

Module 2

Dealing with people with physical, sensory
and cognitive impairment



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Accessible tourism

“Is a form of tourism that involves **collaborative processes** between stakeholders in order to offer universally designed products, services and environments to be able to eliminate physical, human or information barriers, **enabling people with special access** requirements, including mobility, vision, hearing or cognitive dimensions of access and their **companions**, to practise tourism with equity and dignity looking always to the **maximum independence**” (Carvalho, 2015, 2018)

1980 – Manila Convention (article 4) which outlined the importance of the universal access to holidays and freedom of travel and tourism for all. That was a long way to go!!!

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Accessibility

1996 – European Concept for Accessibility (ECA)

The objective is the provision of environments, which are convenient, safe and enjoyable to use by everyone, including people with disabilities. The concept is based on the Universal Design and applies to the design of buildings, infrastructure and consumer services and products.

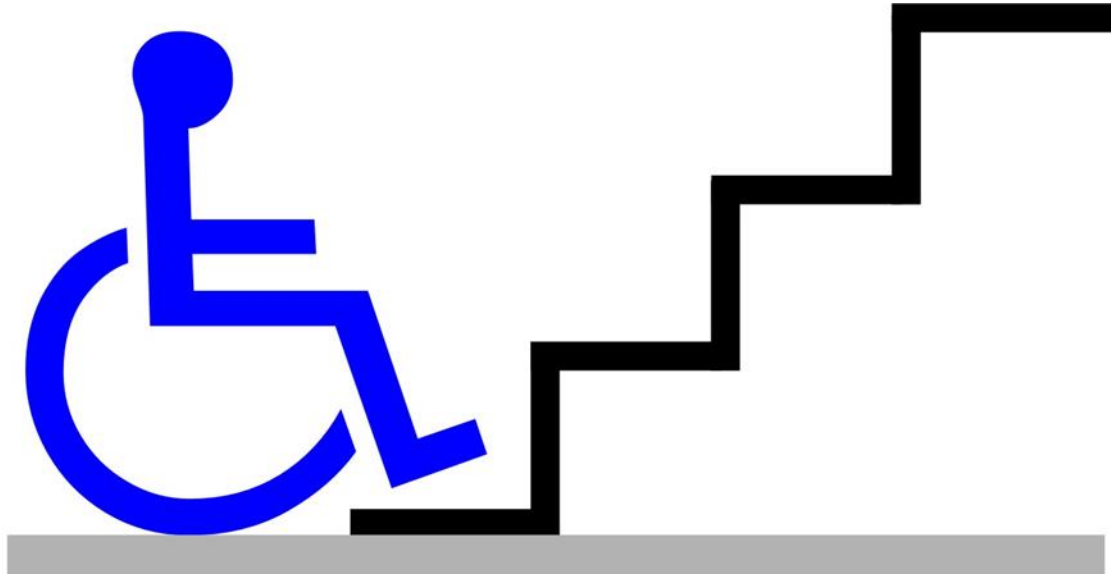
3 principles:

1. **the range principle:** Integral accessibility guarantees, in a physical sense, the possibility of reaching and using spaces and the furnishings, which are intended for use for all the people;
2. **the independence principle:** Everyone must be able to use the accessibility facilities independently;
3. **the naturalness principle:** Everyone must be able to feel that the accessibility facilities are 'natural'.

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**No Accessibility
No Inclusion**

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Universal Design

1985 – Arq. Mace, USA

is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability. By considering the diverse needs and abilities of all throughout the design process, universal design creates products, services and environments that meet peoples' needs.

7 principles:

equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for zero, low physical effort , size and space for approach in use.

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World Health Organization, 1980

1. Impairment (relates to bodily functions)

Loss or abnormality of a body function that can be anatomical, physiological or psychological, e.g. a missing limb or diagnosed mental disorder (may result from a variety of reasons such as: congenital conditions being some progressive, injury or disease)

2. Disability (relates to activities)

Inability or restricted ability to perform an activity within the normal human range, e.g. being unable to walk.

3. Handicap (relates to social roles)

Disadvantage resulting from impairment or disability that limits the social role of an individual, e.g. being unable to work somewhere due to limited access.

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Barriers/Obstacles (Eichhorn & Buhalis, 2011)

1. Physical Barriers

Connected to the infrastructures, are easy to identify and extremely difficult to overcome by visitors with disabilities, special those at the mobility level (public areas, transportation means, hotels, restaurants, monuments and museums, show rooms, and shops, etc.);

2. Human Barriers

Difficult to identify but extremely important for the “tourism experience”, some attitudes can origin inhibitors;

3. Information Barriers

Important for the preparation and the decision-making about a visit and also fundamental when visiting the destination to avoid bad experiences. These barriers can be in part easy to solve by using the new technologies to transmit information.

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Travel inhibitors (Devile, 2014)

1. Intrapersonal

Psychological aspects having to do with the individual's own physical or cognitive functioning (personality, motivations, feelings and emotions, personal fears, individual beliefs and previous tourist experiences, etc.);

2. Interpersonal

Interaction of the individual with his/her social context and/or service providers (behavioural/human and informational barriers);

3. Structural

Are aspects outside the individual (lack of time, financial constraints, transport difficulties, climate and infrastructure). These are important when deciding to travel and when choosing the destination itself.

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Impairments

1. Physical/Motor

is the partial or total loss of physical faculties that include walking, balance, holding and manipulating objects, pulling, pushing, lifting and reaching. Many activities involve simultaneous use of more than one of these skills.

2. Sensory

Having an impairment in one or more senses – vision, hearing, touch, taste and smell - reduces a person's ability to perceive, understand and act in various situations.

3. Cognitive

Is not having an ability to learn and understand as most people do, or to process information at the same speed or in the same way as others. Persons with cognitive impairment may therefore find it difficult to follow instructions, to understand where they are, to identify people or to behave in an appropriate manner in a given setting.

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Impairments

1. Physical /Motor

- From birth or originated by an accident and it can be permanent or temporarily;
- From light difficulties in physical and motor tasks, to difficulties in performing basic life functions;
- Reduced walking abilities, balance or stamina can originate from light difficulties in performing independent movement and their needs can go from a simple stop for rest or use of handrails until having someone to help all the time;
- They can also need the constant use of walking aids: walking stick, crutches, rollator, scooter or wheelchair (mechanical or electric);
- These type of impairments can affect not only legs but also arms and in that case they have reduced motor or dexterity abilities, such like handling objects, carrying bags, handling coins, using taps or open doors (they may have to use forearm or elbow);
- Reaching can be also problematic and several objects such as telephones, service controls, taps, door handles, etc. must always be positioned within reach, as well as water and eventually food. Always avoid stretching or bending;

Important: They mainly need barrier free environment based on the universal design because steps or no ramps or elevators,

uneven and/or slippery surfaces, long walks, long standing are the most common problems they need to

We should always offer help even if they may refuse and if they accept we should ask how we can help.

overcome
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Impairments

2. Sensory

- Vision**
- Different degrees from complete blindness to different types of sight limitation, from birth or later acquired impairment;
 - Their access needs vary according to the persons level of sight and is mainly related to the access information, safety of movement and orientation in an unknown environment;
 - They may use a cane (different colors) or a guide dog to avoid obstacles and help them to identify dangers they are exposed to;
 - They can use sounds, smells to orientate through a building or in outdoor spaces (tend to compensate with
 - The less complex environments are the better for them;
 - They need more verbal information and more detailed description using greater accuracy;
 - They may read information in braille but this is different from one language to another;
 - Whenever travelling they mostly need someone to show them the way, give them assistance whenever they need
 - Feel free to use words like “see” and “watch” and don’t shout. State distances and heights in meters. To guide them put their hand in your elbow for them to follow you. When passing in a narrow corridor put your elbow behind so the person may follow. Warn them about the obstacles and dangers. Guide dogs are not to be distracted.

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Impairments

2. Sensory

Hearing

message);
just ask;

gestures

- From partial to complete deafness, they can use lip-read or use sign language (mainly when born deaf);
 - Their access needs will be particularly related to communication and access to information (written message);
 - They can be deaf but they are not dumb and some manage to articulate words, if you don't understand just ask;
 - The majority of people with hearing difficulties acquire later in life this impairment (they can talk and write and use hearing aid) we just to find out the best way to communicate;
 - Verbal communication especially difficult in noisy and crowded environments;
 - Verbal announcements may not be heard or understood correctly and evacuation procedures based on acoustic alarms will not be perceived which is a risk.
 - Wave, touch their arm, keep eye contact, talk slowly, keep your mouth visible, use facial expressions and gestures
- ▶ There are also multisensorial impairment (hearing loss and visual impairment – red and white cane)

Touch

- People can have nerve damage, paralysis or missing limbs;
 - some people may not be able to feel anything in their lower part of their body and legs or they can have loss of feeling in their arms or hands;
 - Lack of feeling can affect the ability to use a touch screen or other devices;
 - Persons with lack of feeling can easily injure themselves with sharp, hot or very cold objects;
- they mainly need a safe environment. Safety is even more important when they don't know the

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Impairments

3. Cognitive

- It ranges from mild (MCI) to severe (demencia);

Ex: Autism, alzheimers, Cognitive deficit

In general, mental abilities problems (cognition, intellect, interpretation, learning and memory - losing things often is a MCI).

- This kind of impairment can lead to disorientation – getting lost, or confused if they are not often reminded or assisted;
- They usually need assistance and simplified, well-structured information;
- Signs, symbols or pictograms should be used as well as Easy reading;
- Audible and visual messages should be combined;
- Be careful not to confuse people with speech impairment (dumb or dysarthria, cerebral palsy) with cognitive impairment;
- We should always address to them and not only to the caregiver and we must show respect and be patient;
- We should act naturally, we shouldn't overprotect and don't underestimate their intelligence.

Note: We should also refer other cases of visitors who have special needs like ageing adults, children, chronic diseases and small or oversized people. We also have to think that many persons can combine two or more impairments. 70% of the impairments can not be seen.

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1. Health care services

These services can be in a public or private facility.

Table 1 – Health care levels

Primary	Secondary	Tertiary	Quaternary
Doctor that treats your health, practitioner or internist	Refers to specialists	Highly specialized equipment and care	Even more specialized extension of tertiary health care

Question: Belongs a hospital to a secondary or tertiary health care? It depends on the hospital and the care it gives to you. Tertiary health care includes dialysis, artery coronary bypass surgery, neurosurgery, cancer specialist, severe burn treatments, plastic surgery and other complex medical and surgical interventions.

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2. Medical care versus health care

Medical care probably constitutes only 10% or 20% of the health outcomes. Health care is a much broader idea which medical care is only a subset and constitutes the other 80% or 90% of the health outcomes.

- **Health care services includes:** medicine, dentistry, pharmacy, midwifery, nursing, optometry, audiology, psychology, occupational therapy, physical therapy, athletic training and others health professions concerning people's health.
- **The health care entities are:** Individual physician or other health care professional, an hospital, a provider-sponsored organization, an health maintenance organization, an health insurance plan, or any other kind of health care facility, organization, or plan.

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3. You should always be prepared

- Take with you a basic medical kit;
- Always get information about the nearest pharmacy, hospital, dentistry, etc.
 - ask at the reception whenever you are in an hotel or resort
 - use google maps
- Be prepared with personal health information: the list of medicines taken, type of blood, allergies, chronic health problems (doctors note with the name of prescription is important);
- Have the information about the insurance, as well as the contact of someone in case of any emergency;
- Get information about shops or institutions where you may buy or loan walking aids, wheelchairs or scooters;
- Be sure you have the contact of an adapted transportation mean you can use in case you need it (RM taxi) or an ambulance and the telephone of the local embassy;
- Make copies of important documents and write down important information because you may have no internet access.

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04 **UNIT 3**
how to apply creative
solutions to
unforeseen
accessibility issues or
other obstacles



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1. Potential problems

Already when preparing the trip we can find several problems:

- Difficulty to have information about the destination resulting in a difficulty to decide where to go;
- Difficulty to know the best way to travel depending on the limitations and needs;
- Difficulty to find someone to travel with.

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1. Potential problems

Already at the site we can find several other problems:

- Wheel chair arrives broken, hotel has a too small elevator/platform for the electrical chair, the ramp is too steep (+ 8% inclination);
- There is no menu written in braille, guide dogs not allowed, no tactile surfaces, no accessible traffic lights;
- No one that can use sign language to do a guided tour or the tourist guide can not identify the barriers and adapt the program;
- No signs, symbols or pictograms for the message to be better apprehended;
- Illness or injury (call 112);

Note: Every situation is different from another, every person with special needs is different from the other = diverse human

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1. Creative Solutions



communication

- The most important thing is to **talk to the person** that has the impairment and if not possible talk to the caregiver about the situation;
- Whenever you are helping someone with an impairment and you don't know the place where you are going, you better call first and ask;
- There are also apps with information about accessibilities, but you must be sure that they are reliable ► There should be no risk;
- If you have a visit to a castle or any other monument that can be problematic, try to replace it by another one;
- It is mostly a question of common sense to present alternatives. Difficulty to anticipate the right solution for every particular

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FAST

Facilitating Accessibility
in Support of Tourism