



Lifelong
Learning
Programme

Deliverable 2 - WP1

European study



Innovative approaches
to develop vocational
SKills of People
with severe disabilities

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1 The definition of severe disability according with WHO World Health Organization

1.1 Introduction

The evolution of the approach to the disability both in Europe and WHO starts by the definition of three dimensions of the malady: Illness, Disease, Sickness¹. They correspond to three different scientific approaches, as indicated in the Tab1.

Tab.1 –Evolution of the disability dimensions

Dimension	Definition	Approach	Treatment
Illness	Intense malady. By a biomedical point of view it could be an organic injury or presence of pathogenic microbial agents. Usually illness produces clinical evidence like alteration in the body temperature or variation in blood test.	Medical model (Bio-approach). Disability is the consequence of an impairment resulting from either disease, trauma, or congenital or degenerative conditions.	Medical therapy carried out by healthcare professionals.
Disease	Subjective experience of symptoms and suffering. It is always shaped by the individual culture.	Psychological model (Psycho-approach). Suffering, disease, discomfort.	Individual medical therapy carried out by healthcare professionals
Sickness	Sickness is characterised by a social recognition, because of the social dimension of people's everyday life.	Social model (social approach). Disability is considered a disadvantage determined by the difficulties that people encounter in the physical and social environment.	For the management of the phenomenon and the full participation of people with disabilities in all areas of social life, the social action and the collective responsibility of society and all its actors are essential: social services, schools, VET providers, healthcare services, NGOs, voluntary work.

¹ Di Santo R. (2013), Sociologia della disabilità, Milan, F. Angeli.

These approaches show the evolution of the disability dimensions, also by a chronological point of view. Often we use a combination of them², as we can see below:

1. Disease and sickness. They are maladies recognised both scientifically and socially, but unknown by the patients before a certain stage, e.g. an unexpected cancer.
2. Disease and illness. Maladies and sufferings felt by the patient and certified by the medicine, but not recognised at social level, e.g. alcoholism and drug addiction in some cultures.
3. Illness and sickness. The patient feels bad and the society recognises it, by science cannot give further evidence of it.
4. Disease. Physiological variation unnoticed by patients and that do not guarantee a social status modification.
5. Illness. Maladies undetectable through a quantitative medical test and without a social recognition, e.g. depression, anxiety.
6. Sickness. Maladies socially constructed, e.g. homosexuality in some cultures.

1.2 ICIDH classification

During the 1970s, WHO approved the start of a new long term strategy for public health aiming to connect the three dimensions seen above (bio-psycho-social)³.

Regarding disabilities, in 1972 began a hard work which was concluded in 1980⁴ with the publication of the *International Classification of Impairment Disabilities and Handicaps. A Manual of classification relating to consequences of disease (ICIDH)*. Objective of the research is to help healthcare professionals with a standard classification model. In short, it proposes:

- *Impairment*: any loss or abnormality of a physiological, psychological or anatomical structure or function, whether permanent or temporary.
- *Disability*: any restriction or loss (caused by an impairment) that implies a limitation on the ability to perform a basic activity (e.g. walk, eat, work) in the way considered as standard or normal.
- *Handicap*: disadvantage caused by an impairment or a disability, that restricts the everyday life of patients in a manner considered not normal in relation to their age, gender and the socio-cultural context⁵.

Tab. 2 – Chapters regarding Impairment, Disabilities and Handicaps in the ICIDH WHO 1980

Impairment	Disabilities	Handicap
1. Intellectual	1. Behavioural	1. Orientation
2. Psychological	2. Communicative	2. Physical independence
3. Linguistic	3. In the personal care	3. Mobility
4. Auricular	4. Motor	4. Employability

² Maturo A. (2007), *Sociologia della malattia. Un'introduzione*, Milan, F. Angeli.

³ WHO (1977), *Health for All by the Year 2000*, WHO (1978), *Alma Ata Declaration on primary health care*.

⁴ It was a very long course of studies, debates and experimentations. The WHO convened in 1975 the International Conference for the 9th Revision of the International Classification of Diseases, followed in 1976 by the 29th World Health Assembly, that approved a first preliminary classification draft for the consequences of a series of impairments.

⁵ Lonardi C. (2005), *Glossario*, in Fiocco P.M., Mori L. (edited by), *La disabilità tra costruzione di identità e cittadinanza*, Salute e Società, 1/2005, Milan, F. Angeli, p. 185.

5. Ocular	5. Body assets	5. Social inclusion
6. Visceral	6. Dexterity	6. Economic self-sufficiency
7. Skeletal	7. Circumstantial	7. Other kinds of handicap
8. Disfiguring	8. In particular attitudes	
9. Sensory and others	9. Other limitations	

Source: Di Santo (2013)

With this classification WHO tried to overcome the propensity to use the bio-medical approach, in order to research new dimensions and involve stakeholders to build a new process of prevention and health protection (and not only treatment).

Anyway, the application of the ICIDH classification shows some limits: for instance, it does not consider the environment and the patient's need of social integration⁶.

1.3 ICIDH -2 classification

For the reasons outlined above, in 1999 WHO publishes a new International Classification of Functioning and Disability, ICIDH-2.

There are some important amendments:

- it analyses the personal activities in place of disability;
- the social consequences are referred to the different level of social participation, shelving terms like handicap and disadvantage.

The new classification replaces the term "handicapped" with "disabled": on the basis of the limitations in the type, duration and quality of one's activities, at any level of complexity, due to a structural or functional impairment, every person is "differently abled".

With regard to social participation, the document refers to all restrictions (in terms of type, duration and quality) suffered by people every day because of the interaction between impairments, activities and contextual factors⁷.

According to the philosophy of ICIDH-2, in order to give greater importance to the personal, social and physical context, the main objectives should be:

1. functional, meeting the emerging needs felt by different Countries, sectors and regulations;
2. practically useful, to identify health and social care needs and to arrange intervention programmes (healthcare, rehabilitation, social actions);
3. capable of offering a coherent view of the state of health consequences, so that the process gains dimensions that are distinct from maladies and can be objectively evaluated and recorded;
4. sensitive to cultural differences (usable in different cultural systems and systems of health and social services);
5. complementary to WHO classifications;
6. enhanced with new schemes regarding the Contextual Factors (external-environmental and internal-personal factors);
7. transcultural, in order to spread principles of universality;
8. analysed so as to develop training and presentation tools⁸.

The multidimensional character of the ICIDH-2 tool involves a set of entities (healthcare authorities, social services, schools, VETs, social cooperatives, enterprises etc.) and

⁶ Di Santo R. (2013), p. 38.

⁷ Lonardi C. (2005), ibidem.

⁸ Di Santo R. (2013), ivi, pages 39-40.

professionals (healthcare professionals, social workers, psychologists, trainers etc.) that must work as a network.

1.4 ICF Classification

The *International Classification of Functioning, Disability and Health* (ICF) was presented in 2001, showing immediately elements of discontinuity:

- the document places emphasis on function rather than on condition or disease. It does not use terms that indicate something lacking to reach the full "functioning", i.e. "Impairment", "Disability" and "Handicap", but terms that describe the effective capabilities of people, such as body function and structure, activities and participations, environmental factors.
- because of its universal value, ICF concerns also people without disabilities. Furthermore, it underlines the health components of people in a specific moment of their life.
- the classification lists environmental factors that influence one's abilities;
- the classification adopts a multi-perspective approach that considers disabilities and functions according to an evolutionary and interactive process.

The innovations introduced by ICF, compared with ICIDH (with all its variations over time), regard the perspective, the reading and the interpretation of phenomena, as shown in Table 3.

Table 3 – Comparison between components and domains of ICIDH and ICF

ICIDH	ICF	
Impairments	Body functions	Body structures
1. Intellectual 2. Psychological 3. Linguistic 4. Auricular 5. Ocular 6. Visceral 7. Skeletal 8. Disfiguring 9. Sensorial and other types	1. Mental functions 2. Sensory functions and pain 3. Voice and speech functions 4. Functions of the cardiovascular, haematological, immunological and respiratory systems 5. Functions of the digestive, metabolic, endocrine 6. Genitourinary and reproductive functions 7. Neuromusculoskeletal and movement-related functions 8. Functions of the skin and related structures	1. Structures of the nervous system 2. The eye, ear and related structures 3. Structures involved in voice and speech 4. Structures of the cardiovascular, immunological and respiratory systems 5. Structures related to the digestive, metabolic and endocrine systems 6. Structures related to genitourinary and reproductive systems 7. Structures related to movement 8. Skin and related structures
ICIDH		ICF
Disability	Handicap	Activities and Participation
1. Behavioural 2. Communicative 3. In the self-care	1 Orientation 2 Physical independence	1. Learning and applying knowledge 2. General tasks and

4. Locomotor	3 Mobility	demands
5. Body structure	4 Work-related	3. Communication
6. Dexterity	5 Social inclusion	4. Mobility
7. Circumstantial	6 Economic	5. Self-care
8. Particular attitudes	independence	6. Domestic life
9. Other limitations	7 Other kinds of	7. Interpersonal interactions and relationships
	handicap	8. Major life areas
		9. Community, social and civic life

Source: Di Santo (2013)

The ICF divides information into two branches: the first on the functioning and disability, the second on the contextual factors.

Each one has two components

- *Functioning and Disability*

- body functions and structures
- activities and participation

- *Contextual factors*

- Environmental factors
- Personal factors⁹

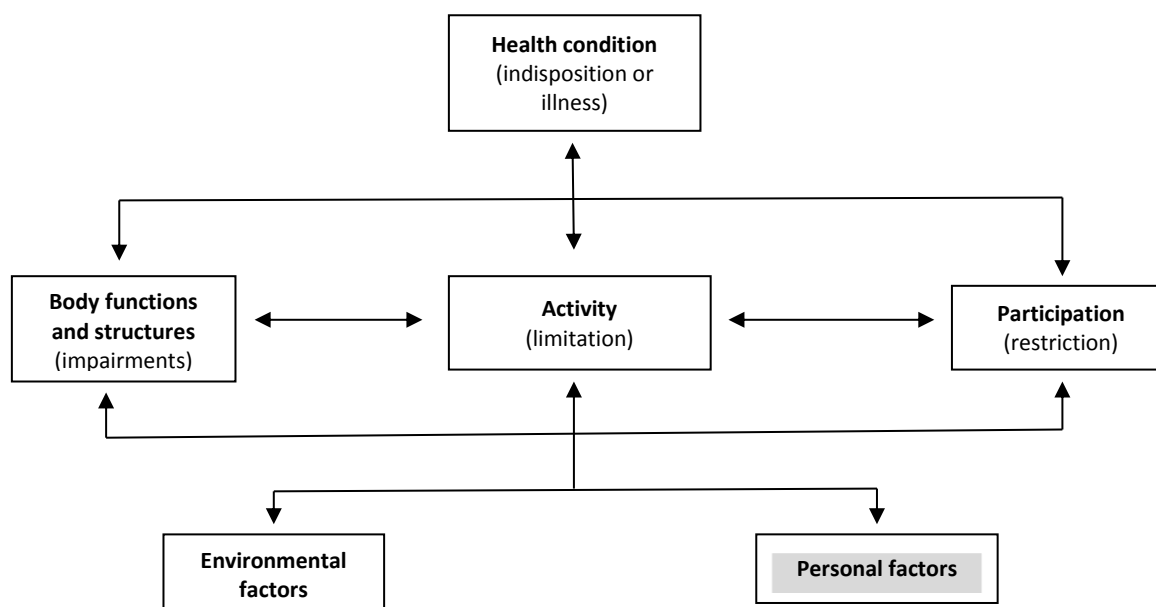
The functional abilities of an individual reflect the interaction between his/her health status and the context (environmental and personal factors, as described in the Note 9).

These entities are dynamically interrelated. The interaction works in two ways¹⁰: the disability can influence the health conditions, but also a health problem could become a disability element.

9 Regarding the “personal factors” there is an asymmetry between theory and practice; while these factors are recognised and highlighted as able to catch specific features of a person, ICF does not offer this possibility to the operators dealing directly with disabled people. The personal factors belong to the contextual factors, with great social and cultural variability.

10 WHO, How to use the ICF. A Practical Manual for using the International Classification of Functioning, Disability and Health (ICF), October 2013. Geneva.

Fig.1 – Interaction between the ICF components (Source: WHO, 2013)



1.5 Two critical points

The different possible combinations between biological and psychological and social factors show that disabilities are a multidimensional phenomenon that could be subject to the “Gulliver paradox”: the possibility to modify its dimensions depending on the context and the benchmark.

As a consequence, people can live a normal or abnormal situation depending on the benchmarks adopted, and this cannot necessary be due to a disability¹¹.

This multidimensional approach promotes a new methodological path called NBM (Narrative Based Medicine), where both the personal experience and the relationship between patient and doctor are considered¹².

This approach takes the moves by the human capacity to narrate itself; at the same time, this is also its critical point, though. How is it possible to conciliate the ICF components with the personal subjectivity¹³?

1.6 Disability in adults and transition to work

As we have said, the ICF definition of disability could be addressed to everyone because it considers a person’s health status in relation to his/her capability to give good performance in a condition determined by a complex interaction between contextual, environmental factors as well as personal factors.

11 Di Santo R. (2013), p. 47.

12 Good B. (2006), *Narrare la malattia*, Turin, Einaudi.

13 Not catching personal factors does not mean that significant elements of the person are not caught as well. In fact, there are items about motivation, self-confidence, awareness, stress: these are all indirect indicators that can catch and describe distinctive personal features.

This makes difficult the direct application of ICF, for example regarding the employability of people with disability.

For this reason, WHO introduced the ICF Checklist (WHO, 2003) that allows a description of the functional profile of each individual through 128 selected codes from thousand proposed by the ICF.

The ICF Checklist is not an evaluation or measurement tool: it is a useful tool for “opening” codes according to the identification of a problem in the person’s function and, at the same time, for establishing if and in what extent the environment acts as an obstacle or a facilitator¹⁴.

Consistent with the ICF classification, WHO set up an evaluation system called WHO DAS II (*World Health Organization – Disability Assessment Schedule*). It is an assessment tool for adults based on 36 items developed to evaluate the limitation and restriction levels of every person, independently of the original diagnosis.

It is possible to evaluate the individual’s functioning within 6 activity domains:

- understanding and communication (6 items)
- movement (5 items)
- self-care (4 items)
- interaction with other people (5 items)
- everyday life activities (4+6 items)
- social life (6 items)

The questions are referred to the past 30 days¹⁵.

The WHO DAS II aims to assess disability from a new point of view: not from the medical perspective (as the ICF Checklist does) but directly from the patients’ answers. Therefore, the WHO DAS II offers a subjective point of view, while the ICF Checklist focuses on objective elements¹⁶.

According to the international literature, WHO DAS II, which was tested in an empirical study to verify the link between the level of disability felt by the patients and their level of social integration, confirms that the social integration of people with severe disabilities is fostered by work¹⁷.

Finally, we would like to mention other measurement tools, more used at medical level:

- FAM (Functional Assessment Measure): based on an analysis of the cognitive, behavioural and communicative areas, in order to measure the disability level. It is composed by 18 items;
- FIM (Functional Independence Measure): it is an index composed by 12 items to be integrated to the FAM index.

14 Federici et al (2009), *Rassegna della letteratura internazionale sulla WHODAS II*, in *Life Span and Disability / Ciclo Evolutivo e Disabilità* / XII, 1 , p. 81.

15 Leonardi M. (edited by) (2008), *Libro bianco sull’invalidità civile in Italia*, Milan, F. Angeli, p. 77.

16 Federici et al (2009), *ibidem*.

17 Ivi, p. 93.

2 European policy and legislation on training and employability of people with severe disability

According to the recent European analyses, disability affects 1 out of 6 people in the EU; it means that 80 million people suffer limitations and difficulties in social and economic life. Furthermore, the poverty rate of people with disability is 70% higher than average, because of the limited access to work.

The EU tried to face this phenomenon through both legislative and political tools.

2.1 Legislation

(1996) **Definition of new European strategies on disability by reference to the standard rules introduced by the United Nations in 1993**¹⁸. The integration process of people with disability starts by the removing of obstacles at any level: training and schools, employability, public transports, housing and welfare system. The Council confirms the effort in the promotion of equal opportunities against any kind of discrimination, and encourages the Member States to remove the obstacles to social life participation, fostering dissemination of information, experiences, innovative politics and good practices.

(1997) **Treaty of Amsterdam**¹⁹. It introduces for the first time into a European document the issue of disability and declares the European competences on discrimination matters (article 13).

(1999) **Resolution of the European Council**²⁰. The Council encourages Member States to focus their actions so as to promote and develop:

- new preventive and active policies to foster the employability of disabled people;
- an efficient and effective use of the EU funding systems, particularly on FSE;
- the use of ICT.

On the other hand, the EU Commission announces the enhancement of the politics regarding equal opportunities at work, with a specific attention on access to the workplace, skills and key-competences required on the job, access to career guidance and employment services.

(2000) **Charter of Fundamental Rights of the European Citizens**²¹. The rights of every individual within the EU were established at different times; for this reason, the EU decided to include all contents in a single document called Charter of Fundamental Rights of the European Union.

18 Communication of the Commission of 30 July 1996 on equality of opportunity for people with disabilities: A New European Community Disability Strategy; Resolution of the Council and of the Representatives of the Governments of the Member States meeting within the Council of 20 December 1996 on equality of opportunity for people with disabilities.

19 The Treaty was signed on 2nd October 1997 by the then 15 UE Member States, coming into force on 1st May 1999.

20 Resolution of the Council and of the Representatives of the Governments of the Member States meeting within the Council of 17 June 1999 on equal employment opportunities for people with disabilities [Official Journal C 186 of 02.07.1999].

21 Approved by the European Council in Nice on 7th December 2000.

The Charter contains 54 articles divided into seven titles: dignity, liberty, equality, solidarity, citizenship, justice and general dispositions concerning the interpretation and application of the Charter.

Two articles deal specifically with disability:

- art. 21, which is against any kinds of discrimination;
- art. 26, which is about the social and professional integration of people with disability to foster their participation in community life.

(2002) **Declaration of Madrid**. It is a document that defines the vision and political priorities of the European disability movement, in view of the European Year of People with Disabilities (2003).

The main topics are reported below.

- disability is a human rights issue. Disabled people are entitled to the same human rights as all other citizens;
- disabled people ask for equal opportunities and not for charity: such opportunities include the access to all social resources, like inclusive education, new technologies, health and social services, sports and leisure activities, consumer goods and services;
- barriers in society lead to discrimination and social exclusion. The way our societies are organised often means disabled people are not able to fully enjoy their human rights and that they are socially excluded;
- disabled people, the invisible citizens. The discrimination disabled people face is sometimes based on prejudice against them, but more often it is caused by the fact that disabled people are largely forgotten and ignored and this results in the creation and reinforcement
- of environmental and attitudinal barriers which prevent disabled people from taking part in society.
- disabled people form a heterogeneous group. As with all spheres of society, disabled people form a very heterogeneous group of people and only policies that respect this diversity will work.
- non-discrimination + positive action = social inclusion.

(2003) **European year of people with disabilities**. Set out by the European Council in 2001, its main aims were:

- to raise awareness and foster concrete actions to support the rights of people with disabilities to protection against discrimination and to social inclusion;
- to promote the exchange of good practices and effective strategies devised at local, national and European level;
- to reinforce the cooperation between all parties concerned;
- to improve communication regarding disability and promote a positive image of people with disabilities;
- to pay special attention to awareness of the right of children and young people with disabilities to equality in education.
- Each Country made a call for projects aiming at promoting the awareness and the dissemination of the new point of view on disability defined by the Madrid declaration.

(2003) **European Action Plan on Disabilities (2004-2010)**²². The action plan proposed covered the period 2004-2010 and was aimed to define a sustainable and operative approach on the disability questions in the EU context. The plan had 3 objectives:

²² Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions - Equal opportunities for people with disabilities: A European Action Plan /* COM/2003/0650 final

- achieve effective implementation of the EU directive about occupation and work conditions;
- strengthen the integration of disability issues within the community policies;
- strengthen accessibility for all.

(2010) **The European Disability Strategy 2010-2020.** A Renewed Commitment to a Barrier-Free Europe²³. The main objective is combating discrimination of people with disabilities and give them the possibility to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community.

Its objectives are pursued by actions in eight priority areas:

- Accessibility: make goods and services accessible to people with disabilities and promote the market of assistive devices.
- Participation: ensure that people with disabilities enjoy all benefits of EU citizenship; remove barriers to equal participation in public life and leisure activities; promote the provision of quality community-based services.
- Equality: combat discrimination based on disability and promote equal opportunities.
- Employment: raise significantly the share of persons with disabilities working in the open labour market.
- Education and training: promote inclusive education and lifelong learning for students and pupils with disabilities.
- Social protection: promote decent living conditions, combat poverty and social exclusion.
- Health: promote equal access to health services and related facilities.
- External action: promote the rights of people with disabilities in the EU enlargement and international development programmes.

(2011) **Convention on the Rights of Persons with Disabilities.** The EU has ratified the UN Convention (CRPD) and, according to the article 35, it will implements a monitoring system for the Convention itself.

2.2 Policies

EU started its action on disability at the end of the 1970s, but did not reach an organic strategy until the 1980s²⁴. Below are listed the EU programmes addressed to training and employability of people with disability.

Helios I programme (1991-1993). Main features: exchange of experiences

Helios II programme (1993-1996). Main features: exchange of experiences between EU countries, definition and benchmarking of good practices.

Handynet system (1993-1996). Connected with Horizon and Tide programmes. Main features: specific programmes for activities related to assistive devices for people with disability.

TIDE programme (1993-1996). Main themes: applied technologies for disability.

Horizon programme (1994-1996) (1996-1999). Main features: projects aimed at the employment of people with disability.

Equal programme (2000-2007). Main features: projects aimed at the employment of people with disability.

Progress programme (2007-2013). Main themes: employability, social protection, work conditions, activities against discriminations, equal opportunities.

²³ Communication from the Commission to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions, 15th November 2010.

²⁴ Griffo G. (2012), Le politiche e le azioni europee sulla disabilità, www.indire.it

Other European programmes including the topic of disability:

Long Life Learning programme: *Leonardo sub-programme*; *Grundtvig* sub-programme; *Comenius* sub-programme (1995-1999) (2000-2006) (2007-2013). Main themes: education and training, inclusion, active citizenship.

Socrates programme (1994-1999) (2000-2006). Main themes: education, training.

Social agenda 2006-2010

The EU adopted the Agenda in February 2005; it was the second step of a procedure started with the European Council of Lisbon in March 2000.

The Agenda proposes a framework for policies that:

- guarantee a dialogue between economics, occupational and social policies;
- foster quality of work, of enterprises relations and the strengthening of human capital;
- modernise the social protection systems.

The main financial tool for such policies was FSE 2007-2013, which aimed to reduce the economical gap at European, national and local level.

Another instrument for the promotion of social and economic cohesion was the PROGRESS programme, which was organised in five branches:

- Occupation
- Social inclusion and protection
- Work conditions
- Measures against discrimination
- Equal opportunities.

Disability in the Social Agenda

The main objective of the European Union is the realisation of a society accessible for all, through a better cooperation between the Member States. For this reason, EU promotes the elaboration and the dissemination of useful and comparable data, statistics and good practices.

EU is committed to actively guarantee people with disabilities equal rights and opportunities, in order to foster their full participation in social and economic life.

Moreover, the Strategy of Lisbon (2009) focused on the improvement of occupation rates of people with disability, considering work as a fundamental instrument for inclusion and for breaking down social barriers.

In this respect, the most important legislative parts are related to:

- Regulation on the rights of persons with disability or with reduced mobility when travelling by air.
- Directive for equal treatment in employment and work conditions (2000)
- European Union's Action Plan in favour of disabled people (2004-2010)
- Forum (followed by the acts publication) on the demography in Europe.

3 Good Practices

COUNTRY Italy, Spain, Austria, Poland	
PROJECT/ACTION – “Inclusive vocational training as support worker for disabled people or educational assistant” (IBB) (Leonardo da Vinci Project) The IBB project was addressed to people with learning difficulties, in order to offer them training as an educational assistant. Aim of the project was to involve people with disabilities in training course together with people without disabilities. According to the project handbook, every lesson was differentiated into four different pillars: • Contents: What is being taught? • Self-organisation: Teachers and students participate in open learning processes that do not pursue a predetermined goal but require everybody to brave gaps and mistakes • Process: Reflection on learning situation • Practice: Dual system of theory and practice To guarantee good performances, the lessons were organised in a 1:6 ratio (as on average one in six students has a learning difficulty). The learning contents were categorised into specific focus areas: work, living and spare time. Initially, all of them were discussed within the entire class; only afterwards students were invited to choose an area in which they wanted to specialise. The topics concerned had often practical implication, i.e.: • support • team-work • communication and meeting • burnout and crisis • integration • assistance at work, at home and during spare time. Each unit was concluded by checking whether the learning objective had been reached. To gain access to the vocational training course, the trainee had to meet some criteria defined in the project handbook, which were: • School-leaving certificate • Age: min. 17 years, the minimum age depended on the national schooling systems • Social skills: ○ Social interest ○ Orientation in time and place ○ Understanding of symbols ○ Self-awareness ○ Relational skills ○ Social etiquette such as being polite and friendly	

- Minimum of four hours of being able to pay attention and to focus

AIM(S)

One of the main aims was to open regular vocational training to disabled people with learning difficulties. While people with physical impairments are normally able to complete vocational training, people with a learning disability are often excluded from that.

TECHNIQUES USED

Besides a skilful teaching staff, the project proposed specific didactic methods, in order to offer an effective training, dealing with the following issues:

- Avoiding teacher-centred lessons and changing the traditional learner's role so as to establish cooperative learning
- Teamwork
- Learners as expert: the "object" of the training (people with disabilities) became the "subject" of the training
- combination of theory and personal experience

A barrier-free environment was of particular importance; material and classes/laboratories were equipped in order to offer adapted learning material for any students, also with the use of specific e-learning platforms.

COUNTRY

Estonia



PROJECT/ACTION – Primus

Primus was a programme on higher education quality development implemented in 2008-2013. One of its activity was to develop and run a support system for students with special needs. In the vocational and higher education sector, the e-Learning Development has been founded to disseminate information on best practice and promote co-operation between educational institutions and professionals.

According with the large use of e-learning tools and environments, higher education and VET, the project developed and tested new ICT resources and e-learning facilities addressed to students with disabilities to ensure hardware and software accessibility and to improve their inclusion.

AIM(S)

Aims of the project was to test new ICT resources and e-learning facilities by students with disabilities in order to update the e-learning development with tools focussed on ICT education for people with disabilities.

TECHNIQUES USED

- development of different support services (e.g. digitalising and recording teaching material for students with visual impairments, creating training courses);
- improvement of learning environments (assessing physical accessibility of buildings);
- provision of a scholarship scheme to students with special needs to support their full participation in studies.

RESULTS

ICT can create opportunities to learn everywhere and for everyone.

To this day, the e-Learning Development Centre offers many services:

- approximately 55% of e-courses at university level are in Blackboard.
- half of the vocational schools and two universities use Moodle with more than 30,000 users and 1,700 courses. Some vocational schools also have Moodle installed on their own servers.

- The Interactive Virtual Academy (IVA), developed at Tallinn University (Estonia) and based on Social-constructivist pedagogy, was used in more than 1,800 courses and by around 10,000 users.
- Any lecture could be registered by the ECHO 360 system, which automatically creates a recording in appropriate formats for students with visual or hearing impairments.

COUNTRY France	
PROJECT/ACTION – Handicarte: a research based ICT tool to support mobility for visually impaired students in higher education in France Handicarte is a software that calculates the best itinerary from one spot to the other on campus by choosing the easiest, most accessible route. It is particularly interesting because it considers not only the learning aspects, but also the everyday difficulties of people with disabilities. Even if other actions are being implemented to help people with disabilities in France, this initiative is one of the first that started in an university, but can potentially be generalised and industrially produced. The Handicarte project was started in 2008 by a group of 5 students as part of their Master's degree in co-operation with the Accessible Education Office at the University and the IRIT Computer Science Laboratory, which are specialised in disability focussed research. The students presented their work in June 2010, where the fully embedded solution can be maintained on smart phone devices. Actually, the initiative is managed by a permanent (administrative) team that supports the work of the students as well as the industrial developments. This project proves how students, teachers, administrative actors and industrial professionals can work together. Reflections and evaluation The project was the winner of the 'innovation trophy' (Handi-friends trophee) in 2010 (http://www.trophees-handi-friends.com/cf/laureats-2010), but there is a lot of potential for developing this tool further. A first objective will be to experiment with adaptive real time methods for helping people with disabilities to use self-configuring networks of indoor and outdoor sensors and to propose accessible and innovative services for improving the mobility and the autonomy of students, employees and visitors who might have disabilities. The final aim will be to make this service available to any people (university students or staff as well as visitors) with or without impairments on the university campus, using portable and mobile devices. The objective is establishing a way to make the campus accessible and adaptable for everybody. Importance of using ICT to support personal communication and interaction rather than this being an example of a tool supporting personal communication, Handicarte is in fact an ICT tool designed for supporting interaction and overcoming social and/or geographical isolation of students with disabilities within their university environment. The key outcomes are the provision of a web site and real time web services that can help people with motor impairment and visual disabilities within the university campus. However, in order to	

achieve this outcome, the group had to face the difficulties of collecting the geographical data (streets and pavements) and adapting the technical information in order to be used within accessible ways. Collecting the topographic data appeared to be a true challenge. Other work that will be carried out in this area by future students will focus on among other topics the implementation of the product on a new generation of smart phones, as well as conducting further experiments with diversified groups of people. Future work will deal with the optimisation of the Human Computer Interaction (HCI) and the consideration of making the service work inside buildings. Trying to make it evolve to increased reality interfaces will be a further step.

AIM(S)

The project aims to create a local travelling system to help persons with physical disabilities to avoid obstacles, in order to improve their autonomy.

TECHNIQUES USED

The development and implementation of the Handicarte tools were technological and technical innovations that required strong ICT competence and close collaboration through all the stakeholders involved (university, students, teachers, industries).

RESULTS

Results of the project are:

- an application that could be downloaded from a web site and compatible with smartphone devices;
- a research team that manages, develops and updates the Handicarte app.

COUNTRY

Slovenia



PROJECT/ACTION – On-line e-learning with innovative solutions for deaf and hearing impaired learners in Slovenia

The project was financed under the “Lifelong Learning Programme” and showed the possibilities of using video technology in the development of learning material and e-learning courses for deaf and hard of hearing people.

Specifically, the project produced a course with the title ‘How to get a job?’ based on the Sign Language Interpreter (SLI) Module.

Through a custom modified version of the Open Source educational Moodle platform, the e-learning portal for Deaf and Hard of Hearing offered e-material covering six sections where users could get advice on finding a job, writing a job application letter, curriculum vitae (CV) and using the websites of the Employment Service of Slovenia.

The tools provided also chat, video-conference and video forum where it was possible to post answers in sign language and/or in written text.

The project started 2009 and in 2010 the pilot course was successfully implemented with deaf and hard of hearing unemployed people using accessible e-learning material. In the future, the e-learning course will be freely available via Governmental and Deaf Educational Institutions.

More information on the Deafvoc2 project can be found at: <http://ara.uni-mb.si:85>

Information on the SLI Module is available from: <http://www.slimodule.com>

AIM(S)

Offering a useful training tools for deaf and hard of hearing people, in order to help them in the active research and transition to work.

TECHNIQUES USED

The project involved the use of ICT, with a specific attention on those aspects that guarantee an efficient learning experience. By a technological perspective, the main innovation were:

- maintenance of the video streaming server;
- implementation of a custom Flash Player (transparent background, external subtitles);
- customisation of the Moodle environment (custom PHP scripts)
- accessibility and usability of the Moodle portal (based on evaluation studies with deaf and hard of hearing users).
- addition, adapting and simplifying the e-learning materials for deaf and hard of hearing users with low levels of literacy.

RESULTS

The key outcome was a final curricular course adapted to the Slovenian environment.

COUNTRY

Austria, Bulgaria, Germany, Greece, Hungary, Poland



PROJECT/ACTION The project "BASKI" – Basic Skills Training Models (Socrates/Grundtvig Project)

At the base of the BASKI project there is the assumption of the importance of the self-determination of people with disabilities: it includes the articulation of wishes and needs in one's private and working life, the pursuing of personal goals, the liberty to make decisions and to ask for help and support, if needed.

The training model consists of three different pillars:

- BASKI Training
- BASKI Coaching
- BASKI Educational Programme
- The BASKI Training

The BASKI Training is aimed at adults with disabilities who live or work in institutions for disabled people, in order to enable them to lead a self-determined life through the assimilation and the improvement of basic skills.

The different contents of the training are organised in seven modules:

- Module 1 "Environmental and Needs Analyses"
 - Presentation of the BASKI Model
 - Identification of individual goals of the participants
 - Analysis of the living and work situation of the participants
 - Acquisition of competences such as articulating emotions and needs
- Module 2 "Group Analyses/Individual Analyses"
 - Questions about the individual goals of the participants
 - Empathy with the other participants
 - Verbal and nonverbal communication
 - Practising "new situations" by means of role plays
- Module 3 "Communication Analyses"
 - Improvement of the communication skills of the participants (communication as the

- central means to articulate needs)
- Evaluation of the communication skills of the participants
- Definition of personal goals

- Module 4 “Social Competence Analyses”
 - Improvement of social skills such as communication skills, adaptability, openness, cooperation, etc.
- Module 5 “Resource Analyses”
 - Participants present their own knowledge and talents
 - Practising opening up to the other members of the group
- Module 6 “Conflict Management”
 - Conflict prevention strategies
 - Feedback by trainers and group members to practise reflecting on one’s own behaviour
- Module 7 “Self-Determination”
 - Generating ideas for the future of the participants
 - Improvement of the self-determination skills
 - Overview of support services for disabled people

At the same time, BASKI project developed some modules of training for trainers, called BASKI Coaching.

The aim of these activities was to prepare trainers and carers for creating the living and working conditions of disabled people in their institutions, to make them able to put the contents that they acquired during the BASKI Training into practice.

The BASKI Coach then functioned as assistant and instructor of the carers at the institutions for disabled people. Continuous cooperation and regular feedback were central elements contributing to the success of the project.

Finally, the BASKI project developed an Educational Programme, aimed to offer a continued education scheme for experts from the social, psychological and/or education sector who want to teach disabled people the concept of self-determination (BASKI Training) or coach employees at institutions for disabled people (BASKI Coaching).

The programme offered two qualifications: “Train the Trainer” and “European Counsellor”.

AIM(S)

Training at three different level:

1. of people with disabilities involved in the project, in order to improve their basic and social skills;
2. of trainers;
3. of the professionals in different fields, in order to offer a continued develop and assessment of the tools.

TECHNIQUES USED

In order to implement the learning and training model successfully, there were many conditions to respect:

- the target groups (disabled people as well as training and carers) had to be informed about the contents, goals, strengths and weaknesses of the BASKI Model.

- institutions for disabled people had to determine who would have been responsible for what and to set up a core team that will be in charge of the project.
- to assume that everybody, independently of the severity of his/her disability, is able to express preferences and to make a choice.

COUNTRY Bulgaria, Germany, Hungary, Holland, Romania, Turkey.	
PROJECT/ACTION – “CLINTEV” (Grundtvig) The project was addressed especially for people with mental disabilities, in order to improve their communication skills and offer them an useful tools for leading an autonomous life. The project provided the organisation of intercultural events and learning environments. In the course of intercultural events in the partner countries, through the support of the platform “Moodle” (Open Source Virtual Learning Environment platform), a European intercultural community should be created. The advantages of this approach were the promotion of: 1. Self-awareness 2. Confidence 3. Barriers breaking down 4. Trust 5. Motivation 6. Horizons extension 7. Skills development 8. Listening skills development 9. Common ground use 10. Career development European Culture The modules on European culture were mainly focused on the project partners countries and covered different topics including literature, music, science and inventors, art, religion etc. A large module was also dedicated to the learning of basic expressions in the different languages of the partner countries. Regarding sustainability and dissemination, the project envisaged modules of training for trainers, to give them a range of specialisations, social competences and skills, including: • Verbal and non-verbal communication • Active listening • Solving barriers to communication • Problem solving including conflicts • Basic knowledge of legislation affecting people with special needs • Recognising success • Motivation, empowerment • Understanding diversity • Professional integration • Intercultural skills	

AIM(S) The overall aim was to increase the chances of disabled people to secure a job. The specific objective was the improvement of communication skills of people with disabilities in order to offer them a useful tool for leading an autonomous life.
TECHNIQUES USED Courses, intercultural events, creation of an European intercultural community through the use of the platform "Moodle" (Open Source Virtual Learning Environment platform). As a part of the language courses, the organisers uploaded a large number of videos onto the video platform "YouTube".
RESULTS People involved developed basic skills, especially in the communication field. Outputs of the project were: • Creation of an Intercultural European Community bringing together disabled people, trainers, coaches and organisations • Development of multimedia media that could be adapted to individual types of disabilities • Training of trainers

COUNTRY Italy, France, Germany, Spain, Greece, Austria, Romania	
PROJECT/ACTION – D-ACTIVE: Disability and active citizenship (Grundtvig Project) <i>The following information is taken from the handbook "D-ACTIVE" (Cf. Project Partnership Members of the Project "D-ACTIVE")</i> The project "D-ACTIVE" aims to improve the key competences of people with disabilities, in order to foster their active participations in society and improve the quality of their life. Moreover, the project aims also to involve their families and the social environment in further education schemes, to help them overcome the difficulty they have in thinking their children as able to lead an independent life. To reduce the risk of social exclusion, the project focuses the training on the following competences: • Native language skills • Foreign language skills • Mathematical/Natural sciences skills • Computer skills • Learning skills • Social skills/Citizenship skills • Own initiative/Business skills • Cultural awareness/Cultural communication skills Specific attention has been given to the training of trainers, with the aim to improve their: • Knowledge of the kind and significance of key skills and their relation with the active citizenship of people with disabilities • Ability to help other people to develop skills according to the recommendations of the European Council • Ability to develop training activities, applying flexible methods and modalities • Ability to develop courses on active citizenship • Ability to plan and implement schemes that take the families and the social environment into	

account

Regarding the methodological-didactic approach, it is important to note that the participants could present differences, e.g. in the level of cognitive potential or in the development in the different key skills areas.

From this point of view, it is clear that a uniform teaching concept is not favourable.

For this reason the project group created a standard course format while being flexible in regard of methods, communication channels and teaching of the learning contents, in order to adapt it on the basis of the evaluation of the participants' skills at the beginning of the course.

Other useful elements to guarantee flexibility in training were:

- Flexibility regarding the time necessary to take the individual needs of the disabled participants into account
- Use of different communication channels
- Use of settings and simulations that relate to the future and potential consequences of the participants' behaviours and actions (as mentally disabled people often have difficulties in envisaging future situations)
- Use of concrete examples reflecting situations in the life of the participants; presentation of the theoretical input after using a practical example
- Evaluation of the skills at the end of the course
- Offering support systems and opportunities (e.g. carer)

AIM(S)

The overall aim of this project is the improvement of the life quality of people with disabilities and their families, in order to reduce the risk of social exclusion.

TECHNIQUES USED

Examples of didactic methods used in the course:

- Simulations, e.g. execution of right to vote, obtaining information at an administrative office
- Role plays, e.g. taking on roles (trainer/participant, etc.)
- Project work and research on: What does it mean to be a European citizen? What rights and obligations does this entail? What is the European Parliament? What is the European Council?
- Online search on Europe-wide websites

For the parents, the project included activities like:

- Support groups
- Skills training
- Family-friendly services
- Continued support service
- Advocacy (especially information about ways to improve the family situation, achieving independence of family)

COUNTRY

Slovenia, Austria, Ireland, Hungary



PROJECT/ACTION – “Happy Farm” (Leonardo da Vinci pilot project)

The project deals with the establishment of a non-profit enterprise in a rural region where organic foods are produced and leisure activities and education opportunities are offered.

The target group of the project is people with disabilities, elder unemployed, young people who do not have any vocational qualification/compulsory school-leaving certificate and other disadvantaged groups of people whose access to the labour market is hampered. An increase in the chances of these groups to participate in the mainstream labour market is fostered by

realising the following objectives:

- Creation of new types of employment for people who face discrimination on the labour market
- Development of a new form of social enterprise
- Development of three strategic concepts for socio-economic agricultural enterprises
- Development of a new training programme
- Creation of leisure activities and further education programmes
- Revitalisation of rural regions
- Promotion of organic farming and healthy lifestyles
- Evaluation of the transferability of the project to other countries

Disabled people are supported in the areas of education, work, living and spare time.

In Austria, for example, the project was implemented at the organic farm "Sunnahof" in Tufers and St. Arbogast, where oxen, goats, cattle, pigs and chickens are raised. Here, disabled people experience special recognition in dealing with animals, plants and customers, thereby strengthening their self-confidence. The teamwork with the other employees enables them to learn how to treat human beings and nature with respect. The didactic principle of the projects is "accompanying and enabling", that is, the inhabitants are accompanied by qualified staff.

However, assistance is only offered where it is needed, and independence is strongly encouraged. The restaurant run on the farm offers foods and drinks made from the farm's own products. The farm shop sells the farm's own products (potatoes, honey, tea, eggs, meats and sausages).

Disabled people also find varied and useful employment at the nursery or joiner's workshop. The following professions may be pursued at a "Happy Farm": Farm assistant, Bread and cake maker, Fruit preservator, Vegetables preservator, Cook assistant, Waiter assistant, Basket maker, Potter.

Three different types of housing are also available:

1. Living together at Sunnahof: suitable for people who require much assistance; autonomous housekeeping of the inhabitants; spare time activities are organised in a family-like atmosphere
2. Living autonomously: the employees live completely independently in a flat close to their place of work
3. Living autonomously in a flat share: ca. four to five disabled people jointly organise their daily life in a flat share, supported by a care worker.

AIM(S)

Increasing disabled people's self-confidence, skills and chances to get a job in the mainstream labour market.

TECHNIQUES USED

Establishment of a non-profit enterprise in the context of a rural farm, organisation of leisure activities, provision of education opportunities.

COUNTRY

Belarus



PROJECT/ACTION –

The focus of research work in Belarus is upon how ICT tools can be used in developing social skills in students with learning disabilities in order to reduce their current and future social isolation. The National Institute of Education in Belarus, conducts applied research for education development. One area for research focus has been to develop computer programmes that can help social development and competences for students with learning disabilities.

- 1) The first initiative has aimed to develop a computer-based programme to be used as a diagnostic tool of social competence, adapted for senior aged students with learning disabilities. The methods adapted for teenagers with learning disabilities are:

- a. a diagnostic questionnaire of social development
- b. a questionnaire ICTs in education for people with disabilities exploring student motivation
- c. a survey of values orientation
- d. an index of social development and a socio-metric scale and test.

The computer diagnostic programme has been evaluated by over 50 people from 9 classes of integrated teaching and education in Minsk schools. The results of the diagnostic programme coincided with the assessments of students' levels of social competences carried out by educational professionals.

- 2) The second initiative has been to develop specific computer programmes that promote playing in typical social situations that might not normally be accessible for students with learning disabilities either living in boarding schools, or those having limited physical movement possibilities. The programmes aimed to help such learners to acquire additional social knowledge about social norms and rules. Two programmes have been developed – 'Eat Properly' and 'Give Assistance' – for senior aged students of schools and boarding schools for students with intellectual disabilities. The programmes teach the student to take on social roles and follow social rules by simulated role-play of types of social situations, which may not be experienced by such students. Each of the typical situations presented in the programmes, suggests a task with a choice of actions that require the knowledge of certain social norms from the user (student). They can be used as stand-alone programmes, on the basis of which a whole lesson is built, as part of the students' learning activities developing their understanding of social norms and rules.

AIM(S)

Allow people who are both deaf and blind to interact with the computer and develop an eye-gaze controlled wheelchair.

TECHNIQUES USED

Specific computer programmes used as diagnostic and as empowerment tools.

RESULTS

Such solutions have significantly increased the quality of life of its users.

COUNTRY

Finland



PROJECT/ACTION – Luovi Vocational College

Some learners may be doubly disadvantaged in that they may have disabilities or special needs requiring assistive technologies on one sort or another, but that they also live in remote or under developed areas resulting in their geographical isolation as well. Journeys from home to colleges can be long and all vocational colleges cannot offer accommodation services. Some of the potential students also need new ways of learning since they cannot benefit from traditional teaching methods. Addressing this combination of factors has been the focus of the Finnish organisation Luovi Vocational College, engaged in supporting distance vocational special education using ICT for students with disabilities in Finland.

Luovi Vocational College operates nationwide in Finland, in 24 locations. It provides vocational education and training for students with special needs. The project aims to develop e-learning for Luovi College students using ICT based individual communication environments and possibilities, as well as develop learning materials, student assessment and criteria for vocational training. The activities involve 10 staff members, students with severe disabilities as well as project partners in Eastern Finland. A visual communication system has been implemented to deliver teaching outside the college.

This example shows how ICT can be used to support specific learning needs whilst at the same time be a tool for overcoming physical isolation, ensuring that geographically isolated people with disabilities are fully involved in wider educational initiatives.

More information on the work of Louvi college can be found at: www.luovi.fi.

AIM(S)

Reaching students with disabilities or special education needs living in remote or under developed Finnish areas through the use of ICT.

TECHNIQUES USED

Individual communication environments based on ICT, providing vocational training and related learning materials.

COUNTRY

Ireland



PROJECT/ACTION –

The Special Education Support Service (SESS), under the Teacher Education Section (TES) of the Department of Education and Skills co-ordinates, develops and delivers a range of professional development initiatives and supports for school personnel working with students with special educational needs in mainstream primary and post-primary schools, special schools and special classes (www.sess.ie).

The development of Camera Mouse (free, downloadable programme that facilitates control of the mouse pointer on a Windows computer just by movement of the user's head) and EagleEyes (innovative mouse substitute, using eye movement that facilitates communication and instruction) technology enables students with specific special educational needs, including limited motor and verbal abilities, to engage with ICT.

At the start of the project eleven students with physical and multiple disabilities were involved. They required training and support in using the technology. Their specific needs were related to actually accessing the technology. Six teachers from the school staff were directly involved in the project and three of the schools ancillary staff participated under the direction of the class teachers. The project has been expanded to four other schools catering for pupils with different special educational needs in a different geographical location of Ireland.

AIM(S) Training learners with disabilities, their families and their teachers in using various specialist tools. Enabling teachers to become familiar with access technology, so as to enhance learning and teaching opportunities for the students. Specifically: develop skills and competences of key members of the school staff in the operation of the access technology; enable students access to, participation in and benefit from engagement with information and communication technology; enable the school to become a resource regionally, in relation to Camera Mouse and EagleEyes technology.

TECHNIQUES USED

Two main technologies: Camera Mouse and EagleEyes (see above for their description), plus PCs, Monitors, Webcams.

RESULTS

Today, Camera Mouse is used throughout the school, with very positive outcomes for students and teachers alike. It is also thought of as 'family friendly' as it has also been downloaded onto home computers. The Camera Mouse was downloaded initially in one room and as teachers became more confident and skilled it was downloaded in every classroom. The school server has also facilitated access to and exchange of programmes suitable for use with the camera mouse. The teachers have become 'a community of learners' with engagement in professional dialogue and exchanges of resources as key features. Using a cascade model (teachers informing teachers), the school itself continues to develop and expand the use of the camera mouse into

other classrooms, also becoming a regional resource to schools and other organisations with regards to the use of the technology. The project is perceived as a very positive one for the pupils and teachers of the school.

COUNTRY Belarus	
PROJECT/ACTION – The work, carried out thanks to the collaboration between the Belarusian State University, Institute of Management and Social Technologies and the Moscow State University of Economics, Statistics and Informatics, was based around a scientific research project, the 'Development of Automated Integrated System (AIS) of Distant Learning, Socio-psychological Rehabilitation and Employment of Disabled in Belarus'. It developed into a countrywide automated system for supporting the e-learning and employment of people with disabilities. The main steps were: 1. a research stage with research into the potential labour market in Belarus for people with disabilities and an examination of ICT competences and e-learning possibilities for people with disabilities 2. a development stage involving the programming of the database, including personal portfolios; a database of tutors able to teach various skills and groups; the development and programming of a Learning Module System (LMS); development of an integrated, accessible website of vacancies for people with disabilities in the open labour market. 3. an implementation stage focused upon e-learning course development as well as delivery and exploitation of the system. An automated workspace within the LMS allowed tutors to teach various curriculum disciplines (economics, accounting, marketing, etc.) depending on the specific needs of the learners. The system allowed people with disabilities to search for educational/re-qualification programmes accessible to them depending on their disability and then access relevant distance learning courses using the LMS in order to obtain state recognised qualifications. It also allowed them to search the database of perspective vacancies in order to obtain professional employment. The Ministry of Health Care provided information for the database on people that could be potentially re-qualified and the Ministry of Labour and Social Care provided information for database on vacancies for people with disabilities. All students and tutors involved in the various e-learning courses took a specially developed e-learning course in order to improve their ICT competences	
AIM(S) Support the social rehabilitation of people with disabilities via the simplification of procedures for gaining employment via an automated system for accessing information and e-learning opportunities, also aiming at increasing educational opportunities and ultimately life chances.	
TECHNIQUES USED Development of a database of information relating to and for people with disabilities wanting to be professionally re-qualified, e-learning educational services for higher professional education (economics, marketing, accounting) and relevant vacancies within the employment market in Belarus. In addition to 'ordinary' ICT tools (computer, internet access) specific ICT equipment for learners with disabilities were developed and provided: these included special video/audio content, tools for supporting speech input/ output, specialist peripherals, etc.	
RESULTS At the stage of the AIS project initiation and development, electronic services available to citizens in Belarus were very limited and there was no specific administrative procedures available to people with disabilities: the project therefore gave an important contribution in this regard.	

COUNTRY Estonia	
PROJECT/ACTION – Koolitark is an electronic school bureaucracy management environment for educators, specialists and students, especially suited for working with students with special educational needs. The system was created and tested in a few Estonian schools from 2007 until present and it is one part of the quality control system of the school's electronic environment. The key partners were Estonian general education schools, students, specialists and parents. The electronic system provides individualised possibilities for all participants in the educational system to help students with special educational needs and to co-operate with each other in this process. The system gives the possibility to operate faster, without communication mistakes within a certain logical formula. The biggest challenges faced in developing the system were the complicated structure of the software and creating a logical and 'comfortable' user interface. The web link www.koolitark.ee is password protected, but more information is available from the developers.	
AIM(S) The development of specialist software for education professionals working with students with special needs in Estonia.	
TECHNIQUES USED A programmed electronic environment available in 4 programming languages and consisting of 503 files.	

COUNTRY Austria	
PROJECT/ACTION – In Austria, the use of ICT is embedded within a school wide approach. E-learning systems are seen as: 1. an important tool to support teachers in their work; 2. a crucial approach to supporting students' learning. The "Sonderschule Langenstein" in Austria is a school for pupils with learning disabilities. Around 10 years ago the school staff undertook to change their teaching to e-learning. Since then, every year the school team aim to improve their skills and methods as well as upgrade hardware and software. All pupils and teachers have their own notebook giving them access to teaching and learning activities as well as educational administrative tasks. The school team uses different learning programmes. Depending on the needs of the pupils, the school staff try to support all kinds of special needs with suitable hardware and software. This school-based initiative began with a search for sponsors to finance the project implementation. The school team welcome possibilities to develop e-learning cooperative initiatives. Information on the school and the e-learning project is available from: www.asolangenstein.eduhi.at .	
AIM(S) Development of a school-wide e-learning for pupils with learning disabilities, in order to provide them with the best opportunities offered by latest hardware and software. The ultimate aim of this school-wide approach is to give learning back to the children.	
TECHNIQUES USED Hardware and software dedicated to e-learning.	

COUNTRY Ireland	
PROJECT/ACTION – ICT as an administrative support and learning support in a vocational education setting in Ireland. The college provides initial VET courses to students who have left compulsory education, adults returning to education, students with disabilities and/or special education needs and international students. In 2003 Killester College adopted a policy of inclusive learning and introduced a process of providing all courses in an inclusive way. The college continually reviews the implementation of the Policy on Inclusive Learning. More information is available on the College's website: www.killestercollege.ie	
AIM(S) Improving the quality of teaching and learning for all students, both with and without disabilities and/or special education needs.	
TECHNIQUES USED A key part of this strategy was the use of ICT and blended or mixed learning methodologies (i.e. teacher-lead, classroom-based courses supported by e-learning). The e-learning part of the strategy is delivered using the virtual learning environment Moodle.	
RESULTS Improvement in overall academic achievement in the school, improvements in attendance and retention rates and increasing number of students being supported in the classroom without the need to see the Disability Support Office.	

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