

# Analysis of selected factors affecting the life situation of persons with moderate intellectual disability

## Analiza wybranych czynników mających wpływ na sytuację życiową osób niepełnosprawnych intelektualnie w stopniu umiarkowanym

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### ABSTRACT

**Introduction:** The aim of this work was to assess the situation of people with moderate intellectual disability (MID), considering the legal, political, economic, social and technological determinants (PEST factors).

**Materials and methods:** This work consisted of an in-depth legal analysis based on the Community Action Board (CAB) model, which is a part of the Rapid Policy Assessment and Response (RPAR) methodology. Having analyzed the PEST factors, as part of the analysis of strengths, weaknesses, opportunities and threats (SWOT), the CAB identified the strengths and weaknesses of the situations of persons with MID.

**Results:** The following deficiencies were identified in the provisioning of legal and political assistance to persons with MID: disability definitions were incompatible with international law, lack of legal provisions comprehensively regulating the situation of persons with intellectual disability (ID), two-instance disability

evaluation system, lack of sufficient coordination of state bodies, lack of supervision over decisions on the need for special education, poor employment opportunities after completing education. Optimal conditions for education in a special school have a positive impact on the situation of persons with MID, but their lack in a public school setting proves to have adverse effects. The most important forms of support include: places of daily stay, sheltered employment, supported employment on the open labor market, protected flats, support from an assistant. **Conclusions:** 1. The deficiencies in legal and political regulations in Poland make it difficult or impossible for persons with MID to receive adequate assistance. 2. Investing in special schools and ensuring their formal cooperation with public schools offers adequate education to persons with MID. 3. Poor access to special forms of support for people with MID causes their social exclusion.

**Keywords:** intellectual disability; policy; law; education; work.

### ABSTRAKT

**Wstęp:** Państwo polskie ma obowiązek pomocy osobom niepełnosprawnym, w tym niepełnosprawnym intelektualnie (NI) w stopniu umiarkowanym (NIM), w zapewnieniu odpowiednich warunków życia i integracji społecznej. Sytuacja tych osób zależy jednak nie tylko od uwarunkowań prawnych i politycznych, ale też ekonomicznych, społecznych i technologicznych (czynniki PEST).

Celem pracy była ocena sytuacji osób z NIM w kontekście wszystkich uwarunkowań.

**Materiały i metody:** W pracy zastosowano metodę gremium doradczego (Community Action Board – CAB), będącą częścią metodyki Rapid Policy Assessment and Response (RPAR) służącej pogłębionym analizom prawnym. Analizy czynników PEST dokonała CAB, a następnie w ramach analizy SWOT (analiza mocnych i słabych strony, szans i zagrożeń) w pierwszym etapie wyłoniła mocne i słabe strony sytuacji osób NIM.

**Wyniki:** Braki występujące w polskim systemie prawno-politycznym w zakresie udzielenia pomocy to: definiowanie niepełnosprawności niezgodne z prawem międzynarodowym, brak ustawy kompleksowo regulującej sytuację osób z NI, podwójny system orzekania o niepełnosprawności, brak dostatecznej koordynacji działań organów państwa, brak nadzoru nad orzeczeniami o potrzebie kształcenia specjalnego, brak zawodu po ukończeniu edukacji. Na sytuację osób z NIM pozytywnie wpływa zapewnienie optymalnych warunków kształcenia w szkole specjalnej, natomiast negatywnie ich brak w szkole ogólnodostępnej. Do najważniejszych form wsparcia należą: miejsca pobytu dziennego, miejsca pracy chronionej, zatrudnienie wspierane na otwartym rynku pracy, mieszkania chronione, pomoc asystenta.

**Wnioski:** 1. Braki w regulacjach prawno-politycznych w Polsce utrudniają bądź uniemożliwiają otrzymanie osobom z NIM adekwatnej pomocy. 2. Inwestowanie w szkoły specjalne

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i zapewnienie ich formalnej współpracy ze szkołami ogólnodostępnymi daje możliwość adekwatnej edukacji dla osób z NIM. 3. Słaby dostęp do specjalnych form wsparcia powoduje wykluczenie społeczne osób z NIM.

**Słowa kluczowe:** niepełnosprawność intelektualna; polityka; prawo; edukacja; praca.

## INTRODUCTION

In 2011, the number of persons with disabilities was estimated at over 1 billion worldwide [1], with 200 million having intellectual disabilities (ID) [2]. In Poland, however, those numbers are difficult to precisely determine. This is due to the use of different definitions of disability, as formulated in the available legal acts, or applied in the statistics of the Central Statistical Office (CSO). The former definition involves the legal approach to disability, its officially established degrees and the rights related to the status of a disabled person. The latter definition, used in the CSO social surveys, also includes individual self-assessment of disability by each respondent, understood in terms of restrictions in the performance of specific activities (i.e. a biological definition) [3].

Article 2 point 10 of the Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities of 27 August 1997 (hereafter: Act on Rehabilitation) [4], includes the legal definition of disability – as a permanent or temporary inability to fulfill social roles due to permanent or long-term impairment, in particular resulting in inability to work [5]. Kurowski [6] argues that the more adequate, though not constituting a legal definition, is one resulting from the Charter of Rights for People with Disabilities of 1997 [7], according to which persons with disabilities are those whose physical, intellectual or mental ability either permanently or temporarily impairs, restricts or prevents daily life, education, work and performing social roles, in accordance with the legal and customary standards. The difference is that the definition contained in the Charter assumes that disability can cause 3 types of effects: hindering, limiting or preventing the performance of social roles. In turn, the statutory definition provides only one such effect – i.e. incapacity to perform social roles (as opposed to listing its alternative, less severe effects such as restriction or limitation thereof); it also uses the term “incapacity to work”, which is criticized in literature [6]. Therefore, it is proposed to introduce changes in the legal definition of disability in Poland, following the one proposed in the UN Convention on the Rights of Persons with Disabilities (CRPD) of December 13, 2006 [8], resembling provisions available in the Charter [7]. According to the CRPD definition (Article 1), people with disabilities are those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others [8].

In Poland, the status of a disabled person is granted based on a certificate of disability, which specifies 1 of the 3 degrees of its severity, ranging from mild and moderate to profound. As of the Act on Rehabilitation of 27 August 1997 [4], disability

certificates are issued in the 1<sup>st</sup> and 2<sup>nd</sup> instance by the District and Provincial Disability Evaluation Boards, respectively. Under this Act, a certified degree of disability entitles a person to receive in-kind or cash benefits to support them in their day-to-day functioning, in the form of e.g. vocational rehabilitation benefits or social assistance, but not making them eligible to receive social insurance benefits, i.e. disability pension. The same Act states that persons with ID can get a disability certificate, starting from “moderate intellectual disability”, thus excluding “mild intellectual disability” from the legal definition. However, all persons with ID referred to as mentally handicapped in its provisions, and regarded as persons with mental disorders (MD) – Article 3 – can also receive assistance under the Act on the Protection of Mental Health of 19 August 1994 [9], which does not require a certified degree of disability, but is provided based on medical or psychological examination. Their recognition as persons with MDs can also entitle them to receive certain benefits from social services, despite the lack of a disability certificate. Children and adolescents with ID are entitled to get educational help based on a certificate issued by a psychological and pedagogical counseling center (concerning the need for special education).

In addition, under the Act on the Retirement Pensions and Other Pensions from the Social Insurance Fund (FUS) of 17 December 1998 [10] and the implementing regulation thereto [11], medical examiners of the Social Insurance Institution (ZUS) or the Agricultural Social Insurance Fund (KRUS) issue certificates of partial or complete incapacity to work, or of complete incapacity to work and live independently. In accordance with this Act, the official recognition of someone's incapacity to work serves as the basis for monthly and continuous cash benefits replacing or complementing remuneration – a pension for a definite or indefinite term. Such a ruling, therefore, provides the grounds for the granting of disability benefits.

According to the authors of a CSO report, this two-instance disability evaluation system is complex and unclear (despite the introduction of partial recognition of certificates), which results in the lack of reliable information concerning the actual number of persons with a certificate of legal disability in Poland, and national surveys serve to try and fill this information gap [3].

Definitions of disability in statistical surveys are more inclusive than the legal ones discussed above. In 2002, it was estimated that about 130 thousand people in Poland suffered from ID [12]. However, the estimated rates of disability to a large extent depend on the applied research tools which are based on the adopted definition. The estimates of people with disabilities in Poland vary from about 4.7 million (CSO 2011 research with a non-European research tool – considering “moderate

restriction" as the mildest form of disability) [13], up to 8.1 million (CSO 2009 research with a European research tool – considering disability in terms of “non-severe functional restriction”) [3]. Estimates concerning the number of persons with ID do not include those with mild ID, who are not officially considered disabled. Therefore, even for this very reason, the estimated 130 thousand intellectually disabled Poles is a clear understatement. In turn, the number of persons with moderate intellectual disability (MID) remains unknown. The introduction of a legal definition in line with the international provisions (cf. the CRPD) [8] and its use in demographic research would greatly improve its reliability in terms of the scale of the phenomenon of disability, including intellectual disability in Poland.

In summary, while the exact number of persons with ID, including MID, in Poland remains unknown, it should still be regarded as quite considerable. The law precisely formulates the special rights granted to persons with MID resulting from their disabled person status. However, the question arises whether these provisions are properly implemented and whether their constitutionally defined goal is achieved, including provision of proper education, adaptation to work, secure subsistence, social security in the event of incapacity to work, and ensured social communication (i.e. social integration) – in accordance with Article 67, 69, 70 of the Constitution of the Republic of Poland [14]. Analysis of the Community Action Board aimed at assessing the situation of persons with MID in terms of all its determinants.

## MATERIALS AND METHODS

In order to analyze the situation and the system of support for persons with MID, an interdisciplinary advisory body, i.e. the Community Action Board (CAB), was established. The CAB method is part of the Rapid Policy Assessment and Response (RPAR) quality framework [15], which was designed to verify the implementation of political and legal solutions concerning persons with intellectual disability. The board members included representatives of the public health sector, the municipality, and the education system, including heads of special educational centers, a director of a psychological and pedagogical counseling centre, a social assistance center, representatives of a non-governmental organization, a lawyer, an economist and a psychiatrist. The aim of their work was to perform a comprehensive analysis of both the current and future situation of intellectually disabled persons, facilitating full implementation of their rights with their active participation. The analysis consisted of 3 stages:

- 1) identification of political, economic, social and technological determinants (PEST);
- 2) assessment thereof on a scale from +5.0 to –5.0 by all current board members, to determine their direction (positive/negative) and strength (strongly positive +5.0, strongly negative –5.0);
- 3) recognition of factors as strengths or opportunities in the case of positive ratings, and as weaknesses or threats in the case of negative ratings.

Due to the volume of the study, this paper presents only the strengths and weaknesses of the situation of persons with MID.

## RESULTS

As regards political (and legal) factors affecting the situation of persons with MID, only legislation and international policies have been considered as strengths. Other political factors, i.e. the legal and political regulations in Poland, were assessed negatively to a lesser or greater extent. Two political factors were deemed to have a strong negative impact on the situation of persons with MID: little knowledge of policy-makers about the specificity of functioning of people with different degrees of ID, and the legal bases and organization of inclusive education (both rated –5.0). As was clear from the board's discussions, poor knowledge of the policy-makers is conducive to the creation of defective regulations, unrelated to the real needs and problems of persons with ID. Inclusive or integrative education in Poland seems to differ significantly from international standards. Primarily, there is a visible lack of commitment by the entire school environment. A key factor here is the insufficient education of teachers, insufficient education of children and parents of children without disabilities, as well as a lack of broadly understood revalidation. All this is reflected in the social factors, including poor knowledge concerning disabilities in the general population, highlighting deficiencies in education and low public awareness.

The situation of persons with MID is also negatively affected by 3 further political factors, assessed only a little higher by the board (scores of –4.0), and related to the state's helplessness in regulating, coordinating and providing assistance to this group of citizens. Having analyzed numerous legal acts regarding persons with MID, members of the board noticed the lack of a single regulation that would comprehensively describe and unify assistance for the intellectually disabled. More importantly, the system provides that aid can only be granted in response to the intervention of the interested parties. Therefore children with developmental disorders are particularly “doomed”, where the parents for various reasons (prejudice, fear of diagnosis, helplessness) refuse to seek help, and no one else (such as their GP or an environmental nurse) reacts to their delayed development – which was listed among the negative social factors.

Among the economic factors, the possibility to receive funds from sources other than public ones was the only factor assessed positively. All other economic factors identified by the board were reported to have a negative impact on the situation of persons with MID, of which 5 were assessed as strongly negative (ranging from –4.0 to –5.0), while the remaining ones received medium negative ratings (–3.0 to –3.5).

Out of the social factors determined in the PEST analysis, 3 were rated as strongly positive (+5.0). Among them, good treatment and acceptance of intellectually disabled pupils in special school settings was considered a key factor in the development of children with ID. The sense of being accepted by the

peer group is extremely important to every child, although it is difficult to achieve in Polish schools with inclusive education. Establishing an environment that would be accepting, non-discriminating and promoting friendship with an intellectually disabled child requires a systemic approach, and above all, continuous education of everyone involved. Meanwhile, the level of knowledge and awareness of people who should foster integration is still lacking. Even though it received positive ratings, they were still relatively low, i.e. only +1.0 in the case of teachers in general education, +0.5 in the case of health professionals, and slightly above +2.0 in the case of employees of the social welfare system. In turn, the knowledge of the general public was considered a weakness. This means that it is mainly specialists that intend to educate themselves in this respect, while the education of the rest of society is rather neglected, which might contribute to prejudices against people with all degrees of ID.

The members of the board positively assessed the personal development opportunities and preparations to live in society offered by special schools, as long as adequate financing of these schools was provided (+4.0 rating). Often, even after completing education by intellectually disabled youth (after the age of 24), teachers, pedagogues or psychologists in the special training and education facilities continue to help them obtain various benefits, such as social housing or a disability pension (which they do free of charge). This, however, has to be considered the result of the established bonds, as there are no official regulations that would oblige them to do so. Special schools become places where first friendships are made, which can later develop into families. Children are very successful in the fields of arts and sports, as they participate in competitions that provide them with a chance to win. Being in the center of attention in a special school environment, children can develop to the best of their abilities, and have a chance to experience success and recognition. In addition, they are subject to continuous revalidation – their development being stimulated and enhanced through the use of various devices (biofeedback) and special education techniques (including developmental movement or the Montessori Method), or contact with nature (care for the surrounding area, a flower garden or a vegetable garden). According to their heads, who are also CAB members, there are numerous advantages of education in special education facilities. The question arises whether it is possible to create similar conditions for children with ID in a public integrated school setting? It is, of course, possible, provided that the school is adapted to meet the children's special needs. The situation becomes dreary when a child with special needs fails to learn or interact with peers in a mainstream school environment and is referred to individual home schooling, thus officially remaining a school pupil, but being subjected to a complete alienation, which in fact contradicts the idea of integration.

Acceptance of a parental decision in conflict with the child's needs was found among the most negative of the social factors (rating –5.0) affecting the situation of persons with MID. The problem is that it is the parents who decide which school

their child will attend (mainstream, inclusive, special), even if their decision is inconsistent with the official decision on the need for special education. Both the heads of special education centers and the director of the social welfare center, signaled the problem of parental ignorance of the psychological and pedagogical recommendations concerning the child's needs (parents would discard or hide the issued decisions). So even when a child's special educational needs are signalled by teachers, who advise parents to have them psychologically assessed, the parent can obstruct the entire procedure. Early diagnosis initiation by healthcare professionals and education on early intervention or early support of preschool child development were assessed negatively (–2.0 rating). Lack of proper training of primary care physicians means that they fail to refer children to specialist doctors, fail to recognize early developmental disorders or choose to ignore them. Social awareness concerning the subject and general knowledge on intellectual disability were considered even lower (–3.0 rating). As for the attitudes of society towards people with ID or the acceptance of their places of residence (daycare or overnight facilities), they received moderately negative ratings (from –2.0 to –2.5), rooted most likely in social ignorance. It should be expected that raising public awareness could change these attitudes.

Among the negative social factors were 2 concerning inclusive education, i.e. worse treatment of children with ID compared to their fully-abled peers in mainstream schools (lack of tolerance, lack of friendliness, discriminatory behaviors), leading to poor personal development, preparation for independent living and social integration of children with MID (ratings of –4.5, respectively). What needs to be emphasized is that this is a general assessment of all Polish public schools with inclusive education, perhaps with a few exceptions. The negative image is influenced by factors from all 4 PEST-related areas, comprising inadequate legislative, political and organizational solutions of including children with ID into mainstream education (political factors), lack of the necessary human resources and education of the child's environment (social factor), or adequate funding (economic factor) and technical facilities (no equipment or room for revalidation classes – technological factor).

Other weaknesses include poor everyday functioning of intellectually disabled persons (access to institutions, employment, entertainment), poor supported employment opportunities of persons with MID compared to their mildly intellectually disabled counterparts, and insufficient creation of information that would be understandable to everyone – using an “easy-to-read” technique (rating of –4.0). This last factor is slowly being introduced into the public space in Poland. The technique of writing texts marked as “easy-to-read” is recommended for persons with ID and shares some of its qualities with texts created for children. Sentences are simple, relatively short, organized in a chronological sequence and illustrated. The “pictorial” representation is the most common in Poland, mainly in the commercial space, e.g. the recipe for pudding is often illustrated in a step-by-step manner. In the future, most information in public offices should be delivered in a similar

form, in accordance with the requirement of universal design of the public space. The incomprehensibility of procedures in public offices and places of public interest are an obvious obstacle, hindering accessibility to persons with ID.

Among the technological factors affecting the situation of persons with disabilities, only access to information technologies and technologies for conducting revalidation classes in special education facilities was considered a strength. According to the heads of such centres, better functioning children are quite eager to use technology – they have their own social media and e-mail accounts. In addition, a few times a week all students attend revalidation classes, which take place in special rooms and with the use of special devices and techniques, from corrective gymnastics to a floating water bed, or stimulation of brain functions by a computer biofeedback device. All other technological factors unfortunately received negative assessments, with the most negative ratings awarded to sheltered and supported employment networks (-5.0).

Special school networks were also rated quite low (-4.0), despite their proper technological and personal background, children's willingness to attend and parental protests, as they are systematically closed down or merged with other facilities. Although a network of public schools with integrated education is a clearly better option, offering wider access and better location, it also received poor ratings, similar to the technological base necessary for the development and revalidation of a disabled child (rating of -2.5).

The technological aspect of support, i.e. creation of places of daily or full-time residence based on the choice and needs of persons with ID, also received negative ratings (-4.0). Following the board's consensus, the number of daily residence facilities should be increased due to the following circumstances:

- lack of competence to enter the open labor market;
- lack of vocational training for persons with MID – directors of special centers presented few cases of higher-functioning children who managed to find a job in the area of gastronomy right after completing vocational schools;
- a small network of establishments providing sheltered and/or supported employment opportunities;
- lower-functioning individuals (persons with MID approaching the limit of profound intellectual disability) are unable to work even in sheltered working conditions.

Due to the above, it is necessary to provide daily activities to the population of persons with MID who remain without any occupation, as their inaction may be taken advantage of. They are often used as a cheap workforce on the labor market – risking their health and working without any contracts, or looking for acceptance and respect on the margins of society in exchange for the money they receive from social assistance (pensions etc.). Of course, their inaction is financially supported by the state, but also the helpless family.

On the other hand, offering the possibility of independence, places of full-time residence, especially in the form of supported or social housing facilities, are a particularly sought-after form of assistance for higher functioning individuals with ID. Of course, these people require help and support from

social assistants in conducting their affairs. However, "part-time" help is more cost-effective and more in line with the international idea of supported living and providing support instead of care. Other full-time residence facilities, for those who are less active, such as community self-help houses or social welfare homes are also insufficient. However, the board members also point out the inadequacy of these places, especially to the needs of young people, as the majority of their residents are severely ill and elderly persons, or ones with profound disabilities and with little contact with the outside world. The board therefore recognized that this is not a good environment for a young person with MID to live and develop.

A summary of the strengths and weaknesses of the situation of persons with MID identified by the experts based on the PEST analysis is graphically presented in Table 1.

## DISCUSSION

In literature, it is argued that the institutional assistance available to people with ID [12] is quite alarming – from early intervention to preparation for employment and social assistance counseling, making a disabled person the subject of "special care". Such persons are protected from making mistakes and encouraged at all cost to achieve the state of "normality", at the very least through cleanliness, smiling and order [16]. They are not allowed to try things or experiment. This leads to their lack of self-awareness and autonomy or faith in their own strengths [17]. A psychologist working in a special care center and occupational therapy workshop – Łopciuk [17], calls for the introduction of a greater partnership with intellectually disabled persons in assisting their transition into adulthood. In her opinion, they should be designated a particular position in society, and then focus on achieving it. In addition, parents of children with ID should be informed what is normal and typical, what they can demand and expect, and what to worry about in their child's development. It is the parents who, through household duties and explanation of general rules of conduct, must teach their intellectually disabled child all basic work habits that a special educator should make them aware of. However, as the members of the board have pointed out, a lack of proper upbringing of an ID child may also be due to the fact that one or both of his or her parents are intellectually disabled themselves and recreate an incorrect model, teaching their children the "helplessness" they had learned from their parents. In working with persons with ID, it is advisable to adopt the following rules: "support" rather than "substitute", "explain" and not "comfort", "adjust" in lieu of "protecting", "demand" instead of "encouraging", and promote exercising self-reliance and independence in every available area of activity. Too soft "pedagogy of the heart", although conducted with good intentions, leads to helplessness, while "pedagogy of reason" leads to the development of competence and social utility [17]. What follows is that activation of persons with ID should start from an early age, and include the entire family, and that it requires vast knowledge and experience of

**TABLE 1. Strengths and weaknesses of the situation of persons with moderate intellectual disability identified by the experts based on the PEST analysis**

Type	Factors	D/S
<b>Strengths</b>		
P	European policy towards the disabled – international legal acts	+3.0
E	economic funding opportunities other than public funding (EU projects etc.), in conditions of competition with projects from other fields	+3.0
S	1) knowledge of persons involved in the public education system and education of persons with MID	+1,0
	2) knowledge of persons involved in the special education system and education of persons with MID	+5,0
	3) knowledge of health professionals (specialists excluded) involved in the care of persons with MID	+0,5
	4) knowledge of social welfare specialists involved in the care of persons with MID	+2,0
	5) actions of aware and caring parents of a child with ID, including MID, aimed at early diagnosis	+5,0
	6) support provided by NGOs	+4,5
	7) good treatment and acceptance of children with ID, including MID, in special schools and centers (tolerance, friendship, no discrimination)	+5,0
	8) multilateral personal development, preparation for independent living and social integration of a child with MID in special schools and centers – as related to financial opportunities	+4,0
T	access to information technology and technology related to rehabilitation in special schools and centers (computer, Internet, meeting rooms and equipment for revalidation classes)	+3.0
<b>Weaknesses</b>		
P	1) legal foundations and organization of special education within general education system	-2.5
	2) legal foundations and organization of day-care centers for persons with ID, including MID	-2.5
	3) legal foundations and organization of full-time centers for persons with ID, including MID	-2.5
	4) insufficient coordination of state activities in providing assistance to persons with ID, including MID, and their families (cooperation between ministries, other institutions, e.g. PFRON, plenipotentiary for persons with disabilities)	-4.0
	5) lack of interdisciplinary specialist activities in the area of creating social awareness about ID	-3.5
	6) three-stage disability evaluation system determined by law	-4.0
	7) poor knowledge of policy makers on the specifics of the functioning of persons with different degrees of ID	-5.0
	8) legal foundations and organization of special education within general education system in mainstream schools (inclusive education)	-5.0
	9) legal foundations of everyday life functioning of persons with all degrees of ID (access to institutions, employment, entertainment)	-3.5
	10) scattering of the formal and legal foundations of the rights of persons with MID (i.e. legal fragmentation – the rights are dispersed across various legal acts and implemented by many institutions)	-4.0
E	1) insufficient financial support for people with MID in the form of permanent cash benefits from the state (pensions)	-4.0
	2) insufficient economic support for the creation of a housing facility base, or material functioning of persons with ID of all degrees – providing places of full-time residence and daily stay for the intellectually disabled (supported housing, social housing, ŚDS, DPS, daytime help centers, WZ, DDP)	-4.0
	3) insufficient temporary social assistance benefits (including support of a family assistant of a disabled person)	-4.0
	4) low remuneration of employees in systemic help for persons with disabilities – in the education system (salaries of teachers and therapists in special education)	-3.0
	5) low remuneration of employees in systemic assistance to disabled persons – in the social welfare system – social workers, assistants to disabled persons, etc.)	-3.5
	6) low economic resources of the Polish society (both families of people with ID of all degrees and the rest of the society)	-4.5
	7) underfunding of special education outside the general education system (in schools and special care centers) in Poland	-3.0
	8) underfunding of special education in the general education system in Poland (inclusive education facilities)	-5.0
S	1) activities of healthcare and education workers towards early diagnosis of a preschool child – information, referral for early intervention, or early support of child development	-2.0
	2) low social knowledge and awareness (in all social groups) concerning persons with ID	-3.0
	3) poorer treatment of children with ID, including MID, in mainstream schools compared to fully-abled children (tolerance, friendship, discrimination)	-4.5
	4) poor personal development, preparation for independent living and social integration of children with MID in mainstream schools	-4.5
	5) low employment of persons with moderate intellectual disability compared to individuals with mild intellectual disability (ZPC, ZAZ)	-4.0

Type	Factors	D/S
	6) insufficient creation of information understandable to everyone in the public offices ("easy-to-read" texts)	-4.0
	7) poor social functioning of persons with MID (access to institutions, work, entertainment)	-4.0
	8) poor social support of establishment and operation of daytime and full-time care centers for persons with ID	-2.0
	9) social attitudes towards persons with ID, including MID, in specific social situations (school, work, culture, etc.)	-2.5
	10) acceptability of a parental decision in conflict with the child's needs – lack of a mechanism for updating the child's needs according to his/her condition	-5.0
T	1) insufficient availability and use of instruments (brochures, teacher training, etc.) to support education concerning persons with ID, including MID	-3.0
	2) insufficient network of elementary schools providing integrated education – poor technological base, poor access to school	-2.5
	3) insufficient (very few schools) network of special schools and special centers – in terms of access to school (near, far)	-4.0
	4) insufficient network of supported employment facilities: ZPC, ZAZ	-5.0
	5) poor technological support for the creation of supported housing – state supported places of daily stay based on the choice and needs of a person with ID (WTZ, DDP, KS, others)	-4.0
	6) poor technological support for the creation of supported housing – state supported places of full-time residence based on the choice and needs of a person with ID, including MID (supported and social housing, ŚDS, RDP, etc.)	-4.0
	7) poor technological support for the creation of supported housing – state support for NGO activities in the scope of providing places of daily stay (WTZ, DDP) or full-time residence (sheltered accommodation, DPS, ŚDS, RDP) for persons with ID, including MID	-3.0
	8) poor differentiation of IT instruments (remote communication) to exchange information and educate persons with ID, including MID	-4.0

P – political (legislation and policy); E – economic; S – social; T – technological;  
D/S – direction and strength of impact (from -5 to + 5);

ID – intellectual disability; MID – moderate intellectual disability; DDP – adult daycare center; DPS – social welfare home; KS – self-help club; PFRON – State Fund for Rehabilitation of Disabled Persons, RDP – family-based assistance house; ŚDS – community self-help centre; WTZ – occupational therapy workshop; ZAZ – professional activity establishment; ZPC – sheltered employment enterprise

all people involved in supportive actions. Persons employed in support institutions, including special schools, should undergo continuous training and be made aware of the need to promote independence in persons with ID. It is also necessary to challenge excessively strict curricula and constant changes within implemented programs, providing the opportunity to flexibly select methods of working with intellectually disabled individuals, based also on their opinions.

Żółkowska [18] also emphasizes that a lack of proper coordination of tasks in different ministries or institutions leads to a conflict of interest resulting from excessive duties and extended competences of various services. This also contributes to funding conflicts. In the end, plans, strategies and reports on their implementation, which must be created by different institutions (e.g. job centers, help centers, schools) turn out to be more important than the people they aim to help. Their ingenious ideas are considered invalid when they do not fit the plan. The same goes with the inventiveness of a teacher or social worker. It seems that what we are dealing with is excessive programming and excessive reporting, as if the records on paper could really guarantee anything.

A recurring theme in literature on the subject is the educational model applied in persons with ID. Contemporary models promote the transition from integrated to inclusive education, with an aim to completely renounce segregation and involve every student in the public school system [19].

The School Education Act of 7 September 1991 [20] enables education of a person with ID in a public, integrated or special school. Nevertheless, after graduation from elementary school, pupils with MID will not be admitted to a public secondary

school due to the descriptive assessment they receive. This would require changes in the system, consisting of acceptance of descriptive assessments in the secondary school application process.

In practice, the concept of inclusion faces many challenges in the Polish education system. Extensive research conducted in public schools across 5 voivodships in 2008 suggested that [21]: for the most part, inclusion related to mild ID; school-employed specialists (speech therapists, psychologists) were scarce and worked mainly with the pupils; individual educational programs did not reflect the actual needs of pupils, were too general and schematic, and were not consulted with parents. As a consequence, a new model of all-level teacher education was recommended, to enhance their cognitive and therapeutic competences, including an obligatory training on the specificity of disability. It was also recommended to introduce the position of a coordinator of special educational needs to assist schools in the implementation of inclusive education [21]. Some of these demands were addressed in the amendments to the School Education Act of 2015 [20] and implemented through the executive regulation (the changes concerned, among others, employment of teachers/special educators who are to perform a number of tasks, including their coordination, in schools with integrated classes) [22]. As regards meeting the educational needs of ID children, mainstream school headmasters depend on funds obtained under a complex system of financing based on the so-called educational subsidy, received by each local government. Although each local government gets funds for every child with ID (based on the official certificate recommending the provision of special education), those may

not necessarily be handed over to the school. This also leads to such practices as “screening” of students and admitting those less problematic (with mild ID) [23], which is reflected in research findings [21]. It is thus quite apparent already at the stage of recruitment that due to the risk of underfunding, a mainstream school cannot guarantee proper individualized support to all children with ID.

Other studies [24] point out numerous teacher-related deficits in a public school setting – above all a lack of necessary competences, hindering or preventing their work with children. As noted above, inclusive education applied mostly to students with mild ID. The teachers reported no experience and a sense of loneliness in working with such pupils. Apart from that, the authors listed some organizational deficits, reflected especially in the form of too many and too diverse classes [24].

Literature emphasizes that it is the whole community that should participate in the inclusion of disabled students in the education system, i.e. the schools (with the emphasis on teacher training), the parents and the entire local community [24, 25]. Unfortunately, extensive actions in this respect including lecture cycles for pedagogical councils, trainings and expert consultations for teachers, workshops for parents, support groups for parents of disabled students, events and games open to all students, are implemented only under temporary programs [25].

Findings suggest that inclusion of disabled students into the mainstream school setting is a hard and multi-faceted task, requiring continuous and considerable funding, and above all professional assistance [25]. Therefore, marginalization and failure to use the potential offered by special schools, as well as the activities of local governments aimed at closing down well-equipped special education centers are quite perplexing. It seems all the more surprising, given that according to various international recommendations, the important task of providing professional support to mainstream schools should be handled by special education facilities [26]. Special schools can therefore support mainstream schools and, at the same time, provide education for children who have no chance of integration, or their integration has proved to fail due to various reasons. According to the records of the Educational Information System, in 2012, the majority of children with disabilities, especially those with MID, attended special schools [27]. In the end, after completing primary education, and in spite of all integration activities, all children with MID went on to attend post-primary 3-year schools preparing for employment. Therefore, even if they were initially included in the mainstream public education system on the primary or middle school level, they are systematically excluded from it later. The situation of children whose degree of ID improves from moderate to mild in the course of education and revalidation interventions seems particularly dire, as due to a different core curriculum and descriptive assessment they still cannot move to upper secondary or (in the new system) post-primary education or gain a profession e.g. in a vocational special school (accessible only to mildly disabled students).

As regards access to employment on the open market, labor law prohibits discrimination against persons with disabilities

(Article 113 and 183a<sup>1</sup> of June 26, 1974 of the Labor Code) [28]. It also includes means to differentiate the legal situation of disabled employees, which results from the equal opportunity act, such as reduction of working time (reduced working hours, additional holidays) without deducting wages; or creating working conditions adapted for a disabled person, which results i.a. from the Act on Rehabilitation [4]. However, all these provisions have their weaknesses. Compulsory contributions to the State Fund for Rehabilitation of Disabled Persons (PFRON) imposed on those employers who fail to hire the required number of disabled people, calculated in accordance with provisions of the Act on Rehabilitation [4], are so high that their employment is beneficial to the employer. Nevertheless, the benefits granted to employers due to employment of persons with disabilities are mainly of a financial nature, which means they may have adverse social consequences. A disabled person is thus hired not based on their competences, work efficiency, etc., but rather because of unrelated financial benefits. According to research, even institutions fighting for integration and employment of disabled people do not employ them themselves [17]. In addition, the Act on Rehabilitation [4] considers all persons with a particular degree of disability equal, without differentiating between physical and intellectual disability. Persons with MID, who do not have a vocational qualification (i.e. are only prepared to work), cannot compete with those who have a profession and are disabled (which mainly concerns physical disability). Labor law provisions do not prohibit competence-based differentiation, which means that a person with specific better qualifications may be admitted to a post, and a person without them may be rejected, and that does not constitute discrimination. The same goes for any person who may be terminated if they fail to perform their duties, even if they are disabled. It seems therefore that in the case of persons with MID, implementation of the principle of non-discrimination and equal opportunities could consist in creation of sheltered/supported employment enterprises, providing them with the possibility of real work. Legal regulations regarding supported work under the Act on Rehabilitation [4] have 2 major advantages: they take into account the specificity of ID and really allow persons with ID to work. Unfortunately, a disabled person is sometimes employed in the open labor market for financial benefits only (exemption from payments to PFRON), and their work takes place mainly “on paper”. On the other hand, occupational therapy workshops are criticized as not really preparing for normal work [29], while sheltered employment enterprises as socially isolating [30, 31] when they should constitute a form of temporary employment on the way to the open labor market [32]. In literature [29], there are also critical views of those workplaces or places of daily stay which, due to their limited admissions, accept only selected individuals, mainly those better functioning ones or those sedated with medication. However, this complaint highlights poor access rather than poor quality of their services. Other studies directly point to the insufficient number and little availability of these facilities and their treatment as places of leisure activities rather than professional preparation. Therefore, it



is postulated to transform selected vocational development centres that have permanent “residents” into daily residence facilities [33]. Due to its specificity, some people with ID will never be able to enter the open labor market. For them, supported employment enterprises or vocational development centres are an indispensable form of employment, or else they must be provided with a place of daily stay (e.g. adult day care centres). The members of the advisory board were convinced that there is a market demand for goods manufactured in sheltered employment enterprises and vocational development centres, postulating an increase in their number.

An alternative to sheltered employment is supported employment on the open labor market. Such a form of employment is a viable option for better socially functioning persons with moderate to profound ID, as demonstrated by the success of implementing such forms of employment by NGOs in Poland (e.g. Polish Association for Intellectual Disability) [34]. One particular problem is the total lack of professional preparation of people with MID. Research suggests that persons with moderate (and profound) ID are best at performing auxiliary jobs that do not require special qualifications [35]. Therefore, preparation for these simple professions and formal confirmation thereof should be provided by the system of education up to the age of 24. In fact, although schools preparing for employment do provide training in some simple professions (e.g. kitchen help, cleaning staff), their offer should be extended and linked to supported employment instruments – the help of an employment assistant, or an internship with an employer on the open labor market. A form of vocational training may also be workshops and courses conducted as part of social employment (in social integration clubs or social integration centers), or conducted through the labor office, providing persons with ID with appropriate training and assistance in using various services.

## CONCLUSIONS

1. The following deficiencies in the legal and political system hinder or obstruct adequate assistance for persons with MID: definitions of disability incompatible with the CRPD, lack of a law comprehensively regulating the situation of persons with ID (dispersion of legal bases and forms of support across various legal acts), the two-instance disability evaluation system (for disability pension purposes and for the purposes of social and professional rehabilitation); lack of sufficient coordination of state body activities; lack of supervision over decisions on the need for special education, lack of qualification to work in simple auxiliary professions after graduating from apprenticeship schools.

2. Persons with MID are provided with optimal educational opportunities in a special school setting, where their personal and social development are enhanced. Therefore, it is recommended to maintain special schools and centers, and to create a legal framework for permanent, formalized cooperation between special and mainstream schools in order to provide

specialist support for mainstream schools and to provide parents with a choice of school.

3. The most important forms of support that ensure the right to independent living, the right to proper living conditions and social protection of persons with MID, depending on the degree of their social functioning, include: day care facilities, sheltered employment, supported employment on the open labor market, sheltered accommodation, or the help of a personal assistant. Poor access to these forms of support leads to social exclusion for persons with MID.

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