
  - Note that sign language is different in different countries! So it usually does not work to have sign language as a communication tool between people with hearing impairments from different countries (even though some basics can be the same).
  - Gain deaf people’s attention before starting to say (lip) something - i.e. you can tap the person(s) gently on the shoulder or arm, wait till the person turns to you, make a visible gesture or flash the lights of the working room.
  - Agree with the group on visual ways to start and end a session or activity, e.g. after a break, rounding off working groups,... - you could switch the lights on & off, use different colour lights, etc it is important is to keep deaf people within visual distance, so that it is easier for you to attract their attention, e.g. for rounding off an exercise and for calling them back again
  - The opposite of working with the blind, where it is important to say everything you write, with the deaf you need to write or visualise everything you say (e.g. provide handouts, write on the board or flipcharts,...)
  - To make yourself understood, you could act out an exercises or provide an example (e.g. of energisers, games, expected flipcharts coming from group work,...)
  - When having group discussions, agree on a sign for the deaf participants which they can use to indicate they want to contribute. Some deaf or hard-of-hearing persons have speech disorders which can make it difficult to understand them – do not feel embarrassed to ask them to repeat. If you don’t understand them, say so, and revert to alternative ways of communication (writing, sign language with translation)
  - It is useful to carry around a pen and paper if you are with deaf or hard of hearing people and you don’t know their sign language. It comes in handy for communicating.
  - Some waves (e.g. mobile phones) could interfere with the assistive hearing devices used by the participants that are hard-of-hearing. Make sure they are switched off – the mobile phones of course.
  - The Deaf or hearing impaired can party and dance – they can feel the beat (add a bit of extra bass) or dance to the lightshow based on the music (according to rhythm). No need to scrap the disco night from your programme.
  - Be clear about roles – who is the personal assistant – who helps when and for what (not). The team cannot be a personal assistant, but they can ask some of the participants to help (e.g. with an exercise) – see also Roles and relations in the group (page 48).



## ACCESSIBILITY GUIDELINES FOR PEOPLE WITH HEARING IMPAIRMENTS

- It is possible to install an ‘induction loop system’ for the benefit of people with hearing aids in the work room(s). With this system the sound is transmitted as a magnetic field, and those with hearing aids designed to receive induction loop sounds can, a bit like a TV aerial. Does your venue have one of these systems or can you rent/take one?
- Deaf and hard of hearing people cannot hear fire alarms. Does your hostel have alarms with stroboscopic lamps and bed-frame vibrators (or other?). Make sure the project organizers know exactly where people with a disability are located in the building in case of emergency – and what to do. You could make an emergency division of tasks for all participants with a disability.
- Is there a Text Telephone (TTY) available? You could find out if there exists a telecommunications relay service, which makes the link between the voice of a caller and the Text Telephone. Alternatively you could have a computer with email or chat function (or sms).

### Practical tips

- If some participants use hearing aids, make sure to take enough batteries. Some of this equipment is very expensive and fragile. Take out a good insurance, and find out if there is a repair service where you are going.
- If you will be taking an induction loop system, make sure it works in the venue where you will be. Take some back-up cables etc. Talk it through with the technician of the venue what exactly you need.
- You could create a backup communication system via SMS when going into the city (free time) or on excursions

## TIPS & TRICKS – COGNITIVE, LEARNING AND INTELLECTUAL DISABILITIES

It is not always obvious from the start that a person has a cognitive or intellectual disability. Also, there are **many different types and levels of cognitive disabilities**, so read this section with this variety of conditions in mind. It is also a wrong assumption to think that people with a physical disability also have a mental disability. Therefore always start from the **highest expectation** regarding intellectual skills and capacities when interacting with people with a disability and if needed adapt gradually to a lower standard (and not the other way around!)

### Some tips for your programme and activities

- Be specific in the things you say or ask. Avoid figurative speech, difficult expressions and subtleties like irony or sarcasm,... But don't go to the other extreme: baby-talk. People with cognitive disabilities also deserve respect.
  - Take things light-heartedly, smile and send positive vibes as a way of communication. Don't rely on verbal communication only. Some visual support like a picture or a symbol might help.
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- Be patient, flexible and supportive. Take time to understand the individual and make sure the individual understands you. Ask questions to find out if the persons with a cognitive disability understood or not.
- Repeat as many times as necessary, in different ways, and check their understanding. Take time and respect their speed. Don't assume people understood all the information or will remember it.
- Reduce long introductions to activities and cut up the activities and explanations into different sequential parts, which you introduce one at a time. Help make complex ideas understandable by breaking them down into smaller digestible parts.
- If you use powerpoint presentations, handouts or other written material support the content with visuals and use short uncomplicated sentences conveying just one concept or action at a time.
- Use different creative ways of expression e.g. art, dance, painting, collage, theatre,...
- Offer assistance (you can ask someone from the group) for demanding intellectual tasks (e.g. writing, completing forms, understanding written instructions). However wait for the individual to accept the offer of assistance; do not "over-assist" or be patronising.
- Make sure the participants with a cognitive disability (as any other participants) understand the group rules for your activity: what is and isn't acceptable behaviour.
- It can be difficult for people with cognitive disabilities to make quick decisions. Let them know in advance what decisions need to be taken so that they can take extra time for decision-making.
- Persons with mental disabilities might have trouble concentrating in an over-stimulating environment e.g. too many people, too much noise, too vivid colours,.... Take care to provide a working space that allows them to concentrate (when needed).
- If you are in contact with other groups/people and the persons with a mental disability behave strangely, you can simply explain it to the passers-by. Strange behaviour can be part of their condition but it is not dangerous or contagious.
- The reaction of the group leader towards strange behaviour is often taken on by other members of a group. If you react calmly to troublesome behaviour, the rest of the group probably does as well. If you panic, the rest of the group might panic as well.
- It would be good to do activities in your project in which the people with cognitive disabilities can show their abilities and skills. Some are good at sports, singing, maths,.... This would support their position and prestige in the group. You could create a fair of skills, in which every participant offers a skill to the group (e.g. singing, massage, telling jokes,...)
- Ask persons with **learning disabilities** what helps them to understand and remember e.g. some people benefit from writing instructions down or from saying them aloud
- Persons with **Asperger syndrome** or **autism** (or other cognitive disabilities) can have panic reactions towards certain objects (e.g. tunnels, colours,...) or in certain situations. It can be helpful to find out from the person, the parents or a social worker what causes these reactions (so you can avoid them) and what can comfort this person (in case it happens anyway). Often however, it is a process of trial and error.
- Some people with **traumatic brain injury** might have a poor short-term memory or poor social skills. You can consider having a personal assistant take care of this person (e.g. guiding the interaction with the group, following instructions, etc...)

- People with **Tourette's syndrome** undergo spells of involuntary speech, swearing or uncontrolled movements. Wait until the person has finished and is calmed down and then continue as normal. Often, the more the person tries to contain these urges, the more they build up. It could be helpful for them to leave the session temporarily to release these compulsions and come back when calmed down.
- When a participant has a panic attack or behaves problematically in a public area with many distractions, you might consider moving to a quieter or more private location
- Clear signalisation with pictograms and arrows can help a person with cognitive disabilities to find their way around the venue.
- Make sure that you have an emergency procedure in place (e.g. in case of fire) and that the persons with a mental disability know what to do.

*"Mental or cognitive disability is just a term doctors use because they don't know what to do with us" - J. from Slovakia – Down's syndrome*

## **SPECIFIC TYPES OF DISABILITIES**

It is impossible to cover all types of disabilities in this booklet, but for the following conditions we give you some tips about what to do in the most frequent situations. But as in most cases, it is best to ask the people themselves, and follow their indications.

### **PERSONS OF SHORT STATURE**

- Do not treat adults as cute or as a child because they are small
- Put the material you are using for your activities within reach (not on the top shelf)
- Have flipcharts for writing on or sign-up lists low down or provide (makeshift) steps
- You could offer a pillow to put on chairs, provide steps in the bathroom, take the showerhead down,...
- Check if there are lower public phones at/around the venue, lower urinals and lower service counters available
- Do activities where people sit down or are at the same height (or where everybody is at different heights anyway)
- Place yourself at eye-level to communicate, e.g. sit down, kneel, or stand back so you can watch without straining each other's neck
- Small people also have shorter legs, which means that doing long distance can be tiring. Provide alternative means of transport if necessary.

### **SPEECH DISORDER**

- If you didn't understand the person, do not pretend that you do. Don't be afraid to ask the person to repeat. Getting nervous or embarrassed doesn't help the communication.
- Repeat to see if you understood the person. Be patient and take as much time as necessary.
- Don't interrupt or try to finish the person's sentences. Don't just nod unless you have understood the full messages.
- If you really didn't understand the person, you can use alternative means of communication: writing, drawing, gestures,... but first ask if this is ok

- Try to ask questions which require only short answers or a nod of the head.
- Do not speak for the individual or attempt to finish her or his sentences.
- Communication works best in a quiet environment where you can concentrate on what the person is saying.
- Make sure people with a speech disorder or not laughed at or teased.

## **EPILEPSY (SEIZURE DISORDERS)**

- Know the severity of the epilepsy. Some people only get shaking hands whereas others fall over and experience wild movements
- To find out from the person, the parents or the social workers what they have experienced is the best thing to do in case of an epileptic seizure. Sometimes they use an injection that calms them down, sometimes they simply wait till it's over,...
- Be aware that flashing lights or beepers sometimes can provoke an epileptic seizure, so it is advisable to avoid this as much as possible (e.g. stroboscopes in discos, car lights passing by in the dark, mobile phone beeps,...)
- If a person has a seizure, there is not much you can do about it – just give them time until it finishes. If the person falls down, make sure the head is protected and make sure they don't swallow their tongue, but do not restrict their movements.
- Think of taking a spare set of clothes when going on excursions. A person could loose bodily fluids during a seizure.
- When a seizure has finished, the person may feel embarrassed or disoriented. Provide some time and private space to collect him or herself again.

## **CEREBRAL PALSY**

Cerebral palsy is an impairment that makes it difficult for the person to **control their muscles**, which has an effect on their movements and sometimes speech (in varying degrees). But this doesn't mean that they have limited intellectual capacities or a cognitive disability. Therefore, start interaction assuming the highest possible level of intellectual skills and simplify if this person with cerebral palsy also has cognitive disability.

Most of the tips & tricks provided for people using a wheelchair or who have a mobility impairment (see page 88) are valid as well for people with cerebral palsy.

## **PSYCHIATRIC CONDITIONS**

It could happen that you have people with **phobias, depressions or other psychiatric disorders** on your project. The most difficult part is that these conditions are not visible, so you would need to find out from them what their psychiatric condition is. Many don't consider this as a disability, even though in many cases psychiatric conditions do affect people's effective functioning in

society. Persons with a psychiatric condition can be fine usually, but they can be **sensitive** to stress and strong emotions. It is best to find out, before your project, from the young person, their parents or psychologist what their conditions is, what things you can do/avoid to make them feel better and how you can best behave if they get into a crisis.

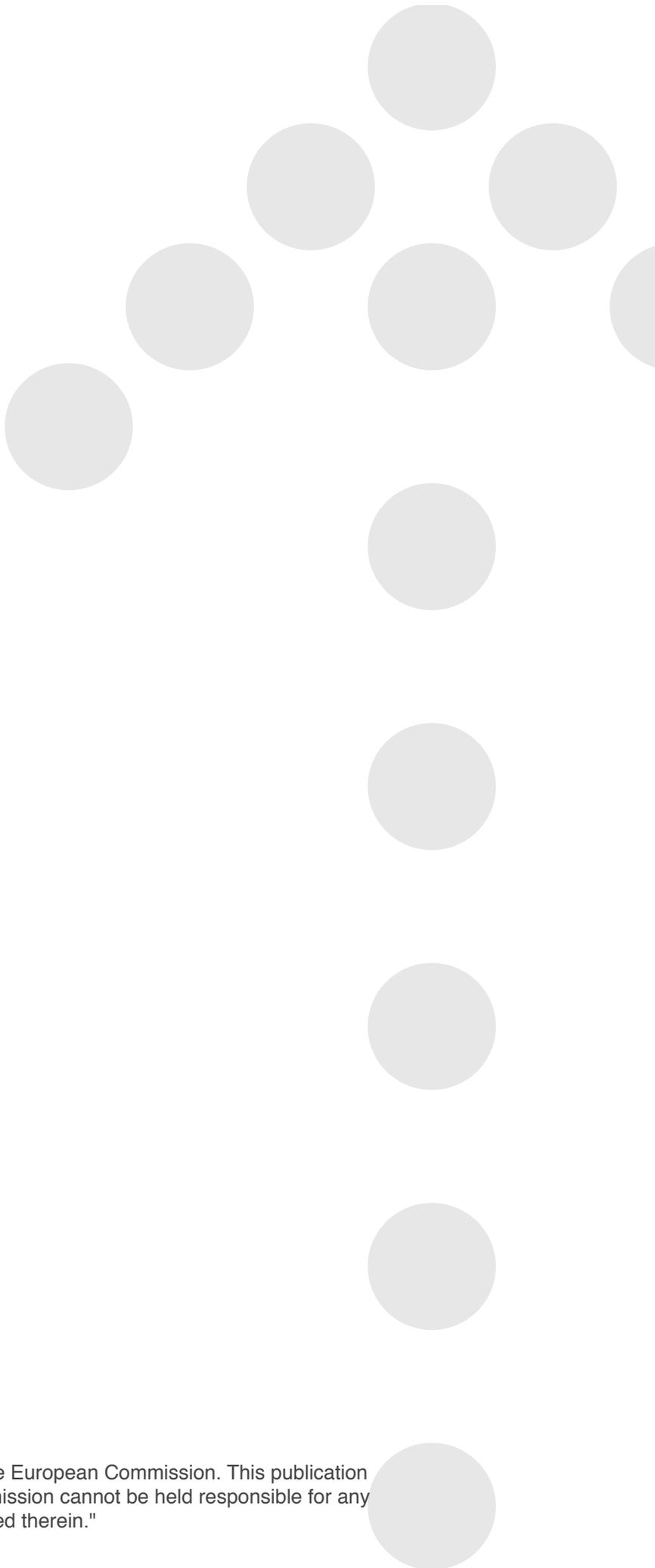


## Notes









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