PROFILE OF THE MENTAL TRAINER FOR ATHLETES WITH DISABILITIES

Erasmus+

Profile of the mental trainer for athletes with disabilities

Proiect Erasmus +: „A Mental Trainer to Empower Your Super Ability”

Proiect nr. 2020-1-RO01-KA202-079780

Partners

FIT EXPRESS INTERNATIONAL srl – București, România

ZIVAC GROUP CENTRAL srl – București, România

International Institute of Applied Psychology and Human Sciences – Bologna, Italia

Organization for Promotion of European Issues – Paphos, Cipru

DIRECȚIA ASISTENȚĂ SOCIALĂ ARAD – Arad, România

"This project (project no. 2020-1-RO01-KA202-079780) was funded with the support of the European Commission. This publication reflects the views only of the author and the Commission cannot be held responsible for the information contained therein."

Content	***Page***
Project information	*2*
Table of Contents	*3*
Introduction	*4*
Chapter 1. Review of recent scientific research on mental training in athletes with disabilities	***5***
1.1. Health and disability	*5*
1.2. Sport. Game	*23*
Chapter 2: Review of mental training practices and techniques	*25*
2.1. Mental training practices and techniques	*25*
2.2. Mental training	*26*
2.3. The athlete with a disability	*34*
2.4. Adapted physical activity	*37*
2.5. History and competitions in adapted sport	*43*
Chapter 3: Swot analysis. Analysis of scientific research on the practice of mental training in athletes with disabilities in Europe: Methods and strategies used in scientific research	***49***
3.1. Analysis of existing identity models, values, language: Disability Sport Coaching (2020): "You just have to coach the athlete, not the disability"	*49*
3.2. Analysis of historical trends: Effective Practices of Coaching Disability Sport.	*50*
3.3. Needs analysis: Training sports coaches for athletes with intellectual disabilities: the TEAM UP project.	*52*
3.4. Training the athlete with a disability	*57*
3.5. Health and Behavioral Considerations and Learning Enhancement Strategies for Athletes with Intellectual Disabilities	*60*
3.6. Challenges in coach education for athletes with disabilities	*66*
Chapter 4: Trainer Profile for Athletes with Disabilities	***69***
4.1. Skills and Abilities needed	*69*
4.2. Individual training	*70*
Bibliography	***78***

Introduction

In the Erasmus project Mental Trainer for Athletes with Disabilities one of the objectives we aimed for was to develop a competency profile for a trainer working with disabled sports people that could be easily used by both sports centres and sports training professionals. The profile includes competences and skills needed for such a qualification.

In order to achieve this profile we went through several steps, namely: a review of scientific research and practice related to the application of mental training techniques to athletes with disabilities in the literature; a swot analysis of research and practice in this field was done, which showed a small number of studies and research in the field, but gave us a comprehensive picture of the need for further research. The analysis of the strengths and weaknesses of research and studies in the field, with a focus on what has been done in the partner countries of the project, also allowed us to have a comparative picture of where each partner stands nationally and to adapt the following project results accordingly. Another step was the labour market analysis to identify to what extent training for coaching disabled athletes is required and necessary, which showed that not only in the partner countries but also at European level such training and acquiring additional skills for a coach in working with disabled athletes is necessary. In addition, we found clear evidence that participation of people with disabilities in sport is often reduced by physical barriers, technology and prejudice. Thus, based on these analyses and preliminary steps, we have developed a profile of the competences required for a coach to qualify as a mental trainer for athletes with disabilities and enable us to achieve one of the project's objectives, namely, to develop a European model of competences for the qualification "Mental Trainer for Athletes with Disabilities".

Chapter 1.

Review of recent scientific research on mental training in athletes with disabilities

Key concepts and terms

The aim of the chapter is to provide a framework for a reasonable understanding of the world of athletes with disabilities and related process concepts.

1.1 Health and disability

a) Individual health

The most established definition of health is that given by the WHO (1948) - "Health is the complete state of physical, mental and social well-being. It is not merely the absence of disease or infirmity". Later, "the capacity to lead a socially and economically productive life" was included in this definition.[1]

- It is a right of the individual and a measure of quality of life (socio-economic standard of living)
  - Man is seen as a social being - a biological, economic, cultural, social entity - the right to health being an indestructible part of social justice.
- It is an aspiration, an ideal, a continuous process of adaptation to the changing demands of human life, with the meanings we give it
- To achieve it requires the involvement and responsibility of the individual, but also of society
- The holistic good of the person, functionality, capacity for development and adaptation to varied living and working conditions, the human condition of individual creativity
- Wellbeing is a term sometimes used to describe the psychological state of being healthy.

[1] World Health Organization (1958) *The first ten years of the World Health Organization*. Geneva: WHO.

b) <u>Public health</u>

According to Winslow "*Public health* is the science and art of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts to sanitize the environment, combat communicable diseases, educate the individual in personal hygiene, organize health care and community services for early diagnosis and timely treatment of disease, and develop a social mechanism to provide each individual in the community with a standard of living adequate to maintain his or her health."

Public health goals:

i. health promotion
ii. to protect health by maintaining health and preventing disease
iii. control of morbidity by combating disease and its consequences
iv. regaining health

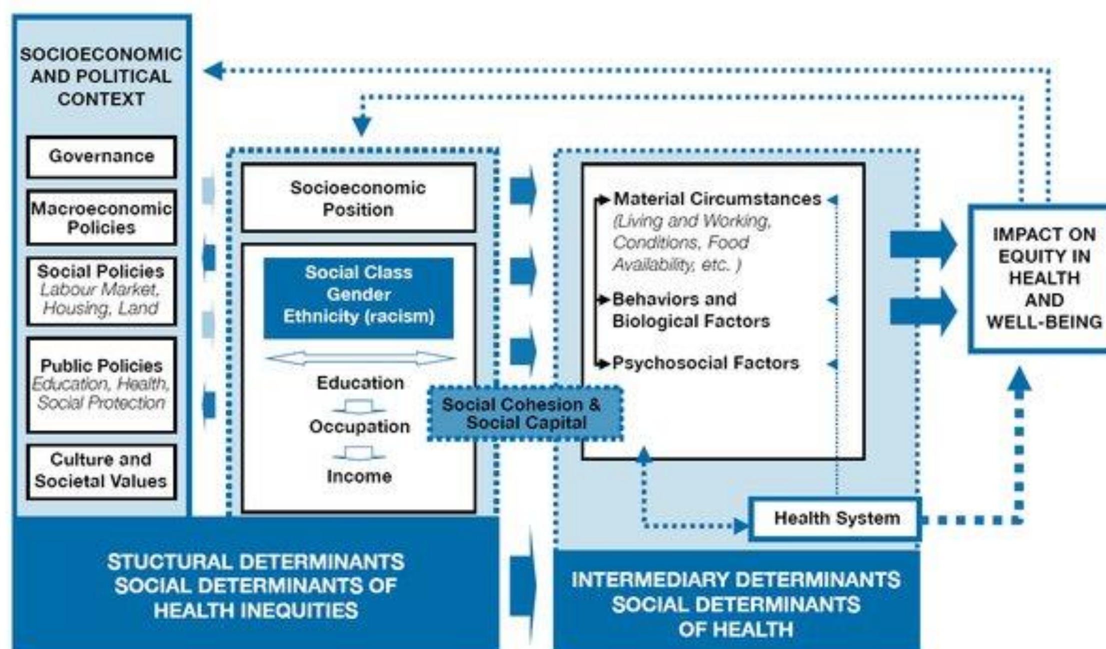
Public health is a **science of action** that is constantly evolving around its defining values, framed in cultural, sociological, economic and ecological contexts, and closely linked to the concepts of preventive medicine and social medicine.* In general, public health refers to the organised and concerted efforts of society - supported by laws, prevention and control programmes, health, social and educational institutions and services - to reduce discomfort, illness, disability, invalidity and premature death.

Public health is the body of knowledge, skills and attitudes of the population aimed at maintaining and improving health. As a branch and integral part of public health, community medicine is also included, designating the bilateral link between medicine and the community and the socio-economic, political and cultural determinants of community health. It also expresses medicine's collective responsibility to the community for community problems that may affect health.

OMS structures five dimensions of quality of life to be considered in the evaluation of public health programmes, namely:

1. *reduction of disease symptoms*
2. *replacement of anxiety and despondency by infusions of well-being and optimism*
3. *maintaining a network of positive social interactions*
4. *preserving cognitive skills*
5. *ability to work and maintain a sufficient standard of living and work*

Figura 1 WHO Model for social Determinants of Health



Sport and physical activities sector and related labour market - Romania [2]

<u>Size and characteristics of the national sports labour market in Romania - evolution 2011-2018</u>

To summarise our statistical definition of the sports labour market, the work carried out in collaboration with the National Statistical Offices (NSO) and Eurostat has been to gather available statistics on the number of:

- Persons in a sport-specific occupation (ISCO 342*) in an organisation whose main activity is the provision of sport (NACE 93.1**), e.g. professional athletes, coaches, instructors in a sports club
- Persons having a non sport specific occupation (other ISCO codes) in an organisation whose main activity is the provision of sport (NACE 93.1), e.g. managers, receptionists in a sports federation
- Persons with a sport-specific occupation (ISCO 342) in an organisation whose main activity is not the provision of sport (other NACE codes), e.g. a fitness instructor working in a hotel

In 2018, Romania ranks last in the EU in terms of the total number of people employed in the sport-related labour market with 0.13% of the total number of people employed, followed by Slovenia and Slovakia with 0.39%. In the top three state is

[2] Fișe naționale - EOSE - ESSA Sport reports (2019)

located Sweden by 1.70%, the UK by 1.43% and Finland by 1.30%. (Source: National Sport Sheet Romania _ ESSA)

Characteristics of persons with a specific sport occupation - ISCO 342**c)**

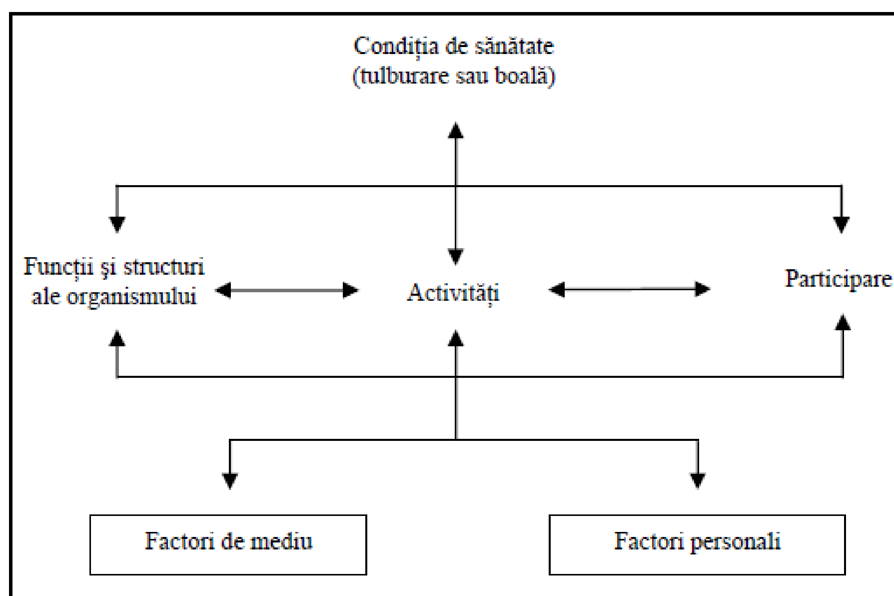
c) Disability: definitions and interactions

ICF - International Classification of Functioning, Disability and Health [3]

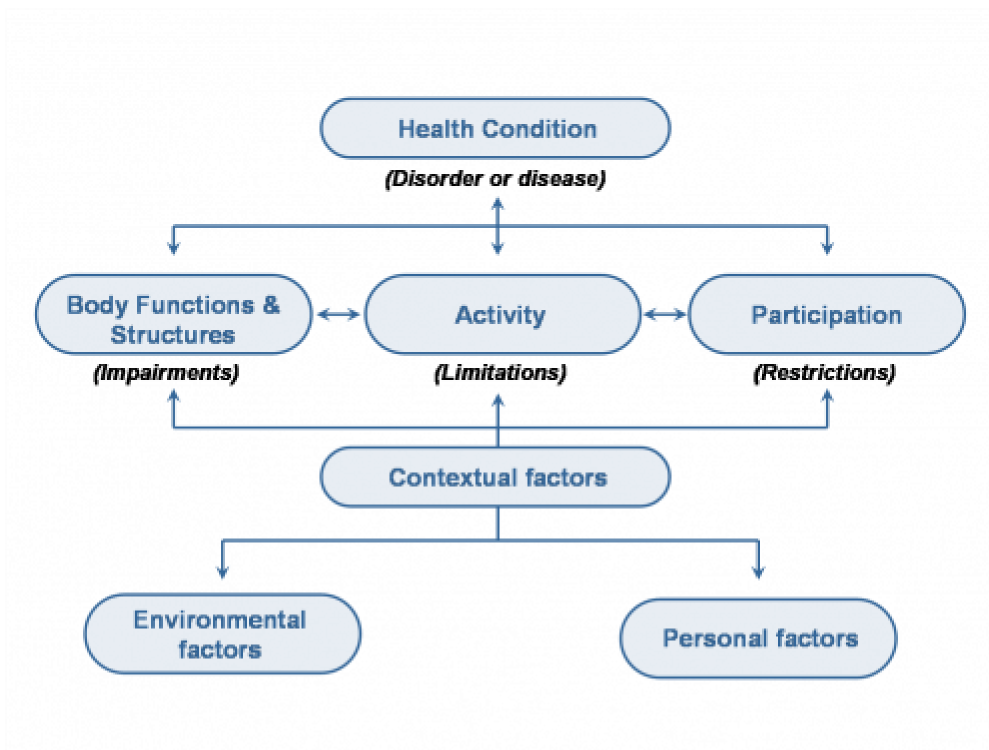
ICF - International Classification of Functioning, Disability and Health is a tool used to monitor individuals from a broad perspective that takes into account not only their health but also the biopsychosocial aspects involved in the health-disease process. It provides a series of categories to describe aspects of human functioning that interfere with the performance of activities, as well as environmental aspects that facilitate or hinder participation, integration and consequently quality of life.

***Disability** is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between the individual (who has a health problem) and the contextual factors in which he/she finds him/herself (environmental and personal factors).*

Fig 2. Interactions between ICF components



[3] Clasificarea internaţională a funcţionării, dizabilităţii şi sănătăţii: CIF. © Organizaţia Mondială a Sănătăţii 2004 Capitole 1. Dezvoltarea umană 2. Structura organismului 3. Starea de sănătate 4. Evaluarea dizabilităţii 5. Factori socio-economici 6. Cauzalitatea 7. Clasificarea 8. Manuale
https://www.researchgate.net/publication/233997148_The_International_Classification_of_Functioning_Disability_and_Health_progress_and_opportunities



Universe of well-being

Disability: "medical model" and "social model"

The medical model views disability as a problem of the individual, caused directly by illness, trauma or other health condition that requires medical care provided as individual treatment by professionals. Disability management aims to cure or adapt and change the individual's behaviour. Medical care becomes the main subject in this sense, and - at the policy level - the main response is one of change or reform of health care policy.

The social model of disability sees disability as primarily a problem. socially created and an issue primarily concerned with the full integration of the individual into society. Disability is not an attribute of an individual, but a complex of conditions created by the social environment. For this reason, the management of this problem requires social action and is the joint responsibility of society as a whole, in order to bring about those environmental changes necessary for the participation of people with disabilities in all areas of social life. Disability management is therefore a question of attitude and ideology, which implies social change, which - in political terms - becomes a question of human rights. For this model, disability is a political issue.

Definitions

Functioning is an umbrella term for body functions, body structures, activities and participation. It denotes the positive aspects of the interaction between the individual (who has a health problem) and their contextual factors (environmental and personal factors).

Body functions are the physiological functions of body systems, including psychological functions. We are therefore talking about the human body as a whole, including the brain. Mental (or psychological) functions are therefore subsumed under other body functions. The standard for these functions is considered to be the statistically established norm for human beings.

Body structures are the structural or anatomical parts of the body, such as internal organs, limbs and their components, classified by body systems. The standard for these functions is taken to be the statistically established norm for human beings.

Impairment is a loss or abnormality of body structure or physiological function (including mental functions). The notion of abnormality here means significant variations from the statistically established norm (i.e. a deviation from the population mean established according to measured standard norms) and should be used exclusively in this sense.

Activity limitations [4] are difficulties that an individual may face in performing activities. Activity limitation may be any slight or serious deviation, in quality or quantity, in the performance of an activity from the way or extent to which it is expected to be performed by persons who do not have a health problem.

Participation is the involvement of a person in a life situation. It represents functioning in society.

Restrictions on participation [5] represent problems that an individual may face in their involvement in existential situations. The presence of a restriction in participation is determined by comparing an individual's participation with what is expected in that culture or society of an individual who does not have a disability.

Obstacles are factors in a person's environment that, by their absence or presence, limit functioning and create **disability**. Possible barriers can be the inaccessible physical environment, lack of relevant assistive technologies, people's negative attitudes towards disability, and services, systems and policies that either do

[4] Termenul de "limitare a activităţii" înlocuieşte termenul de "dizabilitate" utilizat în versiunea din 1980 a ICIDH.
[5] "Restricţiile în participare" înlocuiesc termenul de "handicap" utilizat în versiunea din 1980 a ICIDH.

not exist or pose barriers to the involvement of all people with a health problem in all areas of life.

Facilitators are factors in a person's environment that, by their absence or presence, *improve functioning and reduce* **disability**. These include issues such as an accessible physical environment, the availability of relevant assistive technologies, people's positive attitudes towards disability, and services, systems and policies that aim to increase the level of involvement of people experiencing a health condition in all areas of life. The absence of one factor can also have an enabling effect, such as the absence of stigma or negative attitudes. Facilitators can prevent an impairment or limitation in activity from becoming a limiting factor in participation, because facilitators improve the practical way in which action is taken, despite the problems the person faces in terms of capacity for action.

Tabel 1. Overview of CIF

	Part 1 **Functioning and disability**		**Part 2** **Contextual factors**	
Component	Body functions and structures	Activities and participation	Environmental factors	Personal factors
Domains	Functions body Body structures	Areas of life (tasks, actions)	Areas of life external impact on functioning and disability	Internal influences on functioning and disability
Construction	Changes in body functions (physiological) Changes in body structures (anatomical)	Capacity Performing tasks in a standard environment Performance Performing tasks in a current environment	Facilitating or hindering the impact of physical, social and attitudinal reality characteristics	Impact of personal characteristics
Aspect positive	Functional and structural integrity	Activities Participation	Facilitation elements	It's not the case
	Operation			

<table>
<tr><td rowspan="2">Aspect
negative</td><td>Affect</td><td>Activity
limitation
Participation
restriction</td><td rowspan="2">Barriers/
obstacles</td><td>It's not the
case</td></tr>
<tr><td colspan="2">Disability</td><td></td></tr>
</table>

Capacity is a qualifier that describes the highest level of functioning that a person can probably achieve at a given time in one of the areas included in the list of Activities and Participation. Ability is measured in a uniform or standard environment, and thus reflects the individual's environmentally adapted ability. The Environmental Factors component can be used to describe the features of this uniform or standard environment.

Performance is a qualifier that describes how people act in their current environment, thus bringing into question the aspect of their involvement in life situations. The current environment can also be described using the Environmental Factors component.

The difference between ability and performance reflects the difference between the effects of current and uniform environments, thus providing a useful guide as to how to intervene in the individual's environment to improve their performance.
Typically, the unaided ability qualifier is used to describe an individual's actual ability that is not improved due to an aid or person assisting them. Since the performance qualifier refers to the individual's current environment, the presence of such assistive devices or persons assisting the individual, as well as any obstacles, can be directly observed. The nature of the enabler or obstacle can be described through the Environmental Factors classification

Types of disability

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006) defines disability as follows: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may prevent their full and effective participation in society on an equal basis with others" (United Nations [UN], CRPD, 2006, p. 4).

When we talk about the typology of disability, we have to take into account all its aspects: medical, functional and social. While the medical aspect refers to a deficit,

defect, deficiency, infirmity or disability, the functional aspect is the incapacity, impairment of physical, sensory or mental capacity, which may be partial or total. A final aspect, but perhaps the one with the greatest impact, is the social aspect, which compresses the consequences of the impairment in relation to the demands of the environment. The social consequences can be expressed in various ways: segregation, marginalisation, inequality and exclusion.

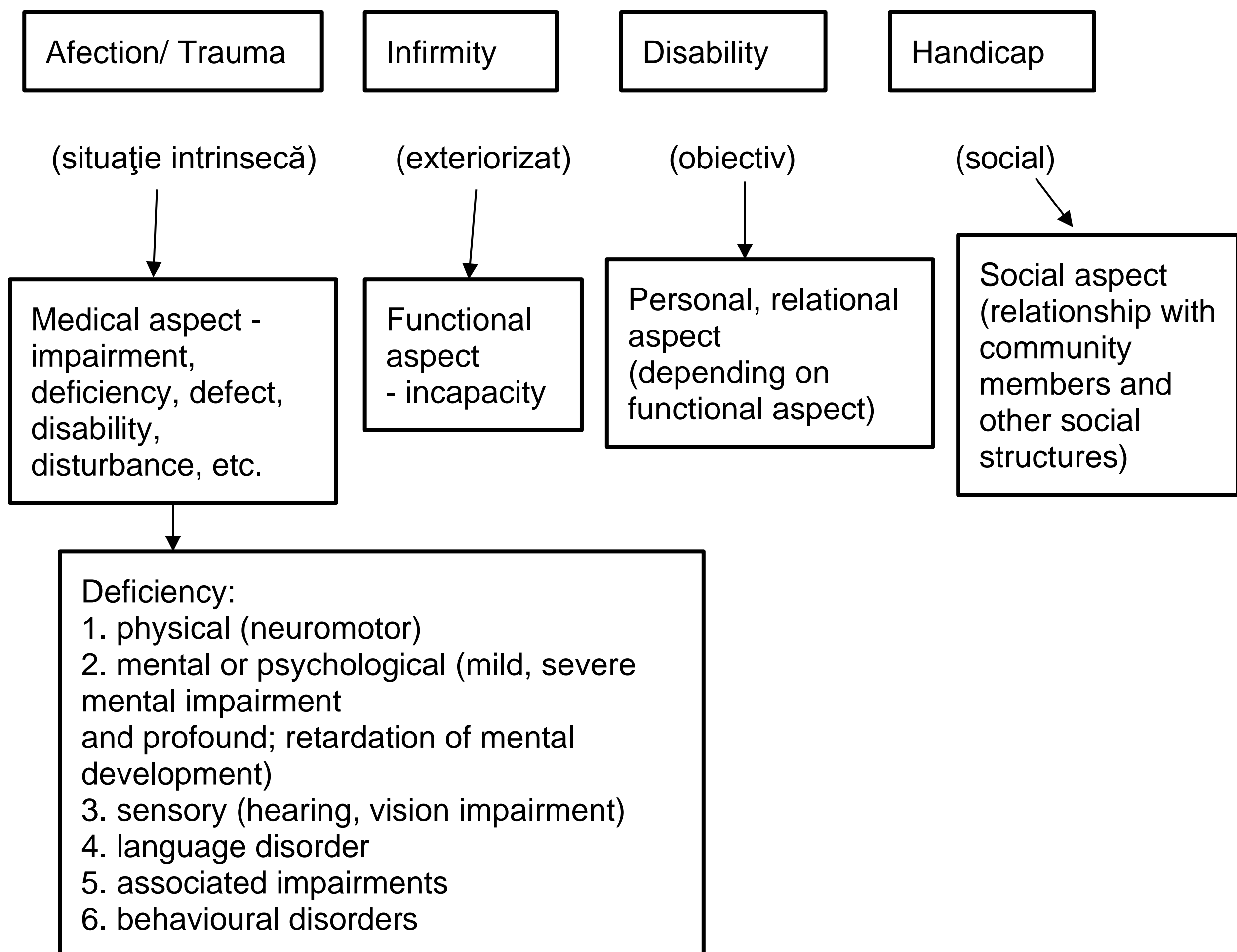


Diagram 1: Link between terms and their perception in society

The notion of disability, according to Romanian legislation, is classified by typologies, as follows:

TYPOLOGY		
Physics	Somatic	HIV/SIDA
Visual	Mental	Associate
Auditive	Psychic	Rare diseases
Deafblindness		

According to the European Centre for the Rights of the Child with Disabilities, however, a rethink of the notion of disability is needed, which would include the following typologies:

TYPOLOGY	
Physice	visual, hearing, deafblindness, associated, motor, rare diseases, etc.
Mental	psychic
Intellectual	

Psychosocial characteristics of the disabled person

People with disabilities are persons whose social environment, not adapted to their physical, sensory, mental, psychological and/or associated impairments, totally prevents or limits their equal access to social life, requiring protective measures to support social integration and inclusion. Depending on the degree and type of disability, but also on the family situation, daily life is conducted differently from individual to individual, uniquely according to the standards imposed by the social or family environment, but also depending on the degree of dependency, as a result of

loss of autonomy due to physical or mental causes, requiring significant help and/or care to carry out basic activities of daily living.

People with disabilities and their families must be able to participate equally with others in all aspects of social and economic life. They must be able to exercise their rights as citizens, including the right to freedom of movement, to choose where and how to live and to have full access to cultural, sporting and leisure activities.

d) Disability as an integral part of relevant sustainable development strategies

Disability Rights Strategy 2021-2030[6]

According to the World Disability Report, about 15% of the world's population lives with some form of disability. The European Commission promotes the rights of people with disabilities in its international policies. In 2021, the Commission will update its toolkit on the "EU rights-based approach to development cooperation, encompassing all human rights" to address all inequalities, including discrimination against people with disabilities, in external actions.

The aim is to ensure that people with disabilities in Europe, regardless of gender, racial or ethnic origin, religion or belief, age or sexual orientation:

- enjoy human rights;
- have equal opportunities;
- have equal access to society and the economy;
- can decide where, how and with whom they live;
- can move freely within the EU, regardless of their support needs;
- no longer face discrimination.

Some points mentioned in the strategy:

- Mutual recognition of disability status in all 27 Member States (introduction of the EDS - European Disability Card).
- The EC will launch in 2022 a European resource centre "AccessibleEU" to build a knowledge base and best practices on accessibility in all sectors.
- The EC will publish "guidelines on the participation of people with disabilities in the electoral process".

[6] Comisia Europeană - Strategia privind drepturile persoanelor cu handicap 2021-2030

– Participation of people with disabilities in the ECRE.

People with disabilities have the right to protection against all forms of discrimination and violence, equal opportunities and access to justice, education, culture, housing, recreation, leisure, sport and tourism, as well as equal access to all health services.

Improved access to arts and culture, recreation, leisure, sport and tourism: Accessible and inclusive arts and culture, **sport**, leisure, recreation and tourism are essential for full participation in society. They enhance well-being and give everyone, **including people with disabilities**, the opportunity to develop and use their potential. The Council underlined their importance in its conclusions on access to sport for people with disabilities.

Conclusions of the Council of the European Union and of the Representatives of the Member States, meeting within the Council, on access to sport for people with disabilities (2019)

By 2020, there are expected to be 120 million people with disabilities in the EU. The EU promotes equal opportunities and accessibility for people with disabilities. A fundamental part of its strategy involves working towards a barrier-free Europe.

Sport can be designed specifically for people with disabilities, or it can be adapted to allow access for people with disabilities, regardless of the type of impairment: physical, intellectual or sensory. Under certain conditions, sport for people with disabilities can be played alongside people without disabilities, which demonstrates the inclusive nature of sport.

Directly linked to a sporting context, people with disabilities may face challenges such as "**the need for skills and expertise in relation to people with disabilities among those working with people with disabilities** in a sport-based physical activity setting, particularly among physical education teachers, sports coaches and other sports personnel;" >>> EC calls on Member States, in accordance with the principle of subsidiarity "to support the further education and training of physical education teachers, coaches, other sports staff and volunteers in general, with or without disabilities, by providing them with **1) the necessary knowledge, 2) specific skills and 3) appropriate recognition of competence**, to enable them to include people with disabilities in different forms of physical education or sport. These training programmes should take into account the differences between the needs of a) **participation**-oriented and b) **performance**-oriented people;"

Participation in sporting activities can contribute to improving the well-being of people with disabilities, as well as their physical and mental health, while increasing mobility and personal autonomy and promoting social inclusion. Points to consider: sport from an early age; gender perspective, budgeting for sports equipment/assistance, assistive technologies, voluntary work, promotion and media.

ONU Convention on the Rights of Persons with Disabilities [7]

Definitions for the purposes of this Convention:

- *Communication* includes languages, text display, Braille, tactile communication, large print, accessible multimedia, as well as written, audio, plain language, human reader, augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;
- "*Language*" includes spoken and sign languages and other forms of non-verbal languages;
- "*Discrimination on the basis of disability*" means any differentiation, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or adversely affecting the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. The term includes all forms of discrimination, including denial of reasonable accommodation;
- "*Reasonable accommodation*" means necessary and appropriate modifications and adjustments, not imposing a disproportionate or undue hardship where needed in a particular case, to enable persons with disabilities to enjoy or exercise all human rights and fundamental freedoms on an equal basis with others;
- "*Universal Design*" means the design of products, environments, programmes and services so that they can be used by all persons, as far as possible, without the need for specialised adaptation or design. Universal Design will not exclude assistive devices for certain groups of people with disabilities, where appropriate.

[7] Convenția Națiunilor Unite privind drepturile persoanelor cu dizabilități (2007) http://anpd.gov.ro/web/conventia/

General obligations of States

- to support the training of professionals and staff working with persons with disabilities in the rights recognised in this Convention, with a view to improving the provision of assistance and services.

Accessibility

- appropriate measures to ensure that such persons have access, on an equal basis with others, to the physical environment, transport, information and means of communication, including information and communication technologies and systems and other facilities and services open or provided to the public, in both urban and rural areas. These measures, which include the identification and removal of obstacles and barriers to full access, should be applied, inter alia, to:
  a) buildings, roads, means of transport and other indoor or outdoor facilities, including schools, housing, medical facilities and workplaces;
  b) information, communication and other services, including electronic and emergency services, etc.

Ensuring an independent life for any person with a disability depends imperatively on the removal of all barriers to meeting needs related to health, education, vocational integration, leisure, socialisation, etc. Just as every person needs support in their own development, making the public environment, the working environment accessible to people with disabilities is an essential mechanism.

By accessibility, the UN Convention means the removal of all barriers and obstacles to the full participation of persons with disabilities in all areas, i.e. ensuring equal access to the physical environment, transport, information and means of communication, including information technologies and systems and other facilities and services provided to the general public.

In Romania, Law no.448/2006 on the protection and promotion of people with disabilities, allocates an entire chapter referring to accessibility in all its aspects, thus, we quote:

ART. 61

In order to ensure access for people with disabilities to the physical, information and communication environment, public authorities are obliged to take the following specific measures:

- *a) promote and implement the concept of "Access for All" to prevent the creation of new barriers and the emergence of new sources of discrimination;*
- *b) support research, development and production of new information and communication technologies and assistive technologies;*
- *c) to recommend and support the introduction of courses on disability issues and their needs and the diversification of ways to achieve accessibility in the initial training of pupils and students;*
- *d) facilitate access to new technologies for people with disabilities;*
- *e) ensure access to public information for people with disabilities;*
- *f) to provide authorised interpreters of sign language and language specific to people with deafblindness;*
- *g) to design and implement, in collaboration or in partnership with public or private legal entities, accessibility or accessibility awareness programmes.*

ART. 62

- *(1) Buildings of public utility, access roads, residential buildings built with public funds, public transport means and their stations, taxis, passenger rail wagons and platforms of main stations, parking spaces, streets and public roads, public telephones, information and communication environment shall be adapted in accordance with the legal provisions in this field, so as to allow unimpeded access to persons with disabilities.*
- *(2) Heritage and historical buildings shall be adapted, respecting their architectural features, in accordance with the relevant legal provisions.*
- *(3) The costs of the works necessary for the adaptations referred to in paragraph 1 shall be borne by the Member States. (1) and (2) shall be borne from the budgets of central or local public administration authorities and from the own sources of privately owned legal entities, as appropriate.*
- *(4) Local public administration authorities shall be obliged to include representatives of the National Authority for Persons with Disabilities or of non-governmental organisations of persons with disabilities in the committees for*

the acceptance of construction works or adaptation of the objectives referred to in paragraph 1. (1) and (2).

ART. 64

(1) In order to facilitate unrestricted access to transport and travel for people with disabilities, by 31 December 2010, local government authorities shall take measures to:

a) the adaptation of all means of public transport in use;

b) adapting all public transport stops in accordance with legal requirements, including tactile pavement marking of access areas to the entrance door of the means of transport;

c) the installation of display panels appropriate to the needs of the visually and hearing impaired in public transport;

d) (d) printing in large, contrasting colours of the routes and directions of public transport.

(2) Within 6 months from the date of entry into force of this Law, all taxi operators are obliged to provide at least one car adapted for the transport of disabled persons using wheelchairs.

(3) It constitutes discrimination if the taxi driver refuses to provide the transport of the disabled person and the walking device.

(4) By 31 December 2007, the competent local public administration authorities shall take measures to:

a) adapt pedestrian crossings on public streets and roads in accordance with legal provisions, including tactile pavement marking;

b) the installation of audible and visual signalling systems at busy intersections.

(1) The guide dog accompanying the severely disabled person shall have free and unrestricted access to all public places and means of transport.

(2) Until 31 December 2010, railway infrastructure managers and rail transport operators have the following obligations:

a) adapt at least one carriage and the main train stations to allow access for disabled persons using wheelchairs;

b) mark with contrasting tactile paving the paths to boarding platforms, ticket offices or other facilities.

ART. 65

(1) At least 4% of the total number of parking spaces, but not less than two spaces, shall be adapted, reserved and marked with an international sign for free parking of means of transport for people with disabilities in parking spaces next to public utility buildings as well as in organised parking spaces.

(2) Persons with disabilities or their legal representatives may, on request, be issued with a parking card for free parking places. The vehicle carrying a disabled person holding a legitimation card shall be entitled to free parking.

(3) The model of the card will be established in the methodological rules) for the application of the provisions of this law. The local public administration authorities shall issue the cards.*

(4) The costs related to the entitlement provided for in para. (2) shall be borne by the local budgets.

(5) In the parking spaces of the public domain and as close as possible to the residence, the administrator shall allocate free parking spaces to disabled persons who have requested and need such parking.

ART. 66

(1) Publishers are obliged to make the electronic plates used for the printing of books and magazines available to authorized legal persons who request them in order to convert them into a format accessible to the visually impaired or reading impaired, in accordance with the Law no. 8/1996 on copyright and related rights, as amended and supplemented.

(2) Public libraries are obliged to set up sections with books in formats accessible to the visually or reading impaired.

ART. 67

(1) Until 31 March 2007, telephone operators shall have the following obligations:

a) adapt at least one payphone booth to a battery of payphones in accordance with the legal provisions in force;

b) provide information on the costs of services in a form accessible to people with disabilities.

(2) Banking service operators are obliged to provide statements of account and other information in accessible formats to persons with disabilities upon request.

(3) Employees of banking and postal service operators shall be required to assist in the completion of forms at the request of persons with disabilities.

ART. 68

Until 31 December 2007, owners of hotel premises have the following obligations:

(a) adapt at least one room to accommodate a disabled person using a wheelchair;

b) to mark the entrance, the reception and to have a tactile map of the building with paving or tactile mats;

c) to install lifts with tactile markings.

ART. 69

(1) Central and local authorities and institutions, whether public or private, shall provide, for direct relations with people with hearing disabilities or deafblindness, authorised interpreters of sign language or of the specific language of the person with deafblindness.

We can see that the legislator has addressed and covered various aspects of life in which accessibility leads to equal opportunities for people with disabilities, including clear indications of the immediate methods and means that can be applied.

However, in relation to this chapter of the law, correlated with the real part of everyday life, we can make our own observations, based on everyday experience, and we can say that their existence is mostly only at the declarative level, with very few decision-makers in the responsible institutions being interested in implementing them. The way in which the public authorities choose to comply with the provisions of the law indicates rather a promotion of inequality and discrimination, indifference and arrogance. Perhaps the lack of interest is directly related to the lack of sanctions on this issue, although the deadlines for implementation have long passed.

1.2. Sport. Game.

"Play and sport respond ***to deeply human needs*** *and play an important role in all societies and cultures. No other activity has such power and energy to mobilise and bring people together across cultural, linguistic or professional barriers. The United Nations (Sport and Child and Youth Development - SCYD, 2009) recognises sport and play as human rights that must be respected and strengthened worldwide. Sport is not a luxury for any society, but rather* ***an important investment in a nation's present and future****.*

Sport covers all forms of bodily activities that contribute to a person's physical well-being, mental balance and social interactions. Promoting an active and healthy lifestyle is a priority because of the multiple benefits of movement itself and ***the adoption of sporting values*** *at individual, societal and national levels.."*[8]

OMS has adopted since 2004 a Strategy (WHO, Global Strategy on Diet, Physical Activity and Health, 2004) addressing two major issues - unhealthy diet and physical inactivity - in particular advocating support for the adoption and implementation of global, national and regional policies and action plans to stimulate physical activity in all age groups of the population, involving civil society, the public sector and the private sector, and using all means to promote physical activity.[9]

The key objectives set out in the Europe 2020 Strategy (European Commission, Europe 2020. A European Strategy for Smart, Sustainable and Inclusive Growth, 2010) reinforce the need to launch a national physical activity strategy, as a prerequisite for a healthy lifestyle - to be updated with the new EC strategy

Regular physical activity and exercise leads to:

- reduce the risk of developing cardiovascular disease,

- reduced risk of certain cancers and diabetes,

- improve muscle and bone function,

- control body weight,

- maintaining mental health and promoting cognitive processes.

For children and young people, early and regular participation in sport leads to the development of motor and educational skills and performance.

[8] MTS. Strategia națională pentru sport 2014-2028 - Ministerul Tineretului și Sportului, România http://mts.ro/wp-content/uploads/2016/02/Strategia-nationala-pentru-SPORT-_1_.pdf

[9] WHO, Global Strategy on Diet, Physical Activity and Health (DPAS), 2004 https://www.who.int/nmh/wha/59/dpas/en/

Chapter 2

Review of mental training practices and techniques

This chapter contains an analysis of some mental training practices and techniques. On the basis of these reviews it is possible to build a profile of the mental coach for athletes with disabilities

2.1. Mental training practices and techniques

- *physical training* - referring to the means and methods governing the activity of developing conditional motor skills (VRF) and coordinative skills (skill, coordination, upper motor organisation) and effort capacity*;*
- *technical training* - referring to the means and methods used in training the technique of a sport;
- *tactical training* - referring to the means and methods leading to the formation of tactical skills and abilities and the strategy for their application in competition*;*
- *psychological training* - with reference to the means and methods which regulate the behaviour of the athlete's psyche in training and competition and methods of psychotherapy in borderline or pathological situations in sport;
- *Theoretical training* - with reference to the field's theoretical problems (laws governing specific effort, regulations, competitions, evaluation);
- *artistic training* - with reference to the means and methods of training the aesthetic sense in sport, aesthetics and beauty of the motor act in sports with a specifically artistic performance (water jumping, figure skating, rhythmic gymnastics, floor exercise in artistic gymnastics);
- *Biological preparation for training and competition* - with reference to means and methods of recovery, overcompensation and immediate preparation for competition and training.

The general framework for the qualification of coaches, as it emerges from the EOSE project, proposes four levels, linked to the level of expertise of the coach: Assistant Coach; Coach; Senior Coach and Head Coach. The framework also recommends the creation of two major areas of coach education, linked to two main standard coaching occupations:

a) coach for performance-oriented participants

and

b) coach for participation (and development) oriented athletes/participants.

2.2. Mental training

a) Sport psychology

Sport psychology has two main objectives: on the one hand, it aims to understand how certain psychological factors can influence the performance of athletes in order to help them improve and perform at the highest level; on the other hand, it also seeks to understand what effects participation in different sports has on the human mind.

Services offered by sports psychologists:

- *Clinical services* - support for athletes experiencing severe emotional problems (depression, anorexia, panic, etc.) who need treatment over an extended period of time
- *Educational services (mental coach)* - helps athletes to develop their psychological ability to reach their potential in their sport. Usually involves developing cognitive skills using relaxation techniques, concentration, visualisation, coping and stress management strategies etc.
- ● *Scientific research services* - contribute to the development of the field by applying scientific research methods in sport and inter-related fields such as psychology, sociology, etc.

Mental Sports Readiness Questionnaire: development and validation [10]

Keywords: Mental skills.Sport psychology.Psychologicalassessment.Questionnaire

Research in sports psychology has shown that mental training is essential in the development of successful athletes. This project, consisting of five studies (total N = 2015), led to a new approach to measuring mental skills in sport. In Study 1 (N = 797) and Study 2 (N = 405) we used principal component analysis to identify and confirm the structure of a wide range of identified sport skills. Study 3 (N = 429) and Study 5 (N = 330) confirmed the factor structure of the Polish and English versions.

[10] Maciej Behnke et. all - The Sport Mental Training Questionnaire: Development and Validation (Curr Psychol (2019) 38:504–516), open access publication

Study 4 documented how both versions of the scale developed and how these two versions converged supporting their cross-cultural validity. The final version contains 20 items grouped into 5 subscales (fundamental skills, performance skills, skills interpersonal, self-talk and mental imagery). The Sports Mental Readiness Questionnaire is a short, reliable and valid questionnaire that will facilitate the psychological assessment of mental readiness among athletes.

Assessment of mental readiness

Psychological assessment in sport identifies psychological factors that enhance successful performance (Hardy et al. 2010). As shown in Table 1, several instruments have been developed to measure personality constructs related to sport outcomes (Tutko et al. 1969; Nideffer 1976), general sport-related behaviors (Durand-Bush et al. 2001; Hardy et al. 2010; Loehr 1986; Smith et al. 1995; Thomas et al. 1999), specific mental skills (Williams and Cumming 2011; Zourbanos et al. 2009), or target specific disciplines (Albrecht and Feltz 1987;McAuley 1985).

Given the abundance of perspectives present regarding the measurement of mental training components, it is imperative to perform integrative work that is likely to improve efficiency in psychometric measurements. For example, using shorter questionnaires that address only the most important components makes repeated measurements less burdensome (and therefore more likely to occur). It can facilitate better tracking of changes in training effects. Second, a questionnaire with the most robust components that are universal across multiple sport disciplines may be more useful in the early stages of mental training, during group assessments, in pre-screening, or in situations where a coach's time resources are limited.

Such integrative analyses are also likely to corroborate the theoretical unity between the different approaches present in the literature.

Table 1 - Review of mental training frameworks

Author	Mental skills and techniques	Evaluation tool
Tutko et al. 1969	Motivation	Athletic Motivation Inventory
Nideffer 1976	Controlling attention	Test of Attentional and Interpersonal Style
McAuley 1985	Self-efficiency	Gymnastics Efficacy Measure
Loehr 1986	Self-confidence, negative energy control, attention control, visualisation and image control, motivation, positive energy and attitude control	Psychological Performance Inventory (PPI)
Albrecht and Feltz 1987	Attention control	Baseball Test of Attentional and Interpersonal Style
Mahoney et al. 1987	motivation, self-confidence, concentration, mental preparedness, anxiety control	Psychological Skills Inventory for Sport (PSIS)
Orlick 1992	Commitment, faith, full concentration, positive imagery, mental preparation, distraction control, constructive evaluation	
Bull et al. 1996; Snauwaert 2001	Imagery, mental preparation (goal setting), self-confidence, concentration, relaxation and motivation, anxiety and worry management	Bull's Mental Skills Questionnaire
Thomas et al. 1999; Hardy et al. 2010	Goal setting, relaxation, activation, imagery, self-talk, attentional control, emotional control and automaticity	Test of Performance Strategies (TOPS);TOPS-2
Durand-Bush et al. 2001	Basic skills: goal setting, self-confidence, commitment;	The Ottawa Mental Skills Assessment Tool3 (OMSAT

	psychosomatic skills: stress reactions, fear control, relaxation, activation; Cognitive skills: imagery, mental rehearsal, focusing, refocusing, competition planning	3)
Golby et al. 2007	Determination, self-confidence, positive knowledge and visualisation	Psychological Performance Inventory –A (PPI-A)
Vealey 2007	Basic skills: drive for achievement, self-awareness, productive thinking, self-confidence; Performance skills: perceptual-cognitive, attentional focus, energy management; personal development skills: identity realisation, interpersonal competence; Team skills: team confidence, cohesion, communication, leadership; techniques: imagery, goal setting, self-talk and physical relaxation;	Questionnaire not developed
Zourbanos et al. 2009	Talking to yourself	Automatic Self-Talk Questionnaire for Sports (ASTQS)
Williams and Cumming 2011	Imagination	Sport Imagery Ability Questionnaire
Edwards and Steyn 2011	Physiological and cognitive arousal, imagery, attention, concentration, self-confidence, goal setting and motivation	Questionnaire not developed
Birrer and Morgan 2010	Skills: attention, motivation, willpower, arousal regulation, perceptual cognitive	Questionnaire not developed

	functions, motor control, self skills, personal development and life skills, coping skills, communication and leadership skills, recovery skills. techniques: imagery, goal setting, self-talk, relaxation, implementation intentions, multicomponent, cognitive restructuring. Mental health	
Uneståhl 2015	Progressive muscle relaxation and tension regulation, self-hypnosis, mental technique, self-image; objective-image training; motivation; creativity; optimism and attitude; mental toughness; emotional skills	Questionnaire not developed

The present research project focuses on the development of a short integrative tool to assess viable components in mental training. Given the dynamic nature of the sport domain, the most valuable measurement tool should be ecologically valid and able to assess the current state of mental training of athletes in a relatively short time (e.g. a few minutes). In line with these objectives, we focused on creating a short questionnaire targeting mental training that could be used in the field of sport.

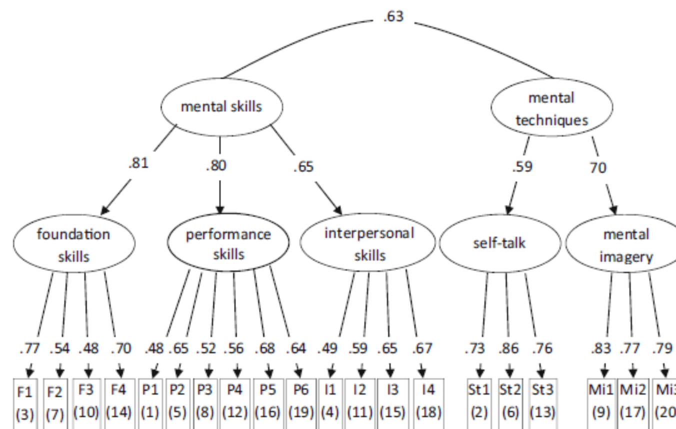
In addition, we followed the theoretical suggestion that mental training questionnaires should account for distinctions between skills and techniques (Birrer et al. 2012; Vealey 2007).

Our questionnaire development process followed a recommendation that tests for reliability and validity measures should be based on four steps (Netemeyer et al. 2003).

The psychometric work should start with defining the domain of the construct and the content that would serve as the basis for the group of items generated. In Study 1 we examined the questionnaire structure through Principal Component Analysis (PCA). As a step towards content validity, six experts assessed the reduced item pool. In Study 2 we examined the factor structure identified in Study 1 by the PCA. We then used Structural Equation Modeling (SEM) to validate the results of Study 2. We then

developed the English version of the tool. Finally, we used SEM to validate the instrument for international athletes.

Ex: Fig 1, study 3 Fig. 1 Hierarchical structure of mental training in sport. Confirmatory factor analysis with standardized coefficients.



(PDF) Sport mental training questionnaire: development and validation. Available from: https://www.researchgate.net/publication/318132743_The_Sport_Mental_Training_Questionnaire_Development_and_Validation [accessed 29 June 2021].

b) Profile of the sports psychologist/mental coach

i. Extensive knowledge of sports science
ii. Social, emotional, cognitive skills
iii. Mastery of various sports and intervention techniques
iv. Specialities
v. Sport psychology for young people, adults, people with limitations
vi. Training psychology

https://ro.warbletoncouncil.org/psicologia-del-deporte-2109#menu-2

c) Coach / trainer for the disabled athlete

Grafic[11]: How athletic trainers learn to coach. Adapted from "The journey from competent to innovative: Using appreciative inquiry to improve high performance

[11] D. M. Culver (*) · E. Kraft · P. Trudel · T. Duarte School of Human Kinetics, University of Ottawa, Ottawa, ON, - Canada Coaching Athletes with Disabilities

coaching" by Trudel, P., Gilbert, W. and Rodrigue, F. (2016). AI Practitioner, 18 (2), 40-46.

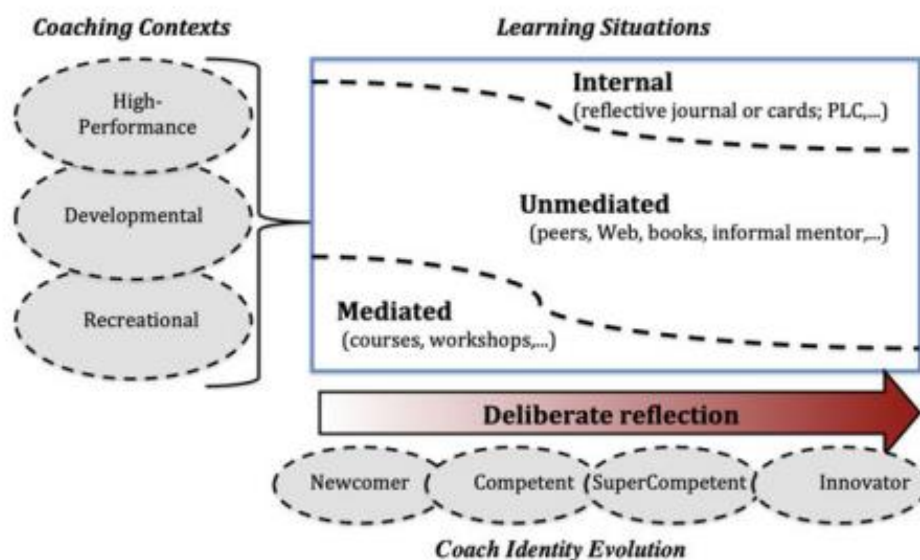


Fig. 13.1 How sport coaches learn to coach. Adapted from "The journey from competent to innovator: Using appreciative inquiry to enhance high performance coaching" by Trudel, P., Gilbert, W., & Rodrigue, F. (2016). *AI Practitioner, 18*(2), 40–46. Permission obtained

d) Mental training techniques [12]

Mental training is a practice that reinforces and complements the benefits of sports training. It should neither replace nor supplant nor be carried out in an empirical manner. Mental training (like sports training) is subject to precise rules and conditions as well as a well-structured plan. That is why it is today a factor for success, just like training in the stadium. Mental training facilitates the establishment of a methodical success scheme, while also offering the possibility of changing what is not suitable or what may limit the athlete. It is a pragmatic approach of how to make it work rather than why it doesn't work. In this area, anything is possible and it is good to remember that the important thing is not how to fall, but how to get up.

The purpose of mental training is to enable the athlete to not only realise their potential, but to actually raise their performance level. Mental training is useful for any competitive athlete. It does not replace physical, technical or tactical training, but supports it. Mental training is geared towards forming mental routines for training and competition, focusing attention, managing emotions, positive thinking, pre-competition preparation to achieve optimal physical and mental battle state. More and more high-

[12] Corina Ivan, UNEFS București - Antrenamentul mental al atletului aruncator de (mare) performanţa (2013)

level athletes integrates mental training into overall training (physical, tactical, technical, nutritional). In sport, mental fitness is at least as important as the physical one. Most specialists believe that sporting success is due in a large proportion (60 - 80%) to mental factors, i.e. psychological mastery and, when physical and technical value are equal, it is the high level mentality that will differentiate the champion from the simple athlete.

Mental construct – a state of mind or inner disposition that influences conduct; affective thinking directed toward something specific http://www.tennismental **Psychological support** takes into account possible emotional imbalances linked to personal problems that have an indirect but definite impact on performance

Mental training (e.g. the thrower athlete) is aimed at the primary development of motivation, self-confidence, concentration, combativeness and the ability to manage stress and therefore impact on performance (directly and obviously).

A review of the most frequently used techniques and their ranking (bodily or mental) leads to the following list:

- controlled breathing techniques;
- the Jacobson analytical relaxation method;
- Schutz autogenic training;
- yoga;
- sophrology (basic sophrology, dynamic relaxation, progressive sophro-acceptance, etc.);
- mental visualization;
- neuro-linguistic programming.

Beyond these mental training techniques, the coach's attitude, motivation and communication have an undeniable impact on the mentality of the athlete they train. It sometimes happens that the thrower is inhibited in the development of mental qualities by internal obstacles of which he is not aware. The mental training must make it possible to highlight these internal brakes so that they can be overcome and the initial process of developing mental qualities can be re-engaged. This requires precise and in-depth communication between the athlete and the coach, who must therefore be a good connoisseur of positive communication methods.

Benefits of mental preparation

- stress management
- fear of losing, pressures (coach, family, peers, media, expected results, etc.) knowing that it is not possible to eliminate 100% of stress. Besides, stress is useful; what is important is its quantity and especially its quality;
- pain management, i.e. the interpretation of pain (more common in long-distance running);
- ignoring a concern (worry): cameras, a hostile audience, etc..;
- relieving sleep problems (hotel, noise, jet lag, competition tension). Adjustment to jet lag is more important in events with a strong psychomotor component (throwing, jumping);
- correcting the technical gesture;
- increasing concentration, visualisation and memorisation (mentally reworking a perfect throw several times);
- managing the period when the athlete was injured:
  - accelerate the healing process (e.g. visualisation of healing fibres);
  - using this period to progress mentally, visualizing training, technical gesture to correct, etc.
  - improving recovery after exercise;
- other indications: disappointments caused by insufficient results, decreased motivation and confidence, improved quality of human relations.

2.3. The athlete with a disability (EUSAPA)

In order to define competences for the APA/APE specialist/teacher, we should consider a range of school-age pupils/people of different ages with various ESCs among which we can include (1) visual impairments, (2) hearing impairments, (3) learning disabilities, (4) moderate and mild mental retardation, (5) language problems, (6) chronic diseases such as diabetes, asthma, (7) physical problems and (8) some psycho-neurological diseases (Regulation 542, LMES, 2003 of Latvia).

All EPA professionals should acquire the specific knowledge below and in relation to these SEN (and possibly more, according to national regulations and legislation).

The two main groups of athletes with disabilities:

- Physical disabilities

- Intellectual disabilities

Assessment of disabled athletes (IPC)[13] (IPC Handbook - International Paralympic classification, 2013)

The IPC defines intellectual disability as "A limitation in intellectual functioning and adaptive behavior, expressed in abilities to conceptual, social and practical adaptation that originates before the age of 18".

The other nine IPC categories are: visual, muscle power impairment, passive motor impairment, limb deficiency, leg length difference, short stature, hypertonia, ataxia and athetosis.[14]

The Paralympic Movement offers sporting opportunities to athletes who have an impairment belonging to one of the ten eligible impairment types.

Table. Types of eligible impairments in the Paralympic Movement (RO)

Type of deficiency	Description
Muscle power affected	Athletes with impaired muscle strength have a condition that either reduces or eliminates their ability to voluntarily contract their muscles to move or generate force. Examples of underlying health conditions that can lead to impaired muscle strength include spinal cord injury (complete or incomplete, tetra- or paraplegia or paraparesis), muscular dystrophy, post-polio syndrome and spina bifida
Passive range of motion affected	Athletes with impaired passive range of motion have a restriction or lack of passive motion in one or more joints. Examples of underlying health conditions that can lead to impaired passive range of motion include arthrogryposis and contracture resulting from chronic joint immobilization or trauma affecting a joint.
Limb deficiency	Athletes with limb deficiency have total or partial absence of bones or joints as a consequence of trauma (e.g. traumatic amputation), disease (e.g. amputation due to bone cancer) or congenital limb deficiency (e.g. dysmelia).
Difference in leg length	Athletes with leg length difference have a difference in leg length as a result of a limb growth disorder or as a result of trauma.
Small in stature	Athletes with short stamina have reduced bone length in their upper limbs, lower limbs and/or torso. Examples of underlying health conditions that can lead to short stamina

[13] IPC https://www.paralympic.org/classification
[14] D. M. Culver· E. Kraft · P. Trudel · T. Duarte, School of Human Kinetics, University of Ottawa, Ottawa, ON, Canada Coaching Athletes with Disabilities (2020)

	include achondroplasia, growth hormone dysfunction and osteogenesis imperfecta.
Hypertonia	Athletes with hypertonia have an increase in muscle tension and a reduced ability of a muscle to stretch caused by damage to the central nervous system. Examples of underlying health conditions that can lead to hypertonia include cerebral palsy, traumatic brain injury and stroke
Ataxia	Athletes with Ataxia have uncoordinated movements caused by damage to the central nervous system. Examples of underlying health conditions that can lead to apathy include cerebral palsy, traumatic brain injury, stroke and multiple sclerosis.
Athetoza	Athletes with Athetosis have continuous slow involuntary movements. Examples of underlying health conditions that can lead to athetosis include cerebral palsy, traumatic brain injury and stroke.
Vision deficiency	Athletes with visual impairment have reduced or no vision caused by damage to the structure of the eyes, optic nerves or optic pathways or the visual cortex of the brain. Examples of underlying health conditions that can lead to vision impairment include retinitis pigmentosa and diabetic retinopathy.
Intellectual disability	Athletes with an intellectual disability have a restriction in intellectual functioning and adaptive behaviour, which affects the conceptual, social and practical adaptive skills needed for everyday life. This impairment must be present before the age of 18.

2.4. *Adapted physical activity*

Adapted Physical Activity (APA) is a service delivery profession and academic field of study that advocates an attitude of acceptance of individual differences, supports improved access to active lifestyles and sport, and promotes innovation and cooperation in the delivery of enabling services and systems. Adapted physical activity includes, but is not limited to, physical education, sport, recreation and rehabilitation of people with disabilities (EUFAPA, 2006)[15].

History

Adapted physical education is a relatively young discipline of study. On the other hand, this discipline can be traced back as far as 3000 BC. The ancient Chinese believed in the importance of a healthy body and developed health-promoting exercises early on. These were internal forms of Kung fu; Taichi and Chikung. Most adapted physical education manuals can be found in Europe, the forerunner of adapted physical education being the originator of gymnastics in Sweden, Per Henrik Ling (1776-1839). His approach to gymnastics was calisthenics (movement to music) rather than gymnastics. Ling explored the beneficial influence of exercise when it helped to heal his weak arm.

[15] European Standards in Adapted Physical Activity (EUSAPA) - Palacký University Olomouc, Faculty of Physical Culture (2010)

a) Standards in Adapted Physical Activity (EUSAPABO)

Table 1. Specific example for ABS practices using CIF categories in ABS planning (EUSAPA, 2010) (RO)

ICF Category	Significance for participant	APA Practices	Service provider, level; tracking focus	Example of activity objectives
Body structure	Has an acceptable physical structure and appearance	Prevention of deterioration, strengthening or improvement	APA Specialist; emphasis on rehabilitation (European perspective)	Weight reduction, postural alignment, increased bone density
Body functions	Be able to perform	Prevention of deterioration, development or improvement	APA Specialist; emphasis on rehabilitation (European perspective). In US, it could be fitness training.	Restores range of motion; increases strength; weakens (weight loss)
Activity or task performance, related to physical activity	Performing significant tasks	Teach, coach, train	APA specialist teacher; general physical education teacher/PE instructor/coach, each with additional APA knowledge;	Reach the ball; finish 10 laps in swim; hold position; cross road; get on bus

			focus on education, recreation and sport	
Participation in physical activity for recreation/ pleasure	Be accepted as part of a reference group	Educates, reflects, empowers	APA Specialist working with Teacher / Social worker / Psychologist / Significant others; emphasis on education and recreation	Participate in the ball games; be assertive, be accepted among peers; get a role of leadership
Removal barriers to achieving the objective	No restrictions or opposition on participation (Equal opportunities, fairness)	APA Practices	APA Practitioner interdisciplinary with social worker, volunteer community activist; focus on recreation and sport	Change attitudes, set rules to achieve goal; use law and affirmative action

b) The Knowledge, Skills and Competencies Framework (KCSF) on performance requirements for the Adapted Physical Education (APE) teacher/consultant

The key competences that EPA teachers should acquire can be divided into four areas focusing on (1) preparation, (2) teaching, (3) assessment and (4) collaboration and lifelong learning.

The necessary competencies and requirements described in the KCSF with reference to the instruction of school-age students are:

a) Assessing the needs (current level of performance) of pupils with special educational needs (SEN);
b) Adaptation of the school curriculum in physical education (PE) to meet the individual needs of all pupils with SEN;
c) Planning developmentally appropriate learning experiences in adapted physical education (APE);
d) Preparing the teaching environment prior to the arrival of the student with ASD;
e) Adapting teaching to meet the needs of ALL students;
f) Managing student behavior to ensure the most appropriate and safe learning for ALL students;
g) Communicating with students with ESC to ensure their maximum understanding and participation;
h) Assessing the learning progress of the student with ESD in relation to his/her IEP goals;
i) Assessing the appropriateness of curricular accommodations for students with ESL;
j) Evaluate the effectiveness of the teaching strategies applied;
k) Collaboration with various relevant professionals;
l) Collaboration with other representatives of students with ESD;
m) Improving professional skills and knowledge;
n) Supporting the needs and rights of students with special educational needs.

c) Description of the occupation of Adapted Physical Education Instructor/Consultant (APA)

Adapted physical activity as a profession in Europe [16]

Adapted physical activity is a service delivery profession and an academic field of study that supports an attitude of acceptance of individual differences, advocates for improved access to active lifestyles and sport, and promotes innovation and cooperative and empowering service delivery systems. Adapted physical activity includes, but is not limited to, physical education, sport, recreation and rehabilitation for people with disabilities (EUFAPA, 2006, Article 5).

EUFAPA is a European organisation concerned with the promotion and dissemination of experiences, results and findings in the fields of adapted physical activity and sport science and their application practices for the benefit of individuals throughout life. The fundamental aims of EUFAPA are: (a) to foster European cooperation in the field of physical activity for the benefit of individuals of all abilities; (b) to promote, stimulate and coordinate scientific research and experiences in the field of Adapted Physical Activity (APA) across Europe and to support the application of research results in various areas of professional practice, such as education, adaptation, inclusion, coaching, leisure, recreation and rehabilitation; and (c) to make scientific research on adapted physical activity and practical experiences available to all interested national and international organisations and institutions.

Individual professionals involved in the planning and delivery of adapted physical materials are often divided into two distinct groups - generalists and specialists.

Generalists are most commonly professionals who have skills and abilities in a discipline that does not include adapted physical activity as a major component. An example of a generalist is the physical education teacher trained to deliver a broad curriculum in a general setting. This professional may have received limited or no training related to adapting the curriculum to fit the individual needs of people with special education needs.

Instead, **specialist** education includes the philosophy, knowledge, skills and competencies necessary to successfully establish, plan, conduct and deliver quality adapted physical activity programs in the community. Expanding on the previous example of the school physical education context, the Adapted Physical Education

[16] Martin Kudláček, Ursula Barrett - Adapted Physical Activity as a Profession in Europe (European Journal of Adapted Physical Activity, 4(2), 7-16 © European Federation of Adapted Physical Activity, 2011)

Specialist has received multidisciplinary training, allowing them to make the necessary adaptations to ensure that students with special educational needs are fully included in the school's physical education program.

However, at this stage, adapted physical activity services in Europe are delivered by a variety of professionals including:

(a) physical education teachers;

(b) generalist teachers responsible for teaching several subjects, including PE (physical education);

(c) special school educators;

(d) teaching assistants;

(e) Sports coaches in mainstream and disabled sports clubs;

(f) Recreation program developers;

(g) Fitness coaches;

(h) Sports administrators;

(i) Health professionals; or

(j) Therapists.

The evolution of national legislation and policy to demand greater equity in society often translates into greater demands being placed on generals to provide equitable programs. However, the evolution of training and support for the generalist has not kept pace with changing demands. This has led to many professionals expressing a lack of competence in including people with disabilities in their programs of work (Meegan & MacPhail, 2006; O'Brien, Kudlacek, & Howe, 2008) or limitations of time or role constraints when developing or connecting with long-term community programs (Lienert, Sherrill, & Myers, 2001; Hodge et al., 2004).

EUFAPA proposes that both additions to current educational programmes for generalists as well as support from specialists are vital to professional competence and the provision of quality services across the full spectrum of inclusion for people with disabilities. If States Parties to the UN Convention are serious about achieving the objectives of Article 30 Part 5, then it is necessary to develop and protect a professional status for Adapted Physical Activity Specialists.

The inclusion of adapted physical activity content exists in the following models:

(a) separate modules in some courses,

(b) integrated (infused) into a variety of modules in others, and

(c) minimal or no allocation to adapted physical activity issues.

Examples of initiatives to address this imbalance include the following:

(a) the EMMAPA study programme - a 2-year Master's programme delivered jointly by 4 universities in Belgium, the Czech Republic, Ireland and Norway offering specialisation in three professional fields:

(1) adapted physical education,

(2) APA and sport management

(3) APA and active lifestyles.

(b) Study programme at the Institute of Techonolgy Tralee, Ireland (since 2009);

(c) Undergraduate and Master study programmes at Palacky University in Olomouc, Czech Republic (since 1991): physical education, special education and adapted physical education modules.

(d) EIPET project;

(e) EUDAPA intensive study programme.

"The UK The UK is a country that presents a wide range of coach education programmes for disability sport from university to recreational level. There are two post-secondary institutions in the UK that offer degrees in disability sport coaching. Firstly, the University of Worcester offers a 3-year degree programme called Sport Coaching Science with Disability Sport, BSc. This programme includes practical and pedagogy courses as well as a professional placement. Similarly, Liverpool John Moores University offers a degree in the discipline of Coaching and Sports Development for People with Disabilities (2-year programme) and offers courses such as strength and conditioning, and Paralympic sport, along with a placement opportunity.[17]

2.5. History and competitions in adapted sport

The social structure of competitive adapted sport [18]

Competitive sporting activity for people with different types of disabilities is regulated by several international organisations, specialised for the type of activity and limited ability (weakness). Athletes with the same disability participate in international competitions at the highest level in the Paralympic Games and Special Olympics. In

[17] Diane M. Culver, et al - Chapter 13 Coaching Athletes with Disabilities (2020)

[18] Oana Rusu, Demmys Rusu, The Impact of Competition Adapted Sport, Al.I.Cuza" University of Iași, Faculty of Physical Education (Sp Soc Int J Ph Ed Sp 2016 - Volume 16 – Issue 2) https://www.researchgate.net/publication/316794465

addition, it organises a separate edition of the Deaflympics. Here is a brief overview of these sporting events.

Special Olympics

The Special Olympics movement began in early 1968 as an initiative of Eunice Kennedy Shriver, sister of President John F. Kennedy. The Kennedy Foundation organised the first Special Olympics International Summer Games in Chicago on 20 July 1968, marking the beginning of the Special Olympics movement for athletes with special needs. The competitions brought together 1,000 athletes with intellectual disabilities from 26 US states and Canada to compete in track and field, floor hockey and swimming.

Nadia Comăneci, then Vice President of the Special Olympics International Council, and Bart Conner, Nadia's husband, were with Special Olympics athletes at the Special Olympics International Summer Games in Dublin in 2003 and the Special Olympics World Winter Games in Nagano, Japan in 2005.

Competitors who can participate in the Special Olympics are children and adults with Down syndrome and those with intellectual disabilities. The motto of the competition is "I want to win, but if I can't win, I want to be brave in my attempt!"

The prohibited sporting events in this competition include athletics (javelin, discus, hammer, pole vault, triple jump), swimming (platform jumping), gymnastics (trampoline), skiing (biathlon, jumping), martial arts except judo, rugby , shooting, fencing, archery.

Special Olympics Romania (SOR) was founded in 2003 as part of the Special Olympics International (IOS) movement, including 25,000 athletes with intellectual disabilities from all over the country, competing in 12 sports Olympics, 1500 coaches and volunteers. It organises 100 sporting events annually and assess the health of athletes free of charge (so far 100 such events have been organised)

Paralympic Games

The first sporting competition for war amputees was organised in England at Stoke Mandeville by the doctor Sir Ludwig Guttman. At the time, it was a national competition, which encouraged this event nationally and internationally.

In the early 1960s, after the Rome Olympics, these games were called the Disabled Olympics. With the 1960 Summer Olympics in Rome, it became part of the regular Paralympic Games. Since 1976, the Paralympic Winter Games have also been

held in Örnsköldsvik, Sweden. The Paralympic Games are held at the same venue as the Summer and Winter Olympic Games, either before or after them.

The disability categories have allowed this international sporting competition to focus on people with visual impairments, people with physical disabilities, athletes with amputations, people with cerebral palsy, people with spinal cord injuries and others in any of the above categories (e.g. people with muscular dystrophy).

Athletes compete in 15 Olympic sports (included in the Olympic programme for 'normal' individuals) with adapted rules, plus four specific disciplines - Goalball, boccia, powerlifting and wheelchair rugby. The programme includes the following winter sports: alpine skiing, ice hockey, curling and biathlon.

The Paralympic Games reached a participation of over 4,200 athletes from 166 countries in the Summer Games and 506 athletes from 44 countries in the Winter Games.

As far as Romania's representation at the Paralympics is concerned, the first participation was in 1972 in Heidelberg (one athlete in table tennis). Romania's next participation came 24 years later, in 1996 in Atlanta, with another athlete in powerlifting. In 2012, in London, we were represented by six athletes in swimming, athletics, table tennis and cycling. This is where the first gold medal was won in cycling (Carol Eduard Novak). At the 2016 Games in Rio de Janeiro, Brazil, the Romanian delegation brought together 12 athletes from six sports (athletics, cycling, judo for the blind, kayaking, swimming, table tennis), winning a bronze medal (Alexander Bologa judo for the blind, 60 kg category).

Deaflympics

The Olympic Games for the deaf and hard of hearing were first held in 1924 in Paris at the initiative of the International Committee of Sport for the Deaf (ICSD) as the Silent Games. Interest in participating in this competition has grown steadily (the first edition of the Summer Games involved 148 athletes from nine countries, including Romania, and has since grown to over 2,700 athletes from 83 affiliated countries; the Winter Games involved 33 athletes from five countries at the first edition in 1949 in Seefeld, Austria, and 33 athletes from 27 countries in 2015-336). In 2013, the number of nations affiliated to the ICSD was 104 [8].

The founder of the Silent Games is the Frenchman Eugène Rubens-Alcais (champion cyclist and hearing impaired) who, together with another hearing impaired champion in athletics and tennis, Antoine Dresse, founded and organised this

competition. The basic element of this sporting event is that everyone involved, from athletes to referees, must be hearing impaired.

Sports competitions, both in winter and summer, are held every four years, a different timetable from the Olympic or Paralympic Games, and different venues. The Games programme includes 19 sports events of the summer edition and 5 disciplines of the winter edition. The rules are adapted according to the specific disability (audio signals and communication are replaced by acoustic signals and sign language).

In Romania, sport for the hearing impaired is organised and coordinated by the National Association of the Deaf, founded in 1919 [11], which today has 31 branches. It is one of the oldest organisations and is a founding member of the International Committee of Sports for the Deaf (ICSD) since 1924. Romanian athletes have consistently participated in world sporting competitions, and in 1977 Bucharest hosted one such event. Most of the sports clubs in the country are called Silence (e.g. the Silence Sports Association in Iasi).

The impact of competitions in adapted sport [19]

Sports competitions always speak about people with disabilities with respect and admiration. Competitions for them have the same magnitude and impact as the Olympic Games and are associated by the media with values such as fair play, personal growth, self-esteem; and with the motto "Sport is for all!"

People with disabilities are a vulnerable social group, characterised by a number of particular problems from a psycho-social point of view (socio-emotional development, personal structure and specific behaviour). The socialisation strategy for these individuals must be based on understanding, which is why it should be considered a starting point in the development of their personality. Scientific literature confirms a number of positive aspects of competitive sport, but also about the organisation and implementation of major sporting events for people with disabilities:
- facilitates the social integration of people with disabilities through sport.

[19] Oana Rusu, Demmys Rusu, The Impact of Competition Adapted Sport, Al.I.Cuza" University of Iași, Faculty of Physical Education (Sp Soc Int J Ph Ed Sp 2016 - Volume 16 – Issue 2) https://www.researchgate.net/publication/316794465

Benefits

- benefits at individual level: personality structure and behaviour
- increased social inclusion (acceptance, living together, access to education, access to the labour market)
- encouraging and supporting equality between individuals;
- training and promotion of behaviour based on tolerance/empathy and acceptance of human diversity

Unintended effects, obstacles in adapted performance sport

- High social control: a large number of athletes with special needs, affiliated to clubs and associations, coaches and other technical staff, referees, affiliation to national and international sports federations on different types of disabilities, recognised by different specialised international organisations. Another dimension of high social control relates to the severity of athletes' programmes during training and competitions.
- The impossibility of practising certain branches of sport by all categories of people with disabilities (risk due to injuries, but also negative effects on able-bodied athletes, some branches of sport are not accessible to all athletes with disabilities).
- lack of comparison and promotion of segregation - participation in competition only with people with the same impairments encourages separation from other groups.
- the large number of coaches, officials and volunteers involved in the Paralympics, who may or may not have disabilities, can develop, on the one hand, a change in the perception of the possibilities and limitations of people with disabilities and, on the other hand, a protective attitude towards them, sometimes not exactly the most appropriate.
- acceptance of pain as part of learning behaviour and injuries as a natural part of sporting activity [4]. Sport at a high level of performance no longer fulfils the sanogenetic function, with athletes acquiring pain and chronic disease (Brody, 1992 Kotarba 1983 cited by [4]).
- The elitist nature of adapted sport - there is a differentiation for 'normal' people and those with disabilities. Not everyone who does sport achieves high performance in different sports. Same selection principle, perhaps even

deeper, is applied to the practice of sport by people with special needs, which are differentiated into different types and degrees of impairments.

Chapter 3

Review of scientific research on the practice of mental training in athletes with disabilities in Europe: Methods and strategies used in scientific research

(Swot analysis)

3.1. Analysis of existing identity models, values, language: Disability Sport Coaching (2020): "You just have to coach the athlete, not the disability"[20]

In the context of disability sport, coaches produce and are products of certain disability discourses that have a direct impact on the coaching and training practices adopted. For example, while people with disabilities are usually understood symbolically, only insofar as they "deviate from a prescribed set of norms" (Edwards and Imrie, 2003, p. 244), and disability sport itself is structured according to categorical approaches to disability (DePauw, 1997), within disability sport there is a tension between disability identities and identities that have a more symbolic value, such as 'Paralympian' or 'elite athlete' (Townsend, et al, 2018). Looking past an athlete's impairment is usually assumed to be a position empowering that transforms identities athletes with disabilities from 'disability-based to sport-based' (Le Clair, 2011: 1113).

A more critical look at such rhetoric, however, reveals a nuanced position in which disability is understood in relation to the skillful norms of the social structure of sport. Coaching is therefore a "product of cultural rules about what bodies should be or do" (Garland-Thomson, 1997, p. 6), where coaches are given the power to impose "the legitimate definition of a certain kind of body" (Bourdieu, 1991, p. 362). The implications for claims of 'empowerment' are important because for disabled athletes, social structure and power determine their identity, but not individual autonomy. Therefore, by adhering to discourses such as 'coach the athlete, not the disability', the range of agentic choices and strategies available to athletes to shape their

[20] Chris Cushiona, Tabo Huntley and Robert Townsend - Disability Sport Coaching: "You just coach the athlete not the disability" (2020, School of Sport, Exercise and Health Sciences, Loughborough University, United Kingdom)

experiences are limited. In other words, disabled athletes are asked to adhere to certain definitions of self that may be oppressive rather than 'empowering', but are labelled as the latter.

3.2. Analysis of historical trends: Effective Practices of Coaching Disability Sport.)[21]

Analysis of historical trends in disability sport provides insight into the following:

a) the negative ramifications (e.g. over-training, failure to complete) that athletes often experience when working without a coach,
b) the perceived challenges (e.g. misunderstanding a disabled athlete) of handicapping sports training by high-level coaches,
c) the positive outcomes athletes experience (e.g. increased motivation and autonomy) when they have good quality coaching,
d) the skills needed (e.g. understanding of coaching psychology) to be an effective coach for disabled athletes.

We also offer theory-based suggestions for future research.

"It should be noted, however, that much of the literature on mental training implicitly directed at able-bodied athletes can also be applied to disabled athletes, given the many similarities between them." (Dieffenbach and Statler, 2012).

Historical trends:

Until recently, many disabled athletes had to train alone.

Database search / literature review: Effective Practices of Coaching Disability Sport (EUJAPA, 2014)[22]

Consistent with previous review articles on the disability sports literature in Reid and Prupas (1998) and Lee and Poretta (2013), EBSCO databases including PsycINFO, PsychARTICLES, MEDLINE, and ERIC were searched; however, the ProQuest database was also used in the search to ensure completeness of results. Additional electronic searches were conducted via the Human Kinetics journals

[21] Jeffrey Martin, Laurel Whalen - Effective Practices of Coaching Disability Sport (2015, European Journal of Adapted Physical Activity 7(2):14-24)
[22] Jeffrey MartinLaurel WhalenLaurel Whalen (European Journal of Adapted Physical Activity, 7(2), 13–23 © European Federation of Adapted Physical Activity, 2014) - Effective Practices of Coaching Disability Sport

website including, Adapted Physical Activity Quarterly, Kinesiology Review, Journal of Sport and Exercise Psychology, International Sport Coaching Journal, Journal of Clinical Sport Psychology, The Sport Psychologist, and Journal of Physical Activity and Health. In addition, several other sport psychology and physical activity journals were searched electronically, including Journal of Applied Sport Psychology, Research Quarterly for Exercise and Sport, Psychology of Sport and Exercise, Sport Psychology, and Journal of Sports Sciences. Several other search strategies were used as recommended by Lee and Poretta (2013),

One of the most critical factors in sports performance is training. In this review paper, relevant literature on historical trends in disability sport is examined to provide discussion on the following:

a) the negative ramifications (e.g., over-training, failure to reduce) that athletes often face when training without a coach,
b) perceived challenges (e.g., misunderstanding of an athlete's disability) in training athletes with disabilities by high-level coaches,
c) the positive outcomes that athletes experience (e.g. increased motivation and autonomy) when they have a good quality coach
d) skills needed (e.g. understanding of coach psychology) to be an effective coach for disabled athletes. It also provides theory-based suggestions for future research.

Metode mixte: Psychological Skills Training of an Elite Wheelchair Water-Skiing Athlete: A Single-Case Study[23]

This study presents a comprehensive psychological skills training (PST) program for a wheelchair athlete and examines the effectiveness of the program using a mixed methods approach. After initial testing, the athlete underwent a two-month program of self-confidence building, motivational, visualization/relaxation, and injury management techniques. Quantitative and qualitative methods were used to examine the impact on performance and psychological skills. Triangulated results suggest that the PST program was perceived as effective by the athlete in terms of their athletic performance and mental abilities. The characteristics and implications of a PST

[23] Virginie de Bressy de Guast, Jim Golby - Psychological Skills Training of an Elite Wheelchair Water-Skiing Athlete: A Single-Case Study (2013, Adapted physical activity quarterly: APAQ 30(4):351-72)

program with this wheelchair athlete are discussed, as well as the limitations of the study and prospects for future research.

In order to better understand the changes induced by the intervention, an accurate description of the baseline situation was first obtained using Vealey and Garner-Holman's (2000) four broad domains as a basis for assessment, subsequent intervention and evaluation with athletes. These domains are as follows:

a) personal characteristics of the athlete (gender, country, age, sport);
b) contextual characteristics (coaches, teammates, family, time in competitive season);
c) organisational culture of the sport (disciplines, organisation, participation);
d) consultant characteristics (competence, philosophy and style).

A fifth area related to (e) specific characteristics of disability has also been included.

Ethical considerations: Approval for this study was given by the University Research Committee. The researchers adhered at all times to the British Psychological Society's code of ethics and conduct (Ethics Committee of the British Psychological Society, 2009).

3.3. Needs analysis: Training sports coaches for athletes with intellectual disabilities: the TEAM UP project [24]

Method

a) Needs analysis

Prior to the development of the training package, a questionnaire with seven open-ended questions was administered to a target group of 24 sports coaches for athletes with ID (intellectual disability) with an average of ten years of coaching experience. The aim was to gain an initial and deeper understanding of their perceptions of important sources of knowledge, challenges encountered in coaching and including athletes with ID in exercise and sport environments. All of this initial information was used to develop the Team Up project training package and to address the resulting feedback provided by athlete coaches. Qualitative results, including

[24] Dimitrios Kokaridas & all,University of Thessaly, Dpt Physical Education and Sport, Greece, EASPD etc. Training sport coaches for athletes with intellectual disabilities: The TEAM UP project (European Journal of Physical Education and Sport · February 2021)

representative texts from coaches' responses to each question, are presented as follows:

- Question 1: What real and preferred sources of knowledge (e.g. seminars, internet, videos, books, power point sheets) do you consider to be the most useful facilitators for you and others to train people with ID and create inclusive conditions?
- Question 2: What knowledge do you feel you need to be a better trainer of people with ID?
- Question 3: What problems - that you can remember - did you face when training people with ID and what did you do to solve them?
- Question 4: Do you think the problems with coaching athletes with ID compared to participants without disabilities are specifically connected to knowledge of ID or do other issues arise?
- Question 5: What are the biggest challenges related to coaching and in providing inclusive opportunities for people with ID, and how do you address these challenges?
- Question 6: Given the opportunity, would you cooperate with other coaches for people with ID and do you think other coaches would be interested?
- Question 7: In general, what does it take to be a good coach for athletes with ID?

Excellent knowledge of adapted physical education and sport, pedagogy and psychology, realistic goal setting, creativity and imagination, ability to create opportunities to collaborate with fellow coaches and athletes with ID, patience to deal with the difficulties that are sure to arise, and "love for what you do".

In conclusion, the open-ended questions administered to coaches of athletes with ID provided useful information and a first insight into their perceptions of the most important knowledge sources, coaching challenges and inclusive opportunities for athletes with ID in exercise and sport contexts. All of this initial information was used to develop the Team Up project's training package for sports coaches, organised within a framework of learning outcomes and content linked to feedback from sports coaches.

b) Training package for athletic trainers of athletes with ID with 3 chapters:

- Introduction, Special Olympics, Paralympics & Intellectual Disability

- Individualized Education Program (I.E.P.) for Sport and Adapted Physical Activity for athletes with ID
- Adaptations and inclusion strategies for ID

Each topic has been developed as a text and delivered in **pdf format**. In addition, a **PowerPoint** presentation has been prepared to serve as an aid and guide for athletic trainers to apply the relevant knowledge. Finally, the training package included the creation of **three multiple-choice questionnaires**, one for each topic, which are available online for every sports coach who is willing to check all the relevant knowledge gained from downloading and reading the material.

All training materials are available free of charge in English, Croatian, Romanian and Spanish and can be downloaded from www.dlot.eu (disability leaders of tomorrow) by registering and choosing "Online Learning Platform" and "Team Training Course".

Analysis of articles on the history and impact of adapted sport: The Social Structure of Adapted Sport: 'The Impact of Competition Adapted Sport' *(The Impact of Competition Adapted Sport, 2016)*[25]

Adapted sport is a subsystem of the sport concept. With different forms and directions of development, adapted sport includes a complex social structure covering social actors (athletes, coaches, volunteers), sport clubs and associations, sport events, legislative and specific operating mechanisms. A number of positive as well as negative effects of sport for people with disabilities have been identified at individual and institutional level. Sport is effective the extent to which society is prepared to assimilate these people and accept diversity.

There are three ways in which the concept of adapted sport is applied:

- **sports therapy** - is used as complementary physiotherapy techniques in the functional rehabilitation of people with disabilities. Lacking a competitive nature, the practice of various branches of sport aims to increase the individual's level of fitness and health. Depending on the type and degree of disability (including associated disabilities) certain movements of certain branches of sport are

[25] Oana Rusu, Demmys Rusu, The Impact of Competition Adapted Sport,Al.I.Cuza" University of Iași, Faculty of Physical Education (Sp Soc Int J Ph Ed Sp 2016 - Volume 16 – Issue 2) https://www.researchgate.net/publication/316794465

indicated to be practised. Specialised practice under supervision is also required.

- **sport adapted to competition** is achieved through the practice of different branches of sport by people with the same weaknesses, having a competitive character. The rules of the sports branches have been adapted to different types of disability. At the same time, new disability-specific sports have been invented (Goalball, Boccia). It is characterised by institutionalisation (registered athletes, affiliated sports clubs, rankings, records, regular competitive system, by level of value, by different categories (local, regional, national, international, male, female, classes and categories of impairment, etc.).
- **adapted extreme sport** - require some adaptations, often customised, of specific devices to perform certain branches enabling extreme sports by people with disabilities

Comparative analysis. Collaborative action research - Narrative-collaborative coaching for coach education: - The impact of coaching stakeholders on the development process of a performance coach (University of Ottawa - Canada, 2019)[26]

Method used: collaborative action research

More about CAR: This form of research is then an iterative, cyclical process of reflecting on practice, taking action, reflecting by taking further action. Therefore, research takes shape as it is carried out. Better understanding from each cycle points the way to improved practice (Riel and Rowell, 2016). Objectives: improving professional practice through continuous learning and progressive problem solving; Gaining a deeper understanding of organisational change through collective action; A more participatory community - practice is embedded through participatory action learning or research.

Many actors and roles are now recognised and promoted to support coach development. Personal coaching is an emerging industry in many professional fields, but remains insignificant in sports coaching. The aim of this study was to document and evaluate the value of a 12-month collaborative action research study in which a high performing rugby coach, with the support of a personal learning coach, set out to learn from his coaching practice. This research was operationalized using an

[26] Rodrigue, Trudel, și Boyd (University of Ottawa, Ontario, Canada) - Learning From Practice: The Value of a Personal Learning Coach for High-Performance Coaches (International Sport Coaching Journal, 2019, 6, 285-295)

appreciative inquiry framework. Personal coaching was conducted according to the principles of narrative-collaborative coaching.

Data collection included interviews, video observation, audio recordings of coaching conversations, notes from phone calls and email exchanges.

The results showed that the partnership created a safe and challenging learning space in which different coaching topics such as reflective practice, leadership and mental preparation were addressed.

Deductive analysis of the descriptive interview was completed using the value creation framework developed by Wenger and his colleagues. This analysis indicated that the high performance coach's relationship with the personal learning coach enabled the development of five types of value: immediate, potential, applied, realised and transformative. It is therefore suggested that narrative-collaborative coaching can complement existing formal and non-formal learning activities.

Structure of the research:

	Pre-coaching career		**Coaching career**	
	Children	**Athletes**	**Early years**	**Last years**
A. Unconscious learning				
Parents	Major			
Sports coaches		Major		
B. Guided learning				
B.1 Trainers of trainers				
● Designers			Major	Minor
● Instructors and facilitators			Major	Minor
● Evaluators			Major	
● Mentors			Major	
C. Self-directed learning				
● Mentors (informal)			Major	
● Colleagues (network)			Major	Major
C.1 Coaches to coaches				
● Performance coaches				In the study
● Development coaches (participation)				Under study (results to be communicated)

Table 2. List of prioritised coaching areas for the women's rugby team

Topic / Coaching topic

1. Technology / How is film delivered efficiently?
2. Mental preparation / Stress management of student athletes.
3. Physical preparation / Timing and duration of warm-up exercises.
4. Program management / Integration of assistant coaches.
5. Nutrition / Especially after the game and before the game.
6. Periodization / Organization of a sports training year.

European Standards in Adapted Physical Activity [27]

A project of PALACKÝ UNIVERSITY OLOMOUC Faculty of Physical Culture, 2010. Reviewers: Christina Evaggelinou (Aristotle University of Thessaloniki, Serres, Greece) Maria Dinold (University of Vienna, Austria)

3.4. Training the athlete with a disability

The key message is that a coach should coach and focus on the sport regardless of whether the person is able-bodied or has a disability. The coach's primary objective is to provide technical expertise to support the athlete to progress. Experts agree, however, that there can be differences subtle between training able bodied and disabled people. The manual touches on some potential differences.

a) Stages a coach may go through when working with an athlete with a disability: first reaction, assumptions vs. direct communication, problem solving, addressing technical issues + comments from expert coaches
    1) *"the coach's first reaction might be fear or concern about speaking to the person with a disability in terms that might be inappropriate. Some coaches may wonder what they can do themselves and have doubts about their own ability to provide appropriate support. Others may tend to focus too much on disability at first,"*
    2) *"the general conclusion is that there is not much difference in the same basic skills used for able-bodied athletes."*

[27] Martin Kudlacek et al., Palacký University Olomouc, Faculty Of Physical Culture - European Standards in Adapted Physical Activity (2010)

b) First contact: welcoming the athlete into the program, informing/learning/discovering about the disability, tips, assessment of skills, coordination, physical abilities + athlete's perspective
c) Communication and interaction: get to know the person, establish trust early in the process, parental involvement, do's and don'ts + practical suggestions
d) Inclusion and integration: value of participation for the athlete with a disability, value of inclusion for - athlete, coach, sport administrator; what are the sport opportunities for the person with a disability, integrated sport programmes, adaptation of sport or activity
e) Accessibility: accessibility is a multi-faceted issue, increasing accessibility can benefit all, transportation, buildings - facilities - outdoor fields, travel
f) Advice from experts

What you need to know about disability

Access - availability of programmes, services and facilities for people with disabilities. It also refers to attitudes and support systems that ensure that people with disabilities can participate in and contribute to the membership.

Accessibility - promoting functional independence of individuals by eliminating disadvantages. Accommodation - providing the support necessary for a person with a disability to participate. Adapt - to change something (the activity or environment, not the individual) to make it more suitable. Acquired - not present at birth.

Adverse - a loss of ability acquired through accident or illness.

Barrier - an obstruction that prohibits movement, personal growth or access to activities, services or resources. Barriers can be attitudinal, physical or systemic.

Classification - a system whereby athletes are divided by degree of disability to promote competition against their peers in terms of ability level.

Congenital - present at birth.

Disability - reduced functional capacity resulting from the impairment.

Division/splitting - The fundamental difference that differentiates Special Olympics competitions from those of other sports organisations is that athletes of all ability levels are encouraged to participate and each athlete is recognised for their performance. Competitions are structured so that athletes compete with other athletes of similar ability in equitable divisions.

Dismelia - Congenital anomaly characterized by missing or shortened limbs, sometimes with associated spinal abnormalities; caused by metabolic disorders at the time of limb development.

Equality - treating people the same despite their differences or treating them as equals by accommodating their differences.

Fairness - rules and principles based on equity, fairness and equality of outcome.

Impairment - anatomical, physiological or functional loss that may or may not lead to disability. Inclusive - everyone can participate equally.

Inclusion - the inclusive process by which everyone is included in a program, service or other mainstream or general component of society. The key word is include.

Integration - the process by which individuals participate in a full continuum of experiences, for example in sport.

Intervenor/mediator - a person who provides a communication link between a deafblind person and a sighted, hearing person and, in specific circumstances, between a deafblind person and their environment.

Invisible disability - a disability that is not immediately apparent when meeting a person.

Sign language interpreter - a person who facilitates communication between a deaf person and a hearing person.

Awareness of disability

People with disabilities must be described in words and expressions that describe them with dignity. The following guidelines and terms are supported by approximately 200 organizations representing or associated with people (Canadians) with disabilities.

In general, remember:

- describe the person, not the disability
- refer to a person's disability only when relevant
- avoid images intended to evoke pity or guilt
- ask before offering assistance
- address the person, not their assistant
- ask if in doubt; most disabled people will be more than willing to help.

3.5. Health and Behavioral Considerations and Learning Enhancement Strategies for Athletes with Intellectual Disabilities [28]

What Special Olympics athletes want from their coaches

As an athlete, I expect my coaches:

- To set me up for success and challenge me to reach my potential.
- To teach us teamwork and selfless play and to know our limits, keeping in mind the "safety first" rule.
- to make playing and being part of a team a fun and enjoyable experience.
- be open to change, as an exercise may work for part of the team but not for the whole team.
- know the rules of the sport both in terms of the sport-specific governing body and the Special Olympics standards.

(Matt Millett, Special Olympics athlete and member of the Special Olympics International Coaching Fellowship)

Aspects of training that can be included - from the guide:

What are intellectual disabilities?

- Conceptual abilities
- Social skills
- Practical skills

Characteristics that affect athletes' performance in training and competition. Examples of intellectual disabilities:

- Down syndrome
- Autism spectrum disorder

Concurrent conditions commonly associated with intellectual disabilities:

- Information processing difficulties (sensory processing disorder).
- Atlantoaxial instability

[28] Special Olympics Athlete-Centered Coaching Guide

- Orthopaedic deficiencies
- Attention deficit hyperactivity disorder (ADHD)
- Participation of persons who are carriers of blood-borne contagious diseases

Psychological learning considerations and recommended teaching strategies

- Motivation
- Perception
- Understanding
- Memory

Features	Strategies for improving learning
Learning takes place at a slower pace	1) Provide structure and train more often. 2) Offer repetition and review. Try back to skills previously mastered. 3) Break skills down into smaller parts. Don't move on until a skill is mastered. 4) Differentiated learning - teach at the athlete's level; remove supports as skills are mastered. 5) Designate a partner, volunteer or assistant coach to help. Provide additional reps without stopping practice. 6) Present skills in a variety of ways. Explain, demonstrate and practice. When explaining a skill/exercise, it may be necessary to illustrate the skill.
Short attention span	1) Train for short periods of time; provide numerous activities focused on the same task. 2) Offer repetition and review (key to acquiring new skills). 3) Work one-on-one (get full attention). Don't explain an exercise/skill without gaining an athlete's attention. This can be demonstrated by making eye contact or by having the player repeat after you the specified instructions for the exercise. (30 seconds is the amount of time people can retain information in short-term memory.) 4) Use stations. Stations are a great way to return to previously learned skills. Depending on the number of volunteers, running 3-5 stations for 30 minutes of practice is appropriate.
Resistance to change	1) Structure the workout with clear expectations, consistent routines (follow the same format for each practice, i.e.: warm-up rounds, stretching, review drills to reinforce previously learned material, new drills, controlled play situations in which to practice new skills) 2) Players should be informed when a transition will occur. Indicate the time that should be allocated to an activity and give a warning 5 minutes before the end of the activity; two minutes before and then at the end of the activity. 3) Identify motivating factors; build on successes. If there is a favourite exercise, save it for the end of the workout when all goals have been met.

Mood changes	1) Set clear rules, expectations and boundaries; specify the location for the individual to regain control. Consistent enforcement of boundaries is a MUST. Athletes will quickly learn when you mean something and when you don't. 2) Consequences should be enforceable and short term. 3) Reinforce acceptable behaviors. Praising positive behaviors can be motivating enough for the athlete. Rewards can also be given in the absence of undesirable behaviors, i.e. 5 minutes without cursing earns a check; five checks earns an athlete-specific reward. 4) Help the athlete find a replacement behavior that serves the same function. Every behavior has a function. If the athlete goes to school or lives in a group home, there may be a behavior plan. Talk to the athlete's caregivers and find out what is in place. 5) NOTE: Just because a behavior has not been observed for a long period of time does not mean it has gone away. Be aware if it resurfaces. 6) A behavior support plan (intervention) is developed after gathering information about the function of a particular behavior - to achieve something or to avoid something. Then a similar but acceptable behaviour is taught. The student is rewarded for using the replacement behavior and the reinforcement schedule is reduced until the replacement behavior has eliminated the inappropriate behavior.
Difficult communication	1) Allow extra time to express your thoughts. Don't finish the sentence or thought for the athlete. 2) Use picture boards/other assistive devices. Simple sign language can work too. Talk to caregivers to get information about how they communicate with the athlete. 3) Ask them to demonstrate or show what they mean. Some athletes have their own communication devices or tools. If so, a conversation with a parent/caregiver might be helpful.
Difficulties in verbal interpretation	1) Provide the appropriate level of instruction starting with demonstration (can be spoken, drawn or demonstrated) followed by the appropriate level of prompting. Each athlete will need different supports at different times for different skills. 2) Keep verbal instruction to a minimum. 3) Use keywords/clues, sign language or pictures to communicate.
Prone to convulsions	1) Know the signs and symptoms of different types of seizures. 2) Control OR MODIFY the atmosphere/triggers (heat, sun, sugar, loud noise, etc.) of seizures; respond appropriately. Have a volunteer/parent on the sidelines watch the athlete, especially during training/game for any signs that may occur. If the activity cannot be modified, find something else for the athlete to do, such as taking statistics, collecting equipment, or handing out vests or t-shirts. He/she is still part of the team. 3) Prepare teammates to respond appropriately if a crisis occurs. Have a plan in place and practice it.

Poor muscle tone	1) Provide specific exercise and strengthening programs. Offer home exercise for motivated athletes. Talk to parents, siblings about the importance of a home practice. You can provide data sheets in which the athlete tracks their progress. Rewards can be given for goals met. 2) Stretch within your normal range of motion. Each athlete's range of motion will be different on different days. Teach athletes to listen to their body and if it hurts, STOP! 3) Uneven surfaces increase the risk of injury. Worn footwear can also contribute to injury.
Lower threshold pain; sensitive to touch	1) When appropriate, make eye contact when speaking. Some athletes may become more upset about maintaining eye contact. Know your athletes. 2) Use softer/adaptive equipment; minimise loud noises such as whistles (or introduce them gradually). 3) Warn if any touching is necessary; respect wishes.
Difficulty forming social bonds	1) Work in small groups. 2) Have each athlete work in pairs (same 2 people for a few weeks). Some athletes will prefer to work alone. Find a sport/position that honors this preference. The athlete may need to change sports. 3) Provide highly structured social situations when the athlete engages in a preferred activity with a peer
Easy stimulation	1) Remove or reduce distracting stimuli (dim lights; muffle sounds; remove unnecessary objects). 2) Practice in separate room or smaller group; gradually add people and other stimuli. 3) Train with athletes who tend to be nonverbal. 4) Planned breaks and quiet time during workouts between activities if possible. This will allow the athlete to "regroup" before moving on to another activity.
Emotional difficulties	1) Provide physical support, as needed, by partner or other assistive device. 2) Widen the base of support, such as seating or wall support; minimize uneven surfaces. Certain positions within a team lend themselves to be more conducive to the athlete's success than others. Find the position that suits your athlete's abilities. 3) Allow extra time to complete a task. Modify the task to match the athlete's skill level. 4) Talk to your physical therapist, if possible, talk to other coaches for ideas. Coaches may also be able to provide information/assistance.
Compulsive Eating	1) Remove food from training/competition sites. 2) Do not use food as a reward (especially for people with Prader Willi). 3) Provide structure and routine for eating (time and place). If this has been a long-standing issue for your athletes, caregivers can offer suggestions on what they have used successfully in the past that you can modify to fit your training situation.

Poor coordination	1) Divide skills into sequential tasks; substitute easier movement (walking instead of running). 2) Progress from the athlete's current level of performance. Improving charts is a great motivator. 3) Allocate extra time with one-on-one support. 4) Provide a practice plan at home. This will help build muscle memory as well as strength and coordination. Using home time for reinforcement will allow more time at practice for exposure to new exercises/skills.
Physical limitations	1) Use those skills or parts of skills that the athlete can perform. 2) For those skills or parts of skills the athlete cannot perform, allow the athlete to substitute other skills, have the partner perform those skills, or use an assistive device. 3) Focus on activities that develop mobility and stability. 4) Talk to outside therapists, caregivers for suggestions.
Visual impairment	1) Use verbal cues, physical prompt and physical assistance as needed. 2) Use audible or physical devices such as beep balls, guide rope along the lane line, link when running with partner, etc. and according to the rules. 3) Provide accurate and specific feedback for the action. 4) Control any environmental factors you can, i.e. lighting; ball colors, cones, vests or shirts, etc. 5) Wireless transmitter may be appropriate and available.
Hearing impairment	1) Make eye contact when you talk. 2) Use signs, pictures or sign language; keep cochlear implants dry. You can even develop sport-specific signs (think third base coach in baseball). 3) Demonstrate what is desired. 4) Use hand signals; remind athletes to look to the coach for instructions. It may be necessary to have a parent/coach on the other side of the field to relay messages if necessary or to direct the athlete to look at the coach.
Autistic Spectrum Disorder	1) Minimize verbal communication; emphasize the use of visual aids such as pictures (Board Maker app) to identify directions/commands (stop; wait; keep hands to yourself, etc.). Also use visuals to develop programs such as warm up; pass the ball; play the game; clean equipment; rest. Visual aids are helpful because of difficulty processing sensory stimuli (excessive arousal); provide one item per picture. 2) Reduce sensory overload such as whistling (some athletes are hypersensitive to noise). 3) Individualize program with known beginning and known end (predictability); use clear and consistent cues and directions; indicate transition from one activity to the next. 4) Autism is a "spectrum" so not all athletes with autism will have the same needs. Some will be less severe than others. People with Asperger's can be very bright, but have social deficits that can prevent them from developing social

	connections. Meet with caregivers for details about your athlete.
Self-stimulating behaviour	1) Become aware and monitored. Self-stimulatory behaviors are any behaviors that serve a sensory need for the athlete. Sometimes these behaviors are sexual in nature. The athlete will need to be taught the "time and place" when these behaviors are acceptable (a practice or game is NOT one of them). Work with the caregiver to help develop a protocol for the athlete. 2) Control situation. Engage the athlete in activities that provide an alternative to the self-stimulatory behavior. If an athlete is flapping their hands/arms while running, practice running with "quiet hands".
Self-harming behaviour	1) Be aware of cutting your skin or banging your head against a table or wall. Work with medical personnel. 2) Control and prevent the behavior. Redirect the athlete to an alternative behavior. Seek support from medical staff or caregivers as needed. 3) Provide a behavioral support plan to manage (page 20, under Acting Out, number 6).
BehaviourObsessive compulsive	1) Become aware and monitored. Compulsive behaviors are any behaviors that are ritualized to a point where the athlete cannot perform other functions, i.e. squeezing fingers until they bleed, constant eating, or repetitive statements. 2) Control the situation and prevent the behaviour. Redirect the athlete to an alternative behavior. 3) Provide a behavioral support plan to manage (page 20, under Acting Out, number 6).
Hyperactivity	1) Establish clear rules, consistent routines and easy transitions with signals for changing activities with motivating reinforcement. 2) Keep directions simple (no more than 2-3 steps); minimize information. 3) Ask the athlete to repeat back directions or point to what was asked to demonstrate understanding of what was said. 4) Use stations to change activities in a short period of time.
Lethargy (due to medication or other causes)	1) Provide frequent rest intervals. 2) Expose yourself to sports that provide natural rest periods, such as bocce, bowling, golf, etc. 3) Progress slowly towards longer periods of activity. 4) Modify activities for athletic success. 5) Be aware of side effects of medications.
Lack of motivation	1) Be aware that some athletes may tire easily or lack confidence and therefore be less motivated to continue an activity. 2) Match the athlete with a highly motivated teammate. First, select 2-3 highly motivated teammates; let the athlete choose one of the teammates to work with. Then move on to the sport. 3) Reward even small improvements in performance. The progress chart is a great visual motivator. 4) Use incentives that are based on achieving specific goals. For example, once we finish ________ (non-preferred activity), we can do ___________ (preferred activity).

3.6. Challenges in coach education for athletes with disabilities [29]

Short-term and short-term development of coaches to train athletes with disabilities

As we have seen internationally, most educational opportunities for coaches take a short-term approach to disability sport coach education. However, some countries offer full degrees, requiring a multi-year commitment. If a coach decides to make this multi-year investment in their education, these post-secondary programs still do not appear to offer long-term learning beyond graduation, demonstrating an interesting trend in the development of sport coaches with disabilities.

Broad and inconsistent general training within and between countries

Another concern in the education of coaches of athletes with disabilities is the generalized content of programming. In many cases, there is an emphasis on inclusive sport, which is certainly of great importance, but this alone will not prepare coaches for the individual needs of their athletes in a particular sport. There are also drawbacks in educating coaches of disabled athletes across the globe. As mentioned above, some countries devote entire degrees to coach education in disability sport, where in many other countries, coaches may only attend a one-hour workshop. These inconsistencies present challenges for coaches in terms of what they need to know to be effective in coaching athletes with disabilities.

Research supporting the idea that there is a lack of learning opportunities

Many of the programs discussed above support the findings of recent research on coach development that coaches of athletes with disabilities need to seek educational opportunities beyond their formal education to develop discipline-specific knowledge. Given that there are countries where it has been quite difficult to find opportunities for coach education (e.g. China and Japan), it is not surprising that access to informal and non-formal education would be obtained to fill this gap. Douglas, Falcão and Bloom (2018) studied coaches with comparable experiences and noted "Findings showed that they [coaches] acquired most of their knowledge from a combination of knowledge gained as athletes and informal sources, including trial and

[29] Diane M. Culver, et al - Chapter 13 Coaching Athletes with Disabilities (2020)

error. They also highlighted the need for increased recruitment of parasport coaches and education opportunities for parasport coaches, which would enhance programs for athletes with physical disabilities, from basic to Paralympic levels" (p. 93). Although this article discusses coaches working with athletes with physical disabilities, the lack of educational opportunities seems to be the same for coaches working with athletes with intellectual disabilities: 'Coaches learned primarily by doing and consulting with peers (coaching peers). Information about ideal sources of coaching knowledge demonstrates that coaches would value structured coaching courses, learning from mentors and administrative staff, in addition to learning on their own and from peers" (MacDonald, Beck, Erickson, & Côté, 2016, p. 242). Cronin, Angus, Huntley and Hayton (2018) recently studied coaches who worked with athletes with skills in high performance sport and transitioned to disability sport. One coach had previously coached basketball at a high level and was confident in his coaching abilities, but found it challenging to begin coaching athletes with disabilities. Coaching education at the elite level often seems to be divided into high performance sport and disability sport, perhaps causing a barrier for coaches wanting to learn about both contexts.

Lifelong learning model for training coaches for athletes with disabilities - Suggestions [30]

Coach learning model in action * (see chart in Chapter 1.3 Coach/coach for the athlete with a disability)

Cf. this scheme, the identity of the coach evolves according to the following:

- Context: Recreation / Development / High performance
- Deliberate reflection: Beginner >> Competent >> Super-competent >> Innovator

Learning situations:

- Mediated (lectures, workshops, etc.)
- Non-mediated (from peers, web, books, informal mentors
- Internal (reflective journal / cards, PLC = professional learning community etc.)

Coaching education in disability sport is a lifelong learning journey and because specific coach education programs for coaches of athletes with disabilities (mediated

[30] Diane M. Culver, et al - Chapter 13 Coaching Athletes with Disabilities (2020)

learning situations) are not fully available, these coaches must be proactive and deliberately seek out or create their own meaningful learning situations (unmediated). For those experienced coaches who are now certified, acting as mentor and who feel that they still need to learn and even innovate; they might look at what's happening in the business world and get the support of a personal coach. Recently, several sport researchers have studied the impact of providing a "personal learning coach" to help experienced coaches reflect on their current coaching practices (Milistetd et al., 2018; Rodrigue, Trudel, & Boyd, 2019).

Chapter 4.

Trainer Profile for Athletes with Disabilities

"Sport has the power to change the world. It has the power to inspire, it has the power to bring people together in a way that few others can. Sport can create hope where once there was only despair. It is more powerful than governments in breaking down racial barriers. Sport laughs in the face of all discrimination." (Nelson Mandela)

The work of a mental trainer is extremely complex. The tasks and responsibilities that come with the role of a trainer are many and varied, involving both theoretical and technical training aspects and organisational aspects or psychological skills.

4.1. Skills and Abilities needed

- Possess the necessary knowledge to operate with people with disabilities
- Knows the organisation of motor, psychomotor and sports activities adapted to the disability
- Develops adapted individual and group plans
- Structures and plans adapted and inclusive motor activities
- Is empathetic
- Is emotionally balanced
- Is a good communicator
- Is patient
- Possesses the necessary knowledge for sports training
- Knows aspects of the human personality
- Has extensive knowledge of sports science
- Has social, emotional, cognitive skills
- Has mastery of various sports and intervention techniques
- Has competence in sport psychology for young people, adults, people with disabilities
- Has knowledge of the psychology of sports training

4.1.1. Level of personal development

- *Setting realistic targets,*
- *Creativity and imagination, ability to create opportunities for collaboration with fellow coaches and athletes with ID (intellectual disability)*
- *Patience to face difficulties that may arise*
- *It is important for mental trainers for athletes with disabilities to be proactive and deliberate in creating/seeking meaningful learning opportunities. Thus, a lifelong learning approach serves well for the ongoing development of sport coaching practice.*
- Participation in learning situations (mediated, unmediated, internal), with a specific focus on reflection, is significant for mental trainers for athletes with disabilities to adjust their coaching approaches.
- Trainers should access many different sources of knowledge/information (coaches, personal trainers, athletes, families, mentors) as each person with a disability will require a different approach depending on their needs.

4.2. Individual training

Five factors can be identified:

- Educational level
- Awareness of diagnosis
- Knowledge of disability concepts and familiarity with disability technology
- Knowledge of notions about the individual's personality
- Experience in communicating with different types of people

4.2.1. Educational level

The depth of the concepts and the language used to convey knowledge must be appropriate to the cultural level of the person with a disability. A certain cultural background of the trainer may be necessary to be able to establish an appropriate relationship with the people with disabilities they train. If the group of learners includes people with different levels of education, care should be taken to avoid situations that may marginalise both people with a low level of education (excessively demanding learning tasks) and people with the highest level (boredom due to lack of stimuli). Such situations can be avoided in various ways, such as:

- introductory pre-courses
- separate in-depth sessions at different stages of the training
- clarification from the outset of the type of approach and language to be used.

4.2.2. Awareness of diagnosis

Awareness of the diagnosis and the practical consequences of one's condition can profoundly affect one's willingness to pursue self-sufficiency and therefore accept help through a trainer. There are cases where this awareness is lacking, e.g. due to cognitive limitations or lack of information from doctors or psychological barriers to acceptance of rare disabilities that are not sufficiently documented. Acceptance of mental training can often be influenced by disability issues. And because acceptance of help is linked to acceptance of one's disability, there are people who feel uncomfortable talking about this topic when asking for admission of certain realities about their personal conditions. The trainer needs to be aware that lack of awareness can expose people to negative psychological reactions, for which they need to be prepared, so it is very important for the trainer to develop as much empathy as possible.

4.2.3. Knowledge of disability concepts and familiarity with disability technology

Regardless of cultural or educational level, there are people who are uncomfortable with the technology (electric wheelchairs, assistive devices, etc.) used in disability ("technophobia") and others who are comfortable or enthusiastic about it. It is important for the trainer to pay special attention to "technophobic" people in order to reassure them. For these it may be necessary:

- experimenting with the technical means used in disability
- learning by practical examples.

Some people will never become effective users of technological objects. However, even the most deep-seated technophobia can be reduced or overcome by helping these people to look beyond the technology, focusing not on the tool itself but on the things they can do with it (e.g. "with an electric trolley you can move around easily and gain autonomy, even if people stare"). A person who is initially frightened by the idea of using a sophisticated electronic wheelchair is likely to become well

disposed once they have personally experienced how many important things they can do with the wheelchair, can do them better, faster or more comfortably.

4.2.4. Knowing notions about the individual's personality

In general, it is to be expected that the longer a person has lived with a disability, the more he or she will be aware of the practical consequences, obvious or "hidden", that it creates in everyday life. The more time that has passed since the event that caused the disability, the more predictable it is that the adaptation process has ended. However, this is not always true, especially for people with progressive pathologies that lead step by step to increasing disability. Each "step back" leads to a new and previously unknown situation, which means starting each time with a new adaptation process that can cause demotivation. This has implications for the predisposition of people with a disability, so the trainer needs to have information about the human personality and to intervene in the case of negative thoughts of the athlete with a disability, who may thus be negatively influenced in his/her sport performance (e.g. negative thinking: "what do I care if the situation gets worse anyway?").

4.2.5. Experience in communicating with different types of people

Communication with athletes with disabilities should focus on the following aspects:

a) Factors related to the type of disability

It may seem contradictory to mention disability as a possible source of problems here. In fact, however, there are two disability-related factors that affect the individual's readiness to incorporate the knowledge passed on to the group. Both require attention in terms of time management, the language used and logistical issues.

b) Physical tolerance or higher or lower fatigue tolerance

Tolerance to physical exertion can often be limited depending on the medical conditions or illnesses that athletes with disabilities have. In this case, too long training sessions or excessively short intervals make it difficult to listen, participate and learn effectively. People with severe disabilities usually have to devote extra energy to activities such as taking notes, speaking through a communicator during lessons, getting to the bathroom and making necessary transfers for hygiene operations during breaks, getting ready in the morning. These operations can make the day very tiring and reduce the energy available for training activities. These issues need to be dealt

with by structuring the programme properly and organising the logistics correctly (e.g. the trainer should ensure that the bathrooms are accessible and the rooms used during breaks are adjacent to the classroom).

c) Cognitive ability, attention, concentration, memory

There is no 'standard' level of cognitive ability; everyone is differently endowed in terms of attention (the ability to focus on the task), concentration (the ability to assimilate the content of previous notions) and memory (the ability to recall). However, there is a general perception of what can be considered 'average' in terms of attention, concentration and memory in different age groups (think, for example, of what memory performance is expected of an older person and a child). Compared to this average, cognitive ability can sometimes be reduced by fatigue or the biological consequences of certain diseases (e.g. amyotrophic lateral sclerosis) or the secondary consequences of disability (e.g. difficulties in verbal communication). In the presence of these factors, an interactive style of training that allows the learner's level of participation to be understood moment by moment can be particularly useful.

d) Attitude towards disability

Motivation to learn is closely linked to acceptance or rejection of disability. Several factors can be identified that affect the individual's motivation to receive learning.

e) Individual image of disability

How a person views their disability can greatly affect their willingness to use training. It is useful for trainers to know the variability of these attitudes from person to person, which could be classified into five main paradigms:

- *Rejecting difference:* 'I have been labelled as different, therefore I am missing something, I am not a complete person. I am weak and dependent. I would like to be capable like others, but that will never be possible."
- *Denial of difference:* "People look at me as if I'm different, but I'm wrong. Difference only exists in their eyes, it's a matter of social attitude.
- *Supraevaluarea diferenței ("superman"):* "Dizabilitatea mea există și sunt mândru de ea. Pentru mine este o provocare. Anul trecut m-am confruntat cu cel mai înalt munte din Europa, acum mă pregătesc să urc Everestul. Vreau să demonstrez că persoanele cu dizabilități sunt mai bune și mai neînfricate decât altele ".
- *Acknowledging the difference:* 'Disability affects some aspects of my life. I need someone to help me with certain activities, like opening a jar, feeding

the fish, showering. With smart technology I go over stairs with a lift, if I have to travel by train I organise myself well in time. Sometimes this condition isn't particularly pleasant, sometimes it isn't bad; isn't it the same for every other person, after all? "

- *Self-determination:* "I am a disabled person, I am aware of this. This condition is neither better nor worse than others, but it is certainly a special condition. We, people with disabilities, have certain special needs, which involves seeking certain knowledge to find the right solutions. Some of us need aids, some of us need personal assistance, some of us just need to change our mindset about our disability. Some people with disabilities see me as a role model because I am lively and active. The fact is that although I often need help from others, I am definitely self-sufficient and enjoy the experience of independent living."

Individual image of trainers

The individual's image of the help received from the mental trainer is another factor influencing the willingness to learn and use the help. It is normally closely linked to the image of disability, but not always. There are cases where disability is well accepted but the person has little information about assistive technologies or, in any case, it is filtered through cultural paradigms. Assistive technologies can be seen positively as tools for extending skills ("it allows me to make better use of the skills I already have") or positively, but less enthusiastically, as tools for everyday life ("to write I need a pen like everyone else, only I need one with an enlarged handle"). Negatively, they can be experienced as something necessary but annoying ("I am forced to use a wheelchair"), or even as an outward sign - i.e. a stigma - that "reminds me and others that I will never be able, I am confined to a wheelchair").

Depending on their image, the disabled athlete may value aspects of the help received from the mental trainer (e.g. technical quality, etc.) that are of less interest to less motivated disabled athletes. For the trainer, it is an important goal to promote a positive attitude towards the help he can give, where this has not yet been established.

Individual attitude towards autonomy

There are athletes with disabilities who do their utmost to achieve the highest possible control over their lives, and others who do not feel motivated to take on even the simplest aspects of their lives, preferring to depend psychologically, technically and financially on others. This may be due to various factors such as age, character,

personal history and experience, and relationships with others. The desire for autonomy is a dynamic process that evolves over time, and training is often part of a more general training process towards autonomy. Training for athletes with disabilities and autonomy are linked. If knowledge of certain techniques facilitates the development of autonomy, the latter in turn motivates the interest of athletes with a disability to receive training. Among participants in a training initiative we can find athletes with a disability with a strong desire for independence and others who have none, those who have full control over their lives and those who have almost none. This variety of attitudes must be carefully considered by the mental trainer.

Individual expectations

Another factor influencing willingness to learn is related to the expectations people have of training. Since autonomy is a situation of relational balance (with oneself, with others and with the environment), it cannot be measured in absolute terms, but in relation to the user's personality and priorities. In the same situation, an athlete with a disability might feel autonomous, while another might feel limited. Similarly, the same person might experience both feelings at different times in life, as a result of personal growth that has taken place in between. The difference lies in the different level of individual expectations and these can be:

- **Expectations about self-relationships or self-esteem, assertiveness or problem-solving skills.**

  A trainer who meets expectations of this type can be defined as suitable for the disabled athlete. For example, there are those who place a high value on training and those who, on the contrary, place training completely in the background compared to functionality. This variability is largely due to Europe's highly variable typology of socially shared values in each cultural context. A low level of expectation may limit the interest in exploiting the full potential of the mental trainer's help. In contrast, unrealistic expectations can lead to frustration and dissatisfaction. In fact, abandonment of help is often the result of frustrating experiences associated with it. The mental trainer needs to be aware of these issues, assess individual expectations and make the disabled athlete aware of the correct level of expectation.

- **Expectations about daily activities, preferences, priorities and the value each person places on different daily activities**
  As mentioned above, the mental trainer must also be competent and contextual, i.e. it must be functional for the goals set. This clearly depends on the user's expectations of each daily activity and these certainly vary according to age, education, culture, disability and lifestyle prior to the event that caused the disability. Obviously, there are activities, such as personal care, whose importance cannot be questioned for anyone. However, each person assigns different priorities to their activities; there will be people for whom it is essential to be independent in household chores and others for whom it is more important to be able to cultivate a favourite hobby or engage socially. This variety of interests will make it possible in a sense to filter the concepts conveyed selectively. If, at the end of a course, the mental trainer asks all participants "what topic did you find most interesting", he or she will probably receive a wide variety of answers, indicating that the concepts conveyed have been perceived differently by each participant, depending on their expectations and preferences. Trainers should be aware that the degree of importance they attach to different topics may not correspond to the views of different participants. This requires the use of pedagogical approaches to active learning, which allow the expectations of each participant to be met and, at the same time, activate strategies that promote a redefinition of those expectations.

- **Expectations about relationships with others or the value and depth of relationships one wants with others**
  Another aspect is the human context in which the activities of the disabled athlete are placed. There are daily activities that are not meaningful in themselves, but are only reasons for establishing relationships with others. Therefore, the expectations one has of the extent, value and depth of external relationships somehow determine the expectations about activities and relationships with themselves. Therefore, the mental trainer has to take into account certain aspects, which are closely related: an augmentative communication system for writing and conversation (activity) can decisively influence self-esteem (relationship with oneself) and motivate the user for wider social relationships (relationship with others); in turn, this re-gained social role can activate greater motivation towards other activities (e.g. mobility) that

previously did not arouse interest. Often, a trainer, in order to generate positive results, needs to be aware of the existence of these relational domains and how they relate to each other. By reflecting on them, it will be possible to gain more knowledge about participants' expectations. On the one hand, existing expectations can be harnessed as powerful tools to maximise learning. On the other hand, participants can be encouraged to change expectations both in the sense of generating new expectations on issues that have not been considered before, and to realign expectations to a realistic level. A lesson can only convey awareness and knowledge of possible expectations, but by itself is not capable of generating expectations. Instead, much can be done by facilitating relationships between participants, promoting confrontation between people who have different levels of expectation, or setting role-modelling experiences (another person in a "similar situation to mine" who has solved their problems well in a way "that can be an example to me").

Bibliography

References and useful links

https://www.paralympic.org/

https://www.deaflympics.com/

http://specialolympics.ro/

http://ansr.org.ro/

1. Apostu O.; Balica M. și Horga I. (2015) Educație pentru toți și pentru fiecare. Accesul și participarea la educație a copiilor cu dizabilități și/sau CES din școlile participante la Campania UNICEF „Hai la școală!”. București: Alpha MDN.
2. Apostu O.; Horga I.; Novak C.; Scoda A. și Voinea L. (2015) Raport privind starea învățământului preuniversitar din România în anul școlar 2014-2015. București.
3. Armaș, I.; Toma-Dănilă, D.; Ionescu, R. și Gavriș, A. (2017) Vulnerability to Earthquake Hazard. Case Study. București. International Journal of Disaster Risks Science 8(2), pp. 182-195.
4. Ashton-Brooks, K.; Cox, L..; Dobson, B.; Middleton, S.; Reith, L. și Smith, N. (2004) Disabled people's costs of living: more than you would think. Loughborough: Loughborough University.
5. Ashworth, M.; Millett, C.; Palladino, R.; Tayu Lee, J. și Triassi, M. (2016) Associations between multimorbidity, healthcare utilisation and health status: evidence from 16 European countries. Age and Ageing 45(3), pp. 431–435. Disponibil la adresa: https://academic.oup.com/ageing/article/45/3/431/1739761

5. Astorga Gatjens, L. F. (2011) Analiza articolului 33 din Convenția ONU: Importanța critică a implementării și monitorizării naționale. International Journal on Human Rights 8(14).
6. Autoritatea Națională de Management al Calității în Sănătate - ANMCS (2019) Clarificări afișare însemnele acreditării pentru unitățile sanitare. Disponibil la adresa: https://anmcs.gov.ro/web/important-clarificari-afisare-insemnele-acreditarii-pentru-unitatile-sanitare/
7. Avocatul Poporului (2019) Raport anual. Disponibil la adresa: https://avp.ro/rapoarte-anuale/raport_2019_avp.pdf
8. Avocatul Poporului. Rapoarte anuale. Disponibil la adresa: https://avp.ro/index.php?option=com_content&view=article&id=50&Itemid=174&lang=ro-ro
9. Balfe, J. M.; Flowers, N.; Guernsey, K. N.; Karr, V. L.. și Lord, J. (eds). (2012) Human Rights: Yes! Action and Advocacy on the Rights of Persons with Disabilities. Human Rights Resource Center, Ch.

10. Disponibil la adresa: http://hrlibrary.umn.edu/edumat/hreduseries/HR-YES/HR_YES_Full_2012.pdf
11. Banca Mondială - BM și Organizația Mondială a Sănătății - OMS (2011) World Report on Disability. Geneva: OMS. Disponibil la adresa: https://www.who.int/disabilities/world_report/2011/report.pdf?ua=1
12. Banca Mondială - BM și Organizația Mondială a Sănătății - OMS (2012) Raportul Mondial privind Dizabilitatea. Disponibil în limba română la adresa: https://apps.who.int/iris/bitstream/handle/10665/44575/9789730135978_rum.pdf;jsessionid=350368898D614B53D37EC88910F362F6?sequence=20
13. Banca Mondială (2018a) From Uneven Growth to Inclusive Development Romania's Path to Shared Prosperity. Disponibil la adresa: https://openknowledge.worldbank.org/bitstream/handle/10986/29864/9781464813177.pdf?sequence=2&isAllowed=y
14. Banca Mondială (2018b) Romania Public Finance Review: Enhancing the Efficiency of Public Spending in Pre-University Education.
15. Banca Mondială (2019), Raport de evaluare a conținutului și a stadiului implementării SNPD 2016-2020.
16. Beadle-Brown, J.; Kozma, A. și Mansell, J. (2009) Outcomes in different residential settings for people with intellectual disability: a systematic review. American Journal on Intellectual and Developmental Disabilities 114(3), pp. 193-222. Disponibil la adresa: https://doi.org/10.1352/1944-7558-114.3.193.
17. Becuț, A. și Croitoru, C. (2018) Barometrul de Consum Cultural din 2018. Dinamica sectorului cultural în Anul Centenarului Marii Uniri. Bucureşti: Editura Universitară.
18. Bickenbach, J.; Posarac, A.; Cieza, A. și Kostanjsek, N. (2015) Assessing Disability in Working Age Population: A Paradigm Shift from Impairment and Functional Limitation to the Disability Approach. 270 Washington DC: World Bank. Disponibil la adresa: https://openknowledge.worldbank.org/handle/10986/22353
19. Blaj, G. (2020) Excluziunea instituțională de la locuirea socială. Teză de doctorat nepublicată. Universitatea din București: Facultatea de Sociologie și Asistență Socială.
20. Bowden, K.; Douds, F. și Simpson, Y. (2011) Ghid elaborat de Guvernul Scoției pentru instruirea profesioniștilor din sistemul penal.
21. Cappelletti, M. și Garth, B. (1978) Access to Justice: The Newest Wave in the Worldwide Movement to Make Rights Effective. Buffalo Law Review 27(2).
22. Casa Națională a Asigurărilor de Sănătate - CNAS (2017) Criterii de prioritizare pe baza cărora se întocmesc listele de așteptare în vederea acordării dispozitivelor medicale destinate recuperării unor deficiențe organice sau funcționale. Disponibil la adresa: http://www.cnas.ro/casmb/media/pageFiles/20170411_CRITERII%20DE%20PRIORITIZARE%20LISTE%20DE%20ASTEPTARE%20DISPOZITIVE%20MEDICALE.pdf

23. Catty, J.S.; Bunstead, Z.; Burns, T. și Comas, A. (2007) Day centers for severe mental illness. Cochrane database of systematic reviews. Disponibil la adresa: https://doi.org/10.1002/14651858.cd001710.pub2.
24. Căloiu, O. și Tudose, E. (2015) Raport de monitorizare a progresului României pentru aplicarea Convenției ONU privind Drepturile Persoanelor cu Dizabilități.
25. Centrul de Resurse Juridice - CRJ (2015) Încălcarea drepturilor fundamentale ale persoanelor cu dizabilități prin lipsa de accesibilizare. Disponibil la adresa: http://www.crj.ro/wp-content/uploads/2015/01/Accesibilizare-3.pdf
26. Centrul de Resurse Juridice - CRJ (2017-2018) Date colectate de Centrul de Resurse Juridice pentru perioada septembrie 2017 - septembrie 2018. Disponibil la adresa: https://www.crj.ro/harta-deceselor-in-spitalele-de-psihiatrie-centrele-de-plasament-si-centrele-de-protectie-a-persoanelor-cu-dizabilitati/
27. Centrul de Resurse Juridice (2019) Raport dezbatere „Sprijinirea persoanelor cu dizabilități mintale/intelectuale în luarea deciziilor”. Craiova.
. Centrul pentru Legislație Nonprofit (2019) Contracte rezervate. Provocări, tendințe, oportunități. Disponibil la adresa: https://www.clnr.ro/raport-achizitii-rezervate-provocari-tendinte-oportunitati/
28. Civil Rights Division - The United States Department of Justice (1990) Americans with Disabilities Act (ADA).
29. Comisia Europeană - CE (2008) Biennal Report on Social Services of General Interest. Brussels: COM (2008), 418 final.
30. Comisia Europeană – CE (2008) Biennial Report on Social Services of General Interest. Brussels: COM (2008) 418 final. Disponibil la adresa: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52008SC2179&from=EN
31. Comisia Europeană – CE (2010) Second Biennial Report on Social Services for General Interest. Brussels: SEC (2010), 1284 final. Disponibil la adresa: https://ec.europa.eu/social/BlobServlet?docId=6221&langId=en
32. Comisia Europeană - CE (2012a) State aid: Commission approves German aid scheme for renewable energy (Erneuerbare-Energien-Gesetz – EEG) orders partial recovery. Brussels.
33. Comisia Europeană - CE (2012b) Flash Eurobarometer 345.
34. Comisia Europeană - CE (2013) Public employment services (PES) Approaches for sustainable activation of people with disabilities.
35. Comisia Europeană - CE (2016) Flash Eurobarometer 419. Quality of Life in European Cities 2015.
36. Comisia Europeană - CE (2018) Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL. Explanatory Memorandum. Disponibil la adresa: https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52018PC0375&from=EN

37. Comisia Europeană - CE (2019) Raportul de țară din 2019 privind România. Comunicare a Comisiei către Parlamentul European, Consiliul European, Consiliu, Banca Centrală Europeană și Eurogrup, Semestrul european 2019.
38. Comisia Europeană - CE (2020a) Raportul de țară din 2020 privind România. Comunicare a Comisiei către Parlamentul European, Consiliul European, Consiliu, Banca Centrală Europeană și Eurogrup, Semestrul european 2020.
39. Comisia Europeană - CE (2020b) Joint Employment Report – Annex. Publications, 2020 European Semester: Autumn package.
40. Comisia Europeană - CE (2020c) European Disability Strategy 2010-2020.
41. Comitetul CDPD (2019a) Concluding observations on the combined second and third periodic reports of Australia. CRPD/C/AUS/CO/2-3, para 26(f).
42. Comitetul CDPD (2019b) Concluding observations on the combined second and third periodic reports of Spain. CRPD/C/ESP/CO/2-3, para 25(c).
43. Comitetul CDPD (2019c) Inquiry concerning Hungary carried out by the Committee under article 6 of the Optional Protocol to the Convention. CRPD/C/HUN/IR/1, para. 101 (d), (f), (g).
44. Comitetul CDPD (2020) Principiile Internaționale și Orientările cu privire la Accesul la Justiție al Persoanelor cu Dizabilități, 2020. Raportorul Special pentru Drepturile Persoanelor cu Dizabilități. Trimis Special al Secretarului General pentru Dizabilități și Accesibilitate.
45. Consiliul de Monitorizare (2019-2020) Rapoarte de monitorizare. Disponibil la adresa: https://www.consiliuldemonitorizare.ro/rapoarte-de-monitorizare/
46. Consiliul de Monitorizare (2020) Instrumentul de monitorizare folosit în 2020 – Fișă de monitorizare (Anexa 1). Disponibil la adresa:
https://www.consiliuldemonitorizare.ro/monitorizare/modele-documente/
47. Consiliul Europei (2018) Raportul Comisarului pentru Drepturi Europene, în urma vizitei în România în 2018.
48. Consiliul Europei și Comitetul European pentru Prevenirea Torturii CPT/Inf (2019) Raport privind vizitele în România în 2018. CPT/Inf (2019) 7, 2018. Disponibil la adresa: https://rm.coe.int/1680939161
49. Consiliul Național al Audiovizualului - CNA (2020) INSTRUCȚIUNEA nr. 3 din 22 aprilie 2020 privind dimensiunea ferestrei dedicate interpretului în limbajul mimico-gestual, în aplicarea dispozițiilor art. 42^1 alin. (1) din Legea audiovizualului nr. 504/2002. Disponibil la adresa:
https://www.cna.ro/IMG/pdf/INSTRUCTIUNEA_nr._3_din_22_aprilie_2020_CNA_.pdf
50. Consiliul Național pentru Combaterea Discriminării - CNCD (2015) Finalizarea proiectului cu finanțare nerambursabilă cod SMIS 52473. Disponibil la adresa: https://cncd.ro/2015-12-02-finalizarea-proiectului-cu-finantare-nerambursabila-cod-smis-52473
51. Consiliul Național pentru Combaterea Discriminării - CNCD (2020) Raport de activitate al

Consiliului Național pentru Combaterea Discriminării (CNCD) pe anul 2019. Disponibil la adresa:
https://main.components.ro/uploads/1d3a0bf8b95391b825aa56853282d5da/2020/04/raport-de-activitate-cncd-2019-21x30-ro-cc-r4-online.pdf

52. Correll et al. (2017: 163-180) Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls. World psychiatry: official journal of the World Psychiatric Association (WPA) vol. 16,2.

53. Cote, A. (2018) Disability assessment in the light of the UNCRPD. Citat în: Disability-Related Financial Instruments in Light of EU Law and the United Nations Convention on the Rights of Persons with Disabilities. Disponibil la adresa: http://www.era-comm.eu/uncrpd/kiosk/pdf/seminar_documents/s_c_418DV84.pdf

54. De Beco, G. (2011) Articolul 33 alin 2 al CDPD: Un alt rol pentru institutele de drepturile omului? Netherlands Quarterly of Human Rights 29(1), pp. 94-96. Disponibil la adresa: https://www.corteidh.or.cr/tablas/r25910.pdf

55. Department for Work and Pensions și Office for Disability Issues (2014) Better Working with Disabled People: The Way Forward; The Government response to consultation findings.

56. Directorate General for Internal Policies și European Parliament (2015) Reasonable Accommodation and Sheltered Workshops for People with Disabilities: Costs and Returns of Investments. Disponibil la adresa:
https://www.europarl.europa.eu/RegData/etudes/STUD/2015/536295/IPOL_STU%282015%29536295_EN.pdf

57. Disabled People's Organisations (2020) The Disability Unit has established a new Disabled People's Organisations (DPOs) Forum to strengthen its engagement with disabled people. Disponibil la adresa:
https://www.gov.uk/government/news/disabled-peoples-organisations-dpos-forum-launches-this-month

58. Drăguțescu, A.; Ghinea C.; Szelmenczi, A.; Zamfirescu, I.; Szelmenczi, M. și Ganea, O. (2014) Raport de audit al accesibilității spațiului public urban. Raport realizat de ActiveWatch și Fundația Motivation Romania.

59. Dreţcanu, D.; Ercuș, L. și Tudose, E. (2013) Raport de monitorizare a implementării Convenției ONU privind Drepturile Persoanelor cu Dizabilități.

60. Duminică, G. și Turza, M. (2015) Izolați printre noi - Dimensiuni ale participării copiilor cu cerințe educaționale speciale în sistemul de educație românesc. București: Rentrop & Straton.

61. EASPD Newsletter (2013) The evolving concept of sheltered workshops in the EU: realities and future developments. Disponibil la adresa:
https://www.easpd.eu/sites/default/files/sites/default/files/newsletters/newsletter_en_2012.pdf

62. EASPD (2018) Study on employment models within the social economy and their role in including persons with disabilities into the labour market and society. Disponibil la adresa: https://www.easpd.eu/sites/default/files/sites/default/files/Publications2018/5.8.3_study_on_social_economy_-_full_report.pdf
63. Ecorys (2018) Mapping on Access to Sport for Persons with Disabilities. Executive summary to the European Commission.
64. Eurofound (2018) The social and employment situation of people with disabilities. Luxembourg: Publications Office of the European Union.
65. European Expert Group - EEG on the Transition from Institutional to Community-based care (2012) Common European Guidelines on the Transition from Institutional to Community-based Care. Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe. Brussels.
66. European Union Agency for Fundamental Rights - FRA (2014) The right to political participation for persons with disabilities: human rights indicators.
67. Eurostat (2020a) European Union Statistics On Income And Living Conditions (EU-SILC). Disponibil la adresa: https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions
68. Eurostat (2020b) Statistics Explained. Glossary: DISABILITY. Disponibil la adresa: http://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Disability
69. Eurostat. Purchasing power parities (PPPs), price level indices and real expenditures for ESA 2010 aggregates. Cod indicator [prc_ppp_ind] Disponibil la adresa: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=prc_ppp_ind&lang=en
70. Eurostat. Time spent on health-enhancing (non-work-related) aerobic physical activity by sex, age and educational attainment level. Cod indicator [hlth_ehis_pe2e] Disponibil la adresa: http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do
71. Eurostat. Social media use by type, internet advertising. Cod indicator [isoc_cismt] Disponibil la adresa:
https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=isoc_cismt&lang=en
72. Eurostat. Individuals - mobile internet access. Cod indicator [isoc_ci_im_i] Disponibil la adresa:
https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=isoc_ci_im_i&lang=en
73. Federal Office of Civil Protection and Disaster Assistance - BBK (2017) Assisting People with Disabilities in Case of Disaster. European Network for Psychosocial Crisis Management. Science Forum, Volume 14. Disponibil la adresa: http://eunad-info.eu/fileadmin/Bildmaterial-EUNAD/PDF_Download/BBK_Band_14_P119240_barrierefrei.pdf
74. Flynn, E. și Lawson, A. (2013) Disability and Access to Justice in the European Union: Implications of

the UN Convention on the Rights of Persons with Disabilities. 4 European Yearbook of Disability Law 7 at 25. Citat în: Flynn, Eilionóir (2015: 36) Disabled Justice? Access to Justice and the UN Convention on the Rights of Persons with Disabilities. Routledge; 1st Edition.
75. French Republic (2020) Décret n° 2020-90 du 5 février 2020 portant modification de la composition et du fonctionnement du Conseil national consultatif des personnes handicapées. Journal officiel électronique authentifié n° 0032.
76. Fundația Desire pentru Deschidere și Reflecție Socială (2018) Sentința civilă 86/2018 a Curții de Apel Cluj.
77. Gîrlescu, O.; Obreja, M. și Tănăsan, G. (2014) Drepturile sexuale şi reproductive ale femeilor cu dizabilităţi intelectuale şi psihosociale. Raportul realizat în cadrul proiectului „DREPTURILE NOASTRE". Disponibil la adresa: http://www.drepturisexuale.ro/wp-content/uploads/2014/05/OUR-RIGHTS_raport-1.pdf
78. Grădinaru, C. (2014) Evaluarea fenomenului „copiii şi tinerii străzii". Salvați copiii, 2014. Disponibil la adresa: https://www.salvaticopiii.ro/sci-ro/files/ac/aced789d-934e-4f3b-a9a5-a2ac3094e002.pdf
79. Groce, N.; Kim, H.; Mitra, S.; Mont, D. și Palmer. M. (2017a) Extra costs of living with a disability: A review and agenda for research. Disability and Health Journal, 10(4), pp. 475-484. Disponibil la adresa: http://dx.doi.org/10.1016/j.dhjo.2017.04.007
80. Groce, N.; Kim, H.; Mitra, S.; Mont, D. și Palmer. M. (2017b) The hidden extra costs of living with a disability. Disponibil la adresa: https://theconversation.com/the-hidden-extra-costs-of-living-with-a-disability-78001
81. Guvernul României și ISC (2016) Protocol de colaborare încheiat între Autoritatea Naţională pentru Persoane cu Handicap și Inspectoratul de Stat în Construcţii. Disponibil la adresa: https://isc.gov.ro/files/2016/Protocoale/anph.pdf
82. Guvernul României (2020a) Raport privind progresele în implementarea măsurilor de îmbunătățire a sistemului național de apeluri de urgență 112 (publicat lunar). Disponibil la adresa: https://gov.ro/ro/obiective/strategii-politici-programe/raport-privind-progresele-in-implementarea-masurilor-de-imbunatatire-a-sistemului-national-de-apeluri-de-urgenta-112-publicat-lunar&page=1
83. Guvernul României (2020b) Raport preliminar privind sistemul național de apeluri de urgență 112. Disponibil la adresa: https://media.hotnews.ro/media_server1/document-2019-08-7-23303216-0-raport-intermediar-112-final-2.pdf
84. Hughes, K.; Bellis, M. A.; Jones, L.; Wood, S.; Bates, G.; Eckley, L.; McCoy, E.; Mikton, C.; Shakespeare, T. și Officer, A. (2012) Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. The Lancet 379 (9826), pp. 1621-1629.
85. Human Rights Council (2015) Report of the Independent Expert on the enjoyment of all human rights by older persons, Rosa Kornfeld-Matte. A/HRC/30/43, para. 72.

86. Human Rights Council (2017) Report of the Office of the United Nations High Commissioner for Human Rights. Right to access to justice under article 13 of the Convention on the Rights of Persons with Disabilities. Thirty - seventh session, 27 December 2017, A/HRC/37/25.
87. Inspectoratul General pentru Situații de Urgență - IGSU (2018) Analiza statistică privind acțiunile de prevenire, pregătire și răspuns în situații de urgență. Disponibil la adresa: https://www.igsu.ro/Resources/COJ/RapoarteStudii/65201914147%20PM.pdf
88. Inspectoratul pentru Situații de Urgență - ISU Sibiu. Comitetul Local pentru Situaţii de Urgenţă al localităţii Mediaș (2018) Planul de apărare în cazul producerii unui dezastru specific: cutremur sau alunecare de teren. Disponibil la adresa: http://www.primariamedias.ro/portal/medias/portal.nsf/6F931D7F9CE1A9DBC22582BF001EF352/%24FILE/Plan%20cutremur%202018.pdf
89. Inspectoratul pentru Situații de Urgență - ISU Vaslui (2015) GHID de organizare şi desfăşurare a evacuării din construcţii cu destinaţia de unităţi de învăţământ în cazul manifestării unei situaţii de urgenţă generată de producerea unui incendiu sau a unui seism. Disponibil la adresa: http://www.isuvaslui.ro/pdf/Ghiduri%20SU/INVATAMANT.pdf
90. Institutul Național al Magistraturii – INM (2016) Programul de formare continuă 2016. Disponibil la adresa: http://www.inm-lex.ro/fisiere/d_1227/Programul%20de%20formare%20continua%202016.pdf
91. Institutul Național de Sănătate Publică - INSP (2018) Raportul național privind starea de sănătate a populației României. Disponibil online: https://insp.gov.ro/sites/cnepss/wp-content/uploads/2014/11/SSPR-2018-final-2-1.pdf
92. Institutul Naţional de Statistică - INS (2011) Raportul de Calitate asupra Anchetei Forţei de Muncă în Gospodării (AMIGO) pe anul 2011.
93. Institutul Naţional de Statistică - INS (2019) Activitatea unităţilor sanitare în anul 2018. Disponibil la adresa: https://insse.ro/cms/sites/default/files/field/publicatii/activitatea_unitatilor_sanitare_anul_2018.pdf
94. Institutul pentru Politici Publice - IPP (2013) Accesibilizarea spaţiului public pentru persoanele cu dizabilităţi. Disponibil la adresa: https://bns.ro/images/Studiu_accesibilitate_persoane_cu_dizabilitati_2013.pdf
95. International Disability Alliance – IDA și International Labour Organization - ILO (2019) Joint Statement: Towards Inclusive Social Protection System Supporting Full and Effective Participation of Persons with Disabilities. Disponibil la adresa: https://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=55473
96. International Labour Organization - ILO (2014) Achieving Equal

Employment Opportunities for People with Disabilities through Legislation - Guidelines. Disponibil la adresa: https://www.ilo.org/skills/pubs/WCMS_322685/lang--en/index.htm
97. International Labour Organization - ILO (2020) Questions on Disability and Work, Key issues on promoting employment of persons with disabilities.
98. International Planned Parenthood Federation - IPPF (2016) Annual Performance Report 2016. Disponibil la adresa: https://www.ippf.org/resource/ippf-annual-performance-report-2016#:~:text=In%202016%2C%20we%20delivered%20182.5,national%2C%20regional%20and%20global%20levels
99. Ippoliti, C.; Peppey, B. și Depoy, E. (1994) Promoting Self Determination for Persons with Developmental Disabilities. Disability & Society 9(4), pp. 453-460. Disponibil la adresa: https://www.researchgate.net/publication/233368854_Promoting_Self_Determination_for_Persons_with_Developmental_Disabilities
100. JDM (Adaptare). Understanding the types of disabilities that occur in the workplace. Disponibil la adresa: https://jdmplacements.co.za/understanding-the-types-of-disabilities-that-occur-in-the-workplace/
101. Kirschner, K.L. și Curry, R.H. (2009). Educating health care professionals to care for patients with disabilities. JAMA 302, pp. 1334–1335.
102. Kruse, D. și Schur, L. (2019) Fact sheet: Disability and Voter Turnout in the 2018 Elections. Disponibil la adresa: https://smlr.rutgers.edu/sites/default/files/2018disabilityturnout.pdf
103. La Haute Autorité de Santé (2018) L'évaluation des établissements et services sociaux et médico-sociaux (ESSMS). Franța. Disponibil la adresa: https://www.has-sante.fr/jcms/c_2838131/fr/l-evaluation-des-etablissements-et-services-sociaux-et-medico-sociaux-essms
104. Luxner, L. (2020) Eurordis Urges Expansion of Newborn Screening Initiatives Across Europe. Adrenoleukodisttrophy News. Disponibil la adresa: https://adrenoleukodystrophynews.com/2020/05/25/eurordis-urges-expansion-of-newborn-screening-initiatives-across-europe/
105. Ministerul Turismului (2007) Master Plan-ul pentru turismul național al României 2007-2026. Disponibil la adresa: http://turism.gov.ro/web/wp-content/uploads/2017/05/masterplan_partea1.pdf
106. McVilly, K.; Parmenter, T.R. și Yazbeck, M. (2004) Attitudes Toward People with Intellectual Disabilities. Journal of Disability Policy Studies 15(2), pp. 97–111.
107. Mental Disability Advocacy Center - MDAC (2011) Building the Architecture for Change: Guidelines on Article 33 of the UN Convention on the Rights of Persons with Disabilities (CRPD).

108. Mental Disability Advocacy Center - MDAC (2013) Legal Capacity in Europe. A Call to Action to Governments and to the EU. Budapesta. Disponibil la adresa: https://www.mdac.org/sites/mdac.info/files/legal_capacity_in_europe.pdf
109. Mental Health Europe (2017) Autonomy, choice and the importance of supported-decision making for persons with psychosocial disabilities: MHE Position Paper on Article
12 UN CRPD on legal capacity. Disponibil la adresa: https://www.mhe-sme.org/position-paper-on-article-12/.
110. Mijatovic, D. (2018a) Report of Commissioner for Human Rights of the Council of Europe following her visit to Hungary from 4 to 8 February 2019.
111. Mijatovic, D. (2018b) Report of Commissioner for Human Rights of the Council of Europe following her visit to Romania from 12 to 16 November 2018.
112. Ministerul Educației și Cercetării - MEC (2017) Strategia privind modernizarea infrastructurii educaţionale 2017-2023. Disponibil la adresa: https://www.edu.ro/sites/default/files/Strategie%20SMIE_2017docx_0.pdf
113. Ministerul Finanțelor Publice - MFP (2018) Dezinstituționalizarea persoanelor adulte cu dizabilități - tranziția spre servicii sociale în comunitate. Anunțuri AM POCU - apel 462 și apel 463.
114. Ministerul Finanțelor Publice - MFP (2019) Rapoartele de execuție bugetară pentru anul 2019.
115. Ministerul Muncii și Protecției Sociale - MMPS. Sume acordate ONG-urilor de la bugetul de stat prevăzute la titlul 59.11. Disponibil la adresa:
http://anpd.gov.ro/web/sume-acordate-ong-urilor-de-la-bugetul-de-stat-prevazute-la-titlul-59-11/
116. Ministerul Muncii și Protecției Sociale - MMPS (2019a) Comunicat de presă: „Biletele de călătorie gratuită pentru persoanele cu handicap vor putea fi ridicate și distribuite acestora și de organizațiile neguvernamentale care le protejează și promovează drepturile”. Disponibil la adresa:
http://www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5562-cp-guvernul-bilete-calatorie-persoanelro-handicap-calatorie-gratuita-17072019
117. Ministerul Muncii și Protecției Sociale - MMPS (2019b) Sume decontate de la bugetul de stat în baza art.98 din legea 448/2006 pentru anul 2019. Disponibil la adresa: http://anpd.gov.ro/web/wp-content/uploads/2020/01/2019.sume-decontate-de-la-bug-de-stat-16-19.pdf
118. Ministerul Muncii și Protecției Sociale - MMPS (2020a) Buletin statistic asistență socială. Direcția Politici Servicii Sociale. Evoluții în domeniul asistenței sociale în trimestrul I 2020. Disponibil la adresa:

http://mmuncii.ro/j33/images/buletin_statistic/Asist_I_2020.pdf
119. Ministerul Muncii și Protecției Sociale - MMPS (2020b) Buletin statistic asistență socială. Direcția Politici Servicii Sociale. Evoluții în domeniul asistenței sociale în trimestrul II 2020.
120. Ministerul Sănătății - MS (n.d.) Curriculum de pregătire în specialitatea recuperare, medicină fizică și balneologie. Disponibil la adresa:
https://rezidentiat.ms.ro/curricule/recuperare_medicina_fizica_si_balneologie.pdf
121. Ministerul Culturii (2016) Strategia pentru Cultură și Patrimoniu Național 2016-2022.
122. Ministerul Sănătății – MS (2002) Strategie Naţională privind Sănătatea Sexualităţii şi Reproducerii 2002–2006.
123. Ministerul Sănătății - MS (2014) Strategia Națională de Sănătate 2014-2020. Disponibil la adresa: http://www.ms.ro/strategia-nationala-de-sanatate-2014-2020/
124. Ministerul Tineretului și Sportului – MTS (2015) Strategia Naţională în Domeniul Politicii de Tineret 2015-2020. Disponibil la adresa: http://mts.ro/wp-content/uploads/2015/01/Strategia-tineret-ianuarie-2015.pdf
125. Ministerul Educației Naționale (2017) Strategia privind Modernizarea Infrastructurii Educaţionale 2017-2023. Disponibil la adresa:
https://www.edu.ro/sites/default/files/Strategie%20SMIE_2017docx_0.pdf
126. Ministerul Sănătății - MS și Institutul Național pentru Sănătatea Mamei și Copilului - INSMC "Alessandrescu-Rusescu" (n.d.) Programul Național de Sănătate a Femeii și Copilului. Disponibil la adresa: https://insmc.ro/Programe-de-sanatate/Programe-de-sanatate-finantate-de-MS/Programul-National-de-Sanatate-a-femeii-si-copilului/103
127. MMFPSPV - Ministerul Muncii, Familiei, Protecției Sociale și Persoanelor Vârstnice (2014a) Strategia Națională pentru Ocuparea Forței de Muncă 2015-2020. Disponibil la adresa: http://www.mmuncii.ro/j33/images/Documente/Munca/2014-DOES/2014-01-31_Anexa1_Strategia_de_Ocupare.pdf
128. National Council on Independent Living - NCIL (2018) Annual Conference Wrap-up. Disponibil la adresa: https://advocacymonitor.com/wrap-up-ncil-2018-annual-conference-on-independent-living/
129. Institutul Național de Sănătate Publică - INSP (2018) Raportul național al stării de sănătate a populației. Disponibil la adresa: https://insp.gov.ro/sites/cnepss/wp-content/uploads/2014/11/SSPR-2018-final-2-1.pdf
130. National University of Ireland - NUI (2020) Galway: International and Comparative Disability Law and Policy. New York Legal Assistance Group - NYLAG (2020) Practici încurajatoare - Servicii mobile de asigurare a accesului la justiție pentru persoane cu dizabilități. Studiu de caz. New York Legal Mobile.

131. Observatorul Român de Sănătate - ORS (2020) Cât de mulțumiți au fost românii de spitalele publice în 2019. Evoluția în perioada 2017-2019. Disponibil la adresa: https://health-observatory.ro/wp-content/uploads/2020/07/satisfactie_pacienti_raport_ORS_iulie_2020-1.pdf
132. OHCHR (2009) Thematic study on the structure and role of national mechanisms for the implementation and monitoring of the Convention on the Rights of Persons with Disabilities. A/HRC/13/29.
133. OHCHR (2010) Study on the Implementation of Article 33 of the UN Convention on the Rights of Persons with Disabilities in Europe. Disponibil la adresa: https://www.ohchr.org/Documents/Publications/Disabilities_training_17EN.pdf
134. OHCHR (2011) Study on the implementation of Article 33 of the UN Convention on the Rights of Persons with Disabilities in Europe.
135. OHCHR (2014) Thematic study on the right of persons with disabilities to live independently and be included in the community. Report of the Office of the United Nations High Commissioner for Human Rights. A/HRC/28/37, para. 43.
136. OHCHR (2017) Raportul Subcomitetului (SPT) realizat ca urmare a vizitei în România în mai, 2016, Pct. 23. Disponibil la adresa: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/CountryVisits.aspx?SortOrder=Chronological
137. Oliver, M. (1990) The Politics of Disablement. New York: Palgrave Macmillan.
138. ONU și Comitetul CDPD (2014) Comentariul General Nr. 1 privind Art. 12: Recunoașterea egală în fața legii. CRPD/C/11/4. Disponibil la adresa: https://undocs.org/en/CRPD/C/GC/1
139. ONU și Comitetul CDPD (2015) Observații finale asupra raportului inițial al Republicii Dominicane. CRPD/C/DOM/CO/1. Disponibil la adresa: https://undocs.org/en/CRPD/C/DOM/CO/1
140. ONU și Comitetul CDPD (2016) Observații finale asupra raportului inițial al Chile. CRPD/C/CHL/CO/1. Disponibil la adresa: https://undocs.org/CRPD/C/CHL/CO/1
141. ONU și Comitetul CDPD (2017) Comentariul General Nr. 5 privind Art. 19: Dreptul la viaţa independentă. CRPD/C/GC/5, para. 21, para. 60.
142. ONU și Comitetul CDPD (2018) Comentariul General Nr. 6 privind Art. 5: Egalitatea și nediscriminarea. CRPD/C/GC/6.
143. ONU și Consiliul Drepturilor Omului (2017a) Report of the Special Rapporteur on the rights of persons with disabilities. A/HRC/37/56. Disponibil la adresa: https://undocs.org/en/A/HRC/37/56
144. ONU și Consiliul Drepturilor Omului (2017b) Special Rapporteur on the

rights of persons with disabilities.. Access to rights-based support for persons with disabilities. A/HRC/34/58, para. 18, para. 57.

145. ONU și Consiliul Drepturilor Omului (2019) Report of the Special Rapporteur on the rights of persons with disabilities. A/HRC/40/54. Disponibil la adresa: https://undocs.org/en/A/HRC/40/54

146. Organizația Mondială a Sănătății - OMS (2001) Clasificarea Internațională a Funcționării, Dizabilității și Sănătății (CIF). Geneva: OMS.

147. Organizația Mondială a Sănătății - OMS (2014) Information sheet Premature death among people with severe mental disorders. Disponibil la adresa: https://www.who.int/mental_health/management/info_sheet.pdf?ua=1.

148. Organizația Mondială a Sănătății - OMS (2016) Priority Assistive Products List. Disponibil la adresa: https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf?sequence=1

149. Organizația Mondială a Sănătății - OMS (2017a) Advancing the Right to Health - The Vital Role of Law. Disponibil la adresa: https://www.who.int/healthsystems/topics/health-law/health_law-report/en/

150. Organizația Mondială a Sănătății - OMS (2017b) Rehabilitation – A Call for Action 2030. Disponibil la adresa: https://www.who.int/health-topics/rehabilitation#tab=tab_1

151. Organizația Mondială a Sănătății - OMS (2020) Policy brief: Assistive Technology. Disponibil la adresa: https://www.who.int/publications/i/item/978-92-4-000504-4

152. Organizația Națiunilor Unite - ONU (2006) Convenția privind drepturile persoanelor cu dizabilități. Disponibilă la adresa: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

153. Organizaţia pentru Cooperare şi Dezvoltare Economică - OCDE (2002) Glossary of Key Terms in Evaluation and Results Based Management. Paris: OECD Publishings.

154. Organizaţia pentru Cooperare şi Dezvoltare Economică - OCDE (2003) Transforming Disability into Ability - Policies to promote work and income security for disabled people. Disponibil la adresa: https://www.oecd.org/els/emp/transformingdisabilityintoability.htm

155. Organizaţia pentru Cooperare şi Dezvoltare Economică - OCDE (2010) Sickness, Disability and Work - Breaking the barriers. Disponibil la adresa: https://www.oecd.org/publications/sickness-disability-and-work-breaking-the-barriers-9789264088856-en.htm

156. Perrins, K. și Tarr, J. (1998) The quality of day care provision to encourage the transition to adulthood for young women with learning difficulties. Research in

Post-Compulsory Education 3(1), pp. 93-109. Disponibil la adresa: https://doi.org/10.1080/13596749800200027.
157. Petrenic, C. (2020) Harta accesului cetățenilor români la serviciile de asistență medicală primară oferite de cabinetele de medicină de familie. Disponibil la adresa: https://www.formaremedicala.ro/wp-content/uploads/2020/02/harta-MF-2020.pdf
158. Raja, D. S. (2016) Bridging the disability divide through digital technologies Background Paper for the 2016 World Development Report (WDR): Digital Dividends. Disponibil la adresa:
http://pubdocs.worldbank.org/en/123481461249337484/WDR16-BP-Bridging-the-Disability-Divide-through-Digital-Technology-RAJA.pdf
159. Rawert, M. (2017) The Political Rights of Persons with Disabilities: A Democratic Issue. Disponibil la adresa:
https://pace.coe.int/pdf/5bd2c3d1db80fc9a450cc89564dcd38c2c1080753326667a8259ffe25682ae848428feba12/doc.%2014268.pdf
160. Schulze, M. (2010) A Handbook on the Human Rights of Persons with Disabilities: Understanding The UN Convention On The Rights Of Persons With Disabilities. New York: Handicap International.
161. Shakespeare, T. și Kleine, I. (2013) Educating Health Professionals about Disability: A Review of Interventions. Health and Social Care Education 2(2), pp. 20-37. Disponibil la adresa: 10.11120/hsce.2013.00026
162. Shettle, A.; Hayes, A. și Hodge, I. (2018) Înțelegerea părților interesate și monitorizarea punerii în aplicare a art. 32 al CDPD. Disponibil la adresa: http://75.103.88.247/wp-content/uploads/2019/04/Stakeholders-Understanding-and-Monitoring-of-the-Implementation-of-CRPD-Article-32.pdf
163. Smith et al. (2004) Disabled people's costs of living: more than you would think. Loughborough: Loughborough University.
164. Societatea Academică din România (2009) Diagnostic: EXCLUS DE PE PIAŢA MUNCII. Piedici în ocuparea persoanelor cu dizabilități în România. Alpha Media Print.
165. The Housing Agency (2018) Housing Options. A guide to housing options available through Local Authorities. Disponibil la adresa: https://www.housing.gov.ie/sites/default/files/publications/files/housing_options_english_feb18_v2.pdf
166. The International Foundation for Electoral Systems - IFES (2014) Annual Report. Disponibil la adresa: https://www.ifes.org/sites/default/files/2014-annual-report.pdf
167. The Social Protection Committee - SPC (2010) A Voluntary European Quality Framework for Social Services. Brussels: SPC 2010/10/8/ final. Disponibil la adresa: https://ec.europa.eu/social/BlobServlet?docId=6140&langId=en

168. The United Nations Department of Economic and Social Affairs - UNDESA (1982) The World Programme of Action (WPA) concerning Disabled Persons. Disponibil la adresa: https://www.un.org/development/desa/disabilities/resources/world-programme-of-action-concerning-disabled-persons.html

169. The United Nations General Assembly (1993) Principiile de la Paris: Principiile referitoare la Statutul Instituțiilor Naționale. Rezoluția Adunării Generale nr. 48/134 din 20 decembrie 1993. Disponibil la adresa:
https://nhri.ohchr.org/EN/AboutUs/Pages/ParisPrinciples.aspx

170. The U.S. Department of State (2020) Trafficking in Persons Report. Disponibil la adresa: https://www.state.gov/wp-content/uploads/2020/06/2020-TIP-Report-Complete-062420-FINAL.pdf

171. Thornicroft G. Shunned (2006) Discrimination against People with Mental Illness. Oxford: Oxford University Press.

172. UNESCO (2011) The 2009 UNESCO Framework for Cultural Statistics (FCS).

173. UNICEF (2012) The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education. Geneva: Position Paper.

174. Washington Group on Disability Statistics (2020) The Washington Group Short Set on Functioning (WG-SS). Disponibil la adresa: https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

175. Ziv, N. (2007). Witnesses with Mental Disabilities: Accommodations and the Search for Truth. Israel: Disability Studies Quarterly 27(4).

DGASPC
-ARAD.RO

A MENTAL TRAINER

to empower your super ability

Erasmus+

This project (Project No. 2020-1-RO01-KA202-079780) has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."