Identification of obstacles in persons’ with disability employment
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Introduction

In the article 27 of the Convection of the Rights of Disabled People there is a particular reference to issues regarding work and employment. In this, States Parties recognize the right of persons with disabilities to work on an equal basis with others. This includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. Furthermore, States Parties commit themselves to safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to:

1. The prohibition of discrimination in relation to disability will be recognized in all forms of employment and job search.
2. The protection of the rights of people with disabilities in relation to equal opportunities and working conditions, such as protection against disturbance.
3. Ensuring a common base of exercise labour and trade union rights for people with disabilities.
4. Enabling people with disabilities in their access to and participation in education training and vocational education.
5. The promotion of employment opportunities and job prospects for people with disabilities and their support in finding and keeping a job.
6. Promoting partnerships for entrepreneurship, as well as self-employment and entrepreneurship more widely.
7. Creating jobs in the public sector.
8. Support the employment of people with disabilities in the private sector and the provision of appropriate adjustments.
10. Securing and maintaining employment, as well as the return to work for people with disabilities.

It is also stated that the States Parties should protect people with disability from poor working conditions, forced work, slavery and servitude.

However, the reality disabled persons face leaves a lot to be desired. In disability theory, and specifically in Barnes C. (2003), it is supported that industrialization, urbanisation, and ideologies such as liberal utilitarianism,
Social Darwinism, and Eugenics, provided a ‘scientific’ proof to myths and prejudices for disabled people.

Work is associated with wage labour and paid employment and it becomes tailored to the needs of those who are considered to be ‘capable’ of this type of activity. Consequently, people who did not fit in those standards were thought to be incapable to work, excluded from the workplace and labelled as “disabled”. This misconception remains up to date, leading to reduced employment opportunities for disabled people.

The Employment Analysis and Policy Division and the Social Policy Division of the Organisation for Economic Co-operation and Development (OECD) launched a report on 2010 called “Sickness, Disability and Work”, following the one of 2003 “Transforming Disability into Ability”.

In this report it is clearly stated that people with disability face more disadvantages in labour market than people without disabilities. The employment rate at 44%, was over half that for persons without disability (75%). The inactivity rate of persons with disability was about 2.5 times higher than the rate among persons without disability (49% and 20%, respectively).

Furthermore, it is mentioned that many changes have been done regarding disability policies in many countries during the last decade, however those have not kept pace with changes in policy development and further actions should be made.

It is also acknowledged that the inclusion of disabled people in the OECD countries was difficult even before the onset of the global economic crisis, when economic growth was rather strong in many OECD countries and employment rose quite significantly.

All the above lead to the conclusion that discrimination against disabled people has very strong roots in western society and disabled people face barriers in various aspects of everyday living and social participation. Disability studies and social model of disability theorists support that the exclusion disabled people face should be addressed in a broader context of barriers.

Barriers to employment are closely related to barriers to transportation, built environment, citizenship, education and culture, and not only to the way the labour market is organized.
According to the World Health Organization report on Disability (WHO, 2011) people with disabilities face various barriers to their participation in all aspects of life, which include:

- Inadequate policies and standards. Existing policies, standards and policy design do not always take into account the needs of people with disabilities.
- Negative attitudes. Beliefs, prejudices, misconceptions create barriers to participation in education, employment, health care etc. For example, there are misconceptions that people with disabilities are less productive than their non-disabled counterparts.
- Lack of provision of services.
- Problems with service delivery. World Health Survey data from 51 countries showed that people with disabilities were more than twice as likely to report inadequate skills of health care provider skills, four times more likely to be treated badly and nearly three times more likely to be denied needed health care.
- Inadequate funding of disability policies and plans.
- Lack of accessibility in built environments, in transport systems and information communication technology.
- Lack of consultation and involvement of people with disabilities in decision-making matters that affect their lives.
- Lack of data and evidence, which prevent the understanding of the number of people with disabilities and their circumstances that can help in removing disabling barriers.

There are also barriers imposed by the potential employers themselves. In a study conducted by Kaye, Jans and Jones (Kaye, Jans and Jones, 2011), 432 potential employers took place, listing potential reasons as to why employers may not hire persons with disability, and potential reasons as to why employers may not retain employees with disability.

For the first question, the top three reasons refer to the cost of accommodations, lack of awareness as to how to deal with workers with disabilities, and fear of being stuck with a worker who cannot be disciplined or fired due to legislation obligations.

The next tier of reasons are difficulty assessing an applicant’s ability to perform job tasks, concerns over extra supervisory time, other cost worries, concern that the person with the disability won’t perform as well as non-disabled workers, and lack of job applicants with disabilities.
More than half of respondents agreed that employers didn’t hire workers with disabilities because they feel that workers with disabilities cannot perform essential job functions, and that employers discriminate against applicants with disabilities.

Proposed reasons for not retaining workers with disabilities include lack of awareness as to how to handle the worker’s needs; concern that workers acquiring disabilities will become liabilities, whether legal or financial; and concern over the cost of accommodations. Next follow concerns over job performance, other costs, difficulty assessing whether the worker can do the job, and belief that the person cannot do the job. Only one additional reason, a belief that workers developing disabilities become less dependable (as opposed to less dedicated), was endorsed by more than half of the respondents.

Contradicting with the above, in the WHO report on Disability there is also a reference to the advantages of the employment of people with disabilities in regard to labour market.

These are documented as:

1. Maximizing human resources.
2. Promoting human dignity and social cohesion.
3. Accommodating the increasing numbers of people with disabilities in the working age population.

So, employment of disabled persons increases individual well-being and has personal and social advantages. Adding to the above, it should also be mentioned that life expectancy has increased over the years, leading to an increase in the prevalence of disability and the rise of chronic conditions. This shows that there are much better health conditions and medical rehabilitation over the years and it is estimated that the number of people over the age of 60 is predicted to rise over the next few decades.

Following to this, there is an increased need for working population, as the social security systems will continue to need extra funding. People with disabilities are a large part of work population which is unexploited. So the engagement of this population can contribute to the national output.
In this deliverable the barriers that disabled persons face in employment are recognised, including prejudices and stereotypes, barriers to education, accessibility barriers as well as inadequate policies and practices.
1. Barriers due to misconceptions, stereotypes, prejudices

Important barriers that people with disabilities face in employment and employability are the misconceptions about their capabilities to perform in a working environment. This stems from the idea that people with disabilities are less productive than people without disability. Furthermore, ignorance or prejudice about mental health difficulties and about adjustments to work arrangements that can facilitate employment may also occur (World Report on Disability, 2011). Moreover, different impairments cause different degrees of prejudice.

It has been reported that people with mental health problems, of specific ethnic origin or with learning disabilities were less likely to get or keep a job, while there are differences in the status, job role and progression opportunities between employed people with disability and non-disabled people. (Hirst et al, 2004)

Several myths and preconceptions that are connected with people with disability and their interaction with the workspace also appear to exist, such as the following:

1. “Nobody thinks in stereotypes – we’re more sophisticated now.
2. To be disabled, the person has to be in a wheelchair, or blind, or lost a limb, something like that.
3. A job applicant has to tell an employer whether he/she is disabled.
4. If a problem arises about an employee’s disability, it is likely to turn into a dispute which will go on for a long time.
5. It will be expensive for an employer to hire a disabled person.
6. A disabled employee is unlikely to contribute as much as a non-disabled employee.
7. In redundancy, an employer has to create a vacancy for a disabled employee.
8. Once an employer has hired disabled persons, he/she can’t fire them.
9. It’s still ok to refer to people who do not have a disability as ‘able-bodied’?”

(The top ten myths about disability in the workplace', 2015)
In the following pages an analysis on these specific terms and particularly of the notions of prejudice, stereotype, discrimination and (social) stigma is attempted.

1.1 Prejudice, Stereotype & Discrimination

There is an interesting set of notions which connects human behaviour with obstacles that appear in society. Such types of behaviour have a negative impact on people from socially vulnerable groups including people with disabilities.

Behaviours and attitudes like “prejudice” and “stereotype” appear in many cases when the other is unknown, or when there is little information about him/her, or even when there are misleading information on a person or a group.

The function of these "mechanisms" of human mind is known and it is applied to many persons and groups. A well-known example is the case of gender. Even though the social gap between the sexes becomes smaller, there are still significant differences that appear in the interaction with people in the social environment. The interactions and reactions formulate the behaviour and the identity of the person.

As Jan Morris describes (Jan Morris, 2002: 130) "We are told that the social gap between the sexes is narrowing, but I can only report that having, in the second half of the 20th century, experienced life in both roles, there seems to me no aspect of existence, no moment of the day, no contact, no arrangement, no response, which is not different for men and for women. The very tone of voice in which I was now addressed, the very posture of the person next in the queue, the very feel in the air when I entered a room or sat at a restaurant table, constantly emphasized my change of status”.

Jan Morris continues the narration, by showing how crucial is social reaction to the formation of the individual’s perceptions and sense for herself.

"And if others' responses shifted, so did my own. The more I was treated as a woman, the more woman I became. I adapted willy-nilly. If I was assumed to be incompetent at reversing cars, or opening bottles, oddly incompetent I found myself becoming. If a case was thought too heavy for me, inexplicably I found it so myself”. (Jan Morris, 2002: 130)
So, if the other behaves and expects an action, this affects the behaviour of the person. In this way, 'prejudice' and 'stereotype' function in social conditions, groups, people. Prejudice is an important concept for the study of social groups.

As Hogg & Vaughan mention (2011: 357), "prejudice" is connected with 'prejudgement' (Latin "prae and judicium"). The distinction as behaviour is directed to a social group (like Europeans, Americans, Indians, immigrants).

Allport, Devine & Bakanic (Allport, 1954; Devine, 1989; Bakanic, 2009) further define the concept as a negative or hostile attitude towards members of a group, not because of the characteristics they have, but because they belong to this group (Hughes & Kroehler, 2011: 216).

Prejudice can also be connected with a discriminatory behaviour. Social attitudes, cognitive beliefs, strong feelings can have a negative affect or even create a hostile behaviour toward a social group. This relationship between attitude and behaviour, “...is the relationship between prejudiced beliefs and the practice of discrimination” (Hogg & Vaughan, 2011: 358).

Before we approach discrimination, it is useful to define "stereotype". Stereotype is a broad and negative evaluative scheme for members of a group. A stereotype can be active, even if someone is aware about its existence.

There seems to be a correlation between the personal belief and cultural stereotypes. In the model proposed by Patricia Devine, personal convictions meet the cultural level where stereotypes exist. Stereotypes have a long history of activation and often contradict personal beliefs. Indeed, a person may experience an internal conflict between the beliefs that are more recent and stereotypes that are ingrained in him (Devine, 1989: 5).

Stereotypical attitudes are likely to become prejudices. In this way, the personal meets the cultural level and also the established attitude collides with the recent beliefs. Discrimination is associated with stereotypical attitudes and prejudices. While prejudice is an attitude, discrimination is an action.

"Discrimination is a process in which members of one or more groups or categories in society are denied the privileges, prestige, power, legal rights, equal protection of the law, and other societal benefits that are
available to members of other groups. Discrimination is a form of racism when those discriminated against are a racial minority”. (Hughes & Kroehler, 2011: 217)

Prejudice, stereotype and discrimination for disabled persons are attitudes and behaviours with a long past.

There are many examples in human history, where people with disabilities and peculiarities, were exposed to circuses, festivals and other events, experiencing, multiple and continuous discrimination. Many dramas also hinge on the curiosity value of persons with specific impairments, such as David Lynch’s “Elephant Man”, Fellini’s Satyricon and Victor Hugo’s “Notre Dame de Paris” (Hogg & Vaughan, 2011: 373).

Despite the above, it is undeniable that attitudes concerning disabled persons have been improved over the last 35 years. This is true for people with physical disability but it has not been fully extended to the group of persons with mental disability. People who live in Western societies tend to neglect mental disabilities and not undertake their responsibilities to these individuals.

This is reflected in remarkably low funding for research into most mental illnesses and poor resourcing for the care and therapy of psychiatric patients. Since the early 1980s there has been a policy in, for example, Britain and the United States to 'deinstitutionalise' chronic psychiatric patients and simply to release them on to the streets: that is, to release them from hospital without providing adequate alternative community resources for their support. (Hogg & Vaughan, 2011: 373)

There are different forms of discrimination. Discrimination can have an overt facet, but it can also not be that obvious. This kind of “hidden” discrimination can be: a) reluctance to help, b) tokenism, c) reverse discrimination (Hogg & Vaughan, 2011: 374-375).

Reluctance to help people and social groups that are disadvantaged, certainly affects their effort to improve their position. A passive or active denial to assist disabled persons can be an obstacle for claiming equal opportunities.

Tokenism is a very small act for a social group or a minority group. This action is used for deflecting any accusation for discrimination and also for denying more active assistance to the members of the group. So we can define tokenism as an action that is associated with very small
concessions to persons belonging to a minority, so as to avert the label of discrimination.

Sometimes tokenism can turn to reverse discrimination. This is a radical form of tokenism and it happens when “...people with residual prejudiced attitudes ... go out of their way to favour members of a group against which they are prejudiced more than members of other groups” (Hogg & Vaughan, 2011: 373)

1.2 Stigma

Prejudice and discrimination have specific negative effects, causing some inconvenience or even suffering to the victims. One of these effects is stigma, which is a result of prejudice that stigmatises groups and persons that are members of minority groups.

The term 'stigma' can be found in many languages and has roots that lead us to the ancient Greek and to the Latin language. The word was originally connected with a mark made by a pointed instrument. It is also referred to as a puncture or a tattoo-mark or even a brand. The root of the word comes from ancient Greek and the term stizein which means “to mark” or “tattoo”.

As Erving Goffman mentions (1990: 11), the Greeks used this term to refer to marks on the body, which are used to indicate something strange and negative for the moral status of the individual. These signs were engraved or cut the body to indicate that the person is a traitor, slave, profane or criminal.

Stigma is connected with the body, as an indelible mark on skin that can be made with a bump, or an etching instrument or even cauterization. Another aspect of stigma, is connected with a moral stain. Stigma is specified in relationships which are socially defined. And is a term used to indicate certain negative and discrediting characteristics.

Stigma can be defined as elements, characteristics or attributes that an individual or a group possess (Crocker, Major & Steele, 1998, p. 505). These characteristics transmit “… a social identity that is devalued in a particular social context” (Hogg & Vaughan, 2011: 376).

Social settings establish the categories of persons likely to be encountered there. The routines of social intercourse in established settings allow us to deal with anticipated others without special attention or thought. When a
stranger comes into our presence, then, first appearances are likely to enable us to anticipate his category and attributes, his ‘social identity’... (Goffman, 1990: 12)

Social Stigma is connected with two elements: visibility/concealability and controllability. In the case of a visible sigma, the person or the group that are stigmatised, cannot avoid discrimination against them. In the case of a concealable stigma, the stigmatised persons can avoid the experience of prejudice (Hogg & Vaughan, 2011: 376). Finally, in controllable stigma people that are stigmatised have the responsibility to choose (obesity, smoking). Or even better, if we want to mention a collective dimension of the term stigma:

Three grossly different types of stigma may be mentioned. First there are abominations of the body - the various physical deformities. Next there are blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty [...] Finally there are the tribal stigma of race, nation, and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family.' (Goffman, 1990: 14)

As a social relationship, stigma has a particular function. It can legitimize a state dominated by inequalities and privileges of the ruling class. The social groups which are favoured will ensure that the stigma remains in place, since it serves the status quo.

So, there is an invisible "thread" that connects sigma with inequality and power. In this way stigma can become a barrier for vulnerable social groups and for persons with disability. Negative images, language that degrades the other, stereotypes and stigma have a long period of existence, particularly in relation to people with disabilities around the world (WHO, 2011: 6)

There is also a connection of stigma with politics. The stigma that is defined for a group or an individual, depends “...on who is doing the defining and who has the power to make the definitions stick” (Hughes & Kroehler, 2011: 136).

Stigma can be seen as a social construction that serves the people and social groups that are at an advantage. It is also true that people with this

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1 For this aspect of stigma the reader can see Jost & Banaji, 1994; Jost & Kramer, 2002, as it is referred in Hogg & Vaughan, 2011: 376
privilege will want to preserve their benefits and also to protect the current situation.

At the end we can define stigma as a particular kind of relationship in-between attribute/ stereotype/ prejudice. In this way, there is an interconnection between the notions mentioned above.

1.3 Data on unfair treatment at work

As far as the above mentioned conditions and their implications at working environments are concerned, the Fair Treatment at Work Survey, carried out in the UK in 2008 with a sample of 502 disabled people, showed the following key findings:

- Disabled people were much more likely than non-disabled people to say they had experienced some form of unfair treatment, discrimination, bullying or harassment at work in the previous two years (27 per cent compared with 17 per cent).
- Specifically, 19 per cent of disabled people said they had experienced unfair treatment, 12 per cent discrimination, two per cent sex-based harassment and 14 per cent other bullying or harassment.
- Disabled people were also more likely to say that they had experienced other incidents in the previous two years “in a negative way” involving work colleagues, clients or customers.
- More than a third (37 per cent) say they had been treated in a disrespectful or rude way, 23 per cent that they had been insulted or had offensive remarks made about them, 14 per cent that they had been humiliated or ridiculed in connection with their work, and nine per cent that they had experienced actual physical violence at work. (Coleman et all, 2013:39)

On the two tables below, the results of questions that were addressed about workplace problems are presented. The answers come from respondents who were employed at the time of the interview, or had worked during the preceding two years, either on a permanent basis or as a temporary employee.
Table 1: Experience of unfair treatment, discrimination, bullying or harassment at work, all in work in last two years, Great Britain, 2008

<table>
<thead>
<tr>
<th></th>
<th>Non-disabled</th>
<th>Disabled</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfair treatment</td>
<td>13</td>
<td>19**</td>
<td>14</td>
</tr>
<tr>
<td>Discrimination</td>
<td>7</td>
<td>12**</td>
<td>8</td>
</tr>
<tr>
<td>Sex-based harassment</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other forms of bullying or harassment</td>
<td>6</td>
<td>14**</td>
<td>7</td>
</tr>
<tr>
<td>Any of the above</td>
<td>17</td>
<td>27**</td>
<td>18</td>
</tr>
<tr>
<td>Unweighted bases</td>
<td>3,462</td>
<td>502</td>
<td>3,973</td>
</tr>
</tbody>
</table>

Source: Fair Treatment at Work Survey 2008

As it is demonstrated from the table above, 19 per cent of people with disability compared to 13 per cent of people without disability reported unfair treatment, 12 per cent of people with disability compared to 7 per cent of people without disability reported discrimination, while 14 per cent compared to 6 per cent reported other forms of bullying or harassment.

The experience of some kind of unfair treatment, discrimination, bullying or harassment at work is considerably higher among people with disability (27 per cent) than people without disability (17 per cent). (Coleman et all, 2013)

The respondents were also asked if they had experienced other types of negative incidents that could constitute bullying or harassment, involving people they work with, clients or customers.

37 per cent of people with disability said they had been treated in a disrespectful or rude way in comparison with 25 per cent of people without disability, while 23 per cent said they had been insulted or had offensive remarks made about them in comparison with 17 per cent of people without disability. 14 per cent of people with disability had been humiliated or ridiculed in connection with their work, and 9 per cent had experienced actual physical violence at work in comparison with 8 per cent and 5 per cent of people without disability respectively (Coleman et all, 2013).
Moreover, 17 per cent of unemployed people with disability who were seeking for a job answered that they were limited in the type or amount of work they could do because of the attitudes of employers or work colleagues.

Additionally, in the same survey, the nature of the unfair treatment, the reasons for unfair treatment and who was responsible was examined. The main findings were:

- Disabled respondents to “The Fair Treatment at Work Survey 2008” said that the main reasons for unfair treatment at work were the attitudes or personalities of other people (52 per cent) or relationships at work (43 per cent); 30 per cent said that the unfair treatment they had experienced was because of their disability or condition.

- Among disabled people who had worked in the last two years, seven per cent said that over that period they had experienced unfair treatment or discrimination at work because of their disability, long-term illness or other health problem. According to the Life Opportunities Survey, six per cent of disabled people currently in work have been treated unfairly by their employer or work colleagues in the preceding 12 months because of a health condition, illness or impairment or a disability.

- Unfair treatment of and discrimination against disabled people at work takes a variety of forms, most commonly: the type of work disabled people are given, being ignored, working hours, assessment of work performance or appraisal, and workload. The
Life Opportunities Survey found that unfair treatment was often related to being given fewer responsibilities than people wanted.

- An employer or manager is the person most likely to be named by disabled people as responsible for unfair treatment at work: 68 per cent of respondents to the Fair Treatment at Work Survey said this, and 78 per cent to the Life Opportunities Survey.

- The Fair Treatment at Work Survey shows that more than half of disabled people who had experienced a workplace problem said they tried to resolve the problem informally (58 per cent), while 72 per cent said they discussed the issue with their employer. In addition, 40 per cent said they had had a formal meeting and 35 per cent had put their concerns in writing. In four per cent of cases, disabled respondents had made an application to an Employment Tribunal.

- Disabled people were more likely than non-disabled people to have experienced a negative outcome from a workplace problem affecting their physical health and physical well-being (48 per cent), their psychological health and well-being (47 per cent), their financial well-being (31 per cent) and their personal relationships (29 per cent). (Coleman et al 2013)

Furthermore, a research which was carried out by OPM & Ipsos (2014) and the assistance of disability organisations, documented that discrimination is also profound to people with disability who would like to be able to work, but they face it when applying for work.

Many of the participants believed that stigma is the reason that employers are not willing to employ people with disability. This is in conjunction with the myths about disability and employment such as people with disability are less productive, they take more days off, are less effective, they are unreliable so they are perceived as a risky investment.

Others supported that employers believe that disability and illness is the same so they presume that disabled people will need more days off, while some participants believe that employers have little commitment on equality legislation about employing people with disability.

Another important factor was insufficient support or help from job centres. Some participants reported that they did not receive help for the staff at job centres due to their lack of experience or little experience in paid work or because they were searching for a part time work. The key finding in it is that people with disability were unable to find personalised support.
Quite a few people, especially people with mental health disabilities, expressed personal fears and worries which lead to reluctance in seeking employment. They were concerned about the process and believed that stress will have a negative impact on their wellbeing, while some reported that a potential rejection will have an impact on their self-esteem.

Concerning the Greek context, in a research carried out by the National Confederation of Persons with Disability (E.S.AmeA) among the general population in 2013, 59,1% of the participants responded that access to employment for disabled persons has got worse during the previous 3 years and 66,2% responded that cases of social stereotypes and prejudices towards disabled persons have either increased or remained stable. 51,7% of the respondents considered prejudice as the main behavioural aspect of the general population towards disabled persons (E.S.AmeA, 2013).

Finally, it is commonly accepted that social isolation blocks access to social networks that could contribute to job search. This isolation affects the person’s effort. Furthermore, low self-expectations about disabled persons’ ability to be employed, may restrict their willingness in finding a job. (World Report on Disability, 2011).
2. Barriers to education

An important barrier that people with disability face regarding employment is inaccessible education. Education, as well as training, are important in finding a work and earn a reasonable living. However, children with disability often lack formal education and training which barrier their potentialities.

In a question about the importance of education to getting a job, asked in the frame of a primary research on “the employment status of people with disabilities who experience any form of discrimination and inequalities”, carried out in 2003 within the framework of Community Initiative Programme EQUAL and the project 'Proklisi', almost 50% of the total participants believed that their studies were of great to medium importance to their employment. The percentage of women who reported a positive contribution of their studies to employment was higher than that of men. (Magoulios and Trichopoulou, 2012)

Achtenberg T. J. et all (2009) found that a higher educational level reached by the young disabled persons was positively associated with employment. Primary or lower educational level was associated with lower opportunities of employment compared with higher secondary or tertiary level and also it was found that females had a lower chance for being employed compared with males.

Education is important as a key factor of personal well-being and welfare as well as it is a way to minimize social and economic costs. The right to education for children with disability is clearly stated in Article 24 of CRPD where the need for governments to ensure equal access to an “inclusive education system at all levels” and provide reasonable accommodation and individual support services to persons with disabilities to facilitate their education is mentioned.

In 2007, the share of persons with disability with less than upper secondary education was almost twice the share of those without disability (Table 1).
Table 1: Share of the working-age population with low education level, by disability status, late 2000s

<table>
<thead>
<tr>
<th>Country</th>
<th>Disabled (%)</th>
<th>Non-disabled (%)</th>
</tr>
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<tbody>
<tr>
<td>Poland</td>
<td>90</td>
<td>50</td>
</tr>
<tr>
<td>United States</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>Sweden</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Norway</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>France</td>
<td>30</td>
<td>70</td>
</tr>
<tr>
<td>Australia</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: OECD, 2010

Also, the education gap between people with and without disability has worsened for younger age groups. Table 2 below shows that the share of people with disability in their 20s and 30s with a low level of education is twice that for people without disability while the gap is smaller between the 50-59 and 60-64 year-olds, relative to the same age groups for people without disability.

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2 Definitions and sources: Chronic health problem for at least six months limiting daily activities from EU-SILC (Income, Social Inclusion and Living Conditions) 2007 (wave 4), except: Australia: profound/severe or moderate/mild core activity restriction, from SDAC (Survey of Disability and Carers) 2003; Canada: persons with health and activity limitation (from mild to very severe), from PALS (Participation and Activity Limitation Survey) 2006; Denmark, Norway: persons with a long-standing health problem or disability, from LFS (Labour Force Survey) 2005; Korea: persons registered to the local government with their type of disability and level of severity as assessed by a medical doctor, from National Survey on Persons with Disabilities 2005; Mexico: permanent or temporary disability, from ENESS (National Survey of Employment) 2004; Netherlands: suffering from a long-lasting complaint, illness or disability which impedes carrying out or obtaining a paid job (work disabled), from LFS 2006; Poland: persons declaring they are legally disabled, from LFS 2004; Switzerland: persons with reduced capacity due to a long-lasting health problem of more than a year, from LFS 2008; United Kingdom: persons with reduced capacity due to a longlasting health problem of more than a year, from LFS 2006; United States: work-limiting physical or mental condition from SIPP (Survey of Income and Program Participation) 2008.
Table 2: People with disability with low education level, relative to their peers without disability, by age cohort, late 2000s

Furthermore, in 2014 a research was commissioned in the U.K. by the disability charity Scope, and conducted by OPM (focus groups and qualitative interviews) and Ipsos MORI (national survey), aiming at understanding disabled people’s priorities for change.

In this, it is documented that, regarding education, many barriers occur in the classroom, and in educational outcomes, having an impact on confidence and self-esteem.
Young people have highlighted negative experiences in education, particularly in mainstream schools. Many of them have been bullied and intimidated by their non-disabled peers and reported feeling very miserable and isolated. Those students with disabilities who changed schools, from mainstream schools to special schools, felt more included. Also, issues regarding lack of personalised help and support were reported.

Furthermore, it was also stated that participants experienced discrimination in terms of stigma and inaccurate assumptions. Educators had lower expectations of their disabled students, they didn’t empower them for further development and to achieve their goals and there were testimonies from college students that tutors didn’t allow their participation to a course with the excuse that it was too advanced for them.

In the World Health Organization’s report on disability (2011), barriers to education and school problems are mentioned such as:

- **Curriculum and pedagogy:** There is need for flexible approaches in education to respond to the different needs of the student such as teaching methods, teaching materials in accessible formats. When those lack there is a higher risk of exclusion for children with disabilities.

- **Inadequate training and support for teachers:** Classrooms are frequently overcrowded, teachers do not have the time to support child’s need separately, there is a shortage of special education teachers and classroom assistants are also lacking.

- **Physical barriers:** There are many physical barriers which prevent students with disabilities to access school buildings but even when they do, there may be problems of stairs, narrow doorways, inappropriate seating, or inaccessible toilet facilities in school environment.

- **Labelling:** Labelling children have negative effects such as stigmatization, peer rejection, lower self-esteem, lower expectations, and limited opportunities. A non-labelling action in school, as research in USA has shown, can have positive outcomes in the inclusion of children.\(^3\)

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• Attitudinal barriers: This includes low expectations for the academic achievements.

• Violence, bullying, and abuse: Children with disabilities are in greater risk of violence against them either from their teachers, other staff, and peers.

All the above depict that children should have equal access in education and equal quality of services. As there is a strong link between education and employment, lower skills and qualifications drive to long term implications for the employability of people with disability.
3. Barriers to access

Individuals are diverse, differing in age, size, abilities, talents and preferences. It is also known that variations in human abilities such as cognition, vision, hearing and speech, body functions, mobility may affect usability of products, services and spaces.

Built environments, transport systems and information are often inaccessible. Lack of access to transport can be a major barrier for a disabled person to reach his/her working environment and a frequent reason for a person with a disability being discouraged from seeking. There may also be physical barriers to job interviews, to the actual work setting, and to attending social events with fellow employees.

Access to information can be a further barrier for people with sensory disabilities (visual and hearing impairments) constituting the recruitment process, the everyday activities as well as the communication with employers, co-workers and customers difficult. Information is frequently unavailable in accessible formats, and some people with disabilities are unable to access basic information and communication technologies without special provisions.

A main reason for the above could be that the built environment and accompanying services are most of the times designed with a “standard” user in mind and, therefore, do not fulfil the wide range of differing needs of individuals. Individuals that fall into the category of “persons with reduced mobility”, including the individuals with disabilities, the elderly, children, pregnant women, parents with small children, individuals with differing dimensions, travelling people carrying luggage, individuals carrying loads etc., therefore, cannot participate in life activities as equally as others. It is also known that any provisions for inclusion of these user groups benefit all user groups and provide easier use and access for all.

In Article 27, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) “recognizes the right of persons with disabilities to work, on an equal basis with others; this includes the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities”.

The concept of “Accessibility” refers to the environment and the features that allow safe, comfortable and independent access to services and goods (E.S.AmeA, 2008: 212). This access should take place without
discrimination based on sex, age, disability or other characteristics. The term also refers to functionality, i.e. if one can use a service. Moreover, accessibility refers to the communication, when one can have access to information as the rest of the population (E.S.AmeA, 2008: 212).

According to the new Greek Building Regulations published at the Official Government Gazette (OGG 79/A’/9-4-2012), accessibility is the characteristic of the environment that allows all persons, regardless of sex, age or other characteristics such as size, strength, nationality, to have access to it and approach and use all infrastructure and services autonomously, safely and comfortably.

Another important notion described in the United Nations’ Convention on the Rights of Persons with Disabilities is the “reasonable accommodation” requirement. This refers to adapting the job and the workplace to make employment easier for people with disabilities, where this does not impose an undue burden (see Article 2 of the CRPD). The requirements are expected to reduce employment discrimination, increase access to the workplace, and change perceptions about the ability of people with disabilities to be productive workers. Examples of reasonable accommodations include ensuring recruitment and selection procedures are accessible to all, adapting the working environment, modifying working times and other working arrangements, and providing screen-reader software and other assistive technologies.

This growing need for environments and services that offer greater equity, accessibility, and usability for all people has led to the development of “the design for all” approach.

The “design for all concept” is an umbrella term that unites concepts of inclusive design, adaptive environments, universal design, barrier-free design, accessible design. Even though there are subtle differences in definitions of these concepts, the main idea of all is that the built environment and services should be designed in a way that all people, regardless of mobility, age, gender, culture, size, sensory functionality, and body functions can access and use the environment and participate in life activities equally to the greater extent possible. Nowadays, universal design is more commonly associated with “design for all” concept and is interchangeably used.

The Center for Universal Design at North Carolina State University defines universal design as “the design of products and environments to be usable
by all people, to the greatest extent possible, without the need for adaptation or specialized design”. (The Center for Universal Design, 1997)

In order to specify concretely the design for all concept, the principles of universal design have been developed. There are seven principles for universal design which are: (1) equitable use, (2) flexibility in use, (3) simple and intuitive design, (4) perceptible information, (5) tolerance for error, (6) low physical effort, and (7) size and space for approach and use.

- Equitable use principle aims to achieve designs that are “useful and marketable to people with diverse abilities”. This principle implies that identical means of use should be provided for all users and, in cases where this is not possible, the means provided should be equivalent. Privacy, security, and safety provisions should be equally available for all users. Designs that appeal to all users should be aimed. Such an approach will prevent or keep segregation of users with different abilities to minimum. For example, rather than providing an accessible entrance separate from the main gate, an entrance space with a sensor type automatic door where all users enter the building from the same space by same means conforms with equitable use principle. Similarly, an elevator located next to an escalator will help prevent segregation among users with different mobility levels.

- Flexibility in use principle refers to design that “accommodates a wide range of individual preferences and abilities”. Providing alternate choices for the same use is fundamental for this principle. Designs that give access and use for users with different attributes, that offer adaptability to the user’s pace and that facilitate the user’s accuracy and precision should be aimed. For example, devices than can be used either left- or right-handed and be grabbed with small amount of force will give different options in use and thus will provide flexibility in use. Handrails on both left and right sides of a walkway, or double leaf doors will provide safety for both left-and right handed users. Grab bars located at multiple heights in showers or bathtubs will allow for both seated and standing use.

- Simple and intuitive design principle suggests that “use of the design is easy to understand regardless of the user’s experience, knowledge, language skills, or current concentration levels”. Designs with no unnecessary complexity, that are consistent with user expectations and intuition, and that can accommodate variety of literacy and language skills form the basics of this principle.
Similarly, in simple and intuitive designs, available information should be consistent with its importance and effective prompting and feedback in the use process should be provided. For example, single level faucets are simple and intuitive to use and use of icons can reduce complexity for users.

- Perceptible information principle is defined as “designs that communicate necessary information effectively to the user regardless of ambient conditions or the user’s sensory abilities”. Uses of alternate modes, providing adequate contrast with the surroundings are important factors that will maximize legibility in transferring the essential information. Providing compatibility with a variety of techniques or devices used by people with sensory limitations is also essential for this principle. For example, some ticketing devices for public transport machines have push buttons for audio instructions providing users with alternate forms of communication.

- Tolerance for error principle refers to designs “minimizing hazards and adverse consequences of accidental or unintended actions”. Providing warnings of hazards and danger and ability to remove the hazard caused by unconscious action are key elements in offering tolerance for error. Tolerance for error can be provided in designs by placing mostly used elements in most accessible locations and using features that are fail safe. Undo command in most computer software and kerbs used at sides of ramps preventing slipping off are basic examples of tolerance for error.

- Low physical effort principle defines designs that can be “used efficiently and comfortably and with a minimum fatigue”. Designs that can be operated or used with minimal amount and repetition of physical effort where neutral body position can be sustained translate into low physical effort designs. Lever type door handles that can be opened with fist or elbow with no requirement of significant force to be applied are examples for low physical effort design.

- Size and space for approach and use principle means that “appropriate size and space is provided for approach, reach, manipulation, and use regardless of the user’s mobility, posture or body size”. Providing designs that can be reached by all users, standing or seated, by all users with different hand or grip sizes should be aimed for this principle. Important elements lined at sight level for all users, wider approach spaces for users with different attributes can help to fulfil this principle. Lower counter sections at information desks and use of full length transparent surfaces at the
side of the doors help reach and visibility for users with different heights.

Whereas these principles are important in specifying concretely the “design for all concept”, it should be noted that all principles may not be applicable to all designs and may need contextual modifications. Nevertheless, they provide guidance in creating environments and products welcoming all users; and the main goal in designing for all should be providing inclusion of all people by good, equitable, and accessible designs.

In the following pages an identification of the major barriers employees with disabilities face as well as the major requirements they might have from their working environment is presented, taking into account the built environment, transportation modes and access to information. This part of the document is based on a “task model” of disabled employees at working premises. The determination of the “task model” constitutes a valuable operational tool, outlining the logical succession of tasks undertaken by employees with disability. The “task model” distinctively outlines the various actions undertaken by an employee with disability, offering insight and understanding of the decision-making process, thus allowing the systematic identification of the possible boundaries faced at each stage and allowing contemplation on the possible actions required in order to overcome these boundaries. It is organised into distinct tasks, each one subdivided into various subtasks (and / or variables).

3.1 Needs of people with disabilities and people with reduced mobility and obstacles they may face in the built environment

Free movement, implementation of simple and logical design as well as ease of use of any infrastructure and equipment is crucial for the active participation of employees with reduced mobility.

3.1.1 Main Task: Reaching the employer’s facilities/ using public transport

3.1.1.1 Subtasks

- Getting information from home (through telephone, internet or other means) about accessible transportation or whatever else is considered useful
- Walking to public transport stations/ stops or to a parked private vehicle
• Waiting at the station/ stop
• Getting necessary information at the station/ stop
• Buying tickets for public transport
• Getting on the public transport vehicle
• Travelling securely and comfortably
• Receiving necessary information inside the vehicle
• Accessibility in case of emergency (both at the stations and inside the vehicle)
• Arriving at destination and getting off the vehicle
• Arriving at a parking spot and leaving the vehicle, if a private one is used
• Walking from public stations/ stops or public parking areas to the workplace.

3.1.1.2 Problems different groups of disabled employees might face include the following:

a) Wheelchair users and people with mobility impairments

In general mobility impairments range from lower-body impairments, which may require use of canes, walkers or wheelchairs, to upper-body impairments, which may include limited or no use of the upper extremities and hands.

Access with public transport

• Inaccessible routes to and from stations/stops
• Inaccessible stations/ stops
• Getting on the public transport vehicle (lack of level access – not sufficient door width)
• Buying tickets for public transport, inside or outside the vehicle (inadequate free space in front of the ticket machine, difficult to operate automatic ticket machines, buttons placed at high level)
• Travelling securely and comfortably (lack of designated space inside the vehicle for wheelchair users, lack of proper safety equipment – seatbelts etc.)
• Arriving at destination and getting off the vehicle (lack of level access – not sufficient door width)
• Accessible exits in case of emergency (both at the stations and inside the vehicle)
• Lack of assistance from trained personnel.
Access with private car

- Lack of appropriate parking spaces near the desired facilities
- Designated parking facilities that are usually occupied by other users
- Problems with connection of parking areas – surrounding open spaces

b) People with visual impairments

Visually impaired persons have difficulties in finding their way in a new environment and therefore surroundings must be designed in a simple and logical way using elements which could help them to be oriented in the space. Reduced light or strong glares may affect visual abilities of persons with low vision during different times of day.

- Difficulty in locating appropriate Public Transport platforms, stops etc.
- Difficulty in locating barriers on the ground or suspended.
- Difficulty in acquiring visual information concerning time schedules, lines provided at stations, stops, internet, emergency alarms etc.
- Inability to recognize the approaching vehicle
- Difficulty in identifying and operating machines and equipment (buying tickets for public transport - operating automatic ticket machines)
- Difficulty in identifying the vehicle’s doors
- Difficulty in recognizing next stops from inside the vehicle
- Accessible exits in case of emergency (both at the stations and inside the vehicle)
- Lack of assistance from trained personnel.

c) People with hearing impairments

Hearing impaired persons may use speech and/or sign to communicate. A person who is deaf or hard of hearing may have speech impairment due to the inability to hear his own voice clearly. A person who is hard of hearing may hear only specific frequencies or sounds within a certain volume range.
People with hearing impairments need spaces well lightened and as it is possible free of barriers (columns, decorative elements, signs, etc) which could deprive those people from space control. Hard of hearing persons need a good sound environment and good acoustics. Clear visual information is of importance to hearing impaired persons, as they will often use their sight to acquire information (use of simple texts and pictograms). In most cases people with hearing problems face difficulties with written texts as there is a delay in acquiring language in early childhood.

- Difficulty in acquiring audible information concerning time schedules, lines provided at stations, stops, changes of departure or arrival’s platforms, internet, alarms in emergency cases etc.
- Difficulty in recognizing next stops from inside the vehicle
- Difficulty in communicating
- Lack of assistance from trained personnel.

d) **People with speech impairments**

Speech impairments range from problems with articulation or voice strength to an inability to speak at all. Often those with communication difficulties have alternative methods of expressing their thoughts, feelings and ideas.

- Difficulty in communicating

3.1.1.3 **Requirements of people with disabilities**

For all disabled persons, as well as for people with reduced mobility in general, the application of simple and logical design in the built environment and all the equipment, machines, technologies and services used would be beneficial.

a) **Wheelchair users and those with mobility impairments**

**Access to transport**

- Accessible transport services connecting residents with the employer’s premises (comprising accessible routes to and from the stations, accessible stops/stations, accessible vehicles, suitable information, trained personnel, special assistance if needed)
Access with private car

- Suitable parking spaces located close to the buildings’ entrance, with accessible routes linking them to the buildings. In many cases the use of public transport is not feasible for people with disabilities, resulting in them relying on private vehicles. A minimum of 5% of all available parking spaces, or at least 1 parking space, should be accessible. The designated parking spaces should be easily identifiable and their use should be ensured only by people with reduced mobility (eg. a “booking” system could be provided).

b) People with visual impairments

Access to transport

- Use of info kiosks designed properly for people with visual impairments giving information about time schedules etc.
- Audible information provided both at the stations/stops and inside the vehicle. This should include audible info about the approaching vehicle provided at the station/stop and info about the following stops provided inside the bus.
- Unhindered entrance of guide dogs. This requirement is of general use for all service animals serving people with disabilities.
- Trained personnel both to the station and the vehicle (driver)

People with low vision

- Clear signage with good contrasts between text/symbols and background
- Easy-to-read text (in terms of colour, font-size, font-type etc.)
- Use of colour contrast at equipment and furniture at stations, stops, vehicles etc
- Good lighting, anti-glare conditions

c) People with hearing impairments

Access to transport

- Clear visual information
• Extensive use of pictograms
• Text information using simple language
• Use of info kiosks designed properly giving information about time schedules etc.
• Visual information provided both at the stops and inside the vehicle. This should include info about the approaching vehicle provided at the stop and info about the following stops provided inside the vehicle.
• Induction loops can be provided at stations for people using hearing aids. (An induction loop system helps people who use a hearing aid receive sounds more clearly by reducing background noise)
• Visual alarm in case of emergency
d) People with speech impairment

Access to transport

• Pre-journey information
• Trained personnel in stations and the vehicle (driver) to provide them info required with patience

3.1.2 Main Task: Moving through open spaces

3.1.2.1 Problems different groups of people with disabilities might face include the following:

a) Wheelchair users and people with mobility impairments

• Lack of level access
• Long walking distances
• Problematic surfaces of walking areas (surface materials that are not slip-resistant etc.)
• Lack of maintenance

b) People with visual impairments

• Difficulty in acquiring visual information
• Difficulty in orientation
• Difficulty in identifying obstacles
• Absence of appropriate walking paths free of barriers in height and width
• Absence of proper signage
• Lack of level access
• Long walking distances
• Problematic surfaces and lack of maintenance of walking areas
• Lack of systematic plants trimming to avoid branches penetrating along pedestrian surfaces

c) **People with hearing impairments**

• Difficulty in acquiring audible information
• Difficulty in perceiving oncoming cars (especially dangerous if no sidewalks or pedestrian zones are provided)
• Absence of proper and clearly conceivable signage

### 3.1.2.2 Requirements of people with disabilities

**a) General Requirements**

• Simple and logical physical design for the provision of a safe and comfortable environment easy to understand and use by anyone should be the main characteristic of all infrastructure, equipment or service provided
• Provision of walking areas free of barriers (1,5m. width and 2,2m. height)

**b) Wheelchair users and people with mobility impairments**

• Accessible open spaces facilitating their use by people with reduced mobility. All the open spaces connecting the public transport stations with the employer’s infrastructure should be easily accessible to people with mobility impairments.
• Short walking distances connecting parking spaces, public transport stations and the employer’s
• Implementation of an organized network of pedestrian zones
• Pedestrian areas with the minimum possible slope (less than 5%)
• Provision of free areas (0,8*1,3,m suitable for rest of wheelchair users or 1,50X1,50m suitable for wheelchair manoeuvres) at narrow sidewalks. These should be created at 100m intervals.

• Provision of benches at the same intervals

• Solid, even anti-skid surfaces, easy to maintain and slip resistant even when they are wet

• Ramps at level changes (1.5m width) and crossings (2,5m minimum width)

• Median at least 1.5m wide

• Provision of suitable handrails when required (double handrails, easy to grip, at 0,7 and 0,9m. high)

• Suitably designed staircases (suitable handrails at both sides, rise less than 17 cm, tread depth more than 25 cm)

**c) Needs of people with visual impairments**

**General**

• Floor guidelines and tactile Floor/ Surface Indicators (when required and properly implemented). Tactile warnings at stairs and ramps signifying danger.

• Freely accessible pedestrian areas devoid of obstacles, horizontally and vertically

• Every piece of furniture or equipment should be projected on the ground so that it can be identified by cane users

• Areas of specific scents and sounds used as reference points for better orientation, combined with appropriate training of people with visual impairment, can be proved useful

• Audible signage at pedestrian crossings

• Use of info kiosks designed properly for people with visual impairment with audible info

• Systematic trimming of plants which could create obstacles along pedestrian zones

• Unhindered entrance of guide dogs. This requirement is of general use for all service animals serving people with disabilities.
People with low vision

- Creative use of colour contrast.
- Clearly marked lanes separating cyclists from pedestrians
- Clear signage with good contrast between text/symbols and background
- Easy-to-read text (concerning font type, letter size etc.)

d) Needs of people with hearing impairments

- Easily identified pedestrian zones. It should be remembered that hearing impaired people can only visually identify oncoming traffic.
- Clear visual information
- Good lighting conditions (facilitating the use of sign language and lip-reading)
- Clearly marked lanes separating cyclists from pedestrians

3.1.3 Main task: Using the employer’s buildings/ facilities

3.1.3.1 Subtasks

- Getting in the desired buildings
- Moving inside the buildings, reaching different levels
- Using all the building’s equipment
- Using the building’s facilities (toilets, canteens etc.)
- Getting all the necessary information inside the building
- Getting out safely in case of an emergency

3.1.3.2 Problems different groups of people with disabilities might face include the following:

a) Wheelchair users and people with mobility impairment

- Lack of accessible entrance
• Difficulties at horizontal movement (narrow corridors, obstacles, different levels etc)
• Difficulties at vertical movement (lack of elevators, elevators with not sufficient dimensions and accessible buttons, not properly designed staircases)
• Difficulty in using the building’s equipment (doors, buttons, grab rails, machines located inappropriately)
• Difficulties in using particular services and facilities (inaccessible canteens, amphitheatres, inaccessible toilets)
• Lack of accessible emergency exit

b) **People with visual impairments**

• Difficulty in acquiring visual information
• Difficulty in orientation
• Difficulty in locating facilities (emergency exit, toilets, canteen, etc)
• Difficulty in using the building’s equipment (doors, buttons, machines)
• Difficulties at horizontal movement (obstacles, lack of proper signage (audio – Braille), etc)
• Difficulties at vertical movement, operating elevators, using staircases etc
• Difficulties in using particular facilities (canteens, amphitheatres etc.)

C) **People with hearing impairments**

• Difficulty in acquiring audible information
• Difficulty in communicating
• Lack of proper illumination to assist lip-reading and sign language use
• Lack of proper acoustics – sound proofing
• Lack of visual information, especially in case of emergency
### 3.1.3.3 Requirements of people with disabilities

**a) General requirements**

- Low physical effort
- Safe and comfortable design

**b) Wheelchair users and people with mobility impairments**

- Firm and smooth surfaces should be used, easy to maintain and slip resistant even when they are wet
- Level access to buildings should be achieved
- Automatic or easy-to-operate doors should be implemented at the main entrance
- Free spaces in front of doors, elevators etc. In main door, preferably sheltered.
- Wide doors (clear width more than 90 cm in order to be operable by wheelchair users, more than 1,2m. for main doors)
- Lift to all floors, suitable for use of wheelchair users. It is preferable if a minimum of two lifts are operating at the same time in each building, in order to ensure that at least one will be in operation mode in case of maintenance. Lifts should have suitable dimensions and buttons located at appropriate height.
- Steps should be minimally used. A ramp or lift should be constructed in addition where steps are the only means to bridge differences in height.
- Staircases with landings at every 10 – 12 steps and suitable handrails at both sides, rise less than 17 cm, tread depth more than 25 cm.
- Suitable restrooms for people with disabilities (toilets and washbasins with proper equipment at appropriate height, support rails, 1.5m free space etc)
- Easily accessible emergency exits (level access, proper width, equipment etc.)
- Appropriate grab bars and rails (double handrails, easy to grip, at 0,7 and 0,9m. high) installed wherever needed (long corridors, staircases, side of ramps etc.)
- Appropriate installation of handles and control buttons
• Appropriate installation of desks, counters, telephone booths, equipment, signage etc (placed in a distance between 90 – 120 cm from floor )

• A minimum of two spaces reserved for wheelchair users should be provided in each amphitheatre/ auditorium (preferably located near the emergency exits and provided with suitable writing surface). The rostrum should be accessible also.

c) People with visual impairments

General

• Use of info kiosks designed properly for people with visual impairments (audible, Braille info)

• Appropriate signage in different formats: audible, tangible (eg. signage in Braille, tactile floor/surface guidelines and markings) even easy-to-read visual signs etc.

• Accessible information formats, such as audiotapes, large print, electronic format that can be accessed off campus

• Accessible formats and special software provided at libraries (word recognition system etc.)

• Audible info in case of emergency

• Opportunity to attend mobility training at the beginning of the academic year

• Provision of proper acoustics, since people with sight problems relate more on sounds

• Grab bars at stairs and ramps (double handrails, easy to grip, at 0,7 and 0,9m. high)

• Unobstructed entrance of guide dogs. This requirement is of general use for all service animals serving people with disabilities.

People with low vision

• In transparent surfaces, safety materials with obvious signage should be used

• Good lighting conditions – anti-glare light
• Creative use of colour contrast. Contrasting colours on doors compared to floors, contrasting coloured and raised buttons in equipment etc.
• Clear signage with good contrast between text/symbols and background
• Easy-to-read text (concerning font type, letter size etc.)

d) **People with hearing impairments**

• Clear visual information is required. Therefore, the shape and layout of rooms, the texture of walls, ceilings and floors and interior decoration in general are important elements for people with hearing impairments.
• Extensive use of pictograms
• Good lighting conditions (facilitating the use of sign language and lip-reading)
• Text information using simple language which could be understood even by people of different levels of acquired language.
• Microphone set compatible with induction loop systems that aid hard hearing people
• Good acoustics for hard hearing people, minimum background noise
• Possibility of using personal audio systems
• Possibility of using sign language interpretation or screen reader
• Visual emergency alarm systems
4. Barriers to online access

According to the social model of disability, the social exclusion that disabled people face is caused by the inadequacies of the environment as well as existing barriers and culture, and not from the individual’s limitations in the functionality or health problems. For example, a person who uses a wheelchair may have a specific mobility impairment, but it is the lack of an accessible built environment that causes the disability. (Kent, 2015).

However, persons with impairments that may encounter significant barriers in the built environment, may have less difficulty when accessing electronic applications and the internet. While others, mainly individuals with sensory disabilities, may find difficulties in accessing electronic and online environments.

Dobransky and Hargittai (2006) note that, while Internet use offers a wealth of information and interaction that those with disabilities would otherwise have a difficult time accessing and thus can lead to improvements in both physical- and mental-health outcomes, these benefits are not available to many people with disabilities, and may in fact reinforce the unequal status of disabled people in society, due to barriers to both access to and effective use of the Internet.

Furthermore, they also acknowledge that ICTs have been seen in a positive light as tools that enable people with disabilities to escape the isolation and stigma that sometimes accompany their disabilities and to improve how individuals with disabilities evaluate their level and quality of communication with others and their sense of independence and self-determination. In addition, a survey completed by the National Center for the Dissemination of Disability Research found that those with disabilities are finding information regarding disability online more and more (NCDDR 2000).

According to the World Health Organization, “the use of ICTs, such as the Internet, is rapidly becoming an essential part of the economic, educational and social life of many people today. Therefore it is vital that web sites can be used by all, so that persons with disabilities have the same access to information as everyone else” (WHO, 2013).

Currently, some Internet technologies are a significant benefit to people with specific types of disabilities, whereas others offer potential opportunities to all persons with disabilities.
Furthermore, smartphones, although excluding many other persons with disabilities, have been an invaluable tool for those with hearing, speech, or other types of communication impairments, who can now use the phones to communicate face-to-face much more efficiently than they previously could.

The Internet has a great deal of potential to create new means of communication and interaction through online communities devoted to particular types of disabilities. People can now interact directly with people with similar conditions worldwide. For people whose disabilities limit their ability to leave their homes, the Internet has the potential to provide a far greater world of interaction.

Beyond the clear potential socialization and communication benefits, the Internet offers an enormous array of new ways to pursue education and employment. These potential benefits might be the greatest benefits in the long term for promoting social inclusion of persons with disabilities.

Based on the importance of all of these types of engagement with the technology, the lack of equal access to the Internet will become an even more serious problem in the future. As more activities in the areas of communication, employment, education, and civic participation move primarily and then exclusively online, the effects of unequal access on persons with disabilities will multiply (Lazar and Jaeger, 2011).

Since the advent of the World Wide Web, studies have demonstrated the inaccessibility of Web sites and other elements of the Internet. Recent studies of the accessibility of U.S. government Web sites, for example, have found that at least 90% of the sites have major access barriers, even though they are supposed to have been accessible for nearly a decade under the law. The levels of accessibility in commerce and educational settings are even worse, depicting the failure of the current policy approach. (Lazar and Jaeger, 2011).

People of differing abilities face different challenges in accessing the Internet, such as the following:

- Persons with visual impairments can face challenges in the lack of compatibility of Web content with screen readers, which are software applications that provide computer-synthesized speech output of what appears on the screen, as well as equivalent text provided in the back-end code. Screen-reader users typically have
problems when designers fail to put appropriate text tags on graphics, links, forms, or tables.

- For persons with motor impairments, such as limited or no use of fingers or hands, the barriers are created by cluttered layout, buttons and links that are too small, and other important navigability considerations (such as requiring the use of a pointing device) that can render entire sites and functions unusable.

- For persons with hearing impairments, the lack of textual equivalents of audio content can cut off large portions of the content of a site, and interactive Web chats and other conferencing features may be impossible. People with speech and communication impairments can also be excluded from interactive Web chats and other conferencing features. For persons with cognitive impairments, such as autism, dementia, or traumatic brain injury, issues of design, layout, and navigability are the difference between being able to use a site and not being able to use it.

- People with specific learning disabilities, depending on their nature, may face the same barriers as people with visual impairments or people with cognitive impairments. For people with seizure disorders, rates of flickering and flash can jeopardize their health. (Lazar and Jaeger, 2011).

Experiences with the Internet often vary by type of disability. The same Web site often offers opportunities for one group and excludes another. Consider Web-based distance education. A student who uses a wheelchair may find that being able to take courses online makes education much easier. But if the course Web site is not designed to be accessible for students with limited mobility in their hands, participation in the course may be limited or impossible. Similarly, a Web-enabled mobile device with a touch screen may seem irreplaceable for a user with a hearing impairment and a nightmare to a user with a visual impairment, if it is not designed to provide alternative methods for interactions. Therefore, the Internet and related technologies present a complex set of problems for persons with disabilities, both as a larger population and as separate populations according to type of disability. (Disabled World, 2013).

The introduction of e-accessibility aspires to counter the above mentioned barriers. According to the world Health Organization, (WHO, 2013) "electronic accessibility, or E-Accessibility, refers to the ease of use of Information and Communication Technologies (ICTs), such as the Internet, by people with disabilities. Web sites need to be developed so that disabled users can access the information. For example:
• for people who are blind, web sites need to be able to be interpreted by programmes which read text aloud and describe any visual images;
• for people who have low vision, web pages need adjustable sized fonts and sharply contrasting colours; and
• for people who are deaf or hard of hearing, audio content should be accompanied by text versions of the dialogue. Sign language video can also help make audio content more accessible.

Apart from the above, the needs that e-accessibility aims to address include also the following:

• people with mobility impairments: e.g. difficulty or inability to use the hands, including muscle slowness, tremors, loss of muscle control, etc., due to several conditions (e.g. Parkinson’s Disease, muscular dystrophy, cerebral palsy, stroke, etc.),
• people with photosensitivity: e.g. photo epileptic seizures caused by visual strobe or flashing effects, and
• people with cognitive impairments: e.g. developmental disabilities, learning disabilities (e.g. dyslexia, dyscalculia, etc.) and cognitive disabilities of various origins (e.g. affecting memory, attention, developmental “maturity”, problem-solving and logic skills, etc.).

Another barrier to the use of ICTs is cost. Adaptive technology is sometimes expensive. Combine this with the fact that people with disabilities generally have less income than those without, and we confront a major obstacle for people with disabilities using ICTs.

Finally, it may be that some people simply do not want to go online. While at times this is the result of an informed choice, in other instances such a decision may reflect a lack of understanding as to the opportunities offered by the system. Some people may not express interest in Internet use, because they do not realize the wealth of information and social connections the use of the medium would make possible, or because they were disappointed by the lack of accessible content. (Dobransky and Hargittai, 2006).

5. Employment policies, practices and barriers

It is common ground that the exclusion of socially vulnerable groups depends on social conditions, group behaviours, as well as applied policies and programmes.
As has been mentioned earlier, the drawbacks and the exclusion experienced by people with disabilities, is not due to their impairments per se, but due to the reaction of society to these impairments and laws, with policies and programs being included in this reaction (ILO, 2011).

There seems to be a connection between government policies, benefit systems and failure of the social integration of vulnerable groups (Colin Barnes, 2008: 6). But even so, it is important to turn our attention to social factors such as social and institutional obstacles that affect the lives of people with disabilities, as it is mentioned in the social model of disability (Roulstone, 2004: 18).

Social barriers affect directly the employment rate. "... despite the increasing prevalence of disabilities and legislation to prohibit discrimination on the basis of disability, the disabled population still experiences significantly lower employment rates than the nondisabled population”. (Chabot, 2013: 1)

In this chapter the relationship between the barriers, the policies and the practices will be discussed. Employment policies and practices do not always benefit the inclusion of persons with disabilities. Furthermore, the association of the benefit system with the obstacles that persons with disabilities face will be analysed.

5.1 Policies

Policies in the area of employment include policy measures that set limits and rules to the function of labour markets and are connected with national employment policies. A national employment policy "... is a concerted and coherent vision of a country’s employment objectives and ways to achieve them. It thus refers to a set of multidimensional interventions that are envisaged in order to achieve specific quantitative and qualitative employment objectives and targets in a given country”. (ILO, 2015: 2)

It is important that the national employment policy defined and faces issues concerning equality and discrimination and includes disability matters. Specific measures can affect in a positive way the participation of disabled people in the labour market. These measures have to do with occupational restoration and services concerning employment and can contribute to the development of skills of people with disabilities. In this way measures can support the integration of disabled people into the labour market. (WHO, 2011: 235).
Employment policies for persons with disabilities can support their integration into working life. Disabled people have many skills and abilities and can offer a lot in the productive process. Policies that are not designed with this premise, will fail to integrate people with disabilities.

Occupational integration of people with disabilities can be mutually beneficial for all sides. It helps individuals to avoid social exclusion, raising the prospect of more effective labour supply and higher economic output in the long term (OECD, 2010: 3).

There are several reasons for the inclusion of people with disabilities in working life, such as the increase in human resources and the social cohesion. The World Health Organization describes them as the following:

“...Maximizing human resources. Productive engagement of persons with disabilities increases individual well-being and contributes to the national output.

Promoting human dignity and social cohesion. Apart from income, employment brings personal and social benefits, adding to a sense of human dignity and social cohesion. [...]”

Accommodating the increasing numbers of people with disabilities in the working age population.” (WHO, 2011: 236)

The inclusion of people from socially vulnerable groups should be the key element for the employment strategies. This also applies to people with disabilities. But it is not uncommon for employment policies and programmes to raise obstacles. Barriers concerning the employment policies referred to absence of awareness for existing programs, actions and legislation that should strengthen the integration of people with disabilities (Centers for Disease Control and Prevention, 2016).

Programmes and practices concerning employment, education and vocational training can prove counter-productive, not serving their purpose. If such is the case, the intervention of associations of people with disabilities and the evaluation of employment policies are essential.

“The advent of the Disability Discrimination Act 1995 and the establishment of a Disability Rights Commission, despite their shortcomings, add to the feeling that disabled people should be a strong voice in any decisions that affect their lives.” (Roulstone, 2004: 18)
In several cases, the laws and measures for employment inclusion may have adverse effects for people with disabilities, with some countries maintaining an overprotective perspective on disability. Furthermore, in some cases, the laws and measures set up to promote the employment of people with disabilities, make employers see them as unproductive and costly employees, unlike the rest of the population (WHO, 2011: 240).

Even in the case of discrimination, the data is not clear. Early research on the Americans with Disabilities Act suggested that implementation of the Act caused a decline in employment of people with disabilities. Possibly employers avoided potential litigation simply by not employing people with disabilities or perhaps the obligation to provide reasonable accommodation acted as a disincentive to taking on staff with disabilities. (WHO, 2011: 241)

In the United Kingdom the Disability Discrimination Act had no impact in the period immediately after its introduction, and may have led to a fall in the employment rate. It may have been more effective as a disincentive to dismissing workers who developed a disabling condition than as a tool to promote hiring. But recent evidence does suggest a narrowing of the employment gap in the United Kingdom, though the legislation may have helped disabled men more than disabled women. (WHO, 2011: 241)

Despite this ambiguous data, occupational inclusion is vital for socially vulnerable groups. The low employment rate of disabled people, affects society as a whole. The employment integration can combat exclusion, poverty, dependence and discrimination.

*Higher employment promotes social inclusion and reduces poverty risks; it can contribute to improved mental health or faster recovery; it lowers public spending on disability benefits; and it helps to secure labour supply and thereby raise the prospect of higher longer-term economic output. The latter is also important in consideration of rapid population ageing and the likely stagnation or fall in labour supply in most OECD countries in the coming decades. People with disability will be among the groups of the population that need to be mobilised for the workforce, in addition to women and older workers. (OECD, 2010: 11)*

Employment and Social Policies should be focused on supporting and securing those who cannot work. They should also motivate, support actively and promote the employment of people from vulnerable social groups, including persons with disabilities that can work. This latter goal
was not emphasized by employment policies until the 1990s, although it was necessary, both for disabled people and the society as a whole.

Policies can play an important role towards the integration of people with disabilities. This will happen by combining employment policies and incentives that provide them with the benefits that have real value. This combination should not eliminate benefits, as mentioned elsewhere (OECD, 2010: 11-12, 16-17). Benefits concern the support for the cost of living for disabled people. Allowances are not enough to ensure quality living conditions.

There have been several reforms in the last twenty years in many countries. Several changes were made in the right direction, particularly in relation to the benefit system. Disability policy packages now contain a broader range of employment and rehabilitation measures in most OECD countries. Among the most important changes are attempts to improve the quality of supports, broaden access to available services, link better the provision of services and benefits, profile the needs of clients earlier, and case-manage clients through the system. At the same time, a few countries have also tightened up gate-keeping to limit access to long-term sickness and disability benefits. But much still has to be done for the integration into employment of people receiving benefits, as well as for the inclusion of people with chronic health problems and disabilities (OECD, 2010: 12).

Although mentality begins to change, there is still a long way to go to achieve full occupational integration of people with disabilities. The real aim of future strategies should be to increase employment opportunities and adjustments in the working environment, whenever possible. There also appears to be a need to actively promote the notion of paid work for disabled persons: "One key area in which the social model of disability has still to permeate is that of paid employment". (Roulstone, 2004)

More financial incentives for each side can also enhance motivation. First, further demands on the part of workers and those who support them. Also, more aid to the employee and employer relationship and finally support so that every person with disability to cope with the enlarged role (OECD, 2010: 12-13).

Strengthening the financial incentives of all actors involved to promote the same objective: increase employment opportunities for individuals with disability appears to be a key element in order to achieve a successive long term change in disability policy. This implies the following:
• For sick workers and disability beneficiaries, it must pay to remain in work, seek work or increase work effort;
• For employers, it must pay to retain sick workers and help them back quickly into their job or to find another job, and there may need to be subsidies for hiring workers with health problems;
• For benefit authorities, it must pay to assess people’s work capacity rigorously and avoid the granting of a benefit just because this seems easiest;
• For service providers, it must pay to reintegrate their clients into the regular labour market at a sustainable level.

"Better financial incentives for each stakeholder will have to be matched by, first, stronger employment expectations on the part of both workers with health problems and those helping them into work; secondly, corresponding mutual responsibilities especially for workers and employers; and thirdly, better supports so that every stakeholder can fulfil the strengthened requirements. Stronger employment expectations and corresponding responsibilities and supports are equally important for two other stakeholders: Doctors, who have to make more efforts to keep sickness absence periods as short as possible and refocus sick workers on re-employment early on, and employment service caseworkers, who have to profile the client carefully and make every effort to bring the person closer to the labour market”. (OECD, 2010: 12-13).

Apart from the changes that are needed in the level of policies, it is necessary to adopt a language that expresses the social model of disability, as mentioned above. A language of multiplicity, different options, rights, activation and claim. A language that will be reflected in the level of policies and practices.

In policy and practice terms such choices and involvement can begin to draw on broader street-level applications of the social model. Borrowing from wider uses of the social model we need to begin to look at:
- user-led research;
- living and working in the mainstream;
- flexible policies;
- direct payments; and
- disabled people’s input into key legislation and reform
(Roulstone, 2004: 26)

So it is important to move from provider-led services to user-led research, from limited impact on employment barriers to flexible policies, from the power of the professional to disabled people’s input into key legislation.
and reform (Roulstone, 2004: 20, 26). Or even better, to move from the medical to the social model totally.

Finally, in order to proceed to changes in employment policies, it is important to collect and evaluate data for the current situation concerning disability, poverty, education, employment, policies, benefits. Thus, investing in data collection, evaluating outcomes to understand which programmes are effective, sharing data and identifying good practices can prove beneficial. (OECD, 2010: 18) After collecting the data, a complete picture for each country is realized, activating a vital dialogue for disability and employment.

5.2 Benefit system

Disabled people experience high levels of unemployment and this fact affects the risk of poverty. As indicated in research done in developed and developing countries, people with disabilities who are in age to work have higher unemployment rates and lower employment rates compared to the general population. The low participation in the labour market leads the way to the impoverishment of this population (WHO, 2011: 235).

As it is mentioned in Ali, Schur, & Blanck (2011) and Schur (2002), "... low employment rates contribute to the high rates of poverty .. and low measures of psychological well-being among individuals with disabilities." (Chabot, 2013: 1)

Which are the key risks for people who live in household poverty? As shown in the report of Academic Network of European Disability experts (Strati, 2014) (Table 3) main types of poverty risk for disabled is “low work intensity”, followed by the “low income”. Just the opposite is the data for non-disabled people.

Table 3: People living in household poverty and exclusion by key risk (aged 16-59)
Labour market theory suggests, for reasons of both supply and demand, that the employment rate of people with disabilities will be lower than that of people without disabilities.

On the supply side, people with disabilities experience a higher cost of working, because more effort may be required for them to reach the workplace and to perform the work. In some countries with more generous disability allowances, employment may result in a loss of benefits as well as a loss of health care coverage. The combined value of those may be greater than the wages that could be earned. Thus the “reservation wage” of a person with disability – the lowest wage a person is willing to work for – is likely to be higher than that of a person without a disability. This results in the so called “benefit trap” which is a source of concern in many high-income countries.

On the demand side, a health condition may in some case make a person less productive, especially if the workplace environment does not accommodate people with disabilities. In such circumstances, the person would be expected to be offered a lower market wage. In addition, a person with a disability may be offered a lower wage purely as a result of discrimination. The combination of a higher reservation wage and a lower market wage thus make a person with disability less likely to be employed than one without disability. (WHO, 2011: 237)
In order to reverse this situation and avoid the “benefit trap”, OECD proposes the following elements to achieve a successful shift in policy:

- Assess work capacity, not disability. According to OECD, disability systems should start with an assessment of the work capacity of a person applying for a benefit and provide adequate employment supports to try to maintain the claimant in contact with the labour market. The assessment and corresponding supports should be done quickly so as to avoid claimants being inactive for too long and losing contact with the labour market.

- Move to an activation stance.
Disability benefits like unemployment benefits target jobless people who are, in many cases, able to work at least partially. According to OECD, the logic to make every effort to activate an unemployment benefit recipient should also be applied to the disability benefit system; for instance, benefit payments should be linked to the willingness of the beneficiary to co-operate with the responsible authority and engage in employability-enhancing and, where appropriate, job-search activities.

- Make disability benefit a transitory payment.
According to OECD, except for a few people with severe health problems, disability benefit, like other working-age benefits, should be a temporary payment with entitlement being reassessed at periodic intervals.

- Make work pay.
A big challenge facing governments is how best to reform tax and benefit systems for persons with disability with a view to providing appropriate financial incentives to take up jobs, remain in work and increase work effort. According to OECD, the disability benefit should not be more attractive than other working-age benefits; payments should be phased out gradually to make sure that every extra hour worked, pays; and extras or secondary benefits paid to compensate for additional costs associated with the disability should be paid irrespective of beneficiary or labour market status. (OECD, 2010: 13)

However, in OECD’s report, it is recognized that some of the changes proposed may raise difficult questions, in particular to current beneficiaries, whose entitlements would have to be reassessed on the grounds of new and often tighter eligibility criteria following the proposed comprehensive reform. Furthermore, it should be noted that, in many cases, the disability benefit aims to address the increased cost of living disabled persons face, which is, to a large extent, a result of the inaccessibility of the environment. Thus, it cannot be directly linked only to their employment condition.
Conclusions

Over the last years many actions have been implemented towards the protection of disabled persons’ rights and enhancing people’s with disability employment opportunities.

However, there is still much to be done and each country should tailor its actions according to its specific needs and priorities.

According to the participants of OPM & Ipsos (2014) research, changes should be made in order employers to be aware and trained for the types of support that permit people with disability to stay in and perform highly in their jobs.

Moreover, it was reported that people with disability estimated that progress should be made in relation to accessibility of job application and recruitment processes, which include reasonable adjustments and sensitivity regarding questions about gaps in employment. In the report it is also stated that there is a need for greater support with job applications and finding employment and, finally, the government playing a bigger role in enforcing employment practices.

Furthermore, the social model of disability should lead to significant changes in the way disability and employment is viewed on a political level. According to disability studies of Professor Colin Barnes (2003):

"...if Governments are serious about addressing the employment problems experienced by disabled people then anti-discrimination policies must adopt a more holistic approach, be strengthened and rigorously enforced. Barrier removal in the workplace is only possible by the development and adoption of policies with a clear and unambiguous focus on the demand side of labour - the social organisation of work - and the economic and social infrastructures that support it. This includes: education systems, health and social support services, transport systems, and the built environment, housing, and leisure industries. All of which are geared to the needs of the non-disabled majority and, consequentially, compound the difficulties encountered by disabled people in the labour market."

In the same path, Roulstone (2004) supports that Services must ensure the participation, in any assessment and goal setting process, of users and their organizations. Furthermore, as the social model provided a new way of viewing disability, there are several key ways that it can be applicable to issues of employment and disability:
• As a revised and fundamental overhaul of the way the disability problem is framed, for example in research, the benefits system and in policy making.

• A critical application of key social model and independent living themes to the question of disability and employment: for example, choices and rights, enabling language, confronting professional power.

• As a new vocabulary for enhancing employment opportunities and experiences.

Moreover, the “WHO World report on disability” (2011) suggests that there are many barriers that people with disability face but, with the involvement of different sectors (such as health, education, social protection, labour, transport, housing), and different actors, (such as governments, civil society organizations, professionals, the private sector, disabled individuals and their families, the general public, the private sector, and media), these can be overcome.

The recommendations provided by the “WHO World report on disability” are stated below:

1: enable access to all mainstream systems and services

Mainstreaming is the process that barriers faced by people with disability are eradicated at all levels. These include changes to policies, institutions, environments, new and existing legislation, standards, strategies, and plans. Universal design and accommodations are two important approaches. Mainstreaming not only ensures respect towards the human rights of persons with disability, but can also prove more cost-effective.

2. invest in specific programmes and services for people with disabilities

Except from mainstreaming there is a need for specialized services such as rehabilitation, support services, or training. Assistive technologies, independent living services, vocational rehabilitation and training.

3. adopt a national disability strategy and plan of action

A national disability strategy should target the improvement of disabled persons’ well-being. Strategies and action plans should be in line with the unique situation analysis of each country, taking into account factors such as the prevalence of disability, needs for services, social and economic status, effectiveness and gaps in current services, and environmental and social barriers.
4. involve people with disabilities

People with disability should be empowered to get involved in decision making as they are the ones who know better their condition of life and their specific needs. People with disability should have the choice and control over their lives and stakeholders should consult them when decisions are to be made.

5. improve human resource capacity

Human resource capacity can prove invaluable in every area. Staff should be trained in human rights principles and disability issues. This training can be integrated in staff training as well as in educational curricula.

6. provide adequate funding and improve affordability

Adequate and sustainable funding of publicly provided services is needed to ensure that they reach all targeted beneficiaries and that good quality services are provided.

National policies and disability actions plans should take into account the sustainability of the measurements. Moreover, all services in each sector, public, private, non-profit, can contribute to a better service provision. Most importantly, as people with disability is a vulnerable socially group and there is an extra cost of living that is related to impairment, safety net programmes and expanding health and social insurance coverage should be implemented.

7. increase public awareness and understanding

It is essential to raise awareness for disability issues in order to confront with stigma, stereotypes and misconception regarding disability. If you want to succeed an inclusive society, it is important to increase understanding of disability and mutual respects.

8. improve disability data collection

It is vital to have accurate and detailed data about people with disability and their life conditions. This is useful to plan, monitor implement and compare disability policies, nationally and internationally. Specialized disability surveys can provide information on prevalence, health conditions, use of and need for services, quality of life e.t.c.

9. strengthen and support research on disability

Research is a critical tool for a better understanding of disability issues. The report suggests further research projects about various factors that affect persons’ with disability living conditions.
Finally, as it is stated in OECD report 2010 "Disability appears to be a moving target for policy makers, requiring i) more rigorous implementation of rules and recent changes and ii) additional and more comprehensive reform."

While there are many difficulties and specificities in the implementation of employment policies, one thing should be taken for granted: people with disabilities can be productive, to offer to the community and to acquire an active role and a professional identity.

In the Workability Deliverable D2.3: Policies and good practices at EU and international level, good practices that exist in the field of employment of people with disabilities will be presented. So it is likely to be realized that, even though favourable conditions are not always achieved, there are still examples of productivity, integration and employment inclusion for disabled persons.
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