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SOCIAL WORK – HELP FOR PEOPLE WITH DISABILITIES – A POLISH PERSPECTIVE. EDUCATIONAL OPPORTUNITIES FOR PEOPLE WITH DISABILITIES IN POLAND

Abstract

The author describes the working of the education system in Poland with special emphasis on pupils with disabilities. This paper pays special attention to positive changes in the perception of people with disabilities and the positive impact this has had on the legislative system in Poland, which has influenced every level of education. The author describes one very significant example where such changes are already bringing great improvement, at Rzeszow University. Even though it is one of the poorest regions in Poland, it has the highest number of students per 1000 inhabitants.

Keywords: disability, legislative regulations, system, education, equal opportunities

Abstrakt

Autorka opisuje funkcjonowanie systemu szkolnictwa w Polsce z uwzględnieniem potrzeb uczniów z niepełnosprawnością. Artykuł zwraca szczególną uwagę na pozytywną zmianę percepcji ludzi z niepełnosprawnością oraz jej wpływ na regulacje prawne skierowane na funkcjonowanie wszystkich szczebli szkolnictwa z uwzględnieniem potrzeb uczniów i studentów z niepełnosprawnością. Autorka przytacza przykłady udogodnień wprowadzonych na Uniwersytecie Rzeszowskim, wyższej uczelni w jednym z najbiedniejszych regionów Polski, jednak z najwyższą liczbą studentów na 1000 mieszkańców.

Słowa kluczowe: niepełnosprawność, regulacje prawne, system, edukacja, wyrównywanie szans

In recent years, there has been a significant change in the way that people with disabilities are perceived in Poland. New legislative regulations have been introduced together with new organisational solutions that support constant help and development for citizens with disabilities. Significant funding has been made available through both the PFRON (Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych/State Fund for the Rehabilitation of Disabled People) and also through various societies and by active fund-raising by individuals. These have already been shown to have a very positive impact both on the statistics and in real-life improvement. Social support is guaranteed by the state and it is not only limited to financial support in the form of benefits and disability pension but it also has a much broader scope and can include: help with services, institutional help, full-time care homes and both professional and social rehabilitation.

Apart from the family and a well-functioning basic and specialist healthcare system, the education system is a crucial stage in enabling people with disabilities to function as equal members of society, just like everyone else. This article describes all stages of the education system in Poland and the legislation which concerns the needs of children, teenagers and young adults with disabilities, including mental disabilities.

Introduction

Disability is a social issue which is covered by many different scientific disciplines: medicine, sociology, pedagogy, psychology and law. The aim of the analyses is to place people with disabilities in the legislative and social sphere and assign them the right status that would counteract some of the disadvantages that result from their condition.

In recent years, there has been a significant change in Poland as to how people with disabilities are perceived. The plethora of new regulations, organisational changes and laws that have been implemented,

the newly-founded PFRON and also the increased activity of various organisations have resulted in better statistics and practical results. This improvement however has not been seen in all aspects of the everyday lives of people with disabilities. Increasing acceptance of people with disabilities can be observed within society, and access to education most certainly has advanced. In addition, due to architectural improvements, access to buildings has increased and the number of special schools has risen, but on average the participation of people with disabilities in the job market and public life is still relatively low. Furthermore, there is still a significant gap in terms of their living and financial standards compared to the rest of society.

Social support provided by the government is one of the rights of people with disabilities. It is not only restricted to material aid: benefits and social pensions, it also incorporates other areas like the provision of social worker assistance to help with securing some services; full and part time care homes and both social and career rehabilitation.

1. “Disability” in Polish law

A definition of disability is often used in colloquial speech, legal documents and scientific articles. However, none of the above covers the full and straightforward definition of disability.

Both the terms *disabled* and *disability* have entered the Polish language fairly recently. Previously the terms *handicapped* and *invalid* were used (from Latin *invalids* meaning a weak, sick and powerless person). As recently as the 80s this term was used interchangeably with *an abnormal person, a person with permanent health problems, or a person that is somehow disabled*.

The definition of disability was coined by the WHO in 1980 and published in the international classification of disabilities, impairments and handicaps. According to this definition, *disability* means any loss or deviation from the norm in the anatomy and physiological or mental structure. *Disability* can be qualified as any restraint or loss that is caused by damage in a way or scope which is considered normal for a person. *Impairment*, on the other hand, is defined by the circumstances that make interaction in society difficult and which hinder or make it impossible to fulfil certain roles in society. This definition can be used for both individuals and their roles in society [Szczepankowska, 1999: 11]. A similar characteristic can be applied to the modern definition of disability which, apart from the medical approach, also considers a social one. Whereas in the medical approach the barriers experienced by people with disabilities are only restricted to the physical ones that derive from sickness or loss of limbs for example, the social ones include broader aspects like economical and social limitations e.g. limitations in access to the job market [Kutyło, Stronkowski, Wolińska, Zub 2009: 13].

A social model of disability is one where it is perceived not only by features of the person with disabilities but also as a social issue. This is due to the fact that disability has to be put into a broader context as social limitations also need to be taken into consideration. This is why, in 1997, WHO created the new International Classification of Functioning Disability and Health which combines both biological and social definitions. The biopsychosocial definition adopted in the new classification is as follows:

- a human is a biological being,
 - a human is a specific entity that undertakes and performs certain tasks,
 - a human is a member of the social group, that he/she is a part of and in which life he/she participates.
- Disability is described on 3 different levels: biological, personal, and social:
- on a biological level, it embodies the lack of, restrictions to or disruptions of certain functions of the body depending on the damage to organs or systems,
 - on a personal level, it embodies the restrictions of various activities that an individual would otherwise undertake,
 - on a social level, it embodies all restrictions that might occur in this aspect [Ćwirynakło 2010: 15].

This approach to redefining *disability*, i.e. combining the medical and social spheres, is reflected in key Polish legislation. In Polish law the concept of the “disabled person” was first introduced in a 1982 Parliamentary bill on invalids and disabled people but it was further developed and properly defined in the Parliamentary Act (of 9 May 1991 on the hiring and rehabilitation of people with disabilities [Szczepankowska 1999: 12]. The Parliamentary Act of 29 November 1990 on social assistance defines *disability* as a physical, psychical or mental state contributing to a permanent or temporary loss of, or limitation to normal existence [Otrębski 2002: 15].

In the Act of 27 August 1997 on professional and social rehabilitation and the hiring of people with disabilities, *disability* is further defined as a permanent or temporary inability to perform and fulfil certain social roles due to permanent and long-lasting damage to the organism in particular not being able to work or being able to function independently. So, this approach is mainly social, where the emphasis is on the individual's ability to undertake certain social roles, especially the ones connected with the ability to work and earn money in the context of being self-sufficient [Kutyło, Stronkowski, Wolińska, Zub 2009: 13].

According to the 2012 national census, there are 4.7 million people with disabilities in Poland, i.e. some 12.2% of the population. In comparison with the 2002 results, the overall number of people with disabilities has decreased by 759,200 that is 13.9%, while the number of people with disabilities as legally defined, increased by 1,316,900, i.e. some 29.6%. The figure for people with a physical disability has increased by 557,700, which constitutes an increase of 55.4%.

In Poland, there are two independent systems at present, under which a person can qualify as disabled. The first one is necessary in order to claim benefits due to disability. Institutions that have this right include: ZUS (Social Insurance Institution, CRUS (Agricultural Social Insurance Fund), Ministry of Internal Affairs and Administration, Ministry of National Defence. The second one is where the disability is identified for other purposes.

Being classified as a disabled person can be initiated by people with disabilities themselves or by their legal guardian or representative, or finally by a local social help centre. It can be permanent or temporary. Authorities which issue a decision about the level of disability are Local and District Disability Assessment Boards.

During the qualification procedure, the boards use standards for qualifying and conduct with regard to evaluating the disability and its level. These standards in particular take into consideration the conditions that might hinder the functioning of the human organism and the length of this impact. These taken together are the key factors that decide the level of disability being assigned.

Apart from assessing the level of disability, the decisions issued by the Local Disability Assessment Boards should also include the following guidance:

- proposed training, including specialist training,
- suggestions with regard to the employment of the individual, in particular considering his/her psycho-physical abilities,
- participation in group therapy,
- using the system of environmental support to enable independent existence, especially using social care services, and any other therapeutic and rehabilitation support provided by the network of social care organisations both state ones and those run by NGO's and also by 3rd parties,
- the need to assign a guardian who would oversee daily rehabilitation therapy and the education of a child,
- the need for ongoing support, be it temporary or permanent, due to the individual's restrictions in functioning independently,
- making adaptations to the environment to make it suitable for a person with disabilities,
- providing equipment for rehabilitation or any other use that would make day to day activities less difficult.

Members of Local Disability Assessment Boards include: the chairman, secretary, medical doctors, psychologists, career advisors and social workers. The chairman is always an MD who holds the casting vote. The board assesses the state of the individual, based on medical documentation, and examination done during the assessment.

In a system that is designed to issue benefits the key roles are held by doctors who specialise in assessing the individual's ability to work or the level of impairment. Since September 1997 their main role is to confirm the inability to work for the purposes of assigning the amount of benefits and the level of additional support necessary. These could include a disability pension due to being unable to work, a pension for retraining, and benefit payments for rehabilitation. Since 1 September 1999 the role of the MD has been broadened to control and assess cases of temporary inability to work and since 1 October 2003 the right to a disability pension as well. From 1 January 2005, the whole process was amended and it now includes two instances in the procedure carried on by the Social Insurance Institution ZUS [Kutyło, Stronkowski, Wolińska, Zub 2009: 19].

Under the Act of 17 December 1998 on the provision of pensions and disability pensions from the social insurance fund (*Journal of Law – Dziennik Ustaw* of 2004, item 593, as amended) a person is qualified as unable to work when the possibility of finding paid work is limited or lost due to impairment of bodily functions and the prognosis for retraining is unlikely. A person can be qualified as completely unable to work, when no work can be undertaken or partially unable to work when they can no longer work in their previous profession and at their previous level of qualification.

Article 13 of the above-mentioned Act sets out the criteria under which the assessment of the level and length of time the individual is unable to work, as follows:

- the level of damage to the body and the time required and the possibility of regaining full functionality of the body after rehabilitation,
- the ability to continue to work in their current role or any other and the possibility of requalifying based on the individual's current job position, education, age and psychophysical abilities.

In cases where damage is diagnosed which would lead to the need for permanent or long-term care, and when a person is not able to function without help – then the inability to live independently is established. Rules for this procedure are set out in the ministerial regulations on social security.

Every person who is qualified as unable to work is eligible for a disability pension when:

- he or she has made sufficient insurance payments,
- the disability occurred during the time when regular payments were being made except when the individual was claiming benefits for long term sickness or providing care for others.

A disability pension can be permanent or granted for a fixed period of time. In cases where the individual cannot continue their current career, but where there is a chance of improvement that would enable them to work in a different profession, a decision on the feasibility of requalifying is issued. It can be used for benefit payments that would cover the cost of any training required. This benefit (retraining pension) is issued for a period of 6 months and the courses are run by the local Job Centres. In cases where recovery is likely, rehabilitation benefits are issued for a maximum period of 12 months.

Under the Act of 27 June 2003 on social pensions the pension can be granted to an older person who is completely unable to undertake any work due to bodily damage that occurred before the person turned 18, or when in full time education before 25. People meeting these criteria can be granted a permanent pension if the damage is irreversible. A temporary pension is granted when the inability to work is temporary.

Next, a body was set up, based on the act of 20 December 1990, which grants pensions to farmers. As in the previous acts, the term *disability* does not incorporate the term *disability to work*. In this case the person not being able to work would have to lose the ability to do any work on the farm. Similarly, to the previous regulations, if there is a chance of improvement, then a temporary pension is granted and if the damage is irreversible, then a permanent disability pension is granted. The factors listed below are taken into consideration before full inability to work can be declared:

- the characteristics and history of the condition and its impact on the functioning of the individual,
- psychophysical fitness, adaptation levels of the individual to any missing limbs, the disability and aftermath of sickness,
- age of and types of jobs previously undertaken on the farm by the person applying for the pension,
- the possibility of regaining the ability to undertake jobs on the farm after treatment and rehabilitation and the provision of equipment necessary for rehabilitation.

The disability pension for farmers can be granted to a person:

- who had been covered by the necessary insurance for the qualifying period,
- whose complete inability to work on a farm was established during the period of retirement insurance or during periods when the payments were suspended.

It is worth mentioning that Article 5 of the Act on the rehabilitation and hiring of people with disabilities describes the rules for granting disability pensions by doctors working for the Social Insurance Institution (ZUS). Therefore total inability to work and the inability to function independently would be equally defined as a severe disability level, whereas partial inability to work is treated as minor disability.

It is also important to mention that the social care system is one of the key elements of the support system for people with disabilities as disability is one of the triggers for support mechanisms to be implemented as stated under Article 7 of the Act of 12 March 2004. Anyone with moderate or severe disability can apply for a disability pension or benefits given that the income threshold is not exceeded.

According to the Polish Constitution, every Polish citizen has the right for their health to be protected. Article 68 grants equal access to state funded healthcare for every citizen. Additional support is however provided for people with disabilities, children, pregnant women and senior citizens. Additional rights for people with disabilities are also granted under the Parliamentary Act of 1 August 1997 in the Disabled Person Card. It assures the right to treatment, ongoing support, early diagnoses, rehabilitation, medical education and any other support including equipment, where applicable and any other assistance that would make it easier to function within society.

This is very important for people with disabilities, as without appropriate rehabilitation and equipment they might be not be able to function normally within society. The term *disability* is used in relation to people who are unable to perform or have limited ability to perform tasks that other people would be able to do on their own. The term *disability* can be used for both physical and psychological dysfunction.

According to Article 15 of the Act of 27 August 2004 on health services funded by the state, patients have the right to free healthcare including the prevention and treatment of disability. This Act lists the medical treatments available to patients including any rehabilitation available for patients with disabilities. The Act of 30 August 1991 concerning healthcare centres and the Act of 19 August 1994 on the protection of mental health both play a crucial role in safeguarding mental and physical health, as they guarantee the relevant treatment but even more than that, rehabilitation [Muszalski, 2007: 223].

2. Access to education for people with disabilities

According to the Polish Constitution, all citizens under 18 years of age have the right to education. There are special bodies (Assessment Boards of Psychological-Educational Counselling Centres) that are able to send a child to a special school. This service is free and it aims at providing the best suited school or institution. However, the final decision is left to the parents or guardians of the child.

Pupils with disabilities cannot currently be excluded from compulsory education, though they can be suspended but only for a period not longer than one year. Education may take different forms in such a case. It could be provided by a special institution or on an individual basis. The education of children and teenagers with disabilities is regulated by the Act of 7 September 1991. According to this Act special education is a way of fulfilling the duty to educate children and teenagers. This Act also relates to pupils who might not necessarily be disabled but, due to other antisocial behaviours, cannot be educated in regular institutions.

Young children with moderate disabilities are however sent to regular kindergartens, as research has proved that at this stage it is more beneficial for them to be with healthy children and it might have greater impact on their development. Of course, there is a need for additional support and development in the areas that the child is lacking. This might help in the future when decisions will have to be taken as to whether a regular or special institution is more appropriate.

Kindergarten is, apart from the family, the first environment where children develop interpersonal skills. It is therefore crucial that relevant support is provided as, depending on their progress in rehabilitation, children will then go to different schools depending on their disability levels. Special kindergartens are organised as social environments where children can learn and develop the basic skills necessary for their future lives through various games and activities. The main focus is on the skills that will enable children to interact with the surrounding world, giving children goals and opportunities to adjust to being part of a group.

Special kindergartens are for children with more significant learning difficulties. They also cater for kids with behavioural problems as special activities are organised which help children to adapt [Borzyszkowska, 2007: 350].

The main tasks for special kindergartens can be divided into three groups related to: education, dexterity and cognition. They are aimed at teaching children self-sufficiency and functioning in a group, instruction in everyday activities that are necessary in daily life, getting to know their surroundings and learning new terms to describe these [Kudłacik, Hwang 1998: 65].

Kids with disabilities can attend kindergarten between the ages of 3 and 6. This however can be extended up to the age of 10 if the relevant medical certificate has been issued by a psychologist or a pedagogical institution. Children with disabled parents within the 1st or 2nd disability group, and children of single parents get priority in admission to state run kindergartens. A group of children in an inclusive kindergarten

should number between 15–20 including 3–4 with disabilities. Figures for special kindergartens or special groups in a public kindergarten are listed below:

- for deaf children or those with significant hearing loss: 6–8,
- for blind children or those with impaired vision: 6–10,
- for children with chronic illnesses: 10–16,
- for children with learning difficulties: 6–8,
- for children with physical disabilities: 8–12,
- for children with both mild and severe learning difficulties: 6–10,
- for children with autism and other complex conditions or several different disabilities: 2–4.

The education of children and teenagers with disabilities can take place in regular institutions, inclusive schools, inclusive wards (classes) or special schools or special wards (classes) or in special education and training centres.

For all of these educational methods a decision is issued usually for a period of a school term, one year or on an ongoing basis. In cases of severe learning difficulties of children aged between 3 and 25 the main focus is put on their participation in rehabilitation and education classes. These can take place either at a child's home, a social care home, or at any state or private educational institution. The decision about sending a child to these rehabilitation and education classes is issued for a maximum period of 5 years.

Compulsory education can be also fulfilled by individual learning. However, as with all the previous cases, this must be sanctioned by a qualified institution. It is granted on a temporary basis and the child's state of health and other reports are taken into consideration. It can take place either at home or at a special institution depending on where the child is currently living. This form of education is necessary in cases where there are severe disabilities and/or a child cannot move freely, also due to long – term illness.

The curriculum for children with minor disabilities is similar to that used in regular institution, and the list of subjects is the same. However, for children and teenagers with severe disabilities the curriculum is different in both primary and secondary schools. The main subject concentrates on functioning within the community. At all levels in special schools the curriculum is different from that in all other public schools. And for all pupils in individual education special programmes are created to meet the specific needs of each individual and are tailored to their needs and abilities [Kirenko, Parchomiuk, 2006: 47].

The educational system in Poland enables all children to attend any school. This means that all children and teenagers can also attend regular schools. Schools are therefore responsible for providing relevant and adequate conditions for the development of all pupils. The main and common goal of every school is to strive to develop every individual with a disability to the level where the individual's capacity is achieved. The development of every child with disabilities is a peak where the pupil's abilities are reached. The duty of every school is to make sure that all kids with disabilities have the best possible conditions to develop and adjust to living within the community, as well as their personal development including their personality [Borzyszkowska, 2007: 352–353]. The cooperation between school and the social environment determines the future of pupils with disabilities, and whether they will be accepted as self-sufficient and responsible members of society.

Special primary schools just like public ones have two teaching levels (two stages). The first stage is so-called integrated learning which is for all pupils in the first three years of their education (classes 1–3). At this stage the educational material is not divided into different subjects but rather into different themes. It is applied to children with both mild and severe learning disabilities. The second stage for classes 4–6 has a different curriculum, where clear differentiation between subjects is made in order to prepare children for the next level of education i.e. middle school known in Poland as *Gimnazjum* [Kirenko, Parchomiuk 2006: 50]. Subjects at this stage are very similar to the ones taught in regular schools which include among others: Polish Language, History and Society, Maths, Biology, Science, Information Technology, PE (Physical Education), Religion or Ethics and Tutorial Class. Apart from these subjects there are also additional classes focusing on rehabilitation.

In primary schools for pupils with severe mental impairment there are no separate subjects. The curriculum incorporates the main subject, adjustment to living in society, and it also includes some additional classes in Industrial Arts, Art, Music, PE, Religion or Ethics and Individual Rehabilitation. The main goal of working with severely disabled/impaired students, which must be alongside constant support from parents or guardians, should be the development of communication skills, improvement in physical fitness, and the

preparation of children for life in the community where they need to know all the customs and social norms. In addition, they need to be able to look after themselves so that at least a certain level of self-sufficiency can be developed [Kirenko, Parchomiuk, 2006: 51].

Education for all children is compulsory from the calendar year in which their 6th birthday falls and it lasts until the end of middle school called *Gimnazjum* (in accordance with the new educational reforms introduced on 1 September 1999) but no later than up to 18th birthday. Pupils with disabilities can stay in special primary schools until they are 21, and in secondary school until they complete the syllabus or reach the age of 24. Compulsory education can be also fulfilled by participating in rehabilitation and general educational classes. The number of pupils in a special school in a class should be between 10 and 16 where the pupils have a mild learning difficulty and between 6 and 8 where the disability is more significant. Before pupils can move to the next level, i.e. middle school, they are required to pass an exam that tests their general knowledge from the primary school syllabus.

Since 1 September 1999 a special middle school education (*Gimnazjum*) is compulsory. It is aimed at pupils aged between 13 and 18. At this stage different subjects are introduced at a basic level. The aim of the school is to recognise the talents and interests of students so that they can make the right choices for their further education. Middle school syllabuses have been written by subject-teachers. They include the basics of each and also enable material to be tailored to the different levels and abilities of pupils with special needs. Work is based on the framework plan for middle schools. The school principal decides on the number of lessons for each department [Wasilewska, 2005: 189].

In special middle schools learning is divided into different subjects. For children with mild mental impairment the subjects or at least frameworks are the same as in regular public school and include among others, Polish Language, History, Social Studies, Arts, Foreign Languages, and depending on the pupils' abilities – Science, Maths, Astronomy, Chemistry, IT, PE, Religion or Ethics, Tutorial Class and Rehabilitation. The number of pupils with mild impairment in the class can vary between 10 and 16, and where they have more severe conditions, 6 to 8.

In the last year of middle school there is an exam that enables pupils to continue their education. This exam is external and is compulsory to complete the middle school programme. Special vocational schools are the next stage of education to help young people with disabilities adjust to life in the community. These schools are mainly aimed at providing future employment for pupils by providing them with further rehabilitation and by teaching students basic skills which will enable them to find jobs afterwards. This might further result in career progress and better integration within the community [Kirenko, Parchomiuk 2006: 52].

After passing A Levels (Secondary School Exams) pupils with disabilities can apply for a place at university, under similar conditions as their non-disabled peers. All universities have created special systems for access to university buildings and lecture rooms, libraries and laboratories. At the University of Rzeszow there is a special Office for Students with Disabilities that provides all necessary help for these students. These aids can include: providing a sign language interpreter, a seeing assistant for students who are blind or severely visually-impaired, providing transport arrangements to and from lectures, and hiring various equipment necessary for students and PhD candidates with disabilities. There are different devices available: players, audiobooks, dictation notebooks, special one-handed keyboards, Braille keyboards and special computer mice and software used to enlarge and read text out loud. Students in higher education can apply for special scholarships for disabled students. Students can be granted special funds due to their disability on submission of an application, which must include the relevant decision issued by one of the recognised bodies and the scholarship is granted for the period of the decision submitted with the application.

Conclusion

In Poland, the stereotypes concerning the perception of disability have been broken down, both by the society and politicians. In consequence, this led to introducing and adopting new legal regulations, that meet the needs of people with disabilities, adults and children alike. As a result, supportive institutions in the field of social policy have been established. One of the areas that enables social functioning of people with disabilities is education. Education is part of the continuing development of a human being. It therefore requires constant improvement in the field of quality activities and the introduction of new features and

actions. In the case of young people with special educational needs these actions are particularly important as they determine the opportunities for an individual to function within society and find and keep a job. The efficacy of these actions depends on continual improvement to and development of the system not only by the introduction of cooperation between different entities like local government, educational bodies, employers, local communities and parents but also by adjusting the educational system to meet the needs and requirements of pupils and students with disabilities.

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- Ustawa z dnia 20 grudnia 1990 r. o ubezpieczeniu społecznym rolników (Dz.U. 1991, nr 7, poz. 24), (Parliamentary Act of 20 December 1990 on social insurance for farmers, Journal of Law of 1991, No. 7, item 24).
- Rozporządzenie Ministra Edukacji Narodowej i Sportu z dnia 12.02.2002 r. w sprawie ramowych planów nauczania w szkołach publicznych (Decree of the Ministry of Education and Sport of 12 February 2002 with regards to educational framework for public schools).
- Rozporządzenie Ministra Edukacji Narodowej z dnia 21.05.2001 r. w sprawie ramowych statutów publicznych przedszkoli oraz publicznych szkół (Decree of the Ministry of Education and Sport of 21 May 2001 with regards to status framework for public kindergartens and schools).
- Rozporządzenie Ministra Edukacji Narodowej z dnia 12 lutego 2001 r. w sprawie orzekania o potrzebie kształcenia specjalnego lub indywidualnego nauczania dzieci i młodzieży (Decree of the Ministry of Education and Sport of 12 February 2001 with regards to acknowledging the necessity of special or individual education for children, teenagers and young adults).