



Co-funded by
the European Union

Ergo  Art

2023-1-SI01-KA220-HED-000166987
(Application form ID: KA220-HED-EF096731)

CONTENT AREA NO 3

DISABILITY IN THE WORKPLACE

Project Title

Ergonomic workplace design for workers with disabilities and their long-term employment

Project Acronym: **ERGOART**

August 2025

All ErgoArt partners



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



Lesson information

Description of content area

This module focuses on understanding the experiences, rights, and contributions of individuals with disabilities in professional settings. It explores key topics such as legal protections against discrimination, the importance of reasonable accommodations, and strategies for fostering inclusive and accessible work environments. The area emphasizes the value of workplace diversity, the need for effective communication, and the role of advocacy in creating equitable opportunities. By addressing barriers and promoting inclusivity, this content area aims to prepare individuals to support a fair and supportive professional.

Module focuses on the International Classification of Functioning, Disability, and Health (ICF) and the International Classification of Diseases (ICD). Both classifications are complementary frameworks developed by the World Health Organization (WHO). ICF focuses on understanding and measuring health and disability by describing how people live with their health conditions in the context of environmental and personal factors. It emphasizes a biopsychosocial approach, integrating physical, psychological, and social dimensions of health. ICD is a diagnostic tool that classifies diseases, disorders, and health conditions. It provides a systematic coding system for clinical and research purposes, focusing on causes of death, diseases, and morbidity. Together, ICF and ICD create a comprehensive view of health by linking diagnoses (ICD) to the functional and contextual impacts on individuals' lives (ICF).

Learning outcomes

- Attitudes: Commitment to fostering an inclusive workplace culture.
- Knowledge to recognize the common barriers that disabled workers face.
- Skills to develop and apply inclusive policies and practices in the workplace.
- Attitudes: Appreciation for a holistic approach to disability and health.
- Knowledge Understanding the ICF (and ICD) framework and its components.
- Skills to apply the ICF (and ICD) model to assess individual and environmental interactions.

Terms

Disability, work system, an inclusive workplace, ergonomics, legal protections, legislation, accessibility measures, assistive technologies, accessible digital tools, workplace adjustment, modified equipment, flexible schedules, alternative communication methods, International Classifications, International Classification of Functioning, Disability, and Health (ICF), International Classification of Diseases (ICD).

Necessary or additional reading (depends on content area)

- Barnes, C. (2019). Understanding the social model of disability: Past, present and future. In *Routledge handbook of disability studies* (pp. 14-31). Routledge.
- Kroemer, K. H. (2005). 'Extra-Ordinary' Ergonomics: How to Accommodate Small and Big Persons, The Disabled and Elderly, Expectant Mothers, and Children. CRC Press.
- Maisel, J. L., Steinfeld, E., Basnak, M., Smith, K., & Tauke, M. B. (2017). *Inclusive design: Implementation and evaluation*. Routledge.



- Schur, L., Nishii, L., Adya, M., Kruse, D., Bruyère, S. M., & Blanck, P. (2014). Accommodating employees with and without disabilities. *Human Resource Management*, 53(4), 593-621.
- International Classification of Functioning, Disability and Health (ICF):
<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- International Classification of Diseases:
<https://www.who.int/standards/classifications/classification-of-diseases>
- Zakon o zaposlitveni rehabilitaciji in zaposlovanju invalidov – ZZRZI (Uradni list RS, št. 63 /04 z dne 10. 6. 2004)

Questions for discussion and/or self-assessment

1. What are some common misconceptions about disabilities in the workplace, and how can they be addressed?
2. How does creating an inclusive workplace benefit both employees and employers?
3. What is the difference between visible and invisible disabilities, and how can workplaces support individuals with both types?
4. What are the key legal frameworks that protect individuals with disabilities in the workplace?
5. Can you think of examples of reasonable accommodations an employer might provide?
6. How can a company foster a culture of respect and inclusion for employees with disabilities?
7. What are some best practices for communicating with colleagues who have disabilities?
8. What barriers might employees with disabilities face in the workplace, and how can these be mitigated?
9. How can technology and innovation play a role in making workplaces more accessible?
10. What actions can you take to promote accessibility and inclusivity in your future workplace?
11. What is the primary purpose of the International Classification of Functioning, Disability, and Health (ICF)?
12. How does the International Classification of Diseases (ICD) complement the ICF?
13. Why is it important to consider both functional status (ICF) and diagnostic categories (ICD) in healthcare?
14. In what ways can ICF be used to assess the impact of a health condition on an individual's daily life?
15. What challenges might arise when implementing ICF and ICD in healthcare systems or research?
16. How can professionals ensure the consistent and accurate application of ICF and ICD classifications?
17. How do ICF and ICD contribute to global health equity and data standardization?
18. How can knowledge of ICF and ICD help you in your future career?

Readings/Bibliography

Barnes, C. (2019). Understanding the social model of disability: Past, present and future. In *Routledge handbook of disability studies* (pp. 14-31). Routledge.

Kroemer, K. H. (2005). 'Extra-Ordinary' Ergonomics: How to Accommodate Small and Big Persons, The Disabled and Elderly, Expectant Mothers, and Children. CRC Press



Introduction

Disability in the workplace is a multidimensional issue that lies at the intersection of medicine, law, social policy, and human rights. It concerns not only the physical or cognitive conditions of individuals but also the **societal and structural factors** that enable or hinder their participation in employment. Over the last century, the meaning of disability has shifted from being seen primarily as a **personal medical problem** to being recognized as a **socially constructed condition**, deeply influenced by barriers in the environment and prevailing cultural attitudes.

In contemporary debates, disability is increasingly understood within the framework of **diversity and inclusion**, positioning persons with disabilities not as passive recipients of aid, but as active participants in society and the economy. Employment, in particular, is a central dimension of inclusion, as it enables not only economic independence but also social participation, dignity, and recognition.

The international community, led by organizations such as the **World Health Organization (WHO)**, the **United Nations (UN)**, and the **International Labour Organization (ILO)**, has established a set of classifications and conventions to guide how disability should be understood, measured, and addressed. Among the most influential instruments are:

- the **International Classification of Functioning, Disability, and Health (ICF, 2001)**,
- the **International Classification of Diseases (ICD, continuously updated, now ICD-11)**, and
- the **United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006)**.

Within the European Union, disability inclusion is further supported by **directives, strategies, and accessibility standards**, while Member States, such as Slovenia, Poland, and Estonia, integrate these frameworks into their national legal systems.

This chapter presents a comprehensive overview of disability in the workplace, focusing on how definitions, models, classifications, and legal frameworks shape the rights and opportunities of persons with disabilities. It also highlights accessibility, financial incentives for employers, and ongoing challenges, drawing on practical examples and comparative perspectives.

1. Defining Disability: Historical and Conceptual Perspectives

1.1 The Evolution of Terminology

The word “**handicap**” offers a revealing example of how language shapes perception. Originating in sixteenth-century gambling and horse racing, the term referred to a system of giving an advantage to level the competition. Only later did it evolve to describe disadvantage or impairment. By the mid-twentieth century, “handicap” was used in medical and social discourse to denote people with disabilities, often in a way that carried a negative, stigmatizing connotation.

This evolution shows how **terminology can reinforce stereotypes**. When individuals are described as “handicapped,” the emphasis falls on what they lack, rather than on their abilities or potential. Today, more inclusive terms such as “**persons with disabilities**” are preferred, reflecting a rights-based perspective that places the individual before the condition.



1.2. Conceptual Models of Disability

The way disability is defined depends largely on the conceptual model adopted. Three principal models dominate the discourse:

1. Medical Model

- Disability is a direct consequence of illness, injury, or impairment.
- Focus is on diagnosis, treatment, and rehabilitation.
- Solutions lie in medical interventions aimed at “fixing” the person.

2. Social Model

- Disability arises from environmental and attitudinal barriers.
- The problem lies not within the person but in society’s failure to provide equal access and opportunities.
- Solutions require removing barriers, promoting accessibility, and changing social attitudes.

3. Biopsychosocial Model (ICF)

- Disability results from an interaction between health conditions and contextual factors.
- Recognizes both the medical dimension (impairments) and the social dimension (barriers, attitudes).
- This integrative approach underpins the ICF and has influenced international policies, including the CRPD.

Each model brings different implications for workplace practice. Under the medical model, workplace adjustments are considered optional “special measures.” Under the social model, they are essential obligations to ensure equality. The biopsychosocial model allows for a more nuanced approach that acknowledges both individual and environmental dimensions.

2. The International Classification of Functioning (ICF)

2.1. Origins and Purpose

The **ICF**, adopted by the WHO in 2001, marked a turning point in disability policy. Unlike the **ICD**, which classifies diseases, the ICF focuses on **functioning**—the way individuals perform daily activities and participate in society. It shifts attention from “what is wrong with the person” to “how the person interacts with their environment.”



2.2. Structure

The ICF is organized into several key components:

- **Body Functions and Structures:** physiological and anatomical characteristics (e.g., vision, mobility, cognition).
- **Activities:** the ability to perform tasks such as walking, reading, or using technology.
- **Participation:** involvement in life situations, including employment and community engagement.
- **Environmental Factors:** external elements that may hinder or facilitate functioning (e.g., workplace design, policies, attitudes).

2.3. Policy Relevance

The ICF is not merely a classification system; it is also a **policy tool**. It supports vocational rehabilitation, informs social policy, and underpins disability assessments in employment. Importantly, it was adopted as a conceptual basis for the **CRPD (2006)**, which emphasizes full and effective participation in society.

For example, in a rehabilitation setting such as the **Soča Rehabilitation Institute in Slovenia**, the ICF is used to assess not only the medical condition of the individual but also their capacity for employment, the potential barriers they face, and the adaptations needed to ensure inclusion.

3. The International Classification of Diseases (ICD)

3.1 Purpose and Use

The **ICD**, also developed by the WHO, is primarily a medical classification system. It provides a standardized way of recording diseases, injuries, and health conditions worldwide. While its purpose is different from the ICF, the two systems are complementary.

3.2 Role in Disability Assessment

In the workplace, the ICD often serves as the basis for **medical diagnosis** used by disability commissions, insurance providers, and pension systems. It helps determine the degree of impairment and eligibility for benefits. However, the ICD on its own does not capture the broader functional or social implications of disability—hence the importance of integrating it with the ICF.

4.3 Example

A person with optic nerve damage may receive an ICD diagnosis of visual impairment. The commission may classify the impairment as 30% physical disability. However, only when combined with ICF does the assessment take into account whether this person can work in well-lit environments, use assistive technology, or avoid tasks requiring rapid head movements.



4. Accessibility and Ergonomics

4.1 Accessibility Defined

Accessibility refers to the ability of persons with disabilities to access and use physical spaces, information, services, and technologies on an equal basis with others. It involves removing barriers that prevent full participation in social, economic, and cultural life. Accessibility encompasses several dimensions:

- **Physical accessibility** adapting the built environment through ramps, elevators, accessible workstations, and restrooms, enabling unhindered mobility and use of facilities for people with physical impairments.
- **Digital accessibility** ensuring websites, software, and mobile applications are designed so they can be used by individuals with sensory, cognitive, or motor limitations. This includes support for screen readers, alternative text for images, clear navigation structures, and sufficient color contrast.
- **Information accessibility** providing information in multiple formats and languages, including plain language, sign language, alternative printed or digital formats, captions, and audio descriptions for visually impaired individuals.

Accessibility goes beyond technical or physical adjustments; it is a concept of social justice and equal opportunity. In inclusive pedagogy and social policy, accessibility is recognized as a fundamental human rights principle that promotes active participation of all individuals in society. Lack of accessibility can lead to marginalization and social exclusion, with broad social, economic, and psychological consequences.

4.1 International and EU Standards

Accessibility is governed by numerous international and European standards, which provide not only technical guidelines but also a legal framework for protecting the rights of persons with disabilities:

- **ISO 26800:2011 – General Ergonomics Principles:** Provides guidelines for designing environments, products, and systems that consider the needs of all users, including persons with disabilities.
- **ISO 9999:2016 – Classification of Assistive Products:** Offers systematic categorization of assistive technologies, facilitating availability, usability, and quality control.
- **European Accessibility Act (2019/882):** Establishes EU-wide requirements for accessible products and services, including physical goods, digital solutions, and services such as banking, transportation, and public services.
- **Web Accessibility Directive (2016/2102):** Requires public sector websites and mobile applications to be accessible to all citizens, supporting digital inclusion.
- **EU Strategy for the Rights of Persons with Disabilities (2021–2030):** Provides a comprehensive framework for inclusion in education, employment, culture, and society.



Accessibility standards serve both a technical and normative function. The technical aspect enables the development of products and environments usable by all, while the normative aspect establishes the legal and ethical framework ensuring equality and preventing discrimination. Contemporary research on inclusion views accessibility as a multidimensional, participatory process that requires interdisciplinary collaboration and continuous evaluation of user needs. True accessibility is not a one-time implementation but a continuous process of improvement and adaptation. Is not only a technical matter but also a **legal and ethical obligation**, rooted in the principle of equal opportunities.

5. Legal Frameworks and Institutions

5.1 Slovenia

Slovenia has developed a comprehensive legal framework to protect the rights of persons with disabilities and ensure equal opportunities in employment, social life, and access to services. Key legislation includes:

- **ZDR-1 (Employment Relationships Act):** Contains provisions prohibiting discrimination in the workplace based on disability, gender, or other protected characteristics.
- **ZIMI (Act on Equalization of Opportunities for Persons with Disabilities):** Guarantees equal opportunities and prohibits discrimination, requiring public and private entities to implement accessibility measures.
- **ZZRZI (Vocational Rehabilitation and Employment of Persons with Disabilities Act):** Regulates vocational rehabilitation, provides financial incentives for employers, and sets employment quotas to ensure workplace inclusion.
- **ZPIZ-2 (Pension and Disability Insurance Act):** Integrates vocational rehabilitation into disability insurance benefits and supports individuals in maintaining or returning to employment.
- **Occupational Health and Safety Act (ZVZD-1) and Health Care and Health Insurance Act (ZZVZZ):** Ensure safe, healthy, and inclusive working conditions for all employees, including those with disabilities.

5.1.1 Institutions in Slovenia:

- **JŠRIPS (Public Scholarship, Development, Disability, and Maintenance Fund):** Manages financial incentives, wage subsidies, workplace adaptations, and monitors compliance with employment quotas.
- **ZRSZ (Employment Service of Slovenia):** Recognizes disability status for unemployed individuals, coordinates vocational rehabilitation, and supports employment placement programs.
- **ZPIZ (Pension and Disability Insurance Institute):** Finances vocational rehabilitation and provides disability-related benefits.



Slovenia's multi-layered legal and institutional framework demonstrates an integrated approach to disability inclusion. Legal provisions combined with specialized institutions ensure that equal opportunity is not only a formal principle but also actively implemented through financial support, workplace adaptations, and rehabilitation programs. Good practice is seen in the coordination between JŠRIPS, ZRSZ, and ZPIZ, which collectively address the full employment lifecycle of persons with disabilities—from education and training to workplace participation and long-term support.

5.2 Poland

Poland's legal system provides a robust framework for equality and vocational integration:

- **Constitution (1997):** Guarantees equality before the law, forming the basis for all anti-discrimination measures.
- **Labour Code:** Ensures equal treatment in employment, prohibiting discrimination based on disability or other protected characteristics.
- **Act on Vocational and Social Rehabilitation (1997):** Promotes the integration of persons with disabilities into society and the labor market through tailored rehabilitation and support programs.
- **Equal Treatment Act (2010):** Implements EU directives on non-discrimination, ensuring compliance with international standards.

Polish legislation reflects a combination of constitutional guarantees and sector-specific measures to support vocational and social integration. The interplay between broad anti-discrimination principles and targeted rehabilitation programs exemplifies a dual strategy: protecting rights while providing practical pathways for inclusion. Notable practice includes programs where employers receive financial support for workplace adaptations and the employment of persons with disabilities, enhancing both compliance and real-world impact.

5.3 Estonia

Estonia integrates equality and accessibility into its national legislation through both social and technical measures:

- **Equal Treatment Act:** Prohibits discrimination in employment, education, and public services, promoting equal opportunities for persons with disabilities.
- **Occupational Health and Safety Act:** Obligates employers to adapt workplaces to the needs of employees with disabilities, ensuring safety and accessibility.
- **Social Benefits Act and Social Welfare Act:** Provide financial and technical support, including assistive devices, rehabilitation, and vocational training.
- **Building Regulations:** Set accessibility standards for public infrastructure, ensuring that physical spaces are usable for persons with disabilities.

Academic reflection: Estonia demonstrates a holistic approach, combining legal anti-discrimination measures with financial, technical, and infrastructural support. This reflects the principle that accessibility is not solely a legal obligation but also a practical responsibility to ensure meaningful participation. Examples of good practice include subsidized workplace adaptations and mandatory accessibility audits for public buildings, which provide tangible improvements in daily life for persons with disabilities.



Overall reflection: Across Slovenia, Poland, and Estonia, legal frameworks for disability rights illustrate a convergence of constitutional guarantees, sector-specific laws, and institutional mechanisms. Effective implementation relies not only on legislation but also on coordinated institutions that provide financial, technical, and vocational support. Best practice models show that inclusive policy requires both **rights-based** and **pragmatic** approaches—legally protecting individuals while actively enabling their participation in work, education, and society.

6. Financial Incentives for Employers

To encourage employers to hire and retain persons with disabilities, Slovenia provides several support mechanisms:

1. **Wage subsidies** – partial reimbursement of salaries, depending on employment form and results achieved.
2. **Reimbursement of workplace adaptations** – covering costs of ramps, ergonomic tools, or specialized software.
3. **Support services funding** – assistance through mentors, job coaches, or interpreters.
4. **Exemption from social contributions** – for disability enterprises employing a defined share of persons with disabilities.
5. **Rewards for exceeding quotas** – financial bonuses for employers hiring more than the required quota of disabled employees.

For example, in Poland employers can receive monthly subsidies depending on the severity of the employee's disability, as well as grants for workplace adaptation and training costs.

7. Employment Statistics and Barriers

Across Europe, employment rates for persons with disabilities remain significantly lower than for the general population. Common barriers include:

- Architectural and infrastructural obstacles,
- Negative social attitudes and stigma,
- Lack of awareness and information,
- Limited workplace adaptations,
- Higher financial costs of accommodation.

These barriers are particularly visible in the cultural and creative sectors, where accessibility measures are less developed.



8. Practical Examples

- **ICF in practice:** Soča Rehabilitation Institute using ICF to tailor rehabilitation and workplace plans.
- **ICD in commissions:** medical classification determining impairment percentage for disability benefits.
- **Employer adaptations:** provision of ergonomic equipment, flexible hours, and assistive technologies.

8.1 Use of ICF in Rehabilitation Centers

At the **Soča Rehabilitation Institute**, ICF is applied to evaluate an individual's functional abilities and employment potential. For instance, a person with visual impairment may require structured instructions, adapted computer software, and a well-lit workspace.

8.2 Use of ICD in Disability Commissions

Disability commissions often use ICD classifications when determining the degree of impairment. For example, a person with 30% physical impairment due to optic nerve damage may face restrictions on jobs requiring sharp visual skills, rapid head movements, or poor lighting conditions.

9. Conclusion

Disability in the workplace must be approached holistically, considering medical conditions, functional capacities, environmental barriers, and legal rights. Employment inclusion cannot rely solely on medical assessments or legal compliance; it requires an integrated perspective that recognizes the interaction between the individual and their environment.

The combined use of **ICF (International Classification of Functioning, Disability and Health)** and **ICD (International Classification of Diseases)** allows professionals to achieve a nuanced understanding of disability. While the ICD provides diagnostic clarity about health conditions, the ICF emphasizes functional abilities, participation, and the impact of environmental and personal factors. This dual approach supports tailored interventions, reasonable accommodations, and informed policy-making in workplaces.

Legal frameworks, institutional support, and financial incentives complement clinical and functional assessments, creating a supportive environment for inclusive employment. For example, subsidies for workplace adaptations, vocational rehabilitation programs, and anti-discrimination legislation ensure that employees with disabilities have equitable opportunities to contribute meaningfully to their workplaces.

For future professionals include:

- **Accessibility as a universal right:** Understanding that accessibility is not merely a technical requirement but a fundamental principle of social justice and human rights.



- **The role of international classifications (ICF and ICD):** Using these tools to assess individual needs and design appropriate accommodations, while also informing policy and organizational practices.
- **Balancing medical and social models of disability:** Recognizing that disability is not solely a medical issue but a socially mediated condition influenced by environmental and attitudinal barriers.
- **The relevance of practical workplace adjustments:** Implementing measures such as flexible work arrangements, assistive technologies, ergonomic adaptations, and inclusive communication strategies.

Only by integrating medical, functional, social, and legal perspectives can societies develop truly inclusive labor markets. Inclusive workplaces benefit not only employees with disabilities but also organizations and society at large, fostering diversity, innovation, and social cohesion. Disability should no longer be viewed as a limitation but as a natural dimension of human diversity, enriching work environments with varied perspectives and skills.

Examples of good practice:

- Companies implementing universal design principles to ensure all workspaces are accessible.
- Employers offering telework or flexible scheduling to accommodate employees' functional needs.
- Multinational organizations providing training on disability awareness and inclusive leadership.
- Use of assistive technologies such as speech-to-text software, screen readers, or adapted workstations to facilitate productivity.



References

- [1] United Nations. (2006). Convention on the Rights of Persons with Disabilities (CRPD). Retrieved from <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- [2] European Union law – Employment Equality Directive (2000/78/EC)
- [3] European Commission. (2021). *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021–2030* (COM/2021/101 final). Brussels.
- [4] European Accessibility Act (Directive (EU) 2019/882) <https://eur-lex.europa.eu/eli/dir/2019/882/oj/eng>
- [5] European Parliamentary Research Service by Marie Lecerf, 2017
- [6] EU Strategy for the Rights of Persons with Disabilities 2021–2030 https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/disability/union-equality-strategy-rights-persons-disabilities-2021-2030_en
- [7] International Classification of Functioning, Disability and Health (ICF): <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- [8] International Classification of Diseases: <https://www.who.int/standards/classifications/classification-of-diseases>
- [9] Zakon o zaposlitveni rehabilitaciji in zaposlovanju invalidov – ZZRZI (Uradni list RS, št. 63 /04 z dne 10. 6. 2004)