Assessing Accessibility and Inclusion: A Neighborhood Study Surrounding the SFA Community

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1.0 - Introduction

People with disabilities comprise a significant portion of the European population (Edwards, 2025). In the Europe Union, 87 million people live with a disability (European Commission, n.d.). Whether physical or cognitive, individuals with disabilities face numerous difficulties in their everyday lives. An inaccessible built environment and negative societal views of individuals with disabilities leave people with disabilities with fewer resources, connections, and less engagement in society.

In Greece alone, 18.2% of the country's population has a disability (Zissi, 2007). Attitudes towards disability differ across cultures and disability types, but research shows that Greek people have a more negative attitude towards people with disabilities than other cultures (Zaromatidis, 1999). Having a disability is not a uniform experience. It varies widely depending on disability type, abilities, and the environments they navigate throughout their lives. While each person has unique strengths, many disabled people face challenges like inaccessible infrastructure, unclear signage, or negative attitudes.

Several countries have made great strides integrating inclusion efforts. The United States and Europe have incorporated the American Disability Act (ADA) and the European Accessibility Act (EAA), respectively, encouraging that the design of public spaces meets requirements for ramp slopes, landings, signage and many other aspects that are essential to consider in the design process. Greece implemented legislation to enforce equitable treatment of individuals with disabilities in society (Zhao, 2025). While many of these policies focus on physical accessibility, inclusion must also address cognitive accessibility, including clear and consistent signage, alternative communication methods, and sensory-friendly environments. By

addressing these barriers, societies can create environments that value inclusivity and accessibility for all individuals.

In Thessaloniki, there is limited research on accessibility for those with physical or cognitive impairments, specifically in smaller, quieter neighborhoods even though these less developed areas may present unique barriers. For people with disabilities to feel welcomed in their communities, they must be able to move through their neighborhoods and interact with businesses safely and independently, live free from judgment, and feel confident engaging in social and community life (Boland, 2023). Additionally, true inclusivity means that people with all kinds of disabilities can navigate and communicate in any space, including businesses. Many inclusivity challenges remain unaddressed, leaving individuals secluded from society. Thus, the need for accessibility assessments is necessary to articulate areas within Thessaloniki that are inaccessible to people with disabilities.

The team will be working with Drasi Gia to Kati Allo, a nonprofit, creative center for individuals with disabilities. The goal of this project is to conduct neighborhood assessments to help Drasi Gia to Kati Allo (SFA) address the lack of accessibility, inclusivity, and belonging for individuals with disabilities. Our team will complete the project goal through the following objectives:

1. Identify physical obstacles and communication barriers in the neighborhood surrounding the center for individuals with disabilities.
2. Investigate alternative communication methods for participants of the center to promote independence to enhance community engagement.
3. Create informative materials outlining general accessibility and inclusivity surrounding the SFA center for all participants and the local community.

Through this work, we hope to raise awareness about disability, accessibility, and inclusivity in the neighborhoods closest to the SFA center and provide the SFA community with current information about accessible spaces. By identifying barriers and highlighting accessible spaces, routes, and businesses, we hope to help individuals with disabilities navigate and engage in their communities.

2.0 - Background

This chapter discusses the historical and social stigmas of disabilities in Greece, and the way attitudes towards disability and accessibility have evolved over time, along with the effects on the disabled population in Greece. The background also examines cognitive disabilities, urban accessibility, and the overall frustrations disabled people might face. Additionally, this chapter addresses different neighborhood assessment and mapping approaches that might be useful for this project, and an introduction to our sponsor.

2.1 - Historical Views of Disability

Following the industrial revolution and fall of the English government in the 18th century, cities and workplaces became hostile environments which led to marginalization and institutionalized segregation. The industrial era of the 20th century created innovation of policies specifically in Greece and the need for changes in modern welfare services within workplace health, safety regulations, medical institutions, trade union accident funds, and life insurance for populations of people with disabilities. These factors led to de-institutionalism, normalization, and extended lifespans for people with disabilities (Rodi, 2020, p.63). Since these policies were introduced, little to no progress has occurred (Magnoulious, 2012). Because policy makers have failed to update them over time, the disconnect between policies and people with disabilities continues to grow as researchers produce new information about disabilities while policies remain unchanged.

Since ancient times, Greek society has viewed disability as a disgrace and a curse from the gods as a form of payback for committing sin. If a married couple had a child who was born with a disability, they would throw the child into the abyss of Kaiadas (Rodi, 2020, p.63). This

kind of moral judgment historically left individuals with disabilities socially excluded and treated as outcasts. Culture often shapes attitudes towards individuals with disabilities. Zaromatidis (1999) found that Greek Americans born and raised in the United States by Greek parents and who currently live in the US, had more positive attitudes toward individuals with disabilities than individuals born and raised in Greece. “The public does not hold a single general model of disability but differentiates its responses according to the type of disability” (Gilbride et al. 2000). The current longstanding belief in the gods holds strong power in the Greek community and with this society treats people with disabilities with stigma and alienation practices that are morally inappropriate and unjust.

2.1.1 - Comparing Disability Legislations

In the 1960’s, national legislation started making accommodations towards their policies to help people with disabilities striving for society to be more accepting. The United States adapted self-help attitudes where disabled people had to help themselves while Europe adapted social welfare, a concept in which society should help protect its weaker members. The American standards for accessible design went into effect in 1992 and caused irritation, hostility, and created headaches and epidemics amongst all people in the country. (Rodi, 2020)

2.1.2 - Legislation in Greece

In Greece, the 1990’s was a period of implementation of policies regarding disability acts and social inclusion acts by the Greek Organization for the Employment of the Workforce. These legislations provide services for people with disabilities. The services include vocational training programs, actions facilitating accessibility and rehabilitation in the labor market, subsidizing of employment providing the employers with specific motives so that the employment of disabled people will become easier, and incentives for business entrepreneurship with subsidies to young

professionals who set up small businesses or formed partnerships (Magoulious, 2012). The implementation of laws following these services supports the hiring of people with disabilities. Yet since the 1990's, few if any chances have been made to these laws.

2.1.3 – Policy

Communities often struggle to implement policies that support social inclusion for people with disabilities due to limited funding, inadequate infrastructure, and alternative political priorities. A European Union study in coastal regions found that cities often embrace LGBTQ+ inclusivity as a marker of creativity and global competitiveness, to attract talent and investment, while simultaneously neglecting low-income residents, elderly populations, and individuals with disabilities in housing and social policies (Zhao, 2025). This selective approach to inclusivity highlights ongoing tension between political leaders' neglect of systemic issues and the lived realities of people with disabilities.

Supporting individuals with disabilities requires substantial investment, including funding for centralized service buildings, accessible locations, managing risk, and overcoming resistance to change (Boland, G., & Guerin, S. (2023). In Greece, resistance may be partially driven by politicians' focus on economic recovery and stabilization. If politicians focus more of their efforts on fostering an environment where people with disabilities can contribute meaningfully to their local economies, they can help reduce exclusion and strengthen economic participation. Prioritizing inclusion could influence economic growth as individuals with disabilities are an untapped large labor market (Kanellopoulos, 2011). Employing individuals with disabilities reduces social isolation and increases economic participation.

2.2 - Cognitive Disability and Urban Accessibility

Accessibility in urban environments stretches beyond physical challenges and includes communication of information and services. Broken sidewalks and poor street crossings are visible issues, while communication struggles might not be as obvious. Individuals with cognitive disabilities may struggle interacting with employees who are inexperienced with accessible communication, limiting their independence. Communication "allows us to express desires, ideas, needs, or enables us to ask questions," so individuals who are non-verbal or struggle with communication are at risk for social exclusion (García et al., 2020, p. 2).

2.2.1 – Communication

Depending on the severity of the disability, individuals may need resources to help them communicate in service-oriented environments. In urban environments where interaction is constant and necessary, communication becomes a major component of accessibility.

An Emerson study found that 80% of individuals with severe intellectual disabilities will never develop effective speech, but 60% of those individuals can use symbols, pictures, or signs to communicate (Emerson, 2001). Augmentative and Alternative Communication (AAC) devices are a common communication support resource. Low-technology AAC's such as communication boards allow individuals with cognitive disabilities to use symbols and pictures to convey their needs without speaking.

For individuals with visual impairments, asymmetric two-way communication is the imbalance in an interaction resulting in the loss of information between individuals in a public relation (Hsu, 2020, p. 2). To support easier communication, individuals who are blind may use tactile communication boards, a form of AAC, which allows them to convey information through

touch. These tools aren't always effective, as most non-blind individuals do not understand braille or how to use the tactile symbols to communicate. This reveals a clear gap that exists in communication between non-blind and blind individuals driven by a lack of familiarity with visual aid technologies (Hsu, 2020, p. 1).

Training staff in service-oriented businesses in accessible communication practices provides individuals with cognitive disabilities opportunities for independence (World Health Organization [WHO], 2011). Unintentionally, people tend to prioritize speech even when it is apparent that it is not effective (Boardman et al., 2014, p. 2). Businesses that understand alternative communication methods and employ trained staff can make interactions less stressful and support independence.

2.3 – Navigation Stress and Risk in Urban Environments

Inaccessible urban environments create travel frustrations for individuals with disabilities. Poor signage and pedestrian infrastructure design make navigation confusing and difficult. These issues primarily affect individuals' desire to travel by increasing stress and additionally creating safety risks.

Individuals with disabilities may seek accessible routes when traveling even if it means sacrificing their own safety. Residents described the sidewalks in Athens, Greece and Gran Canaria, Spain as being too narrow and crowded for individuals with disabilities (Aidonis et al., 2021, p. 2; Mitropoulos et al., 2023, p. 11). The European Union Transport Innovation for disabled People needs Satisfaction (TRIPS) project focused on improving the accessibility of public transport. In a study done during the project, participants described accessibility issues in different European cities, including one of a wheelchair user in Brussels riding on the street

because of a crowded sidewalk (Hatzakis et al., 2024, p. 7). This is a direct example of someone risking their own safety due to a physical barrier.

A different user in Brussels with visual impairment described the dangers of new pedestrian crosswalks where planners didn't incorporate tactile paving slabs. Without the slabs, the white cane cannot convey the user's location, making navigating urban environments confusing and dangerous (Hatzakis et al., 2024, p. 7). This participant did not place themselves at risk but instead articulated a lack of awareness during the sidewalk construction. Regarding accessibility, "public awareness is equally important to the tangible infrastructure and applications" (Aidonis et al., 2021, p. 2). The sidewalk design may disorient travelers with disabilities and create safety risks in urban environments with traffic and busy street crossings. This trend continues throughout Athens where crosswalks lack vertical signage, coloring, and audio for visually impaired individuals (Mitropoulos et al., 2023, p. 11).

A case study done in Central Athens, Greece quantifies these experiences of risks and inaccessibility using the Opportunity Accessibility Index (OAI). Table 2.1 indicates that people with disabilities (listed in table as PWD) have the lowest OAI for each location out of all surveyed travel groups. This level of inaccessibility may discourage individuals with disabilities, hoping to avoid the "frustration, embarrassment, anger, or feeling of helplessness" of traveling through inaccessible urban environments (Papanikolaou et al., 2022, p. 3).

Location	Pedestrian	PWD	Cyclist	Public Transport User	Overall OAI
Green Spaces	100	73.3	100	100	93.3
Recreational Spaces	100	96.5	100	100	99.1
Educational Buildings	100	72.7	100	100	93.2
Health Buildings	0	0	70.4	100	42.6
Public Service Buildings	96.9	61.4	100	100	89.6
Commercial Uses	100	100	100	100	100
Public Transport Stop	28.1	5.7	100	-	44.6

Table 2.1: Opportunity Accessibility Index for Travelers (Mitropoulos et al., 2023, p. 11).

In addition to the discomfort of traveling, the OAI for critical services such as health buildings and public transport stops is 0 and 5.7 respectively. Considering that 33% of individuals with disabilities in Greece are at risk of poverty or social exclusion, access to these services is essential (Disability Statistics - Poverty and Income Inequalities, n.d.). For example, individuals with disabilities in Europe report sacrificing medical treatment because of travel distances (Papanikolaou et al., 2022, p. 3). Mapping accessibility can relieve travel-related stress and mitigate risks by providing individuals with necessary information for safe travel.

2.4 - Neighborhood Assessment for Accessibility

Mapping is a tool that can show the location of businesses, infrastructure, and transportation, and how accessible they are. For someone with a physical disability, this can include documentation of ramps, curbs, and sidewalks whereas for someone with a cognitive

disability, this might mean mapping the location of signage, congestion points, or any areas that might cause a sensory overload (Chruzik, et al, 2025).

2.4.1 - Mapping for Physical Accessibility

Mapping is essential for understanding and addressing barriers for people with physical disabilities such as a lack of mobility, limited balance, or visual impairments. Because there is a wide range of ability for people with disabilities, the standard for accessibility must be broader so that it includes everyone. Mapping for physical disabilities would include documentation about sidewalk conditions, curb heights, slopes, crosswalk accessibility, and other obstructions including poles, hydrants, and potholes. Laying these out allows for evidence and advocacy, increased safety for everyone, and supports creating improvements (Brown, 2014).

Many mapping software for physical disabilities already exists. These technologies include various crowdsourcing solutions such as The Mobile Pervasive Accessibility Social Sensing (MPASS) and EasyGo, which are personalized interfaces that build upon a person's individual needs to collect data and offer customized paths and routes. Easy Wheel and WeMap are both navigation systems for wheelchair users (Chruzik, et al, 2025). Additionally, there are software products like Ariadne GPS, which is a wayfinding tool that speaks to someone who is visually impaired, and gives them in depth directions based on their location and movement patterns (Chruzik, et al, 2025). These tools allow researchers to measure physical accessibility and identify and address barriers.

A study in New Jersey utilized Project Sidewalk software to collect data on infrastructure issues people encounter in their everyday lives. The software works similarly to a navigation app, allowing users to map out the route they plan to take, and mark damaged or missing curbs (see Figure 2.1), ramps, or any other barriers on that route. This tool allows disabled people and

caregivers to determine the most accessible routes for their everyday lives and alert the city to infrastructure issues that need urgent repair (Li, 2024). Public spaces and human interaction can support physical and mental health, which makes providing accessibility essential to all members of a community. Technologies like Project Sidewalk are a great first step in bridging the accessibility gap and eliminating exclusion.

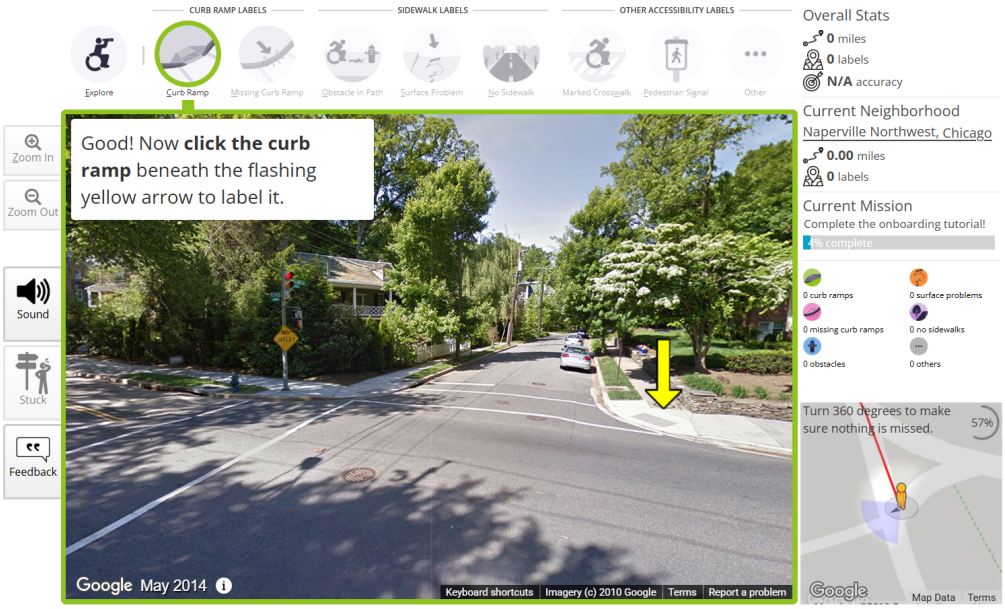

Figure 2.1 - Assessing a Crosswalk and curb on Project Sidewalk software.

2.4.2 - Mapping for Cognitive Accessibility

Accessibility is not only an issue for physical disabilities but also for cognitive disabilities. This is important because it plays a critical role in individuals navigating and connecting to society. People often overlook cognitive disabilities even though they encapsulate a wide range of disabilities including but not limited to intellectual disabilities, autism, traumatic brain injuries, Attention-Deficit/Hyperactive Disorder (ADHD), and memory challenges (Chruzik, et al, 2025). Mapping an urban environment includes experiences as well as physical barriers. Individuals with cognitive disabilities, specifically those with autism, have a strong

preference for predictability (Goris et al., 2020, p. 1). Cities are quite the opposite, with unexpected events and interactions being common occurrences. This uncertainty can discourage individuals with cognitive disabilities from traveling and undermine their confidence. Mapping things such as waiting times, store processes, and quitting hours can remove uncertainty, creating predictable and less stressful environments. Mapping for cognitive disabilities could also document sign clarity and consistency, wayfinding cues like markers or landmarks, mapping out complex intersections, areas of high noise level, lighting quality, and consistently crowded spaces (Hara, 2021). People can easily see the physical barriers that are associated with physical disabilities but for cognitive disabilities, these barriers are less visible and more experiential. Conducting interviews and surveys will help researchers better understand these challenges. Neighborhood assessments for cognitive disabilities allow all individuals to shape how communities understand and approach accessibility.

2.5 - Drasi Gia to Kati Allo

Drasi Gia to Kati Allo is a creative, non-profit activity center for disabled people in Thessaloniki, Greece. In this center, volunteers and staff members create a safe space to give people with disabilities the chance to learn, grow, and become active members of society. The program currently has 50 active participants daily. The morning typically consists of around 25 adults over 18 years of age, and the afternoon consists of roughly 25 people, most of which are children and teenagers. The program at the center works to improve the cognitive skills, artistic expression, prevocational training, and social skills of participants through various workshops and activities. Through this work, Drasi Gia to Kati Allo aims to provide general knowledge and

skills, offer entertainment, promote socialization, enable integration into society, provide family support, and overall create a more equal society (Movement for Change, n.d.).

Drasi Gia to Kati Allo has a committed volunteer base that aims to increase independence amongst the participants by introducing them to the surrounding neighborhood. The participants at the center take part in group trips to various businesses, grocery stores, and coffee shops to utilize the skills they gain through the program (Movement for Change, n.d.). Despite their work in this area, there has been no systematic assessment of the neighborhoods surrounding the center to explore physical, cognitive, and social accessibility. Having thorough neighborhood assessments would help identify barriers in the environment, allowing people with disabilities to navigate their neighborhoods safely and comfortably, fostering a greater sense of inclusion and belonging.

3.0 - Methodology

The goal of this project is to conduct neighborhood assessments to help Drasi Gia to Kati Allo (SFA) better understand the lack of accessibility, inclusivity, and belonging for individuals with disabilities. Our team will complete the project goal through the following objectives:

1. Identify physical obstacles and communication barriers in the neighborhood for individuals with disabilities.
2. Investigate alternative communication methods for center participants with cognitive disabilities to promote independence to enhance community engagement.
3. Create informative materials outlining general accessibility and inclusivity surrounding the SFA center for all participants and the local community.

Our team will work on site in Thessaloniki, Greece from March 16, 2026, to May 7, 2026. We plan on observing interactions within the neighborhood, surveying workers and volunteers within the SFA center, and mapping a 1–2-kilometer radius surrounding the center (see Figure 3.1). The team will interview individuals, conduct surveys to help gather relevant information, and observe day-to-day activities within the center and the surrounding neighborhood. The group will use local student translators to communicate during interviews or translate transcripts. The team will create surveys in English and translate them to Greek with help from the student translators or an existing application. We will focus this research on understanding disabilities through the eyes of volunteers and employees at the SFA center, business owners within the neighborhood, and caretakers of individuals with disabilities. Having the opportunity to learn from a range of individuals allows us to gain insight into multiple perspectives and experiences, ensuring that our research is reflective of a variety of viewpoints. The combination of collected data will help us create a product that will be understandable and

usable for people with different levels of cognitive and physical disabilities, their caretakers, and the surrounding local businesses.

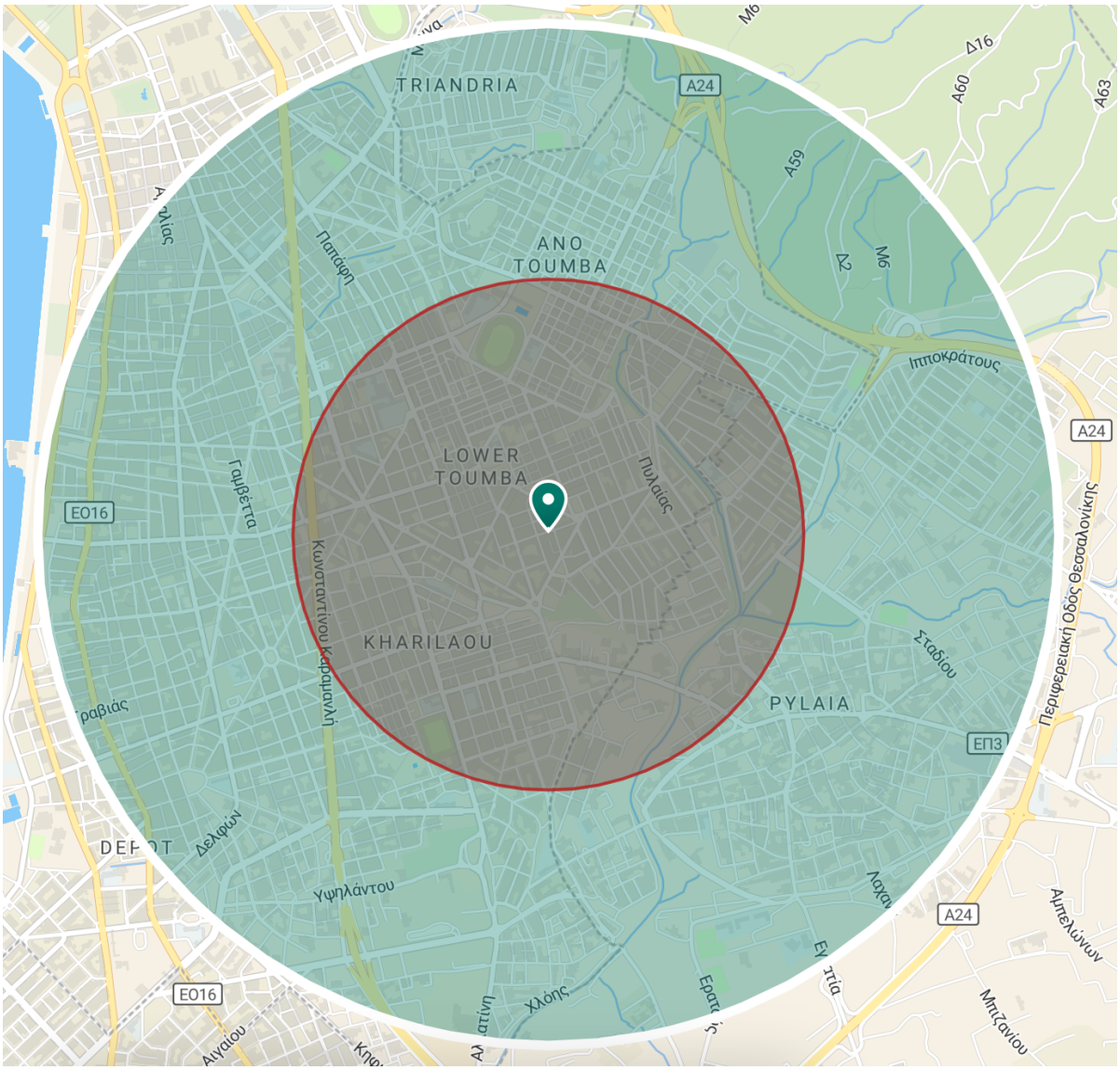

Figure 3.1: 1-2-kilometer radius surrounding the SFA center.

3.1 - Identifying Barriers in the Neighborhood

The first objective of the project is to identify both physical and communicative barriers in the neighborhood that affect individuals with disabilities. Observing how individuals interact

with the physical environment and collecting community perspectives on accessibility will inform the teams' pamphlet and mapping structure. The team will use structured assessments to evaluate accessibility challenges and create an assessment of neighborhood accessibility from personal experiences and the built environment.

3.1.1 Observing SFA Participants in Neighborhood Spaces

We will begin with observational research as it reveals the interactions in a setting and includes the ways in which people prioritize and organize situations and physical objects in that setting (Kawulich, 2012, p. 3). The team will utilize participant observation to understand the daily experiences of individuals with disabilities. Participant observation makes researchers aware of the participants' world by partaking in activities with them, which aligns directly with the goals of this objective (Kawulich, 2012, p. 4). Observations are especially valuable when working with individuals with more severe cognitive disabilities, as the method can help verify nonverbal expressions of feelings (Schmuck, 1997).

SFA participants are local residents who frequently engage with businesses surrounding the SFA community center. The team will coordinate with the sponsor to find opportunities to accompany adult participants and staff on short trips around the city. The team will then observe the participants and staff’s daily experiences and challenges. The team will conduct observations in frequently visited public buildings and spaces such as sidewalks, parks, or coffee shops. We will observe the challenges of communication in the interactions within the neighborhood between center participants and local businesses. To ensure thorough data, the team will rely on all members taking field notes with exact time, date, and location to detail behavioral changes when communicative and social barriers are present.

We will record observations using a phone camera which will allow us to identify and capture physical limitations and challenges within the local neighborhood. The team will use the 360-degree camera to capture high focus areas such as intersections. The camera will not capture the participants' interactions specifically due to privacy concerns and consent limitations. The camera will allow for visual representation of limitations in the neighborhood that participants should be aware of and potentially avoid. The team will survey a 1–2-kilometer radius (see Figure 3.1) from the center, identifying physical obstacles and marking them on a map. The observations collected through images and videos captured using the cameras will inform the teams' pamphlet by identifying barriers within the neighborhood.

Observations will take place in public places because these spaces allow us to observe and record without consent. For participant observation, the team we get consent from the SFA participant, their caregiver, or the sponsor before recording observations. The team will also ask business owners and employees for their consent (see Appendix F).

3.1.2 Neighborhood Survey

To support observation data, the team will employ a SFA community survey to gain another perspective on physical and communicative barriers. Including community members outside of SFA participants deepens the teams' understanding and awareness of accessibility obstacles. The recipients of the survey will include volunteers and employees of the center, and individuals who engage with SFA's social media platforms. These groups overlap and usually witness accessibility challenges in the neighborhood based on their jobs, relatives, or proximity to the center. This is crucial for surveys as Fink (2003) notes that the "importance of the sample lies within the accuracy of which it represents the target population" (p. 9).

The survey will consist of six closed-ended questions about common accessibility obstacles in the area (see Appendix A). The questions will ask participants to recall if they have witnessed the specified physical or communicative barriers for individuals with disabilities, and to identify their locations. The information from this survey can provide the team with a narrower scope of challenges and locations to focus on when developing the informative accessibility materials.

The team will distribute the survey through Qualtrics confirming standardized data collection and professionalism. Qualtrics includes a built-in control to limit recipients to one response. If distributed electronically, the team will provide a URL via email or the SFA Facebook page. If internet access is limited, the team is prepared to distribute paper surveys within the center as an alternative and complete the data collection manually.

The survey will make clear at the beginning that participation is completely voluntary and anonymous. The survey consent form (see Appendix A) states the survey and data collection purposes, along with contact information. Each distributed survey will include the survey consent form.

3.1.3 Building and Pedestrian Infrastructure Assessment

To quantitatively identify physical barriers for individuals with disabilities in the neighborhood, the team will conduct two assessments using standardized checklists. The first assessment will document essential accessible infrastructure including building entrances and interior design (see Appendix B). The second assessment will survey public infrastructure such as sidewalks, crosswalks, and curbs (see Appendix C).

The locations chosen for assessment are buildings frequented by SFA participants. The team will ask the sponsor for recommendations but also survey buildings that SFA doesn't

already label as inclusive. The assessments will evaluate the entrance area directly outside and the interior of each building to provide clear expectations of accessibility upon arrival. The checklist includes a space for the business name, along with predetermined parameters and a space for notes.

The team will use the pedestrian infrastructure checklist to survey the 1–2-kilometer radius around the center. The team will walk the area methodically in pairs of two and use Google Timeline or an equivalent app to keep track of the streets. Large streets will be prioritized, and then alternative routes such as those from public transport stops to the SFA center. The team will decide which side streets should be assessed based on time. This allows one team member to operate a camera and the other to conduct assessments of the infrastructure. The checklist format will remain the same, but the location will be a street name instead of a business name.

Assessment data will contribute to the teams' understanding of physical obstacles and accessible businesses in the area and inform the materials. The team will conduct building assessments in public spaces and businesses.

3.2 – Investigate Alternative Communication for Inclusion

The second objective focuses on examining how local businesses currently address (or fail to address) communication accessibility. Improving communication accessibility allows businesses to fully engage with individuals with disabilities, which in turn helps create more welcoming and inclusive spaces. Rather than identifying entirely new communication methods, this objective investigates existing adaptive communication practices, business owners’

awareness of communication barriers, and their willingness to implement inclusive strategies to create more welcoming and inclusive environments.

3.2.1 Assessing Current Communication Practices

The team will begin this work by first assessing barriers such as inaccessible signage, and other environmental factors that may impact individuals with cognitive, visual, hearing, or non-verbal communication disabilities to better understand business needs for alternative communication strategies. This goal emphasizes evaluating what communication accommodations are currently in place and alternative communication methods that better fit community needs. For example, businesses may not provide captions on digital displays, visual ordering systems, braille menus, clear pictorial signage, or alternative ordering methods such as written or tablet-based communication. Through observations and note-taking, the group plans to accompany the SFA center on one of their outings to a local shop, identifying barriers and how well they work. From there, the team can go to other local businesses and identify where barriers exist, and how they can be improved.

The focus is on determining what accommodations exist, since best practices are already well documented in accessibility literature, and assessing whether local businesses have implemented them and how effectively they are integrated into everyday operations.

3.2.2 Interviews

Through semi-structured interviews with local business owners, employees, and the SFA board, one can assess knowledge of adaptive communication strategies, their awareness of communication barriers faced by individuals with disabilities, current accommodations already in place, attitudes toward accessibility and inclusion, and willingness to implement additional inclusive practices.

For example, when adult participants visit a local café, individuals with non-verbal forms of neurodivergence may have trouble ordering. Rather than assuming solutions, interviews will explore whether businesses currently provide alternative ordering options (written menus at table level or picture-based ordering tools) and whether they are open to adapting their practices to better support diverse communication needs. Using what we find from the interviews we conduct, we will then be able to assess and map out the locations of which public spaces might be more accessible for people with different disabilities.

As direct interviews with SFA participants may not be feasible, data collection will focus on employees, volunteers, and the SFA board. A semi-structured interview format will allow flexibility while ensuring consistency across interviews. Examples of questions are provided in Appendix D.

These interviews will examine business owners' general understanding of disability-related communication needs. Questions will also explore perceived challenges, such as cost, staffing limitations, or lack of information, as well as perceived benefits of implementing inclusive communication practices. By organizing the interview guide around knowledge, current practices, and willingness to adapt, the team can assess both structural and attitudinal factors influencing accessibility and inclusion within the neighborhood.

Two team members will be present at each interview, allowing one to conduct the interview and another to take notes if audio recording is not permitted, or ensure that equipment is functioning properly. If a local business is too busy for an interview, the team will move on to another one as surveys are usually rushed and quality results can be variable. Another challenge associated with interviewing in Greece is the language barrier. To not miss shorthand "slang"

terms, the team will have a local university student present to help translate. If they cannot be present, live translation software can be implemented, accommodating hundreds of languages.

Semi-structured interviews are the most appropriate method for gathering this information because the objective requires insight into perspectives, beliefs, and everyday business practices that cannot be fully captured through observation or surveys. This approach provides depth and nuance, enabling follow-up questions and clarification while maintaining consistency across participants. As a result, interviews offer an effective means of connecting observed communication barriers with stakeholder awareness and readiness for change.

3.3 - Accessible Informative Materials for SFA Participants

The third objective of this project is to create informative guides outlining general accessibility surrounding the SFA center for all participants. The group will analyze data and information from the collected observations, interviews, and surveys to produce a paper-based informative pamphlet. Observations of people with disabilities interacting within the SFA center and within the local community allow us to identify areas in which people with disabilities need additional resources provided at the center or within local businesses. When interviews and surveys are conducted, the information needed for the pamphlets is gathered.

3.3.1 - Content Analysis

To create a pamphlet, the group will conduct a content analysis where we pull common themes and information out of the data collected from observational field notes, surveys, interview transcripts, and assessments. We will categorize the data by theme and create a series of pamphlets based on the common theme outcomes. We plan to create a comprehensive

pamphlet for caretakers and volunteers at the center, a simpler pamphlet that outlines accessible routes and physical accessibility barriers, and a third pamphlet that focuses on accessibility for cognitive disabilities. The content analysis will help the team identify different patterns among the collected data and will provide insight into what should be included in the final deliverable.

Mapping is a tool the team will utilize to show the location of businesses, infrastructure, and transportation, and how accessible they are on a pamphlet that we will provide to our sponsor. We will create a series of pamphlets for a variety of disabilities. A pamphlet for someone with a physical disability may include a map showing the location of ramps, curbs, and sidewalks as well as businesses where the infrastructure is accessible. A pamphlet for someone with a cognitive disability might include areas where signage is unclear, congestion points, or any areas that might cause a sensory overload (Chruzik, et al, 2025).

The pamphlets will show simple information that will communicate which local businesses are accessible and welcoming, as well as streets that are accessible. The pamphlets will display visuals and short sentences that allow a reader to see where nearby accessible businesses are located in relation to the center. Pamphlets will be used by participants, caregivers, and the staff at the center, so it is essential that the pamphlets are accessible to all different ability levels. This pamphlet will serve as a resource for readers to gain more information regarding the community around them.

3.3.2 - Pamphlet Feedback Survey

To determine a better understanding of the effectiveness of the pamphlet, the team will utilize a survey. The primary goal of utilizing a survey is to gain feedback on the informative materials the team has created. We hope to gain insight into the content and effectiveness of the pamphlets by asking a wide variety of people with different experiences and perspectives.

To successfully execute a feedback survey, the team will conduct an online survey that will be sent to high functioning participants, volunteers and employees in the SFA community, caregivers, and business owners. Including people within the SFA community and individuals outside the center allows us to gain a deeper understanding of what information is vital to include in the pamphlet without over providing information that is already known by the locals. The survey will be approximately 10 questions, all yes/no questions or ratings on a scale. We expect the survey to last no longer than 7 minutes (see Appendix H).

The team will then analyze and organize the data and information we receive from the survey. We will use this data to make the necessary changes and improvements to our pamphlets before we provide them to the SFA center for use.

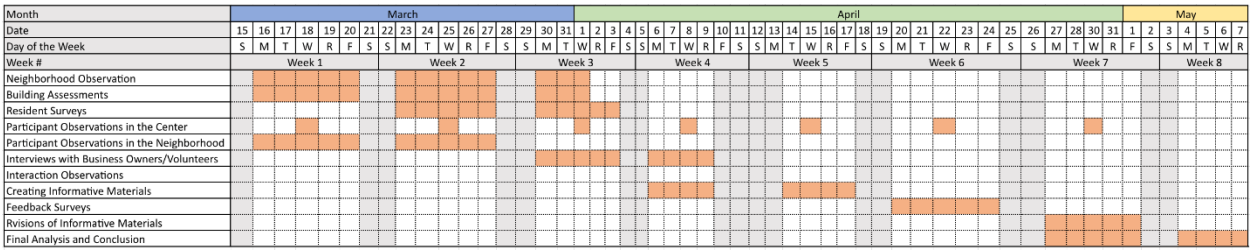

Figure 3.2: Proposed Gannt Chart Timeline

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Appendix A - Neighborhood Survey

We are a group of students from Worcester Polytechnic Institute, Massachusetts, USA working on a collaborative project with Drasi Gia to Kati Allo to address the lack of inclusivity, accessibility and belonging for individuals with disabilities through neighborhood assessments. The purpose of this survey is to identify accessibility barriers in the neighborhood surrounding the Drasi Gia to Kati Allo Center and frequently visited businesses. This survey will take approximately five minutes to complete.

Your participation is completely voluntary, and you may withdraw at any time. Please remember that your answers will remain anonymous. We will ask for your email address to ensure duplicates aren't submitted; however, no names or identifying information will be used. Your participation is greatly appreciated. Should you have any questions or concerns, we can be reached at gr-SFA-D26@wpi.edu or through our advisors, Professors Melissa Butler and Robert Kinicki at mbutler@wpi.edu and rek@wpi.edu, respectively. For more information about this research or about the rights of research participants, please contact irb@wpi.edu.

Do you consent to this survey?

Survey Questions:

B1. What is your role within the SFA community? Select all that applies.

Volunteer, Caregiver, Nearby Resident, Other

B2. What is your gender?

Male, Female, Non-Binary/ Third Gender, prefer not to say

B3. What is your age?

18-24, 25-34, 35-44, 45-54, 54-65, 65+

B4. Which of these locations do you visit most frequently? (Select all that apply)

Grocery Stores, Hospitals or Pharmacies, Restaurants, Cafes, Retail Stores, Public Spaces (Parks), other (specify)

The following questions are regarding accessibility:

B5. Where have you noticed physical obstacles in your neighborhood? (Select all that apply and specify where applicable)

Sidewalks, Crosswalks, Public Transportation, Grocery Stores, Public Spaces (Parks), Hospitals, Pharmacies, Doctors Office, Restaurants, Retail Stores, I have not noticed any obstacles

B6. Where have you noticed communication barriers? (Select all that apply)

Sidewalks, Crosswalks, Public Transportation, Grocery Stores, Public Spaces (Parks), Hospitals, Pharmacies, Doctors Office, Restaurants, Retail Stores, I have not noticed any obstacles

B7. To what extent do you feel that the neighborhood surrounding the SFA center is accessible?

Slider Question Format: not accessible at all, some areas accessible, no opinion, most areas accessible, whole neighborhood accessible

WPI

What is your role within the SFA community? Select All that Apply.

- [ ] Volunteer
- [ ] Caregiver
- [ ] Employee
- [ ] Student/ Intern
- [ ] Other

What is your gender?

- ○ Male
- ○ Female
- ○ Non-binary / third gender
- ○ Prefer not to say

What is your age?

- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65+

Please rank the following locations based on how often you visit them.

- Grocery Store
- Hospital
- Pharmacy
- Doctors Office
- Restauraunt
- Cafe
- Retail Store
- Park
- Other (Please Specify)

WPI

Where have you noticed physical obstacles in your neighborhood? (Select all that apply and specify the location if applicable)

- [ ] Sidewalk
- [ ] Crosswalk
- [ ] Public Transportation
- [ ] Grocery Store
- [ ] Retail Store
- [ ] Restauraunt
- [ ] Pharmacy
- [ ] Hospital
- [ ] Doctors Office
- [ ] Park
- [ ] I have not noticed any obstacles

Where have you noticed physical obstacles in your neighborhood? (Select all that apply and specify the location if applicable)

- [ ] Sidewalk
- [ ] Crosswalk
- [ ] Public Transportation
- [ ] Grocery Store
- [ ] Retail Store
- [ ] Restaurant
- [ ] Pharmacy
- [ ] Hospital
- [ ] Doctors Office
- [ ] Park
- [ ] I have not noticed any obstacles

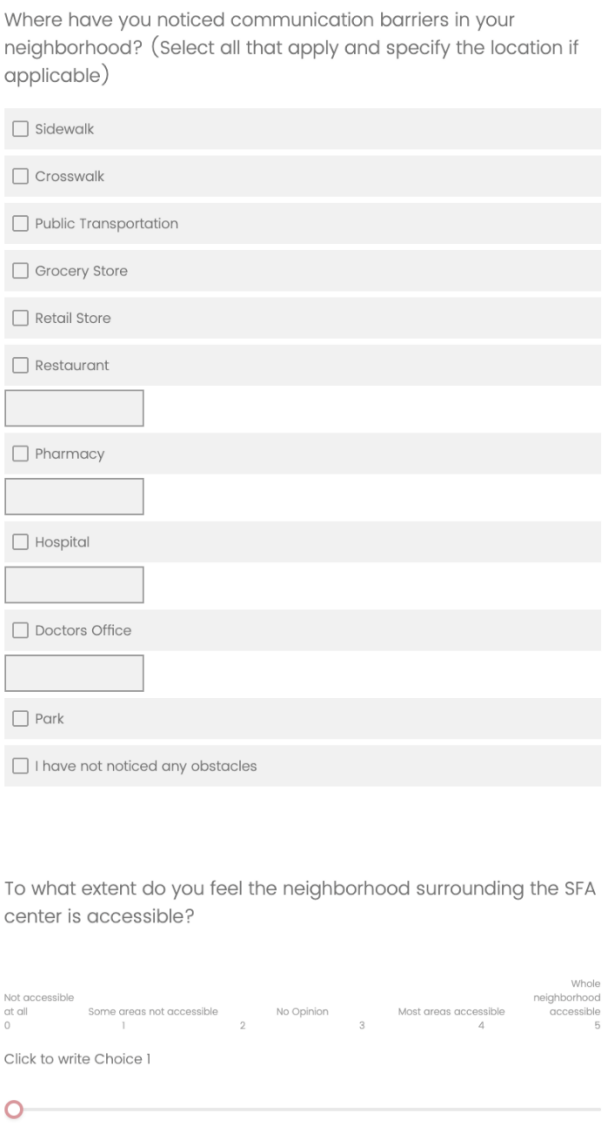

Figure A1: Sample Qualtrics Neighborhood Survey

Appendix B - Building Assessment

SFA Building Accessability Assesment				
Location Name:	Team Members:			Date:
Item	Yes	No	N/A	Comments
Are nearby sidewalks in good condition and wide enough?				
Are entrances and exits clear and unobstructed?				
Is there ramp access?				
Is the ramp in good condition, includes handrails, correct slope, and wide enough for wheelchair access?				
Are the doors wide enough, unobstructed, and not excessivley heavy?				
Are pathways inside clear and unobstructed?				
Are floors even and non-slip?				
Do areas inside with steps include a ramp?				
Are service counters clear and unobstructed? (clear of clutter in front of the counter)				
Are service counter reachable from seat height?				
Is there ample space in primary service areas?				
Other Notes:				

Figure B1: Building Assessment.

Appendix C - Pedestrian Infrastructure Assessment

SFA Pedestrian Infrastructure Accessability Assesment				
Street Name:	Team Members:			Date:
Item	Yes	No	N/A	Comments
Are sidewalks in wide enough throughout the street?				
Are sidewalks in good conditions throughout the street? (cracks, bumps)				
Are sidewalks free of obstructions throughout the street? (trash, bikes, poles)				
Are sidewalks present on both sides of the street?				
Do crosswalks include hearing impairment aids?				
Do crosswalks include visual impairment aids?				
Are crosswalk signals/ signage easy to understand and clearly visible?				
Are curb ramps present at all intersections and crosswalks?				
Are curb ramps obstructed?				
Do all curb ramps include a non-slip/ warning surface?				
Other Notes:				

Figure C1: Pedestrian Infrastructure Assessment.

Appendix D - Interviews

We are students from Worcester Polytechnic Institute, Massachusetts, USA working with Drasi Gia to Kati Allo to address the lack of accessibility, inclusivity, and belonging for individuals with disabilities through neighborhood assessments. We are conducting interviews to explore the level of awareness, attitudes, and interactions that business owners and non-disabled individuals have with people with disabilities in neighborhoods surrounding the Drasi Gia to Kati Allo Center.

This interview will take approximately 45 minutes. Your participation is completely voluntary, and you may stop the interview at any time or refuse to answer any questions that we ask. This interview is confidential—no names or identifying information will appear in any project reports or publications unless you have explicitly agreed to have your name published.

With your permission, we will be recording this interview and using the recording for transcription purposes. Should you have any questions or concerns upon completion of this interview, we can be reached at gr-SFA-D26@wpi.edu or through our advisors Melissa Butler and Robert Kinicki at mbutler@wpi.edu and rek@wpi.edu, respectively. For more information about this research or about the rights of research participants, please contact Ruth McKeogh irb@wpi.edu.

Do you consent to this interview?

Do you consent to having this interview recorded?

Interview Questions:

D1. Can you briefly describe your business and your role in business?

D2. How long has your business been in this neighborhood?

D3. How would you describe the typical customers who visit your business (locals, tourists, students, families)?

D4. How often do you interact directly with customers who have a disability?
D5. Have you ever considered how customers with disabilities might experience your space?
D6. What kinds of communication challenges do you think a customer might face here?
D7. Are you familiar with adaptive or alternative communication strategies (visual menus, captioning, written ordering)?
D8. Have you or your staff received any training related to disability inclusion or accessibility?

D9. What communication supports (clear signage, visual support, music), if any, are currently in place in your business?
D10. If a customer is non-verbal or has difficulty speaking, how would your staff typically respond?
D11. If a customer has a visual impairment, how would they access information such as menus or pricing?
D12. If a customer has a hearing impairment, how would communication occur at checkout or order?
D13. How important is communication accessibility in your business and have you experienced situations where a customer struggled to communicate?
D14. What benefits or challenges do you see in improving accessibility, and would you be open to small changes (clearer signage or visual support) to make customers feel more included?

Appendix E - Pamphlet Feedback

We are students from Worcester Polytechnic Institute, Massachusetts, USA working with Drasi Gia to Kati Allo to address the lack of inclusivity, accessibility and belonging for individuals with disabilities through neighborhood assessments. We are conducting this survey to gain insight into the general accessibility of the materials we have created. We wish to gain feedback on the layout, visuals, and overall information included in the pamphlet to fine tune the materials for use by participants, caretakers, and local businesses.

This survey will take less than 10 minutes. Your participation is completely voluntary, and you may refuse to answer any question that we ask and choose to leave the group at any time. This survey is confidential—no names or identifying information will appear in any project reports or publications unless you have explicitly agreed to have your name published.

Should you have any questions or concerns upon completion of this interview, we can be reached at gr-SFA-D26@wpi.edu or through our advisors Melissa Butler and Robert Kinicki at mbutler@wpi.edu and rek@wpi.edu, respectively. For more information about this research or about the rights of research participants, please contact Ruth McKeogh irb@wpi.edu.

Do you consent to this survey?

Pamphlet Feedback Questions:

E1. What is your role in the SFA community?
E2. Is this pamphlet visually appealing? (yes/no)
E3. How would you rate the level of content on the pamphlet? (rate 1-10)
E4. Is the pamphlet universally understandable? (rate 1-10)
E5. Are the colors overwhelming/ distracting? (rate 1-10)
E6. Are the symbols and visuals easily understandable? (yes/no)
E7. Is the text easy to understand? (yes/no)
E8. Do you wish the pamphlet had information surrounding anything else? (fill in answer)

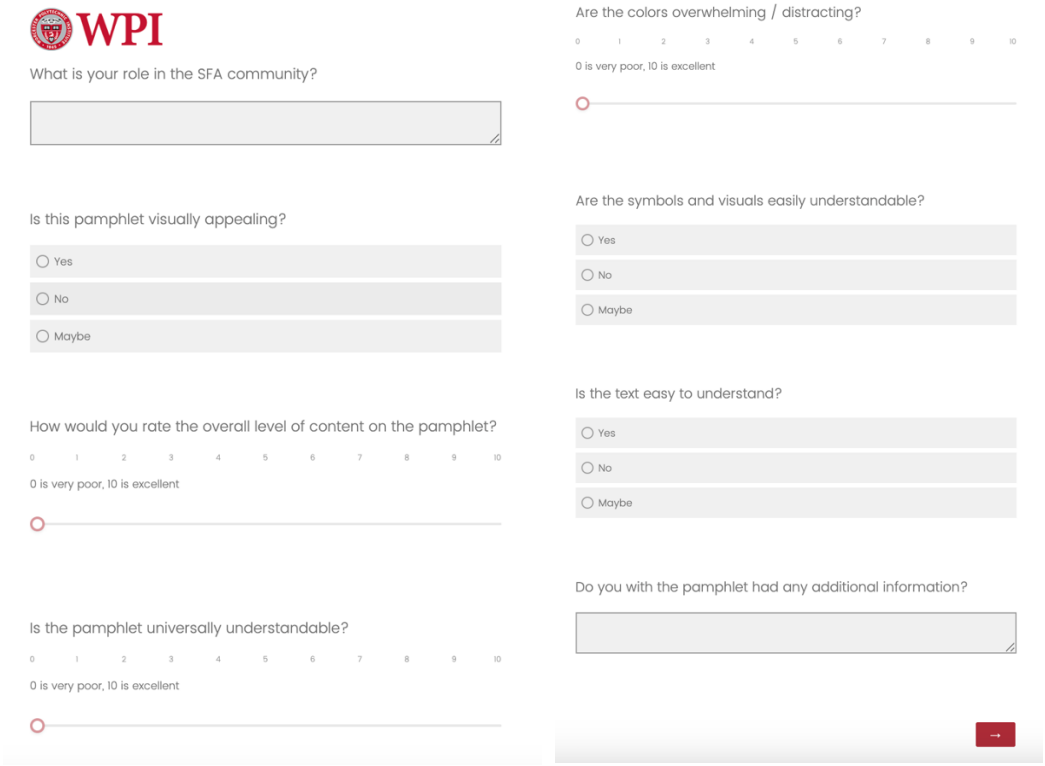

Figure D1: Sample Qualtrics Pamphlet Survey

Appendix F – Observation

We are students from Worcester Polytechnic Institute, Massachusetts, USA working with Drasi Gia to Kati Allo to address the lack of accessibility, inclusivity, and belonging for individuals with disabilities through neighborhood assessments. We are conducting observations to understand and identify physical and communication barriers in the neighborhood surrounding the Drasi Gia to Kati Allo Center.

During observations, researchers may document signage, sidewalks, crosswalks, intersections, entrances, or any other physical elements that may present challenges. Observations will also include the social interactions of SFA participants and their caregivers within the neighborhood. Observations may consist of notes, pictures, and videos of interactions and the environment.

Participation is completely voluntary, and you may withdraw from participation or request that observations stop at any time. No identifying information will be recorded in any notes, pictures, or videos. No information identifying individuals who are observed in social interactions will be collected.

Should you have any questions or concerns upon completion of this observation we can be reached at gr-SFA-D26@wpi.edu or through our advisors Melissa Butler and Robert Kinicki at mbutler@wpi.edu and rek@wpi.edu, respectively. For more information about this research or about the rights of research participants, please contact Ruth McKeogh irb@wpi.edu.

SFA Observation Sheet							
Obs	Date	Observers	Location	Acessibility Issue Observed	Disability Type Observed	Photo/ Video ID	Notes

Figure F1: Sample Observation Sheet