ΠΑΡΑΡΤΗΜΑ I

Programme Greece - Italy 2007 2013. Project NOBARRIER (code NOBARRIER - I1 - 33.01).
First notes on methodology of requirement identification for "sustainable" routes and labels.

1. Introduction

The NOBARRIER project, funded by the Programme Greece Italy 2007 - 2013, aims to contribute to raising the general accessibility of the areas involved. It intends to achieve this overall objective through the following specific objectives:

1. To build and promote interventions of research / action designed to identify and develop situations of national and international success and to educate and involve cultural tourism operators, as well as local authorities, to the theme of accessibility;
2. to elaborate and test methods and tools to "certify" and make more visible and recognizable the accesible places, through the creation of a system of assigning "labels", shared with associations of people with disabilities;
3. "to prove" the economic and social feasibility and convenience, resulting from 'breaking down barriers both tangible and intangible, through structural interventions such as, for example, equipping an accessible beach, improve information services for the disabled, producing instruments ("routes without barriers ") and disseminate them, to promote accessible locations;
4. to create a network of stable relationships between the parties involved aimed at the adoption of the methods and tools devised, with the signing of follow-up agreements;
5. to accelerate the process of "deseasonalisation of tourism" of the socio / cultural tourism to optimize resources, to increase competitiveness and profitability and to create substantial new opportunities for all, through the predisposition of packages of tourist offers.

2.Identification of homogeneous areas

This first methodological note aims to provide a starting point for reflection and should be considered as a "basic element" which will be integrated as a result of in-depth interviews and forums with participants in the world of diversability, health and social planning, health care system operators and participants functional in the tourism industry.

Here we aim to begin the construction of the methodological aspects for:

A. the methodology for the identification of accessible routes;

B. the methodology for the identification of the requirements for labeling tourist and business exercises identified as "accessible".

In this initial phase it is necessary to proceed with the identification of the types of diverability in order to group them homogeneously. This activity ,which is certainly not simple as it is obvious that every single

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pathology deserves special attention, can be facilitated through the classifications identified by the World Health Organization.

Starting from the second half of the last century, the World Health Organization (WHO) has developed different classification tools related to the observation and analysis of organic, phsycological and behavioral pathologies in order to improve the quality of the diagnosis of these ailments. The first classification developed by the WHO, "The International Classification of Diseases" (ICD, 1970), addresses the need to understand the cause of the disease, providing for each disorder and syndrome a description of the main clinical characteristics and diagnostic indications.

The ICD is outlined as a causal classification, focusing its attention on the etiological aspect of the pathology. The diagnosis of diseases are translated into numerical codes which enables storage, search and data analysis.

The ICD soon revealed various limits in its application which lead the WHO to develop a new classification manual, the "International Classification of Impairments, Disability and Handicaps" (ICIDH, 1980), which is able to focus not only on the cause of the disease but also its consequences. The ICIDH does not cover the cause of the disease, but the importance and influence that the environment exerts on the health of populations. The ICIDH does not set out with the concept that a disease implies an impairment, but from the concept of health, defined as physical, mental, relational and social health, regarding the individual as a whole and the person's interaction with the his environment. The World Health Organization advocates the importance of using the ICD (Italy refers to version 10 of 1992) and the complementary application of the ICIDH, favoring the analysis and understanding of the state of health of the individual in a broader sense, since the etiological data are integrated in the analysis of the impact that the disease can have on the individual and the environment in which it is inserted.

The ICIDH is characterized by three basic components through which the consequences of a disease are analyzed and evaluated:

- impairment, such as organic and/or functional damage
- disability, such as loss of operational capabilities in the person because of an impairment;
- disadvantage (handicap), such as difficulties encoutered by a given individual in his environment resulting from an impairment.

The presence of conceptual limitations inherent to the ICIDH classification led to the WHO developing an additional tool, the "*International Classification of Functioning and Disability*" (ICIDH-2, 1999), which represents the embryo of the conceptual model that will be developed into the final classification of the World Health Organization, namely the "International Classification of Functioning, Disability and Health (ICF, 2001).

On 22 May 2001 the World Health Organization drew up an innovative, multidisciplinary classification with an universal approach: the "International Classification of Functioning, Disability and Health", called the ICF. Development of such a classification was attended by 192 governments that made up the World Health Assembly, including Italy and Greece.

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The ICF is defined as a classification that aims to describe the state of health of people in relation to their existential context (social, family, work), in order to understand the difficulties encountered in their socio-cultural context which may cause disability. By using the ICF we do not therefore describe people, but we describe their every day life situations in relation to their environmtal context and emphasize is given to the individual - not only as a person with an illness or disability - but above all to their uniqueness and globality. The tool describes such situations by adopting a unified and standard language, trying to avoid semantic misunderstandings and therefore facilitating communication between its various users in the world.

The first novel aspect of the classification is evident in its title. Unlike previous classifications (ICD and ICIDH) where ample space was given to the description of individual diseases using terms such as illness, disability and handicap (mainly used in a negative sense, referring to deficits), the last WHO classification refers to terms that analyze the health of the individual in a positive light (such as functionality and health). The ICF aims to provide a comprehensive analysis of the state of health of individuals by establishing a correlation between health and the environment, arriving at the definition of disability understood as a condition of health in an unfavorable environment. The analysis of the various existencial dimensions of the individual leads to highlight not only how people live with their disease, but also what can be done to improve the quality of their lives.

The concept of disability introduces additional elements that highlight the innovative value of the classification:

- universality;
- integrated approach;
- multidimensional model of functioning and disability.

The universal application of the ICF becomes apparent seeing that the disability is not considered a problem of a minority group within a community, but an experience that anyone my experience in their lifetime. The WHO, through the ICF, proposes a model of universal disability applicable to any person, able-bodied or differently able. The integrated approach to classification is expressed through a detailed analysis of all the existencial dimentions of the individual given equal importance without distinction concerning the possible causes.

The concept of disability considered by the World Health Organization does not want to highlight the deficits and handicaps which creates precarious living conditions for the people, but wants to be a concept contained in a multidimensional continuum. Each of us may find ourselves in a precarious environment which can cause disability. It is in this context that the ICF acts as classifier of health, taking into account the social aspects of disability: for example, if a person has difficulty in his working environment it matters little whether the nature of the cause of discomfort is physical, mental or sensory. What is important is to intervene in the social context by creating significant service networks in order to reduce the disability.

The ICF is divided into 2 parts:

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Part 1 covers Functioning and Disability.

Part 2 covers Contextual Factors.

The components of Part 1 are:

- Body Functions and Structures

- Activities and Participation.

The components of Part 2 are:

- Environmental Factors

- Personal factors (not classified in the ICF).

The component **"Body Functions"** is described through the use of **eight** chapters and categories: Mental functions, Sensory functions and pain, Functions of speech, Functions of the cardiovascular, haematological, immunological and respiratory systems, etc.

Each main category is divided into subcategories.

THE MAIN CATEGORIES OF BODY FUNCTIONS	
Mental functions	
Sensory functions and pain	
Functions of speech	
Functions of the vascular, haematological, immunological and respiratory systems	
Functions of the digestive, metabolic and endocrine systems	
Functions related to the genitourinary and reproductive systems	
Neuro-musculoskeletal and movement-related functions	
Functions of the skin and related structures	
Other body functions	

The Component **"Body Structures"** is described through the use of **eight** main chapters or categories (parallel to those of the Body Functions): Structures of the nervous system, Structures of the eye, ear and other related structures, Structures involved in voice and speech, Structures of the cardiovascular, immunological and respiratory systems, etc.

Each main category is divided into subcategories.

THE MAIN CATEGORIES OF BODY STRUCTURE	
Structures of the nervous system	
Structures of the eye, ear and related structures	
Structures involved in voice and speech	

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Structures of the vascular, haematological, immunological and respiratory systems	
Structures related to the digestive, metabolic and endocrine systems	
Structures related to the genitourinary and reproductive systems	
Structures related to movement	
Structures of the skin and related structures	
Other body structures	

The component "**Activities and Participation**" is described by a single comprehensive list of **nine** chapters or categories:

Learning and applying knowledge, General tasks and demands, Communication, Mobility, Personal care, Domestic life, Interpersonal interactions and relationships, Main areas of life (school, work, etc.), Social, civil and community life.

Each main category is divided into subcategories.

In order to encode the component "**Activities and Participation**" two constructs are used: ***capacity*** and ***performance***.

The ***performance*** qualifier describes what an individual does in his present environment. Given that the present environment entails a social context, performance can also be considered as the "involvement in life situations" or " life experience" of people within the actual context in which they live. This context includes the environmental factors: all aspects of the physical and social world as well as attitudes that may be encoded by using the component Environmental Factors.

The ***capacity*** qualifier describes an individual's ability to perform a task or action. This construct has the purpose of indicating the highest anticipated level of operation that a person can reach in a particular domain, in a specific moment. To be able to assess the overall ability of the individual, it would be necessary to use a "standardized" environment in order to neutralize the impact that the variability of different environments can have on the ability of the individual. This standardized environment can be:

a) a real environment generally used for the evaluation of capacity in the context of verification tests;

b) in cases where this is not possible, a predefined environment that may have a uniform impact on the individual. This type of environment can be called a "uniform" or "standard" environment.

The gap between ***capacity*** and ***performance*** reflects the difference in impact between the present and the uniform environment, and therefore provides a useful guide concerning the changes to be implemented in the individual to improve his ***performance***.

THE MAIN CATEGORIES OF DIMENSIONS A & P	**Performance**	**Capacity**
Learning and use of knowledge		
General tasks and demands		

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Communication		
Mobility		
Personal Care		
Domestic life		
Interpersonal interactions and relationships		
Main areas of life		
Social, civil and community life		
Any other activity and participation		

Of the two components of Part 2 of the ICF, only the component "**Environmental Factors**" is codable: it is described by a single comprehensive list of 5 chapters or principal categories: Products and Technology, Environment ..., ... Relations, Attitudes ... Services.

MAIN CATEGORIES OF ENVIRONMENTAL FACTORS	
Products and Technology	
Natural environment and man-made changes	
Relationships and social support	
Attitudes	
Services, systems and policies	
Any other environmental factor	

TABELLA 1. SUMMARY OF THE ICF

	Part 1: Functioning and		**Part 2: Contextual Factors**	
• **Components**	Bodily Functions and Structures	Activities and Participation	Environmental Factors	Personal Factors
• **Domains**	Bodily Functions Bodily Structures	Areas of life (Tasks, actions)	External nfluences onFunction and Disability	Internal influences on Function and Disability
• **Constructs**	Change in Bodily Functions (physiological) Change in Bodily Structures (anatomy) (anatomical)	Capacity Perform tasks in a standard environment Performance Perform tasks in a usual environment	Simplifying or hindering impact of the physical and social world along with attitudes	Impact of the characteristics of the person
• **Positive**	Structural and	Activity	Facilitators	Not Applicable

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Aspect	functional integrity	Participation		
	Functioning			
• **Negative Aspect**	Impairment	Limited Activity Restricted Participation	Barriers / obstacles	Not Applicable
	Disability			

In view of what has come to light, it is possible to identify at least seven uniform areas of synthesis:

1. cognitive area;
2. sentimental and relationshipwise;
3. linguistic area;
4. sensory area;
5. motor praxis area;
6. neurological area;
7. autonomy

It is clear and evident that the application devided in aforementioned seven areas is not readily applicable to our purpose. For planning purposes a model is adopted that is easy to use by the project partners who will then identify the most suitable routes and labels for the different areas.

Here we propose three main areas:

A. the area of psycho-physical diversability;

B. the area of sensory diversability;

C. the area of cognitive and intellectual diversability

In the area of psycho-physical diversability it is possible to insert the following diagnosis, we emphasize that this list is merely examplifying and therefore not complete: quadriplegia, spastic quadriplegia, motor and deambulation difficulties at all levels, psychomotor retardation, Prader Willi syndrome, hemiparesis, West syndrome, progressive muscular dystrophy eg. Duchenne, muscular dystrophy in general, global psychomotor retardation and kidney failure.

In the area of sensory diversabilty it is possible to insert the following diagnosis, we emphasize that this list is merely examplifying and therefore not complete: the blind, those with low vision, deafness, muteness and deaf-mutism.

In the area of cognitive and intellectual diversability it is possible to insert the following diagnosis, we emphasize that this list is merely examplifying and therefore not complete: Down syndrome, mental retardation, hyperactivity, specific learning disabilities and mental health problems.

3. The identification of routes

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In order identify the routes, it is necessarily to follow the proposal concerning tripartition as it is evident that the diversability present in the various macro-areas have different needs and requirements, therefore the approach to be used for the identification of the paths also has to be diversified.

A. Characteristics of the routes

General aspects: the routes to be identified could be of both urban (micro route within a city or in a place of particular value regarding its nature, history, art, religion or culture ect.) or of exta-urban type that must be of touristic interest.

The locations of interest should be identified – within the course – along with the travelling time needed and if it is necessary (or recommended) the use of transport vehicles along with the presence of adequate signs.

Area regarding psychophysical diversability: the complete absence of architectural barriers and/or the presence of equipment that can allow these barriers to be easily overcome.

Area regarding sensory diversability: absence of architectural barriers, the presence of suitable pathwyas for the blind and visually impaired (eg. special sidewalks), the presence of acoustic signals in traffic lights, the possibility of sign language and/or Braille guides and presence of sidewalks for the blind **Area regarding cognitive and intellectual diversability**: it is desirable that there are no architectural barriers.

Further needs and requirements may be inserted after focused in-depth interviews had been performed.

B. Procedures for the identification of routes

Verification that the location is absent of barriers and that suitable instruments to overcome any such barriers, for example stairs, are present. Verification of the presence of audible traffic lights, provision of guides in Braille, validation (or eventual training) of tour guides knowledgeable in sign language.

C. Multidimensional approach

The different routes to be identified must be included on the project website. The identification of the routes will - in addition to complying to the technical requirements provided by the Province of Bari who is responsible for the realization of the project site - indicate the presence of points of public health, paramedical and pharmaceutical industries in the vicinity of the routes (eg. pharmacies , rehabilitation centers, hospitals, first aid centers, dialysis centers, anti allergy centres, etc.). The paths should therefore contain information of the following type:

- tourism;
- historical;
- artistic
- social health;
- health

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4. Characteristics of the labels

The labels, as mentioned before, will be allocated to commercial businesses, hotels and structures offering similar facilities, campsites, etc..

a. Businesses:

a1. **Area regarding psychophysical diversability**: the complete absence of architectural barriers, the knowledge and ability to provide information in English regarding the products for sale as well as directions on how to reach the closest pharmacies and/or health points. Special signage for businesses trading in products for celiacs and anti allergy medicine.

a2. **Area regarding sensory diversability:** complete absence of architectural barriers, product labels in Braille, easily accessable entrances for those with sensory diversability (sliding doors with motion sensors) and a minimal knowledge of LIS is desirable.

a3. **Area regarding cognitive and intellectual diversability**: the absence of architectural barriers is recommended.

It's recommended, also, the presence of HR who have some information for the emergency and a little bit of experience with cognitive and intellectual diversability

b. Accomodation structures and camping:

b.1 **Area regarding psychophysics diversability**: the presence of ground floor rooms and/or lifts suitable for people with limited mobility and easy access for people who use mobility aids. The room should have an adequate bathroom (adapted handle, toilet bowl with hand shower and shower room) for those with diversabilities and the absence of steps - even small ones – in order access to the bathroom. The room must allow the person with diversabilities to be able to move independently within it, the spaces - therefore – must be adapted to the ambulation of a person moving with aids. Campsites must demonstrate the presence of adequate bathrooms and showers without the presence of barriers.

Structures that also give access to the sea and/or a swimming pool must be equipped with walkways that can facilitate access to the sea and the possibility of a "JOB" type chair.

b.2 **Area regarding sensory diversability:** absence of architectural barriers. It is desirable that at least one unit of the staff involved has a minimum knowledge of LIS. Presence of illustrative material of the structure in Braille. It is desirable that at least one unit of the staff is a professional educator or has completed a course of studies as an educator.

b.3. **Area regarding cognitive and intellectual diversability**: it is desirable that there are no architectural barriers. It is desirable that at least one unit of the staff is a professional educator or has completed a course of studies as an educator.

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ΠΑΡΑΡΤΗΜΑ ΙΙ

FOCUS GROUP INTERVIEW

Project NOBARRIER

FOCUS GROUP

Name of group interviewed:_____ Date: _____

Partecipant summary: No. of women: _____ No. of men: _____ Total No.: _____

Name(s) of Facilitator(s): _____

INTRODUCE MODERATORS

Thanks for agreeing to be part of the focus group. We appreciate your willingness to participate.

My name is _____ and I'm the moderator today.

PURPOSE OF FOCUS GROUPS

The purpose of this discussion is to talk about _____. I'll be asking your opinions and your experiences.

The reason we are having these focus groups is to find out_____.

We need your input and want you to share your

GROUND RULES

1. WE WANT YOU TO DO THE TALKING.
2. THERE ARE NO RIGHT OR WRONG ANSWERS
3. WHAT IS SAID IN THIS ROOM STAYS HERE
4. WE WILL BE TAPE RECORDING THE GROUP

INTRODUCE TOPIC OF RESEARCH:

I am interested in learning about some of the concerns and needs of people in this community. I'm especially

interested in . . . . .

I expect our discussion to last about one-and a half to two hours.

AGREE ON GROUP NORMS AND CONFIDENTIALITY

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FIRST, I WOULD LIKE TO ASK YOU SOME GENERAL QUESTIONS:

Talk of the situation of the disabled peoples in the area; Talk of tourism and their experience of tourism in the area or in other areas of Europe

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT DISABLED TOURISM:

1. How do you prefer to spend your holidays (e.g. at sea, at mountain, visiting cities)?
2. Which are the criteria you use to choose your destination?
3. What kind of means of transportation do you generally use when you travel?
4. What are the necessary facilities for disabled people in a hotel?
5. How do you think an "accessible" holiday should be?
6. What are the main difficulties you meet while travelling on holidays?
7. What kind of information would you prefer to find in an holiday package dedicated to your special needs?
8. Which are the 5 most important things that in your opinion would contribute to design an high-quality holiday?

CLOSE THE INTERVIEW:

Thank you all for your time and ideas. This has been extremely helpful. How does that sound to you? Do you have questions for me? If anyone would like to speak with me in private, I will be here after we end. Thank you for your help.

BACKGROUND INFORMATION SHEET TO BE FILLED OUT BY PARTICIPANTS

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ΠΑΡΑΡΤΗΜΑ ΙΙΙ

TABLE OF ASL LECCE - PROJECT "NO BARRIER"

This card must be used to detect the presence or absence of useful elements for the identification of routes and commercial / accommodations for the allocation of labels.

STRUCTURE (with special food, accommodation, camping, bathhouses, drugstores)

PATH (tourist, historical, artistic, social health, health)

LOCATION: ..... (indicate the path or the location of the accessible monument or the location of the commercial activity or the hotel address)

Paths/ monuments	
Total or partial absence of architectural barriers	(enter yes or no and any comments)
presence of equipment which can easily allow the overcoming of them (for example STAIRS)	
presence of suitable trails for people who are blind and visually impaired (for example: special sidewalks)	
presence of audible warning devices (traffic lights)	
development of guides and artwork of the structure in Braille	
presence or formation of tourist guides with knowledge of the LIS (Italian Sign Language)	
minimum knowledge at least of one unit of the staff,of the LIS.	
the presence within the staff at least of one unit that has made a course of study as an educator or professional educator	
THIS ROUTE IS SUITABLE FOR THE AREA	
	PSYCHOMOTOR DIVERSABILITY(enter yes or no and any notes)
	SENSORY DIVERSABILITY(enter yes or no and any notes)

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	COGNITIVE INTELLECTUAL DIVERSABILITY(enter yes or no and any notes)
Final notes and recommendations, if any:	

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PRESENCE OF HEALTH SERVICES OR PARAMEDICAL ONES NEAR THE PATH / MONUMENT

	DENOMINATION	LOCATION	ADDRESS	USEFUL TEL. NUMBERS
Health assistance (Doctors of General Medicine and free Pediatricians)				
Paramedics				
Drugstores				
Rehabilitation centers				
Hospitals with Emergency				
First aid doctor				
Nr. 118 (only for Italy) Nr. 112				
Summer Emergency				
Centers for the dialysis				
Other (specify)				

COMMERCIAL ACTIVITIES

Presence of products with labels in Braille;	
with entrance controlled by automatic sliding doors with motion sensors;	
staff with even the slightest knowledge of the LIS;	
the presence within the staff at least of one unit that has made a course of study as an educator or professional educator	

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Absence of architectural barriers for access to the local	
Presence of a bathroom suitable for the use of disabled	
THE COMMERCIAL ACTIVITY IS SUITABLE FOR THE AREA	
	PSYCHOMOTOR DIVERSABILITY(enter yes or no and any notes)
	SENSORY DIVERSABILITY(enter yes or no and any notes)
	COGNITIVE INTELLECTUAL DIVERSABILITY(enter yes or no and any notes)
Final notes and recommendations, if any:	

PRESENCE OF HEALTH SERVICES OR PARAMEDICAL ONES NEAR THE COMMERCIAL ACTIVITY

	DENOMINATION	**LOCATION**	**ADDRESS**	**USEFUL TEL. NUMBERS**
Health assistance (Doctors of General Medicine and free Pediatricians)				
Paramedics				
Drugstores				
Rehabilitation centers				
Hospitals with Emergency				
First aid doctor				
Nr. 118 (only for Italy) Nr. 112				
Summer Emergency				
Centers for the dialysis				

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Other (specify)				

ACCOMODATION AND CAMPING

Presence ground floor rooms	
lifts suitable for people with mobility difficulties	
Easy access for people who use mobility aids	
Presence of a room with adequate bathroom (handle, cup with hand shower, shower room)	
Access to the bathroom in the absence of steps	
Adequately spacious bathroom (adequate space to allow an easy walking to a person that moves with aids)	
For campings with access to the beach / pool: the presence of bridges that can facilitate access.	
Allocation of aid for access to the water (chair type "JOB" or sunsea)	
absence of architectural barriers	
desirable minimum knowledge of at least one unit of the staff of the LIS.	
For bathhouses: the presence of bridges that can facilitate access to	
For structures with pool, access to the pool with a waterslide and easy access to the shower room with no architectural barriers	
the presence within the staff of at least one unit that has made a course of study as an educator or professional educator	

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Presence of personnel who have knowledge on what to keep in case of emergency / experience in the field of diversability	
ACCOMODATION OR CAMPING IS SUITABLE IN THE AREA	
	PSYCHOMOTOR DIVERSABILITY(enter yes or no and any notes)
	SENSORY DIVERSABILITY(enter yes or no and any notes)
	COGNITIVE INTELLECTUAL DIVERSABILITY(enter yes or no and any notes)
Final notes and recommendations, if any:	

PRESENCE OF HEALTH SERVICES OR PARAMEDICAL ONES NEAR THE ACCOMODATION OR CAMPING

	DENOMINATION	**LOCATION**	**ADDRESS**	**USEFUL TEL. NUMBERS**
Health assistance (Doctors of General Medicine and free Pediatricians)				
Paramedics				
Drugstores				
Rehabilitation centers				
Hospitals with Emergency				
First aid doctor				
Nr. 118 (only for Italy) Nr. 112				
Summer Emergency				
Centers for the				

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dialysis				
Other (specify)				

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