DISmode

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DISmode

“Digital training for NGO's youth workers to become disability support moderators for youth with disabilities”

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Result 3(R3):

Communication module on disability awareness, disability etiquette, communication guidelines, basic use of assistive technologies and sign language

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Introduction

The challenges posed by the implementation of inclusive education are one of the current tasks of professional activity for university lecturers and education policy makers in the European Union and abroad. Despite the international community's determined efforts to integrate, some countries still face difficulties and obstacles in obtaining quality education for the welfare state of student and young people in the country. This fact confirms that the need to implement inclusive education does not diminish the need for a systemic approach to tackling social exclusion caused by barriers to education.

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Disability is a medical and social issue. It results from the interaction between people with "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, United National Convention on the Rights of Persons with Disability)*[1].

Figure 1- disability facts

Source: Infographic - Disability in the EU: facts and figures, Council of Europe

According to the Council of Europe, nearly 87 million people in Europe have a disability, which means 1 in 4 people (aged 18+) has a disability[2] (data from 2022).

Figure 2 Disability facts 2

Source: Infographic - Disability in the EU: facts and figures, Council of Europe

[1] http://www.un.org/disabilities/convention/conventionfull.shtml
[2] https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/

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People with disabilities are twice as likely to leave school early and they have 50% more likely risk of poverty and social exclusion. 1 in 2 people with disabilities feels discriminated against them.

A major reason for an inadequate inclusion of people with disabilities is that there are prejudices concerning a generally lower performance. The demand for social inclusion is realised when every person, as an individual, is accepted by society and has the opportunity to fully participate and take part in it.

Differences and deviations are consciously perceived in the context of social inclusion, but they are limited or even lifted in their meaning. Their presence is neither questioned nor seen as a peculiarity by society. The right to participate is socio-ethically justified and relates to all aspects of life, in which everybody should be able to move in a barrier-free way.

Diversity and the existence of differences is natural fact of our existence. The single person is no longer forced to meet unattainable standards; it is society that creates structures for people to get involved with special features and to provide valuable services in their own way.

This module provides an overview of disabilities and the respective limitations and barriers people with these disabilities face. It covers topics that will help Disability support moderators to upgrade their knowledge and understandthe different types of disabilities. There are as yet no universally accepted categorizations of disability, despite efforts towards that goal. Commonly used disability terminology varies from country to country and also between different disability's communities in the same country. There is a trend in many disability communities to use functional terminology instead of medical classifications.

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Abilities can vary from person to person or from disability organisation to similar one, and over time, for different people with the same type of disability. People can have combinations of different disabilities, and combinations of varying levels of severity. Some people with various conditions would not consider themselves to have disabilities. They may, however, have limitations of sensory, physical, or cognitive functioning which can affect their access to the labour market.

This module gives Disability support moderators for youth with disabilities tips to work independently, be aware of certain challenges they may face and avoid discriminative practices. Furthermore, the module provides essential guidance towards overcoming prejudice and stereotypes of the families and the society which affect the employment status of youth with disabilities. That module also includes development of a positive identity of the person with disability as a path to achieve independence and inclusion.

The module also deals with frequent myths among global society towards abilities of people with disabilities to cope with daily routines. Last, but not least important, we are providing you with a short summary about relevant assistive technologies, which may facilitate better digital support and digital inclusion of youth with disabilities. Talking about communication, we believe it is important also the Disability support moderators to have a basic knowledge about words and phrases in national Sign language.

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Aims and objectives of the module	The Disability support moderators should be able to: • Increase the abilities for social inclusion in all areas of life for youth with disabilities (professional, personal and community-based activities). • Increase his/her awareness towards different types of disabilities and the challenges and barriers associated with the particular disability. • React appropriately in different situations while working with youth with a disability. • Understand how the youth with disability feels and what they consider important for their autonomy and academic and professional realisation. • Consult the youth with disability and the academic community on appropriate and reasonable adjustments to ensure ultimate accessibility of the surrounding environment. Disability support moderators can / knows how to: • Communicate with people with disabilities in an appropriate and non-discriminative manner. • Work with youth with different types of disabilities, considering the specific aspects of each disability. • Present people with disabilities in front of the academic staff and to the community focusing on his/her strengths and abilities • Maintain a positive image of the youth with disability without neglecting the limitations of the disability. • Create positive awareness towards youth with disabilities rather than sympathy. • Avoid victimisation of people with disabilities. • Develop positive identity of the youth with disability.

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	• Cope and overcome prejudice and stereotypes of the society.
Summary	The module presents the self-determination concept as one of the key elements to live independently and to make autonomous decisions. People with disabilities achieve autonomous behaviour, should be able to enforce and advocates their rights of making own decisions. Therefore, an additional training of effective communication skills is also relevant. With this module we are providing additional clarifications and information on how Disability support moderators may ensure values and principles as: individuality, respect, self-determination, possibility of informed choices, confidentiality, privacy, flexibility and accessibility, as well disclosure of disability topics In addition, the module provides an overview of disabilities and the respective limitations and barriers people with these disabilities face. It covers topics that will help Disability support moderator to upgrade their knowledge and understanding about different types of disabilities. Yet, there are no universally accepted categorizations of disability, despite efforts towards that goal. Abilities can vary from person to person or from disability organisation to similar one, and over time, for different people with the same type of disability. People can have combinations of different disabilities, and combinations of varying levels of severity. Some people with various conditions would not consider themselves to have disabilities. They may, however, have limitations of sensory, physical, or cognitive functioning which can affect access to education.

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	This will allow Disability support moderators to work independently, be aware of certain challenges they may face and avoid discriminative practices. Furthermore, the module provides essential guidance towards overcoming prejudice and stereotypes of the families and the society which affects the employment status of youth with disabilities. That also includes development of a positive identity of the person with disabilities as a path to achieve independence and inclusion. The module also provides information about assistive technologies, which might be used during the further education of youth with disabilities. As annex, the module provides some videos with basic Sign language words in each specific country sign language.
Educational resources required	1. PC, laptop or tablet 2. Internet access 3. E-mail account For the role play games: 1. Blindfolds 2. Paper sheets 3. Colour printed table 4. Wheelchair or office chair with rollers 5. Sufficient gaming space
Learning pathways (micro-credential opportunity)	1. Face to face: 3 hours 2. E-learning: 7 hours 3. Practice: 4 hours
Previous knowledge required	1. To be literate, have basic knowledge on disability and social affairs 2. Good communication skills

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	3. Basic ICT skills about use of e-learning and digital technologies 4. Ability to cooperate with others 5. Positive attitudes and ability to express empathy towards people with disabilities 6. Basic knowledge in the field of working with youth with special needs.
Learning outcomes of the module	**Knowledge:** • About different approaches towards people with disabilities (person-centred); • Knowledge how to distinguish between different approaches towards people with disabilities; • Knowledge about how the person with disability feels and what they consider important for their autonomy. • Positive awareness towards different types of disabilities and the challenges and barriers faced by the particular disability. • Possible reactions in different situations and different social contexts while working with his/her youth with disability. • Knowledge about digital assistive technologies, which may provide further accessibility of the youth with disabilities • Knowledge about basic words/phrases in national Sign language, which might be helpful during communication process **Skills:** • Practical application of basic person-centred methods • Ability to support people with disabilities to make own and informed decisions • Skills how to act with youth with various disabilities as well as how to apply personalised centred approach

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	• Skills how to communicate using positive statements and non-discriminative words • Skills how to provide reliable services and consultation on issues related to accessibility, coping with prejudice, positive identity building-up • Skills how to arrange and consult on possible accessibility adjustments at HEI. • Skills about how to use assistive technologies • Skills on sign language communication **Competences:** • Ability to develop an individual and person-centred attitude towards people with disabilities • Recognition of difficulties or challenges for people with disabilities in realizing their individual living perceptions • Reflection on attitudes towards people with disabilities and name or have a critical controversy about them • Raised awareness towards societies` attitudes and possible ways to overcome and cope with them • Increased of Disability support moderators' awareness toward disability and the peculiarities of services which should be adjusted to the individual needs of each youth with disability • Increased of Disability support moderators' self-efficacy while supporting and interacting with youth with disabilities. • Increased of Disability support moderators' awareness and empathy while supporting and consulting of youth with disabilities. • Increased alternative communication capabilities • Increased digital skills with regards to assistive technologies usage

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1. Impairment and disability

According to the distinction made by the World Health Organization (WHO) *impairment* is any loss or abnormality of psychological, physiological or anatomical structure or function. One can use 'impairment' in conjunction with speech, hearing, sight and mobility or with other form of loss or abnormality. A person may also be "impaired" either by a correctable condition (such as myopia) or by an incorrect one (such as cerebral palsy).

On the other hand the description of disabilities has a wider scope. WHO defines *disability* as any restriction or lack, resulting from impairment, of ability to perform any activity in the manner or within the range considered normal for all people.

Youth may be disabled by physical, intellectual, or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. A permanent physical, sensory or intellectual impairment substantially limits one or more of a person's major life activities, including reading, writing and other aspects of education; holding a job; and managing various essential functions of life such as dressing, bathing and eating.

However, not all impairments result/end or create a disability. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.

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Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

People with disabilities have the same health needs as non-disabled people – for immunization, cancer screening etc. They also may experience a narrower margin of

health, both because of poverty and social exclusion, and because they may be vulnerable to secondary conditions, such as pressure sores or urinary tract infections. Disability support moderators play a significant role as a bridge between ordinary people from the society and people with disabilities who are struggling to overcome physical and social barriers and to become equal part of the contemporary society.

1.1. Medical model

Within the medical model disability is understood as an individual problem. If somebody has impairment – for example – inability to see, walk or hear is understood as their medical problem.

The medical model of disability views disability as a 'problem' that belongs to the disabled individual. It is not seen as an issue to concern anyone other than the individual affected. For example, if a wheelchair using student is unable to get into a building because of some steps, the medical model would suggest that this is because of the wheelchair, rather than the steps.

That is why medical model of disability also affects the way people with disabilities think about themselves. People with disabilities can also be led to believe that their impairments automatically prevent them from taking part in social activities.

Some examples of a medical model approach might be:

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- a course leader who refuses to produce a hand-out in a larger font for a visually impaired student. The student cannot therefore participate in the class discussion;
- a member of staff who refuses to make available a copy of a PowerPoint presentation before a lecture. This creates a barrier to learning for students with dyslexia in the group who are likely to have more difficulties to read will struggle to understand and record the key points;
- a student relations office who refuses to send a student with disability to an Erasmus+ mobility trip because the s/he believes that the youth with disability is not able to cope with travel and accommodation issues.

This medical model approach is based on a belief that the difficulties associated with the disability should be borne wholly by the youth with disability, and that the youth with disability should make extra effort (perhaps in time and/or money) to ensure that they do not inconvenience anyone else.

1.2 Social model

According to the social model the disability is primarily a result of society's response to people with disabilities. Experience of the health and welfare system made them feel socially isolated. Through the social model, disability is understood as an unequal relationship within a society in which the needs of people with disabilities are often given little or no consideration.

Youth with disabilities are disabled by the fact that they are excluded from participation within the mainstream of society as a result of physical, organisational and attitudinal barriers. These barriers prevent them from gaining equal access to information, education, employment, public transport, housing, and social/recreational opportunities.

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The social model is more inclusive in its approach. Pro-active thought is given to how disabled people can participate in activities on an equal footing with non-disabled people. Certain adjustments are made, even where this involves time or money, to ensure that disabled people are not excluded. The onus is on the organiser of the event or activity to make sure that their activity is accessible.

Examples might be:

- a course leader who meets with a visually impaired member of the group before the beginning of a course to find out how hand-outs can be adapted so that the student can read them;
- a lecturer who makes PowerPoint presentations available on Blackboard to all members of the group before a lecture. This allows dyslexic students to look up unfamiliar terminology before the lecture, and gives them an idea of the structure that will be followed. This 'framing' helps students to read, understand and retain the information;
- a Student relations officer who does not give up to send a student with disability to an Erasmus+ mobility trip and discusses in advance all aspects related to travel and accommodation.

An important principle of the social model is that the individual is the expert on their requirements in a particular situation, and that this should be respected, regardless of whether the disability is obvious or not.

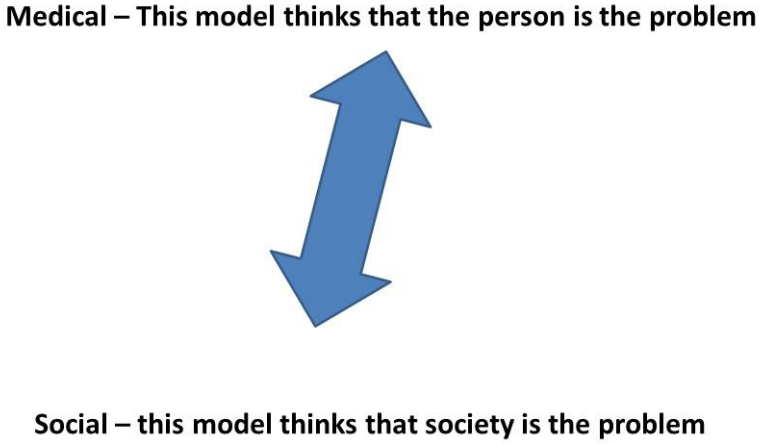

Figure 3 Comparison between medical and social model

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1.3 Bio-psychosocial model

First conceptualised by George Engel in 1977, it suggests that to understand a person's medical condition it is not simply the biological factors that need to be considered, but also the psychological and social factors. This model sees disability as interaction between a person's health condition and the environment they live in.

It advocates that both the medical and social models are appropriate, but neither is sufficient on its own to explain the complex nature of one's health. It combines the following factors:

- Bio (physiological pathology)
- Psycho (thoughts emotions and behaviours such as psychological distress, fear/avoidance beliefs, current coping methods and attribution)
- Social (socio-economical, socio-environmental, and cultural factors such's as work issues, family circumstances and benefits/economics)

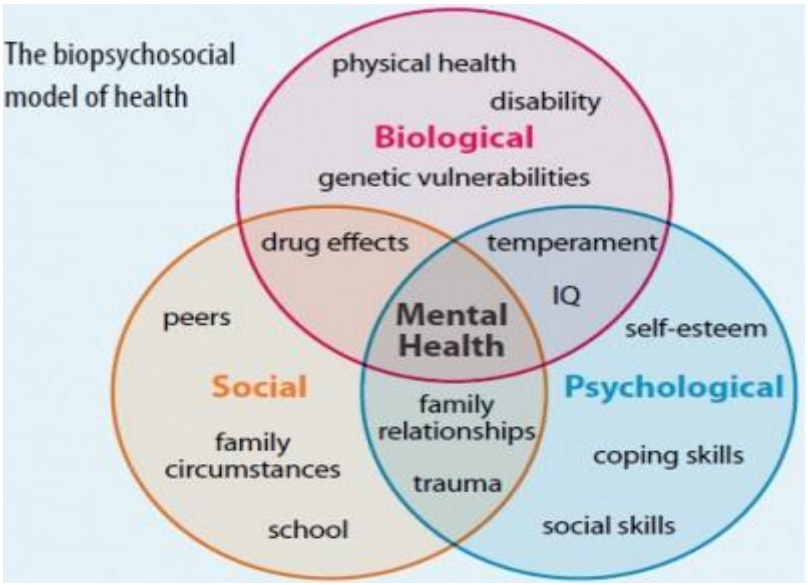

Figure 4 Bio-psychosocial model[3]

[3] https://stimpunks.org/glossary/biopsychosocial-model/

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1.4. The ICF based approach to technology and functioning

The International Classification of Functioning, Disability, and Health (ICF)[4] is a classification of the health components of functioning and disability. After nine years of international revision efforts coordinated by the World Health Organisation (WHO), the World Health Assembly approved the International Classification of Functioning, Disability, and Health and its abbreviation of "ICF" on 22/05/2001.

This classification was conceived in 1980 by the WHO and was then called the International Classification of Impairments, Disabilities, and Handicaps (ICIDH). It was created to provide a unifying framework for classifying the health components of functioning and disability.

The ICF classification complements the WHO's International Classification of Diseases-10th Revision (ICD)[5] which contains information on diagnosis and health conditions, but not on functional status. The ICD and ICF constitute the core classifications in the WHO Family of International Classifications (WHO-FIC).

The ICF is structured around the following broad components:

- Body functions and structure
- Activities (related to tasks and actions by an individual) and participation (involvement in a life situation)
- Additional information on severity and environmental factors

Functioning and disability are viewed as a complex interaction between the health condition of the individual and the contextual factors of the environment as well as

[4] https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health
[5] https://icd.who.int/dev11/l-icf/en

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personal factors. The image portrayed by this combination is one of "the person in his or her world".

The classification treats these dimensions as interactive and dynamic rather than linear or static. It allows for an assessment of the degree of disability although it is not a measurement instrument. It is applicable to all people, whatever their health condition. The language of the ICF is neutral as to aetiology (study of causation or origination), placing the emphasis on function rather than condition or disease. It also is carefully designed to be relevant across cultures as well as age groups and genders, making it highly appropriate for heterogeneous populations.

Let's have a closer look at the various factors in the ICD and discuss their meanings:

- Body Functions are physiological functions of body systems (including psychological functions).
- Body Structures are anatomical parts of the body such as organs, limbs, and their components.
- Activity Limitations are difficulties an individual may have in executing activities.
- Participation Restrictions are problems an individual may experience in involvement in life situations.
- Environmental Factors make up the physical, social, and attitudinal environment in which people live and conduct their lives.
- Personal Factors relate to the individual's attitudes, beliefs, their culture, gender, and social background.
- Health Condition describes diseases, disorders, and injuries

The mind map below depicts examples for each of these categories:

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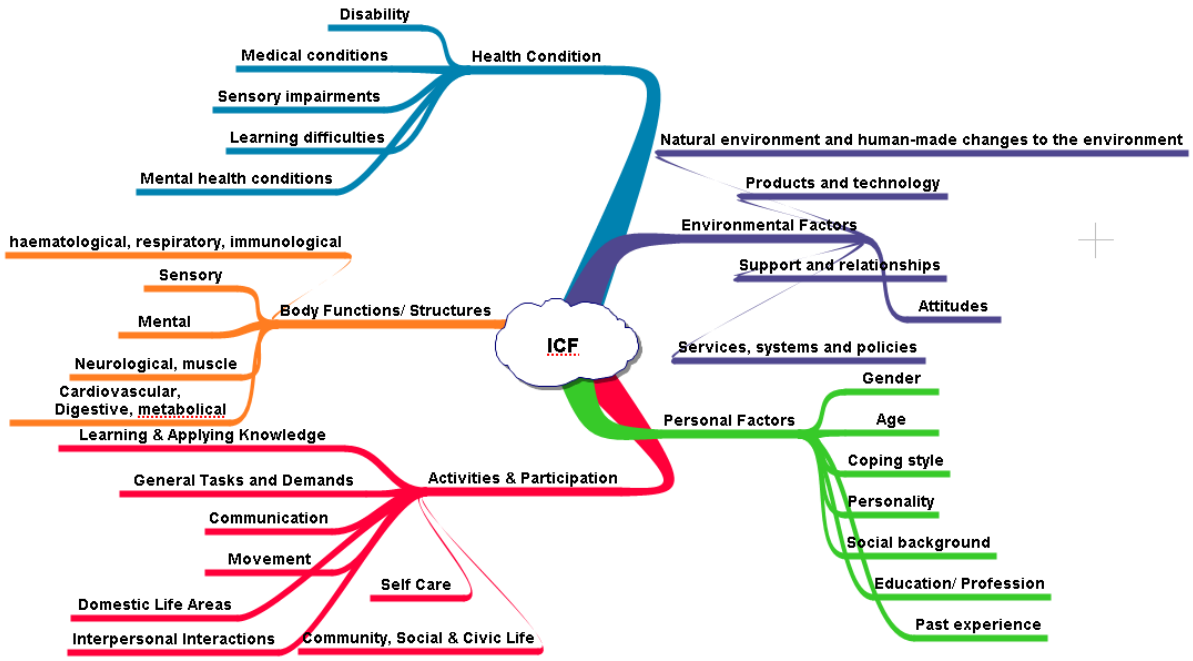

Figure 4a: Examples for each of the ICF categories

To access the ICF, use of the online ICF browser is recommended: https://icd.who.int/dev11/l-icf/en

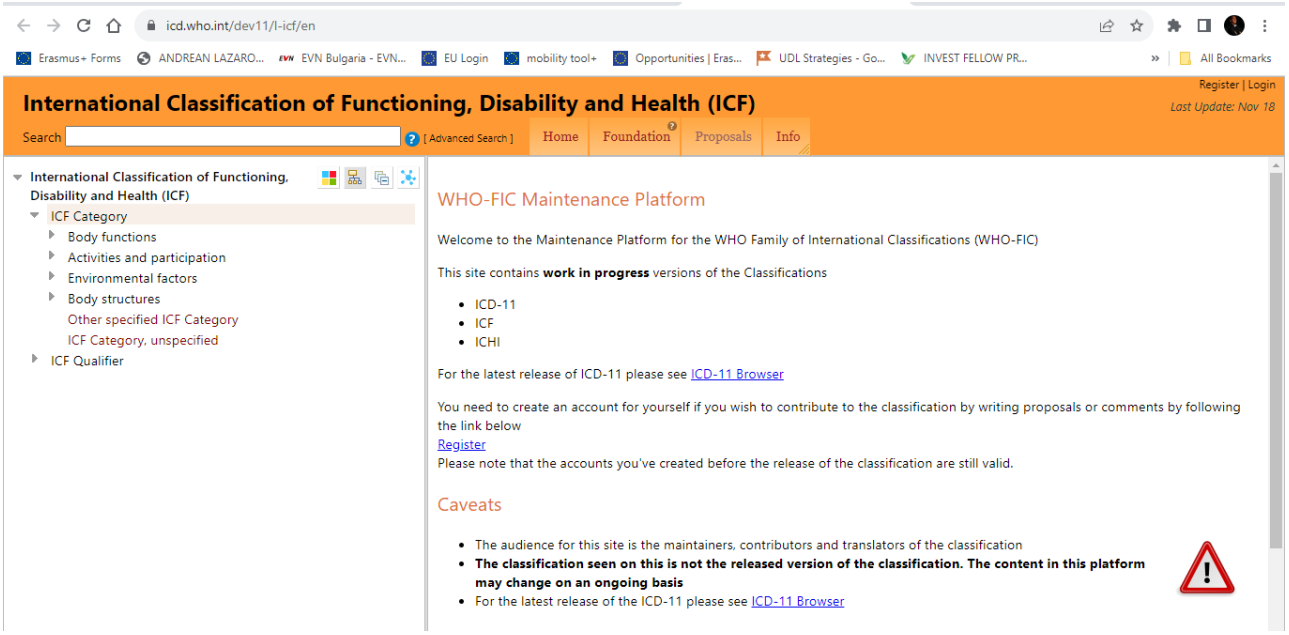

Figure 4b ICF platform

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2. Types of disabilities

In the following section we would like to raise your awareness and knowledge towards main groups of disabilities and what limitations and barriers they may cause to a person/youth with a disability. The purpose is to raise your creativity and reflection on possible solutions, without taking them as a ready and common recipe.

2.1 Mobility impairments

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Mobility impairment can be caused by a range of conditions that can be temporary or permanent. The effects can change from day to day; they can remain the same or get progressively worse over time. The condition may affect some parts of the body or the whole of it.

Mobility impaired people may have the following difficulties:

- Difficulties with co-ordination and movement;
- Difficulties with endurance and stamina;
- They may find routine tasks such as driving, household chores, cooking and grooming difficult and/or tiring;
- Fatigue;
- Difficulty accessing facilities that others take for granted such as toilets, cafes and restaurants, university buildings, sport centres etc.;
- If their hands or arms are affected, they may:
    - Have difficulty with handwriting;
    - Be unable to write using a pen/pencil;
    - Have a slow writing speed;
    - Have difficulty turning pages;
    - Have difficulty using a standard keyboard or mouse; Have difficulty using equipment found in conference rooms;
    - Have difficulty filing or storing documents.
- If they have involuntary head movements, this may affect their ability to read standard-sized print.

Barriers:

- Inaccessible or not enough accessible passageways and stairs;
- Too narrow elevators, entrances and corridors;
- Too heavy doors;
- Rolling doors;
- Slippery floors or covered with thick carpet;
- Lack or difficult access to objects or buttons placed on inappropriate level;

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- Not sufficient space for moving for person on wheelchair or using other mobility aids;
- Lack of equipment facilitating independency of person in the toilet or bathroom (e.g. rails, handles);
- Limited access to the proper assistance that would enable to overcome existing barriers.

2.2. Visual impairments

Everyone who has a visual impairment is different. Some people may have been born without vision while other may have lost their sight gradually. Some of them may rely on a guide dog or use a white cane to help them get around. Others may have enough vision to get around on their own.

The impact of this disability depends on the kind of vision loss, how severe it is and how socialized the person is.

You can meet for example blind people:

- walking around independently with white cane,
- walking around with a guide dog,
- walking around with a guide or personal assistant

or partially sighted people:

- with some residual vision useful for independent travelling,
- who may ask for support (e.g. personal assistant) .

For full coverage of all kinds of visual impairments please look into the classifications of World Health Organisation (http://www.who.int/classifications/icf/en/).

Blind or visually impaired people may have some of the following difficulties:

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- They are likely to be more dependent on their hearing in order to communicate with other people. They may not be able to match the tone of voice with facial expressions and gestures that make conversations easier to follow;
- They are likely to be more dependent on their hearing in order to get information, so high levels of background noise can cause a problem for them;
- They may have missed out on gathering everyday practical information about the world around which sighted people take for granted, and may therefore need to be introduced to new situations and to new environment in a practical way;
- They may have trouble seeing in low light levels or have problems judging speed and distance;
- In some cases bright lights may improve the visibility.

They might also have some difficulties with the following:

- Getting information from presentations;
- Reading written text from brochures, catalogues, books etc.;
- Understanding diagrams and charts normally not read to specialised software for people with disabilities;
- Using ICT without assistive technologies like magnifier, JAWS software, big keyboards etc.;
- Using hotel facilities;
- Travelling to, from and around.

Barriers (not accessible or partially accessible):

- Visual information (marking, directions, gestures, mime, etc.),
- printed materials (leaflets, information brochures, maps, menus, newspapers, etc.),
- Information related to emergency situations (evacuation ways signs, printed instructions in case of emergency).
- Difficulty in orientation in new surrounding without guidelines

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- Problems with independent use of new devices (e.g., elevator without special marking or other adjustment)
- Problems with recognition of different objects of the same shape
- Difficulties with finding objects which location has been changed.

2.3 Hearing impairments

The term 'hearing impairment' describes a loss of hearing which may range from mild loss (hard of hearing) to complete deafness. Hearing impairments may be caused by a number of reasons. Some people are born deaf and others may have become deaf due to injury, illnesses or having experienced too much loud noise. Not all hearing impaired people can use hearing aid or can read lips. The hearing aid is just the device and has a lot of limitations. Main problem is not hearing but understanding of the speech.
The hearing disorders limit the stream of information to the brain and so influence speech understanding process, especially in the noise or from distance.

Barriers:

- Lack of access or very limited access to verbal information (verbal announcements, verbal information, sound signals);
- Dependence on use of visual information (important clear and simple marking);
- Very limited use of residential hearing in communication in unfavourable conditions (in noise, in crowded places or places with laud music);
- Often problems with understanding of more complex vocabulary or abstract concepts.

2.3.1 Deaf-blindness

Deaf-blindness is the condition of little or no useful sight and little or no useful hearing. Deaf-blind people communicate in many different ways. Someone who grew up deaf and experienced vision loss later in life is likely to use a sign language (in a visually modified or tactile form). Others who grew up blind and later became deaf are more

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likely to use a tactile mode of their spoken/written language. Very often they also use special communication devices.

These people face the same barriers faced by visually impaired people combined with those faced by people with hearing impairments. Deafblind people might be dependent of the so-called guide-interpreters who assist them in mobility and communication with others. The services of guide-interpreters are considered as type of social support which can vary in different countries.

2.4. Speech impairments

There are number of causes of difficulties with speech. Youth may have problems expressing their thoughts through speech due to dysphasia (a partial or complete impairment of the ability to communicate resulting from brain injury), they may have suffered an injury or stroke or have a medical condition such as cerebral palsy that has led to a lack of control over their facial muscles, etc.

Additionally the following difficulties might be experienced:

- If the person was born profoundly deaf he/she will have difficulty communicating through speaking as this skill is learnt primarily by hearing speech in early childhood;
- Stuttering can make it difficult to communicate with other people. Sometimes they get more embarrassed by the conversation than you. If the person has a stutter, there are some situations that make it worse, for example, speaking in front of a group or talking on the telephone.
- If the person has verbal apraxia he/she may have difficulty putting sounds and syllables together in the correct order to form words. They find longer or more complicated words harder to say than short or simple words. They may also tend to make inconsistent mistakes when speaking. For example, they may pronounce a difficult word correctly but then have trouble repeating it; or they may be able

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to say a particular sound one day and have trouble with the same sound the next day. They might have to 'grope' for the right sound or word and may need to try saying a word several times before you can say it correctly;

- If the person has an articulation disorder, it may affect how others understand what they are saying. Examples include substituting "give me eta" for "give me a cookie" omitting sounds ("pa" for "pan") or adding sounds to words ("pinanio" for "piano");
- If the person has a lisp, she can substitute the letters "s" and "z". and "c" for example "zucezo" for "event". Other substitutions include saying d' instead of 'r ('daton" instead of 'mouse).

Barriers:

- Difficulties with articulation of complex and long words or phrases;
- Difficulties with communication in situations requiring fast reactions;
- Sometimes even reluctance to any verbal communication;

2.5. Intellectual disabilities

According to American Association on Intellectual and Developmental Disabilities (2023)6, Intellectual disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behaviour that originates before the age of 22. Everyone who has an intellectual disability is different. Intellectual disability is a more general term for impairments that can affect learning and understanding. This can mean they have great difficulty in communicating, need high levels of support and may have additional sensory or physical impairments.

In this group there are people with:

- Lower intellectual abilities;
- Troubles in perception processes, concentration, memory and reflection;
- Problems with social skills and social rules.

[6]https://www.aaidd.org/intellectual-disability/definition

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Those people might have some trouble with some of following activities:

- They might find it hard to understand when they listen or when they have to cooperate with other people;
- They might find it hard to understand through reading or watching. This can include:
  - watching a demonstration or a film;
  - PowerPoint presentations;
  - watching a video;
  - understanding graphs and charts;
  - using email;
  - using assistive technology.
- They might need more time to understand information, guidance or instructions:
  - they might find some information very hard to understand;
  - they might have a poor memory and have trouble remembering things;
  - they may have some difficulty talking or writing;
  - they may have some trouble with numbers, figures, calculations, and maps.
- They might need some help with planning and managing their time.

Barriers:

- Problems with understanding of complex information and statements
- Lack of understanding of abstract concepts
- Problems with full understanding of the value of financial transactions
- Troubles with understanding of complicated text.
- Sometimes problems with not standard behaviour, difficult to understand and interpret by others (e.g. persistent repeating of phrases)
- Problems with use of more complex or less common devices
- Difficulties to remember the way to various places (to the conference room, the meeting place, etc.) and necessity to remind it several times.

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2.6. Mental health problems

Mental health problems can cover a broad range of disorders, but the common characteristic is that they all affect the affected person's personality, thought processes, emotions or social interactions. They can be difficult to clearly diagnose, unlike physical illnesses.

There is no single cause for mental health disorders; instead, they can be caused by a mixture of biological, psychological, and environmental factors.

People who have a family history of mental health disorders may be more prone to developing one at some point. Changes in brain chemistry from substance abuse or changes in diet can also cause mental disorders. Psychological factors and environmental factors such as upbringing and social exposure can form the foundations for harmful thought patterns associated with mental disorders. Only a certified mental health professional can provide an accurate diagnosis of the causes of a given disorder.

Certain factors may increase the risk of developing mental health problems, including[7]:

- Having a blood relative, such as a parent or sibling, with a mental illness;
- Stressful life situations, such as financial problems, a loved one's death or a divorce;
- An ongoing (chronic) medical condition, such as diabetes;
- Brain damage as a result of a serious injury (traumatic brain injury), such as a violent blow to the head;
- Traumatic experiences, such as military combat or being assaulted;
- Use of alcohol or recreational drugs;
- Being abused or neglected as a child;
- Having few friends or few healthy relationships;
- A previous mental illness.

[7] Risk factorsfor mental health problems

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Mental health disorders occur in a variety of forms, and symptoms can overlap, making disorders hard to diagnoses. However, there are some common disorders that affect people of all ages.

2.6.1. Anxiety disorder

Anxiety disorder[8] is defined by intermittent and repeated attacks of intense fear of something bad happening or a sense of impending doom.When a person has an anxiety disorder, they may feel fearful or uncertain almost all the time. According to the research in that field the fear and anxiety that occur due to an anxiety disorder are markedly different than the brief episodes of these feelings that are commonly related to normal events, such as speaking at a public event or meeting a blind date. In most cases, if a person has an anxiety disorder, their anxiety disorder symptoms will persist for more than six months.

There are several different types of anxiety disorders including Generalized Anxiety Disorder, Panic Disorder, Obsessive-Compulsive Disorder, Phobias, Social Anxiety Disorder, Post-Traumatic Stress Disorder. They may have short-term effects such as inability to complete everyday tasks. The most serious long-term effect is becoming suicidal.

2.6.2 Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a neurodevelopment disorder that affects communication, social interaction, and behaviour. People with autism may have difficulties in communicating verbally and non-verbally, show difficulties in recognizing and expressing emotions, present repetitive patterns of behaviour and restricted interests. The severity of autism varies widely, and is said to be on a spectrum due to

[8] Anxiety Disorder

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the diversity of symptoms and levels of functioning that people with the condition can experience.

Within this set of disorders we find variability in the quality and quantity of symptoms, so that support in the social and educational fields responds to these multiple behaviours that occur.

People with autism can face a number of challenges in various aspects of life due to the characteristics of the disorder. These problems can vary in intensity and present differently in each individual. Some of the common problems that people with ASD face include:

- Communication difficulties: Many people with autism may have difficulties communicating verbally and non-verbally. They may have trouble understanding language, using language functionally, interpreting tone of voice, and understanding social intentions in conversation.
- Limited social interaction: People with autism may find it difficult to establish and maintain meaningful social relationships. They may have difficulty understanding social cues and rules, which can lead to situations of isolation and loneliness.
- Repetitive and stereotyped behaviours: ASD is characterized by repetitive behaviour patterns and stereotyped activities. This can include repetitive body movements (for example, rocking or waving hands), intense interests in certain topics, and rigid routines.
- Sensory sensitivity: People with autism may be hypersensitive or hyposensitive to certain sensory stimuli, such as noises, lights, textures or tastes. This may affect your ability to participate in certain activities or environments.
- Difficulties in emotional self-regulation: Some people with ASD may have difficulty managing their emotions and may experience rapid mood swings or intense emotional reactions to certain situations.
- Special Educational Needs: Students with ASD often require specific educational accommodations and supports to be successful in the school environment. This may include specialized education, early intervention therapies, and individualized teaching strategies.

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- Challenges in daily life: Daily tasks such as personal hygiene, organization, planning and problem solving can be more difficult for some people with ASD.

If we are facing a person with ASD, with difficulties in communication, interaction, behaviour, how can we intervene?

- Encourage communication: Use clear and direct language. If the person has difficulty communicating verbally, consider using alternative communication systems, such as pictures, pictograms, or communication devices. It is important to be patient and give him time to respond.
- Establish a routine: People with ASD tend to feel more secure and comfortable with predictable routines. Try to maintain structure in your daily activities and anticipate changes as much as possible.
- Provide visual support: The use of visual images, calendars, schedules and task lists can help the person with ASD to better understand what is expected of them and reduce anxiety.
- Promote social interaction: Provide opportunities for social interaction, but make sure they are appropriate and comfortable for the person. Encourage cooperative play and group activities with appropriate supports.
- Consider sensory sensitivity: Take into account the possible sensory sensitivities of the person with ASD and avoid environments or stimuli that may be uncomfortable or overwhelming for them.

- Reinforce interests and abilities: Take advantage of the person's particular interests and use them as a tool to promote learning and motivation.
-Offer emotional support: Make sure you are understanding and provide emotional support to the person with ASD, acknowledging their feelings and emotions.

What attitude should we avoid when interacting with a person with ASD?

- Do not force eye contact: Some people with ASD may feel uncomfortable or overwhelmed with direct eye contact. It is best to respect their personal space and allow them to make the amount of eye contact that is comfortable for them.

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- Avoid touching without permission:

2.6.3. Bipolar Disorder

Bipolar Disorder[9]causes a periodic cycling of emotional states between manic and depressive phases. Manic phases contain periods of extreme activity and heightened emotions, whereas depressive phases are characterized by lethargy and sadness. The cycles do not tend to occur instantly.

Bipolar disorder is a medical condition that involves rapid mood swings between periods of good moods and those of irritability and depression. The condition is experienced equally by both men and women and generally manifests itself for the first time when the individual is between the ages of 15 and 25. So far, the cause of bipolar disorder is not known, but those who suffer from the condition are likely to have family members who also have bipolar disorder.

There are three types of bipolar disorder:

- Bipolar disorder type I also known as manic-depression;
- Bipolar disorder type II within which the person has periods of hypomania;
- Cyclothymia is the mildest type. The person experiences less extreme mood swings, going from mild hypomania to depression.

2.6.4. Depression

Depression[10] covers a wide range of conditions, typically defined by a persistent bad mood and lack of interest in pursuing daily life, as well as bouts of lethargy and fatigue. Dysthymia is a milder but longer-lasting form of depression.

[9]Bipolar Disorder
[10]Depression

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Depression is likely to strike many people to some degree in their lifetime. According to the Centre for Disease Control and Prevention of EU, 9.1% of people reported current major or minor depression. If a person is depressed, it can cause a marked drop in interest in everyday activities, and can, unfortunately, drive a person to attempt suicide if left untreated.

Depression isn't a single disorder, but rather a class of conditions separated by severity and duration.

You as a Disability support moderator should be aware of the fact that people with disabilities are likely to experience depression as much as other people. If you notice signs of depression in your youth – he/she seems to be lethargic, socially withdrawn, or has declining physical health, depression may be present. There are several physical and emotional symptoms to look for when determining whether a person has clinical depression, but you should always **contact a professional** andseek an official diagnosis before making a decision.

2.6.5. Schizophrenia

Schizophrenia[11]is not, as commonly thought, solely about hearing voices or having multiple personalities. Instead, it is defined by a lack of ability to distinguish reality. Schizophrenia can cause paranoia and belief in elaborate conspiracies.

There are three types of schizophrenia, which are divided by the types of symptoms: positive, negative, and disorganized:

- *Positive/Psychotic Symptoms* - People **with** schizophrenia that presents with positive symptoms may have delusions or unusual thoughts, or feel extremely suspicious.

[11]Schizophrenia

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- They may be out of touch with reality and think that other people are plotting against them. They can suffer from audio or visual hallucinations. Normally, these hallucinations are negative or frightening.

People living with schizophrenia may have a distorted view of the things around them. The things they see or smell may not represent real life, and this can make normal objects scary or unusual. People with schizophrenia may also be more sensitive to light, colour, and other distractions.

- *Negative Symptoms* - these **can include** a lack of emotions and energy. People might have difficulty experiencing or expressing their emotions, empathizing with others, or relating to people. This can lead to isolation. People with negative symptoms may also have trouble concentrating and finishing projects. They could have to be reminded to do simple things such as bathing. Some symptoms are similar to those of depression. Schizophrenics may find the world uninteresting and flat, feeling that there is no point going out and doing things. They may also say little to nothing unless spoken to.
- *Disorganized Symptoms* - Symptoms of schizophrenia can also be disorganized. These symptoms are similar to those of severe ADHD or autism. Confused thinking and speech is common, so patients are unable to carry on conversations or solve problems. They may repeat rhythmic gestures or completely stop moving for long periods of time.

2.7 Learning difficulties

2.7.1. Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD)[12]is characterized by an inability to remain focused on task, impulsive behaviour, and excessive activity or impulsivity, hyperactivity, attention deficit. Although this disorder is most commonly diagnosed in children, it can occur in adults as well and it may exist at the same time as learning

[12]ADHD

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disabilities, as much research reveal that students who have ADHD usually face challenges in perceiving and processing of teaching information.

People with ADHD who have **trouble paying attention and concentrating** may have the following difficulties:

- 'Daydreaming' without realising it, even in the middle of a conversation;
- Being very easily distracted - wandering attention makes it hard for you to stay on track;
- Finding it hard to stay focused, for example, when reading or listening to others talking;
- Finishing other people's sentences and/or interrupting;
- Finding it's an effort to finish tasks, even ones that seem simple;
- Having a tendency to overlook details that leads to mistakes in your class work or homework;
- Having a poor listening skill that makes it hard to remember conversations and/or follow directions.

If a person is **diagnosed and forgetful**, he/she may have the following difficulties:

- Poor organisational skills (your room and/or desk may be cluttered and untidy/ disorganized);
- Tendency to procrastinate, to waste time (affecting the development of the course work and the revision preparation for the study of for the exams).
- Trouble starting and/or finishing projects;
- Always being late;
- Forgetting deadlines and appointments on a regular basis;
- Losing or misplacing things (keys, phone, folders);
- Underestimating the time it will take you to complete tasks.

2.7.2. Dyslexia

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Dyslexia is a learning disorder that involves difficulty reading due to problems identifying speech sounds and learning how they relate to letters and words (decoding). Also called a reading disability, dyslexia is a result of individual differences in areas of the brain that process language.

Dyslexia is not due to problems with intelligence, hearing or vision. Most children with dyslexia can succeed in school with tutoring or a specialized education program. Emotional support also plays an important role.

Though there's no cure for dyslexia, early assessment and intervention result in the best outcome. Sometimes dyslexia goes undiagnosed for years and isn't recognized until adulthood, but it's never too late to seek help.

Signs of dyslexia can be difficult to recognize before your child enters school, but some early clues may indicate a problem. Once your child reaches school age, your child's teacher may be the first to notice a problem. Severity varies, but the condition often becomes apparent as a child starts learning to read.

Dyslexia **signs in teens and adults** are a lot like those in children. Some common dyslexia symptoms in teens and adults include:

- Difficulty reading, including reading aloud
- Slow and labor-intensive reading and writing
- Problems spelling
- Avoiding activities that involve reading
- Mispronouncing names or words, or problems retrieving words
- Spending an unusually long time completing tasks that involve reading or writing
- Difficulty summarizing a story
- Trouble learning a foreign language
- Difficulty doing math word problems

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Dyslexia can lead to several problems, including:

- **Trouble learning.** Because reading is a skill basic to most other school subjects, a child with dyslexia is at a disadvantage in most classes and may have trouble keeping up with peers.
- **Social problems.** Left untreated, dyslexia may lead to low self-esteem, behavior problems, anxiety, aggression, and withdrawal from friends, parents and teachers.
- **Problems as adults.** The inability to read and comprehend can prevent children from reaching their potential as they grow up. This can have negative long-term educational, social and economic impacts.

Educational techniques

Dyslexia is treated using specific educational approaches and techniques, and the sooner the intervention begins, the better. Evaluations of person's reading skills, other academic skills and mental health will help his/her teachers to develop an individual learning plan.

Teachers may use techniques involving hearing, vision and touch to improve reading skills. Helping a the person to use several senses to learn — for example, listening to a taped lesson and tracing with a finger the shape of the letters used and the words spoken — can help in processing the information.

Mitigation strategies

You can advise to the person with dyslexia to:

- Learn to recognize and use the smallest sounds that make up words (phonemes)
- Understand that letters and strings of letters represent these sounds and words (phonics)
- Understand what is read (comprehension)
- Read aloud to build reading accuracy, speed and expression (fluency)

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- Build a vocabulary of recognized and understood words

2.7.3. Dyscalculia

Dyscalculia is a learning disorder that affects a person's ability to do math. Much like dyslexia disrupts areas of the brain related to reading; dyscalculia affects brain areas that handle math- and number-related skills and understanding. Symptoms of this condition usually appear in childhood, but adults may have dyscalculia without knowing it. Dyscalculia is uncommon but widespread. Experts estimate it affects between 3% and 7% of people worldwide.[13]

The symptoms in teenagers and adults often look like trouble with the following:

- Counting backward
- Solving word problems
- Breaking down problems into multiple steps to solve them
- Measuring items
- Measuring quantities (such as for cooking/baking recipes)
- Using money (coins and bills) to pay for items, exchanging bills for coins (and vice versa) and making change
- Understanding and converting fractions

In addition to symptoms that directly relate to someone's ability to do math, people with dyscalculia may show emotional symptoms when faced with situations where math is necessary. Those emotional symptoms often include:

- Anxiety (including test anxiety) or even panic
- Agitation, anger or aggression
- Fear (including a fear or even phobia of going to study)

[13] https://my.clevelandclinic.org/health/diseases/23949-dyscalculia

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- Physical symptoms such as nausea and vomiting, sweating, stomach-ache, etc.

2.7.4. Dyspraxia (developmental co-ordination disorder) in youth

Dyspraxia, also known as developmental co-ordination disorder (DCD), is a common disorder that affects movement and co-ordination.

Dyspraxia does not affect persons' intelligence. It can affect coordination skills such as tasks requiring balance, playing sports or learning to drive a car. Dyspraxia can also affect fine motor skills, such as writing or using small objects.

Symptoms of dyspraxia can vary between individuals and may change over time. In the most cases, youth may find routine tasks difficult.

Dyspraxia may affect:

- co-ordination, balance and movement
- how youth learn new skills, think, and remember information at work and home
- daily living skills, such as dressing or preparing meals
- ability to write, type, draw and grasp small objects
- how the person function in social situations
- how the person deals with your emotions
- time management, planning and personal organisation skills

Dyspraxia should not be confused with other disorders affecting movement, such as cerebral palsy and stroke. It can affect people of all intellectual abilities.

Sometimes, if a person has a dyspraxia, s/he may also have other conditions, such as:

- attention deficit hyperactivity disorder (ADHD)
- dyslexia
- autism spectrum disorder
- difficulty learning or understanding maths (dyscalculia)

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- depression or anxiety

There is no cure for dyspraxia but there are therapies that can help with daily living, such as:

- occupational therapy – to help the person to find practical ways to remain independent and manage everyday tasks such as writing or preparing food
- cognitive behavioural therapy (CBT) – a talking therapy that can help the youth to manage your problems by changing the way you think and behave

It may also help if the youth:

- keep fit – they can do regular exercise, which may help with co-ordination, reduces feelings of fatigue and prevents him/her from gaining weight
- learn how to use a computer or laptop if writing by hand is difficult use a calendar, diary or app to improve his/her organisation
- learn how to talk positively about his/her challenges and how they overcome them.

2.8. Medical conditions

The term medical condition includes a wide variety of diagnoses including, for example, asthma, epilepsy, diabetes, chronic pain and heart disease. Most people have experienced temporary ill health of one kind or another from time to time, but some people have longer term or permanent conditions which have been present from birth or acquired during life. The effects of these depend on the person's age, circumstances and the nature of the conditions and/or treatment.

2.8.1. Allergies and Asthma

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Increasing numbers of people are affected by some kind of allergy or by asthma. Most adults with asthma are able to establish methods of controlling their condition so that it does not normally affect their daily life. They know potential triggers and therefore are often able to prevent asthma attacks. However, it is still necessary for colleges to ensure that there are proper procedures for dealing with substances – called respiratory 'sensitisers' – that can cause asthma or other allergies, those most relevant are animal allergens, chemicals and latex rubber.

2.8.2. Dysosmia – impaired sense of smell

An impaired sense of smell is usually associated with ageing; however, it can also occur in younger people and can be present from birth.
Apart from the need for extra safety precautions with regard to detecting smoke and gas, there is also the need to compensate for the fact that, for example, someone cannot detect food which has decayed.

2.8.3 Epilepsy

Epilepsy is one of the most common serious neurological conditions in the world. Photosensitive epilepsy is a rare condition in which seizures may be triggered by flashing or flickering lights or by certain geometric shapes and patterns. People with this condition are most likely to react to lights which flicker between five and thirty times per second (5-30Hz).

Conditions such as chronic pain, epilepsy or psychiatric conditions can seriously affect a person's daily routine. In many ways, it can be the side effects of the condition itself which cause difficulty. For example, an individual may be prone to fatigue or stress or special medication may cause drowsiness and/or poor concentration.

People at HEI can also be affected by the environment, e.g. people with epilepsy, diabetes or asthma. For some people these can cause physical or sensory disabilities and for many others, stamina can also be affected. This means that planning an evenly

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distributed workload with the possibility of delayed/staggered deadlines is important. This consideration is particularly significant when youth have had time off and need to both catch up and cope with the demands of new tasks.

People with these conditions may not see themselves as having a disability and may not have indicated on application that they have a particular need. They may also have faced prejudice previously from those around them and this may restrict their willingness to disclose their condition. It is therefore particularly important that it is made known that some people and other staff members will be tolerant to learners with hidden disabilities or medical conditions.

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3. Disability etiquette

As a Disability support moderator you have to remember that each person is unique. Even though someone else may have the same disability, this does not mean that they have the same difficulties and the sort of adjustments that suit one person may not be at all suitable for other. This is why academic staff should always discuss their ideas about adjustments with the youth with disability.

Everyone has different ways of thinking and working. Remember that some people with physical disabilities may have difficulties getting around and use a wheelchair or crutches, but this has no impact at all on their ability to read or to communicate; whilst others may have no trouble at all getting around but may have real difficulty with reading.

Interpersonal communication is the basis of interaction between people no matter if they have disability or not. Effective communication contributes to the successful provision of services and creates a positive emotional background. Communication between people should be always based on the mutual respect. It makes communication easier and prevents conflicts.

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In order to establish good contacts with your youth with disabilities it is extremely important to demonstrate helpful, compassionate attitude towards the others (including those with disabilities).

How to greet a person with disability?

What would you do when faced with someone with a paralyzed or missing right arm? Most people, even those with a prosthetic arm or hand, can shake hands. It is appropriate to use your left hand if the person cannot respond with their right hand. The youth with disability will usually give you a cue by extending an arm or hand as best they can. It is best not to just go ahead and grab an arm that may turn out to be a painful experience for the person. The "good old buddy" path on the back or shoulder is never appropriate behaviour.

Have you ever noticed that when you speak to someone who doesn't understand the language you speak that you tend to raise your voice, thinking that somehow shouting the words will rattle their brain into understanding?

We do the same thing when we address people with disabilities. There is usually no need to raise your voice. However, when someone has a cognitive impairment it canhelp to slow down and speak clearly. Use their first name only if everyone else is being referred to by their first name. Better yet, ask for their preference.[14] This is a common mistake amongst physicians who refer to their patients informally but, then want the patient to call them "Doctor".

Treat the person as an adult. Don't infantilize the individual because they have a physical or mental disability. Don't pat people in wheelchairs on the head or shoulder in place of a proper greeting. Sit down and make eye contact. This is critical! When you are seated in your office and someone enters, don't you usually stand up to greet them?

[14] Disability awareness information

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When speaking to someone in a wheelchair or lying in bed, look around, pull up a chair, sit down and get at eye level.

Some people want help, others do not. It is acceptable to ask if you can get the door, pick up their canes or push their wheelchair. But don't feel hurt if your offer is declined and the person wishes to be independent.

Conversational Etiquette

When the greeting and introductions are fact how can you have a conversation with a person with disability?

- Always speak to the disabled individual directly and not through someone else. This mistake is made all the time by different professionals. Even if the person has a cognitive disability, their presence must be recognized and respected.
- When having a conversation with a person with a physical disability, use normal everyday language and relax. We can slip into an unpleasant and demeaning habit of speaking to the youth with disability as if they were a child. You may have to make a physical accommodation, such as sitting down. Remember, the individual is otherwise no different than you.
- Most of us are poor listeners. When someone has speech impairment, take your time and listen. Don't try to always finish their sentence. That can be difficult when you are in a hurry, but never to pretend to understand if you do not -- it is acceptable to say so. If the person has a visual impairment, identify yourself and let them know where you are and what you intend to do.

Use the following terms to address people with disabilities:

- People with disabilities;
- People without disabilities;
- Blind;
- Partially sighted;

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- Deaf or hard of hearing;
- Intellectual disabilities;
- Mental health problems;
- Wheelchair users;
- Specific learning disabilities (spld).

Do not use the following terms:

- handicapped people or any description ending in "...ic" which replaces the identity of the individual e.g. "the epileptic";
- a victim of... or suffering from...;
- spastic;
- deformed or invalid;
- retarded or dumb;
- cripples or wheelchair bound.

Please remember to stick to the correct terms in the daily speech as well as when you prepare official documents, emails or during oral conversation, etc.

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4. Prejudice and stereotyping

4.1 Prejudice

Many of the assumptions and judgments that are made about people with disabilities and their families are made in the light of the medical model approach. While this is not particularly surprising within cultural and social contexts in which the medical understanding of disability is dominant, it involves a recognition that these assumptions and judgments have been made 'without considering the relevant facts and arguments' - that is, upon the basis of prejudice.

Prejudice does not take place in isolation but is part of the way in which discrimination is expressed at a personal level. Prejudiced judgments are made from a position in which that some people assume that they know pretty much what the case is because 'these things are obvious'.

Some youth with disability have a "mountain to climb" as some people' prejudice continues to hamper their chances of finding a job. Until recently, the assumption for people with disabilities was they usually would not work. For example, the common

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policy of the European Union is that people with disabilities' unemployment rate should be constantly decreased. Therefore, there are many financial resources which are allocated to ensure paid work of people with disabilities even under the frame of subsidised employment.

On the other hand, benefits programs for people with disabilities largely remain tied to income – only persons below a certain threshold income receive assistance (Blanck et al., 2009; Wehman et al., 1997).

Disability is almost synonymous with disadvantage. Thus people with disabilities have to face various challenges in life such as employment against individuals without disabilities vying for the same positions.[15]

Prejudice against individuals with disabilities is an issue which must be addressed so that we do not further disadvantage those who are disadvantaged to begin with.

4.2. Stereotyping

No matter the fact that we are living in 21st century the phenomenon of stereotyping still exists. Even in EU countries many some people have severe prejudice and stereotypes towards people with disabilities and they avoid hiring them.

If you try to find an advertisement which prohibits applications by people with disabilities, it is very likely not to find one. However, it does not mean that the so-called 'hidden discrimination' does not exist. Unfortunately, there are many cases where people with disabilities do not have access to a suitable workplace because even they are not able to reach the job interview.

The most common stereotypes towards youth with disabilities:

[15] Prejudice against disability

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- **Students with disabilities are not efficient enough at the higher education in comparison with their non-disabled peers–** Working efficacy is influenced by factors such as knowledge, skills, competences, and personal motivation. They are possessed by both people with and without disabilities.

- **Youth with disabilities need flexible work schedule –** youth with disabilities might need a working schedule adjusted in accordance with his/her needs and disability.

- **Students with disabilities cannot execute their tasks as fast as other youth without disabilities –** Working speed is important and the disability can affect it. However, there are assistive technologies and other types of assistance which may compensate deficiencies caused by disability. *For example, a screen reader for visually impaired worker, adjusted keyboard for people with upper limbs disabilities, etc.*

- **The price of workplace adaptation at HEI will be high and such investments are not rationale –** Not all assistive technologies are expensive. On the contrary, the competition in this area is also strong and there is a trend of decreasing the price. Furthermore, the national legislation in EU countries and the national programmes foresee funding opportunities for some people who want to adapt the workplace for a worker with disability.

- **The rest of the youth without disabilities would be reluctant to accept a person with disability at the team –** Good team spirit depends on the company's micro-environment. If the other team members do not accept diversity, they will have the same attitude towards colleagues from other nationalities, religions, etc.

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- **The non-disabled people would be afraid of the youth with disability –** In 21st century we should not underestimate the empathy of people who belong to the modern society where all human beings have a right to work and lead a decent life. There are many proofs when youth with disabilities are more loyal to an institution, because they recognize it as a socially responsible one.

4.3. Coping with family prejudice towards working capacity of the person with disability

So far we have discussed the fact that youth with disabilities are often a subject of discrimination on the ground of their disability and there are many prejudice and stereotypes that can badly affect their career development. Unfortunately, such stereotypes and prejudice are not present only in some people, but also by other society members 'minds. The practice shows that the capacities of people with disabilities to work are underestimated even within their families.

Often, parents and relatives also believe that their family member with disability should rely on social benefits only because his/her disability would hamper their professional realisation.

The more experienced and mature family members may think that equal access to the open labour market is just advisable and even chimera and sheltered employment is the only one option for any professional career. Thus the families contribute in making their relative with disability more vulnerable.

In such cases the role of the Disability support moderator is additionally impeded. What the Disability support moderator can do is to communicate actively with the family and to explain in a positive manner that a person with disability has the right to make independent decisions for his/her professional development. When the family member

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with disability becomes an adult he/she is able to make choices despite prejudice of the society.

You as a Disability support moderator can argue that across the world, that people with disabilities could be entrepreneurs and self-employed workers, farmers and factory workers, doctors and teachers, shop assistants and bus drivers, artists, and computer technicians etc. Almost all jobs can be performed by someone with a disability, and given the right environment. It is confirmed that several people with disabilities can be productive.

5. Disability and accessibility

The term *accessibility*[16] can be defined as the "ability to access" the functionality, and possible benefit, of some system, building and/or facility and is used to describe the degree to which a product such as a device, service, and environment is accessible by as many people as possible.

5.1 Environmental accessibility

Environmental accessibility is often used to focus on people with disabilities and their right of access to entities, often through use of assistive technology. Free movement in public spaces is assumed by most people to be a right.[17]

Access to public transportation, easy movement along streets and through buildings, and clear routes of egress in emergency situations are all elements of a physically accessible environment. For some, however, these basic conditions are not adequately met. *For example, there still are bus stops, which are not easily accessible to someone in a*

[16] https://www.disabled-world.com/disability/accessibility/
[17] Environmental and architectural barriers

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wheelchair. There could be grass on either side of the cement or the bench could present obstacles between the bus and sidewalk.

The environment is not wholly accessible to anyone, nor should it be. There are, for example, very good reasons for limited access: situations which may be dangerous to children, construction sites which endanger the safety and security of adults, etc. What we are talking about is an "average" level of access that often inadvertently excludes many who shouldn't be excluded.

Assessing accessibility, we define the disability as a condition that limits mobility, lessens visual or aural acuity, reduces stamina, or otherwise inhibits a person's ability to manipulate the environment with a "normal" degree of effort. Accordingly, barriers are those aspects of the built environment which lessen a youth with disability's access. They may be parts of buildings, landscaping, walkways, or parking areas, and include high curbs, lack of curb cuts or ramps, gravel walkways, narrow sidewalks, extreme variations in the grade of walkways, debris which interfere with passage along sidewalks, narrow doorways, heavy doors requiring excessive force to open, and insufficient parking. Even high counters in stores and restaurants can become barriers to access to goods and services. In addition, lack of information in the form of braille signs, tactile maps, or audible announcements present barriers to visually impaired persons.

Mobility impaired populations have been widely ignored in the past, but in recent years many campaigns for equality are made. This includes equal opportunities for employment, equal access to education, and equal access to goods and services. All of this requires a minimum degree of access to the *places* where employment, education, and goods and services may be found.

During the last decades, many European facilities, and open spaces have been renovated to come into compliance with the European Commission’s accessibility guidelines. Many have voiced concerns over the cost and inconvenience of these renovations. But, if

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accessibility is designed into to build the environment rather than approached as an afterthought, the costs could be minimized and the end result often could be more effective.

Every one of us can become physically disabled at some time in our lives.

A child, a person with a broken leg, a parent with a pram, an elderly person, etc. are all disadvantaged in one way or another. Those who remain healthy all their lives are few.

As far as the built-up environment is concerned, it is important that it should be barrier-free and adapted to fulfil the needs of all people equally. As a matter of fact, the needs of the disabled coincide with the needs of the majority, and all people are at ease with them. As such, planning for the majority implies planning for people with varying abilities and disabilities.

5.2 Attitudinal accessibility

Attitudinal barriers are behaviours, perceptions, prejudice and assumptions that discriminate against persons with disabilities. These barriers often emerge from a lack of understanding and information, which can lead people to ignore, to judge, or have misconceptions about a person with a disability.

The misconceptions and attitudes that people within the workplace may have about disabilities can be the most significant employment barrier that people with disabilities face[18].

In addition to the stereotypes described above, here we list possible attitudinal barriers faced by youth with disabilities with disabilities:

- **Inferiority:** The person with disability is seen as a “second-class citizen”.

[18] Attitudinal accessibility

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- **Pity:** People feel sorry for the person with disability and are patronizing as a result.
- **Hero Worship:** People consider a person with a disability living independently to be "special"and a „super hero".
- **Ignorance:** The person with disability is dismissed as incapable because of his or her disability.
- **The Spread Effect:** People assume that the person with disability's disability affects his or her other senses.
- **Backlash:** People believe the person with disability is being given an unfair advantage because of his or her disability.
- **Denial:** People may not believe that hidden disabilities are legitimate and therefore do not necessitate accommodations and adaptations.
- **Fear:** People are afraid they will offend aperson with disability with a disability by doing or saying the wrong thing and avoid the person with disability as a result.

There are tools and resources available and can be used by some people to help break down attitudinal barriers. By effectively engaging youth with disabilities, the HEI can use leadership skills to create a forum for discussion regarding disability issues. In addition, they can provide training to their staff to increase their understanding of disabilities and correct misconceptions and attitudes they may have about disabilities.

You as a Disability support moderator is at a good position to contribute to the removal of the attitudinal barriers. You may advice the Management board of HEI and the academic staff how to communicate effectively with youth with disabilities as well as how to integrate him/her in the universities micro-environment.

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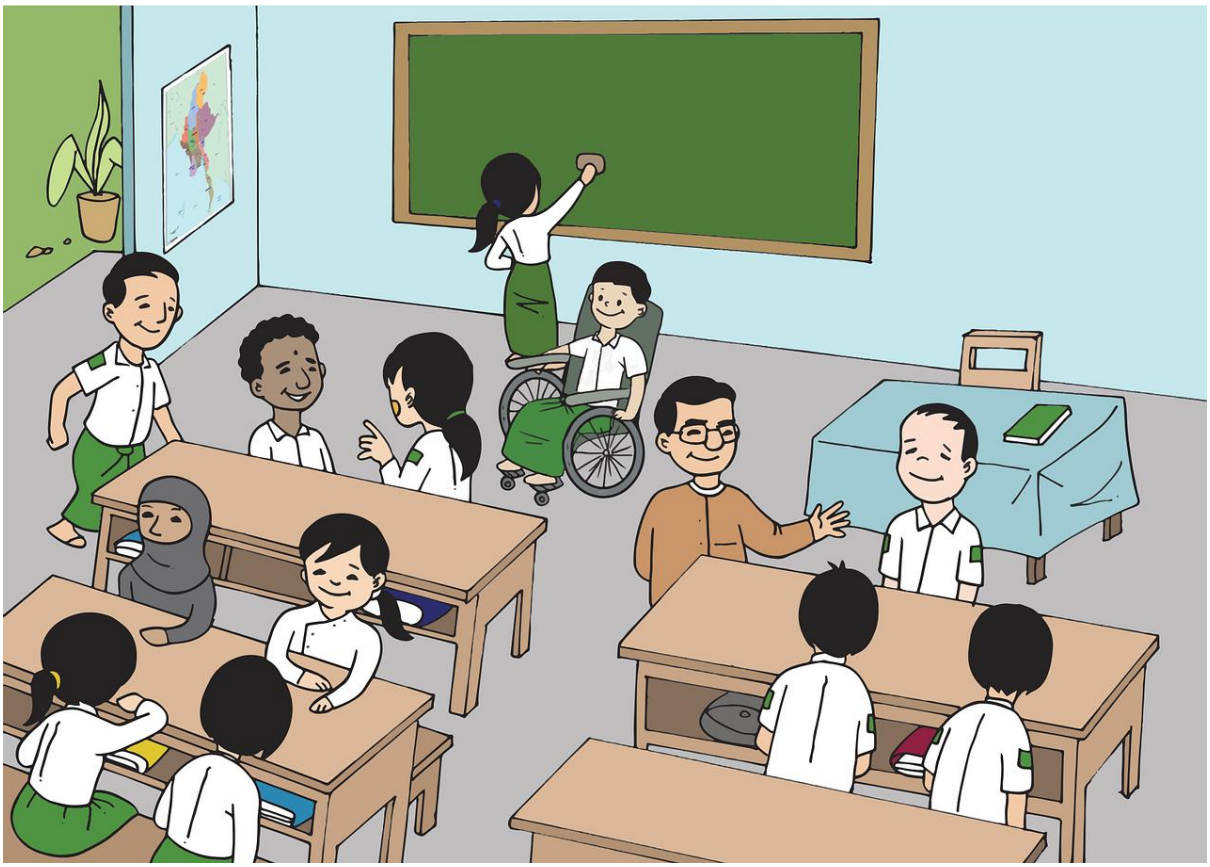
6. Possible adaptations of the HEI environment



It is considered as extremely important that HEI should provide access for an individual with disability to perform the essential functions, including access to a building, to the labs, to get needed equipment, and to have equal access to all facilities used by other youth without disabilities. In the entrance application and examination process, some people may need to make an adjustment to enable them to show what they know and what they can do.

In terms of accessibility some people need to consider the following:

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- To facilitate the initial meetings with persons with disabilities it should be considered the entrance to and movement around the premises and of toilet and washroom facilities.
- Accessibility should also be understood to include signs in use as well as to prepare printed and digital manuals; instructions and electronic information by following particular accessibility guidelines (see R2 for further information). These should be reviewed, where necessary, for accessibility to people with visual impairment and for people with intellectual disability in particular.
- Accessibility for people with hearing impairment includes access to information frequently conveyed by sound – such as the ringing of a bell, a fire alarm, whistle or siren. Such facilities should be reviewed and complemented, where necessary, with alternative devices such as flashing lights.
- Emergency planning should ensure that persons with disabilities are able to safely and effectively evacuate the workplace to an area of safety.

However, the person with disability himself/herself knows better the correct type of reasonable adaptation that he/she needs. In this case, you as a **Disability support moderator for youth with disabilities** have to emphasise the importance of this fact and help him/her to do the following:

- Explain in their own words the type of adjustment that they require relating to the specific nature, degree and severity of their disability.
- Take responsibility to ask for adjustment if they should require any.
- Know that they have the right to ask for adjustment at any stage of the application or educational process.
- Make the final decision about suggestion with regards to the type of adjustment that they require but be responsible enough to know that it must be a **viable** option for both them and to the HEI.

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7. Avoiding victimization of youth with disabilities

The victimization of persons with disabilities involves the abuse of an individual with a physical and/or mental disability or other medical condition. Victimization can include physical violence, sexual violence, financial, psychological or emotional abuse, and neglect. A source of these types of violence can be unknown for the person with disability as well as people from their surroundings, such as family members and relatives, acquaintances, caregivers, colleagues, supervisors, guardians, medical staff members, etc. The competent institutions, prevention and medical centres acknowledge such victimization as a serious and preventable public health problem.

Current knowledge about victimization of persons with disabilities is based on a small number of studies, and little is known about victimization of people in the same disability group. Persons with disabilities are 2 times more likely to become a victim of violence, abuse, or neglect than persons without disabilities (see Introduction).

Youth with disabilities are more than twice as likely to be physically or sexually abused as youth without disabilities, especially those who live in specialized institutions. Similar proportions of women with and without disabilities report having experienced episodes of physical violence, sexual violence, or emotional abuse. Women with disabilities, however, report greater numbers of perpetrators and longer time periods of individual episodes than women without disabilities.

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Below are listed some indicators of the different types of abuse

- Indicators of *Physical Abuse* – these could be fear of a particular person/peer/academician, unexplained injuries, delay in seeking treatment, over-sedation, unusual patterns of bruises, history of changing doctors, scalp injuries.
- Indicators of *Emotional Abuse* – these include low self-esteem, the person appears nervous around a particular person/colleague, confused, suicidal thoughts and actions, avoids eye contact with a particular person/colleague, fear of abandonment, lethargic/withdrawn.
- Indicators of *Sexual Abuse* – these are present by unusual fear of person, stained, torn or bloody clothes, pain, and bruising, change in sexual behaviour, pregnancy, sexually transmitted diseases.
- Indicators of *Financial Abuse* – these involve unexplained missing items, failure to pay bills, inaccurate knowledge of finances, suddenly changing a will, going without affordable necessities, unusual withdrawals from bank account.
- Indicators of *Neglect* – they are related to malnourishment, wandering without supervision, unkempt appearance, missing dentures/glasses/hearing aids, skin conditions or pressure sores, untreated medical problems, alcohol or medication abuse.

You, as a Disability support moderator need to know that most victims of abuse and neglect feel depressed and anxious. **Your role is to recognize your youth with disability' signs of abuse and** although no one should jump to conclusions, do take all of these indicators seriously and contact the respective professionals seeking help.

Below is some advice for you regarding the actions you can take to help your youth with disability who was a victim of abuse and neglect:

- Have a private talk with the person;
- Listen carefully to the person and what he/she says to you;
- Try to understand the situation;

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- Write down each word and/or fact the person says;
- Stay calm, and do not make assumptions;
- Explain what options for actions are available to the person;
- Discuss the advantages and disadvantages of each action;
- Encourage the person to make an independent decision about the most appropriate option for his/her situation;
- You should tell the police whenever the person's safety is at risk.

We as authors of this module would like to emphasize on another aspect of victimization of people with disabilities, which is related to the perception that being a person with disability means the person is doomed.

In other words the person is willing to withdraw him/herself from their daily activities by using the disability as explanation for limitation of ordinary functions. In such cases the person with disability may avoid social contacts, refuse to go to mainstream school, may not accept to apply for a job, may neglect his/her personal appearance and private life, may deny his/her advantages and strengths, may refuse to do daily routines. In addition, the person with disability who is victimizing him/herself may have unreasonable complaints, may experience permanent dissatisfaction and discontent, may be afraid of failure, don't give a trial at all, can feel themselves helpless, may refuse to make an independent decision about their lives, may expect others to do things they can cope with, may excuse each inaction with the disability they have, and they can lead unsocial life.

Whatever symptoms you may notice as a Disability support moderator should remember that each person is unique and can have unique symptoms in different situations. There are people with disabilities who may invent their own ways to cope with daily challenges.

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As a Disability support moderator you are supposed to deal with those aspects of victimization which have influence on the professional development of your youth with disability.

Remember that you as a well-trained professional may support your youth with disability to find the most suitable for him/her professional realization and the way to achieve this also includes minimizing of the impact of factors that jeopardize your youth with disability's success.

Unfortunately, the last aspect of victimization described in the paragraph above is not explored enough by the professionals and this gives you as a SE consultant a chance to discover your own approaches and tools for overcoming of victimization of that type.

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8. Developing a positive identity

8.1. Disability and image

You as a Disability support moderator should remind to youth with disability that their image is a key factor for successful educational and professional realisation. An important element of the image is the first impression which proves to be crucial when others meet us for the first time and form their opinion about us.

Image can be defined as the:

- impression we give to others
- perception that others have of us
- the mental conception we have of another
- impressions we form when meeting someone new.

Image consists of:

- Facial expressions
- Posture

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- Appearance
- Speech
- Actions
- Attitude

People make assumptions based on limited information and when people observe a characteristic or behaviour in someone, they tend to assume that the person has a number of other qualities.

According to Forbes magazine, 2016[19]:

- 55 % of a first impression formed about you consists of how your appearance is perceived
- 38 % consists of how you non-verbally communicate, and how it is perceived
- Staggeringly only seven per cent of a first impression formed about you consists of what you actually say.

So 55 % of someone's first impression of us is based on our appearance, which consists of:

- height
- weight
- colouring
- hairstyle
- accessories
- clothing
- in the case of women this also includes make-up.

Image is also important because it affects how we feel about ourselves. When we feel we are presenting ourselves well, we gain in confidence and self-esteem. This process is called the cycle of success.

[19] https://institute.uschamber.com/what-makes-a-good-first-impression/

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When discussing the elements of the image with youth with disability, you should pay attention to the following:

- Quality – this indicates his/her status. Being well-made with good quality fabric is more important than brand or label.
- Fit – advise them to choose something comfortable and smart that s/he can move about in confidently.
- Care – is it a practical washable fabric that is possible to be kept in good condition
- Clothing in harmony with his/her personal skin colouring, body size and shape, and personality
- Finishing touches - carefully chosen accessories demonstrate attention to detail.

In addition, you as a Disability support moderator should draw the attention of your youth with disability on the fact that it is important to maintain a professional image which is in compliance with the commonly accepted norms within the business sector that the person with disability would like to work.

8.2. Identifying positive aspects of being a person with abilities and disability

Society is composed by individuals and groups with diverse ways of functioning. The lack of ability is part of everyone's life cycle and it can appear in different moments of life. Here are some examples[20]:

- a baby that needs to be held or carried in a stroller for mobility
- a small boy that cannot reach his floor's button in the elevator
- someone with a broken leg in a cast trying to go up the stairs
- a woman in advanced pregnancy trying to get up the stairs of a bus

[20]Learning Guide on the Convention on the Rights of Persons with Disabilities, Valerie Karr, UNICEF, May 2009

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- an illiterate citizen looking for information on the Internet
- a group of tourists that do not speak the local language
- someone that cannot read the small letters on a prescription's instructions
- an older person with arthritis that cannot open a door handle

In general, people face disabling conditions in a society that is unprepared or not accepting the diversity. Keep in mind that the most important aspect of independent living is the empowerment of individuals to make their own decisions and manage their responsibilities. The use of support to accomplish daily activities is considered a reasonable adjustment for access: it is not to be seen as dependence. The key to an inclusive society is acceptance and support that ensure human rights are accessible for all.

We all have strengths.

We all have weaknesses.

In this section we would like to shortly present you two real life stories that show abilities, not just the disability.

Total Blindness – Abilities:

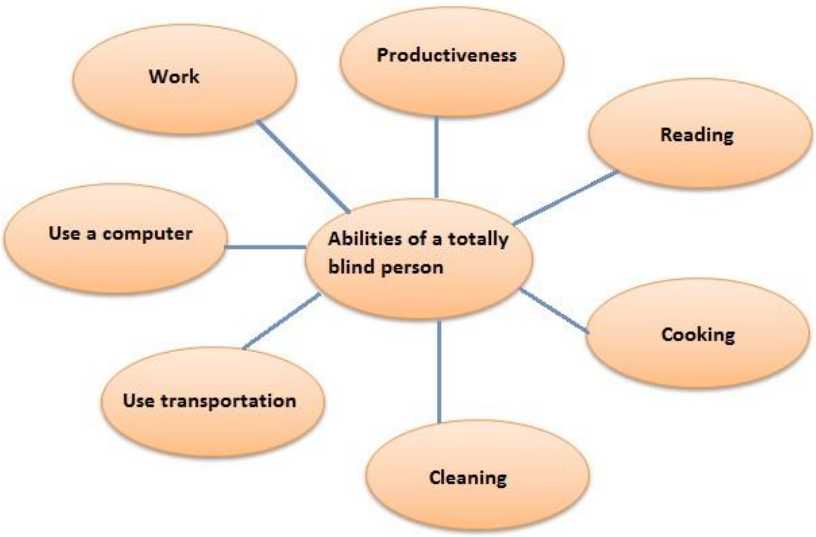

Figure 5 Abilities of a totally blind person

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Growing up a man gradually lost his sight until he became totally blind. The abilities outweighed the disabilities and with this he leads a professional and very productive life. His work involves providing materials for the visually impaired. The use of modern technology allows this person to use computers, Braille note takers, books, tapes, readers and many other devices. A guide dog aids him in using transportation and everyday walking to and from destinations.

Seizure Disorder –Abilities:

Figure 6 Abilities of a person with a seizure disorder

Seizures are disabilities that are unique in reference to other disabilities, especially in this person. In most cases they can be controlled and with adjustments they can be abated. This person's seizures are not completely controlled.

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Instead of taking this disability and turning into a negative she uses it as a positive. With this she has the compassion and understanding for those with disabilities.

She has co-founded a Non-Profit Foundation for people with disabilities. She works in controlled situations with less risk of danger to herself. She asks for reasonable adjustments and transportation.

Those above are true stories of two lucky persons who had the chance to show and use their abilities despite the disabilities they had. They exemplify that people with disabilities want to work. Many disabled workers are gifted with talents that should actually lend themselves to existing positions in the nowadays companies. In mild autism spectrum disorders (previously called Asperger's)for instance, are an Autistic Spectrum disorder that gives some people an incredible ability to process details, which is an excellent trait for software developers, social media posting and monitoring, researchers, etc.

So, when the Disability support moderator is working with a person who has a disability, he/she needs to keep in mind that all people have strengths. Each person comes to a new job with unique skills and abilities. Disability support moderators who interact with youth with disabilities have a great impact on their educational success. When they got more acquainted with their 'abilities they can maximize their potentials. This is how the Disability support moderators work maximizes individual's strengths while compensating for weaknesses.

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9. Practical Part

Role play games are considered as a flexible and enjoyable method for learning that allows ultimate involvement of the participants, who would like to become Disability support moderators. Using of role play games allows them to learn through experiencing which is substantial for ultimate utilization of learning content and its long-term use.

Role play games complement the information provided above and help the candidates for Disability support moderators to better figure out specific terms and conditions related to the content. They reveal the nature of different disabilities and help learners to raise their awareness towards people with disabilities themselves and challenges they may face in their daily routines and while searching for a job.

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9.1 Role play game 1 "People with disabilities – how do they feel?"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

The participants are placed in compact circle. One volunteer stays outside of the circle. S/he has an objective to enter the circle without forcing people from the circle. The volunteer may use verbal and non-verbal approaches (e.g., words, movements, gestures, facial expression etc.) to convince the people to allow to get in. S/he has one minute to achieve the goal. At the end the learning facilitator asks the volunteer how s/he feels like no matter if s/he successfully entered the circle or stayed out of it.

The outcome of the game is that the volunteer represents the position of a person with disability isolated by society which in our case is represented through the compact circle. Since the time is progressing (1 min) the person could become more aggressive, confused, impassionate, less tolerant etc.

This game could be used as an ice breaking activity at the very beginning of the session.

9.2. Role play game 2 "Easy to understand"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

One of the participants will be in the role of a person with a learning difficulty. This person has a problem to understand quite complicated text.

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The participants are divided into groups and each of them receives a text that should be explained in a way that is easy to understand for a person with learning difficulty. As an example of such text used you may use an announcement about a job vacancy that contains descriptions of job obligations and requirements, the other is terms and conditions to apply for social benefits. The participants have 10 min. to finish the task. Afterwards the easy to understand texts should be presented. The learning facilitator encourages the participants to comment and shows the most interesting and best ideas and points out the inappropriate ones if any. The duration of the game is approx. 30 min.

9.3. Role play game 3 "Assist a wheelchair user"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

The group chooses two volunteers who have two different roles. One of them should play the role of a wheelchair user and the other one should play the role of his/her assistant. If you do not have available wheelchair, you can use an office chair.

For the purpose of the game the wheelchair user's route should include leaving the room, passing over the corridor, and reaching a vending machine. The assistant should support the wheelchair user in compliance with the rules and recommendations listed in above sections. After the completion of the game scenario the group discusses the right and the wrong steps made by the two volunteers. The duration of the game is approx. 20 min.

9.4. Role play game 4 "Use of correct and incorrect words"

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This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

Each participant receives piece of paper with one of the following terms:

1. Person with disability
2. Person without disability
3. Blind
4. Partially sighted
5. Deaf or hard of hearing
6. Intellectual (learning) difficulties
7. Mental health difficulties
8. Wheelchair users
9. Specific learning difficulties
10. Handicapped people
11. the epileptic
12. A victim of...
13. Suffering from...
14. Spastic
15. Deformed
16. Invalid
17. Retarded
18. Dumb
19. Cripples
20. Wheelchair bound

Then they should place the received papers in the right column for correct and incorrect terms respectively – duration 30 seconds. The idea is to practice the knowledge related to proper communication and disability etiquette. The learning facilitator could make conclusions on the performance of the trainees.

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9.5. Role play game 5 "People using hearing aid – how do they feel?"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

Two volunteers have to participate in a face-to-face conversation until the rest of the group is making noise (clapping hands, clattering with legs, louder speaking etc.). The task of the two volunteers is to make an appointment for a meeting – duration 1 min.
At the end the volunteers share how they felt trying to agree on something in noisy environment. The learning facilitator should explain what the challenges of people using hearing aids without option for removing background noiseare.

9.6. Role play game 6 "Lip-reading"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

Divide the group into pairs. One of each pair is A, and the other B. Give them the relevant instructions and briefly explain the game. They should not see each other's instructions.

Have them take turns in lip-reading, while their partner "reads" (moving their lips but making no sounds) a list of words or sentences.
In their pairs, they should:

- "say" each word or phrase once only;
- go through the whole exercise before they tell each other the answers;
- when they finish, discuss what they learned about lip-reading.

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Allow 15 minutes for the exercise in pairs, and then form the main group again.

9.7. Role play game 7 "Say the word. Understand how youth with learning difficulty feels"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

Transfer the next figure onto an overhead transparency. Have the group read it out loud. Each participant should read the COLOR the word is written in, not the word itself. Afterward, discuss how your brain wants to read the actual word. Even when you can make yourself do it correctly, you have to read much slower than normal. This is an example of how difficult it is for a youth with learning disabilities to get through the day. Their brain understands what needs to be done, but they have to struggle to make it come out right.

Not being able to do this activity correctly does not mean you are not smart. It just means that your brain wants to do something different.

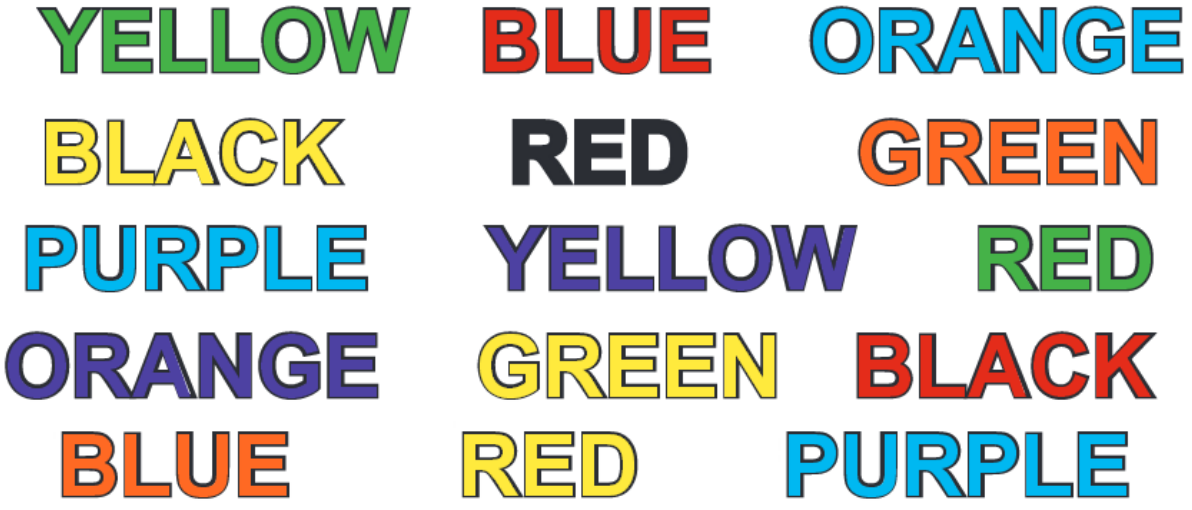

Figure 7 Colour words

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9.8. Role play game 8 „Find alternative way for hand shaking"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

The group is split into pairs. One volunteer is taking the role of a person with upper limb disability – putting his/her right hand on his back so that s/he couldn't use it. The other volunteer in the pair should find an alternative for hand shaking. S/he should stick to the following principles. The learning facilitator should encourage the creativity by the participants and should guide them to find discreet and polite manners.

9.9. Role play game 9 „People with visual impairments – how do they feel?"

This game is suitable for a group activity and requires collaboration among the group members. The role of the learning facilitator is to give instructions and to explain the game scenario as well as to observe and analyse the results.

The group is split into pairs. Each pair consists of a volunteer who plays the role of a blind person and another one who plays the role of a guide. For the role of the blind person you can use a scarf or something similar. Each pair has the task to pass through a predefined route with some obstacles and when the final point is reached the participants change their roles on their way back. After the completion of the scenario the participants are invited to share their experience and feelings. The learning facilitator asks the group which role was more difficult and how they felt. The duration of the game is about 30 minutes.

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10. Basic information about digital Assistive technologies that might be helpful during education

There are a number of definitions that exist with regards to Assistive Technology (AT). It usually refers to the devices or services aimed at compensating for functional limitations, facilitating independent living, or enabling older people or disabled people with activity limitations to realise their full potential. The scope of such a wide definition makes it possible for AT to cover any kind of equipment or service capable to fulfil the aforementioned definition: from walking devices to wheelchairs, from smart home products to medication reminders.

In this handbook, we focus on ICT AT, which is AT driven by ICT. In this respect we focus on Assistive technology that is used by youth with disabilities in order to perform functions that might otherwise be difficult or impossible for them and that require the person's desire to use a device or application that is ICT in its very nature.

10.1 Electronic Notetaking

10.1.1 Audio Notetakers

See more here: https://www.youtube.com/watch?v=ms5XQFIdwnQ

Description: Software to support digital recordings with space for text transcription or notes and audio marks and highlighting.

Purpose: Designed to aid those who use recorders in lectures, meetings and interviews. It may help those who work in research or students who may have specific learning difficulties and really prefer to use audio input for learning.

Features: Audio Notetaker work with WAV and MP3. Recordings can be broken up into chunks, marked and annotated with images, PowerPoint slides, keywords or full transcriptions. A spellchecker is included and if Microsoft Office is on the computer it will make use of the Word spell checker dictionary.

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Skill required	Level		
	1	**2**	**3**
Hearing			3
Dexterity		2	
Memory		2	
Speech			
Tactile		2	
Visual			3
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.1.2. Digital notepads

Description: Digitally captures and stores text and graphics on ordinary A4 paper to download later onto a computer.

Purpose: Suitable for note taking and good for diagrams and drawings etc. Text is saved as a graphic so will not work with text to speech software unless transcribed with MyScript Notes, but the text needs to be clearly written for greatest success. May help those with specific learning difficulties including dyslexia who want to combine graphics in their word processed documents.

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Features: A note pad (up to 150 mm x 232 mm) is attached to the digital memo board and the electronic inking pen uses cartridges that can be bought in most stationers. The pad must not be too thick, around 12mm at the most and it is best to write clearly.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity			3
Memory		2	
Speech			
Tactile			3
Visual			3
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.1.3. Digiscribble

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Description: Note taking electronic pen and portable clip on receiving unit with LCD for writing or mouse mode.

Purpose: This device can be used away from the computer for note taking, memos and drawings. It suits those who work with graphics and prefer to write notes rather than type. It may help those with specific learning difficulties and dyslexia who like to mind map by hand rather than use software.

Features: The receiver clipped onto the pad connects to a desktop or laptop via a USB cable to download the saved notes where the writing can be transcribed using MyScript software and the pictures are saved in graphical format. There are times where, if the writing is not clear, it may be easier to save the entire output as a picture. The mouse features allow for control of the PC and automatically works with Tablet applications such as OneNote and Windows Journal.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity		2	
Memory	1		
Speech			
Tactile			3
Visual		2	
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

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10.1.4. e-pens Mobile Notes

Description: Notes and drawings captured on paper with a pen and receiver for Windows PC.

Purpose: Suitable for note taking and good for diagrams and drawings etc. Text is saved as a graphic so will not work with text to speech software unless transcribed with MyScript Notes, but the text needs to be relatively clearly written for greatest success. May help those with specific learning difficulties including Dyslexia who want to combine graphics in their word processed documents.

Features: The pen and receiver base unit saves your handwriting on normal paper. Once you have captured & saved your notes, plug in the base unit and transfer into the Windows based NoteManager software. Notes can then converted to accessible text using MyScript transcription software and exported to chosen applications such as Microsoft Word for use with Text to speech software.

Skill required	Level		
	1	2	3
Hearing			
Dexterity			3
Memory			3
Speech			
Tactile			3

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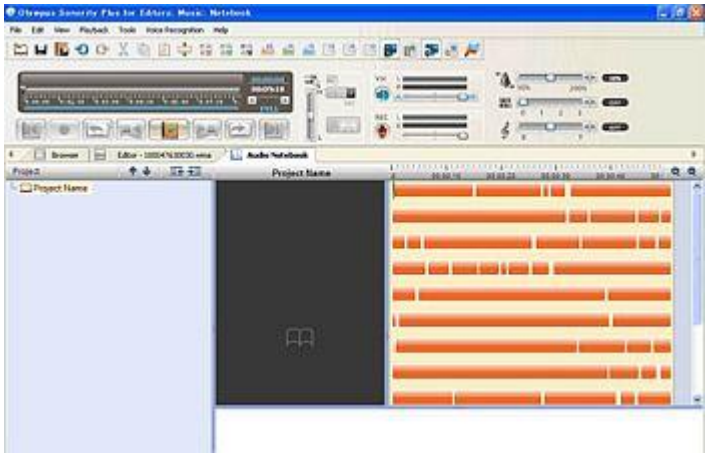
Visual			3
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.1.5 Olympus Audio Notebook with Sonority



See more here: https://www.youtube.com/watch?v=kz1n8apty6s

Description: Sort, manage and annotate Olympus recordings and save as daisy format.

Purpose: Useful for those wishing to make notes from their digital recordings as well as listen in other formats. May suit those with specific learning difficulties including Dyslexia and visual impairments.

Features: This is an extra plug-in for the Sonority Software offered with Olympus recorders for managing audio files. The latter provides a player and means of converting formats to Mp3. The plug-in adds note taking capability, annotation and the chance to split files into sections.

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Skill required	Level		
	1	2	3
Hearing		2	
Dexterity		2	
Memory			3
Speech			
Tactile		2	
Visual		2	
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.1.6. Wireless Pen Tablet and JustWrite Office (Just Write Office)

Description: Pen tablet for drawing plus software for handwriting on documents, adding sticky notes and drawings.

Purpose: It may help make text items more memorable and highlight sections of graphs etc. Good for collaborative working and may suit those with specific learning

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difficulties including dyslexia where annotations and colour can aid memory. The writer needs to be fairly dextrous to use this tool accurately.

Features: The software Just Write offers users an additional tool bar in Excel, PowerPoint and Word and can be used with any input device but is best suited to pen type devices.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity			3
Memory		2	
Speech			
Tactile			3
Visual			3
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.2. Keyboard related assistive technologies

10.2.1 Contour RollerMouse Classic and PRO Station

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Description: Computer keyboard wrist rest with an integrated optical input device.

Purpose: Suitable for both left and right handlers this device persuades you to type and move the cursor with the hands centrally placed. It is designed to prevent strains and also takes up very little room on the desktop.

Features: The system works by spinning a horizontally mounted shaft for up and down movement and sliding the shaft left and right controls the cursor. .

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity		2	
Memory	1		
Speech			
Tactile		2	
Visual		2	
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.2.2 Portable Laptop Stand

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Description: Lightweight acrylic laptop rest for up to 17 inch laptop or papers.

Purpose: If a laptop is positioned on a desk top it can force the user to lean forward in order to read the screen which may lead to neck, back, shoulder, arm and wrist problems. Putting the laptop on a stand means that the user can sit upright with the screen nearer to eye level, offering a much more comfortable and safer working position.

Features: The stand can be used with the laptop sloping up and a separate keyboard and mouse. When used as a document holder it has 5 angles from 3- 52 degrees. The swivel base allows for many viewing angles and cables can be cleared away beneath the stand.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity			
Memory			
Speech			
Tactile	1		
Visual	1		
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill*		

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	required

10.2.3. TrackBoard keyboard

Description: Space saving compact keyboard with built-in track ball and many programmable keys.

Purpose: This keyboard is not only space saving but above the line of usual keys are the 15 user defined rounded keys which offer a chance to make the most of keyboard navigation and actions reducing the amount of mouse usage necessary. The right handed track ball may not suit left handers but could be helpful to those who find using a mouse difficult due to mobility, dexterity or strain difficulties.

Features: The keyboard has 15 user definable function keys and dual function keys give 105 key functionality.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity		2	
Memory		2	
Speech			
Tactile		2	
Visual		2	
Level 1	*Minimal skill required*		

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Level 2	*Moderate skill required*
Level 3	*Good skill required*

10.2.4. Ergonomic Contoured Keyboard

Description: Large curved keyboard with programmable multimedia hot keys.

Purpose: Developed to support those who may have strain injuries or wish to use a split key design keyboard. This system encourages good typing and easier to get used to if one is a touch typist. It should be noted that the mouse will need to be positioned some distance away from a central position so the version with the integrated touch pad may be worth trialing although the latter has a PS/2 connector.

Features: The 105-key extended keyboard layout with 8 Hot Keys is marginally larger than most standard keyboard. It is curved with a gentle slope and integrated wrist rest.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity		2	
Memory		2	
Speech			
Tactile		2	
Visual	1		
Level 1	*Minimal skill required*		
Level 2	*Moderate skill*		

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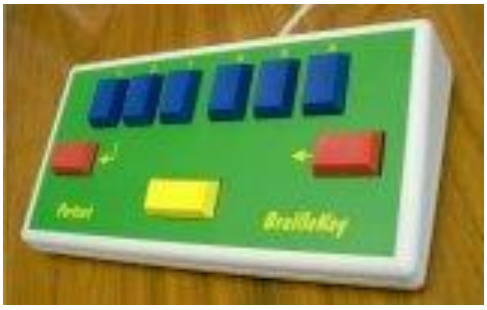
	required
Level 3	*Good skill required*

10.2.5 . BrailleKey



Description: USB small braille keyboard that can be connected to a PC or laptop.

Purpose: Suitable for those learning braille as well as experienced braille users. It is not as complex as the Papenmeier Braille in keyboard and is more compact but 'boxy' to look at.

Features: There are six standard Braille input keys in a line with the space key centrally positioned below the input keys, backspace to left and delete to the right. Dot 7 is produced by the new line key providing a shifted character set which is also situated below the input keys.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity			3
Memory		2	
Speech			
Tactile			3
Visual			
Level 1	*Minimal skill required*		

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Level 2	*Moderate skill required*
Level 3	*Good skill required*

10.2.6. Keyless keyboard

Description: Two dials take the place of keys on this palm controlled keyboard with integrated mouse.

Purpose: This could help those with strain injuries as well as those who have fine finger dexterity problems and cannot cope with the usual key press actions.

Features: This keyboard has no keys but two round domes/dials that are moved with the palms of the hands in various directions to make up letters and letter combinations. They do not rotate but slide across a compass range.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity	1		
Memory	1		
Speech	1		
Tactile		2	
Visual		2	

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Level 1	*Minimal skill required*
Level 2	*Moderate skill required*
Level 3	*Good skill required*

10.2.7. 3 key foot pedal

Description: 3 programmable pedals to click, shift, enter, or perform other operations from the keyboard or mouse.

Purpose: The X-Key Foot Pedals can to some extent replace some actions of the mouse or aspects of the keyboard for those who wish to operate the computer by using their feet.

Features: Programming of the pedals is achieved by using the software provided. X-Keys accepts all keyboard commands and sequences as well as mouse and game input commands which have been set up to suit a user's requirements.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity	1		

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Memory		2	
Speech			
Tactile	1		
Visual	1		
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.3. Mouse related

10.3.1. Gyration GO 2.4 Gyro Mouse

Description: Wireless air mouse with 30m range for presentations and on the desk.

Purpose: For those who have very little movement in the wrist it is still possible to use this mouse both on and off the desktop. It is possible to make the cursor cross the screen when using a forearm movement. Suitable for those with certain types of strain injuries.

Features: The Gyro Mouse uses a multi-channel radio which eliminates the need to point directly at the screen or line it up with the receiver.

Skill required	**Level**		
	1	**2**	**3**
Hearing			

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Dexterity		2	
Memory		2	
Speech			
Tactile		2	
Visual		2	
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.3.2. PenClic Mouse

Description: Pen mousing with the hand held as if for writing with simple click and scroll actions suiting both left and right handers.

Purpose: The pen allows you to rest your forearm on the desk and allow the cursor to be working on the screen as if you were writing with a pen. The idea is to reduce tension in the wrist, arm and neck caused by normal mousing. The pen fits all hand sizes. It is possible to change postures and find a comfortable positions if back pain or other strains are an issue.

Features: The pen is easy to use and feels comfortable. It is a case of remembering that you need to push down on the pen handle for left-click and use the button on the pen, near index finger for right-click.

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Skill required	Level		
	1	**2**	**3**
Hearing			
Dexterity		2	
Memory	1		
Speech			
Tactile		2	
Visual			3
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.3.3. Magic Trackpad

Description: Multi-Touch trackpad for the Mac aligns with wireless keyboard.

Purpose: Provides an alternative to the magic mouse for Mac users and may suit those who prefer finger light touch to access applications and need to work with graphics. Also helps those with reduced movement in their fingers as the pad can be set to very sensitive reactions to minimal touch.

Features: The pad has several settings that allow for gestures to be adapted to suit user need along with the sensitivity of tracking, double-clicking and the speed of scroll for pages etc. Various numbers of fingers can be used in the similar way to their use on an

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iPhone such as three fingers for enlarging font sizes as well as the usual two for a 'pinch to zoom' movement. Windows can be dragged and pages flipped with the swipe of a finger.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity	1		
Memory	1		
Speech			
Tactile			3
Visual		2	
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

10.3.4. Savant Elite Triple Action Foot Switch

Description: Programmable footswitches for use instead of, or alongside a mouse and keyboard. .

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Purpose: There are three versions of the footswitch which enable those who have difficulty using a mouse or wish to program keyboard actions to access a computer via the feet. May suit some users who have mobility or dexterity difficulties.

Features: There are a choice of three types of foot switch - the single version for just clicking the mouse or one keyboard action - the double for left and right hand mouse button actions or two keyboard action. The three foot switches on the triple version offers more programmable access and the outer food pads can be moved in for smaller feet.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity	1		
Memory		2	
Speech			
Tactile	1		
Visual	1		
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

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10.3.5. Ergonomic joystick mouse

Description: This is a small joystick mouse for a right handed person - there are no left handed models as yet.

Purpose: It is light weight and easy to use helping those with RSI as the hand remains vertical, but may not suit those using CAD techniques.

Features: The mouse button is on the top of the stumpy stalk and is operated by the thumb.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity	1		
Memory	1		
Speech			
Tactile		2	
Visual			3
Level 1	*Minimal skill required*		

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Level 2	*Moderate skill required*
Level 3	*Good skill required*

10.4. Touch screens

10.4.1. Magic Touch TFT LCD monitor

Description: 12 inch, 15 inch, 17 inch or 19 inch TFT screen with responsive touch technology.

Purpose: Suitable for use in libraries, kiosks and other public places for use by all but particularly useful where dexterity or mobility is an issue and keyboard or use of the mouse is hard. These screens work well with touch screen cause and effect programs.

Skill required	**Level**		
	1	**2**	**3**
Hearing			
Dexterity	1		
Memory	1		

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Speech			
Tactile		2	
Visual		2	
Level 1	*Minimal skill required*		
Level 2	*Moderate skill required*		
Level 3	*Good skill required*		

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11. Sign language basic words and phrases

Nowadays the word "sign" means each commonly used graphic figure, which has to give an announcement. Sign is also the gesture used for giving information. The word "sign" also means other different ways or means of giving information, announcements, indications and warning. Besides words, we can give and reserve information by other sign. For ex. gestures, mimic, flags etc.

The sign language is based on communication of gestures and facial expressions. Usually this combination of words directs towards the luxuriant, complete, complicated, on its own account system of manual and facial expression signs, used by people with hard disturbance of hearing.

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11.1. International one hand alphabet – gestuno

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11.2. British two hand alphabet

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