

ANDRZEJ TWARDOWSKI

*Uniwersytet im. Adama Mickiewicza
W Poznaniu*

BARRIERS TO SOCIAL INTEGRATION FOR PEOPLE WITH DISABILITIES. THE POLISH EXPERIENCES¹

ABSTRACT. Twardowski Andrzej, *Barriers to Social Integration for People with Disabilities. The Polish Experiences* [Bariery integracji społecznej osób z niepełnosprawnościami. Polskie doświadczenia]. *Studia Edukacyjne* nr 30, 2014, Poznań 2014, pp. 119-130. Adam Mickiewicz University Press. ISBN 978-83-232-2756-4. ISSN 1233-6688

The implementation of social integration consists in creating opportunities for the disabled to participate in normal life, providing access to all public institutions and social situations in which fully able people participate. Social integration in this meaning is a long way and numerous barriers are likely to appear. Barriers are all obstacles which make it difficult or impossible for the disabled to participate in the mainstream of social life and to perform socially appreciated roles. The author discusses main social integration barriers of persons with disabilities in Poland: diagnostic, educational, social, psychological, and employment-related.

Key words: social integration, people with disabilities, barriers to integration

Introduction

The idea of social integration of people with disabilities emerged in the 1960s in Denmark, the Nordic countries and the USA. It is based on three main assumptions: /1/ segregation is contradictory to human rights since it deepens inequalities between able and disabled people, /2/ segregation does not contribute to the development of social and occupational skills of

¹ This text is a modified and updated version of the article *Social integration barriers of people with intellectual disability* published in collective work entitled *Disability – the contextuality of its meaning*, eds. T. Żółkowska, L. Konopska, Szczecin 2010.

the disabled, and /3/ segregation leads to the stigmatization of people who are different physically and mentally and pushes them towards the edge of social community.²

In dictionary entries, the word "integration" means merging, creating a whole out of individual parts, incorporating as equals into a larger whole.³ It also means the cohesion and harmonization of a community leading to increased and intensive contacts between members of this community and their acceptance for shared value systems, norms and evaluation criteria. The notion of "integration" expresses an idea of a transformation from "I" to "you" in the plural and in the direction that is opposite to from "you" to "I", i.e. to "we".⁴ Social integration is not a state but rather a process of changes occurring in the mentality of people with and without disabilities, their mutual relations and patterns of behaviour.

The implementation of social integration consists in creating opportunities for the disabled to participate in normal life, providing access to all public institutions and social situations in which fully able people participate. Finally, it means developing positive attitudes and relationships between able and disabled people. A complete social integration is achieved only when the disabled: /1/ perform social roles typical of particular stages of development, /2/ are accepted by the local community and the entire society, /3/ feel at home, /4/ participate in all forms of social life, and /5/ have access to education and employment and are moreover given opportunities to use their own abilities.

Social integration in this meaning is a long way and numerous barriers are likely to appear. The term "barrier" comes from the French word "barrière" and in free translation means an obstacle. Therefore, barriers are all obstacles which make it difficult or impossible for the disabled to participate in the mainstream of social life and to perform socially appreciated roles. Barriers prevent the disabled from leading normal lives since they do not share able people's access to education, employment, leisure, and culture. This paper will present certain social integration barriers of persons with disabilities. The barriers are diagnostic, educational, social, psychological, and employment-related ones.

² I. Obuchowska, *Refleksje na temat integracji we współczesnej edukacji*, [in:] *Wspomaganie dzieci z genetycznie uwarunkowanymi wadami rozwoju i ich rodzin*, ed. A. Twardowski, Poznań 2006, p. 17.

³ W. Kopaliński, *Słownik wyrazów obcych i zwrotów obcojęzycznych*, Warszawa 2004, p. 232.

⁴ I. Obuchowska, *Refleksje na temat integracji*, p. 13.

Diagnostic barriers

It appears that the psychometric model of disabilities does not serve the idea of social integration. The model assumes that the differences between people with and without disabilities are purely quantitative. It is believed that in people with disabilities the conditions for the development of all the mental functions are the same as in other people save one: the development in general is slowed down. Such an approach leads to a situation when diagnostic studies are focused on the degree of developmental delays. Moreover, a formal assessment of disability is conducted mainly at a stage of life when an individual is subject to obligatory school education. This enables undertaking specific actions towards pupils who cannot meet standard educational requirements.⁵ Only when such formal assessment issued by a psychological and pedagogical centre is submitted to teachers, do they have the right to adapt syllabus requirements and the evaluation system to the child's actual needs and capabilities.

Unfortunately, in our country diagnoses of disability and formal assessments of the need of special education are established too late. For instance, in the case of an intellectual disability on average at age 11. Teenagers diagnosed with an intellectual disability have already had negative experiences connected with education since their abilities were not sufficient in the past to let them cope with school requirements.⁶ One of the reasons for this delayed diagnosis is the lack of parents' consent to examinations conducted by specialists from a psychological and pedagogical centre. It is not uncommon for parents to keep such formal assessments in secret because of strong negative emotions such as: fear, shame and a sense of guilt.⁷

However, the diagnosis need not stigmatise the child and their family. It does not have to be equal with sentencing the child to segregationist education and social isolation. It may support integration on condition that it is a diagnosis "for the child", not a diagnosis "about the child", that is it contains evaluation of the child's possibilities and their "strong points".

⁵ K. Parys, *Osoby z diagnozą upośledzenia umysłowego w stopniu lekkim – w kręgu pytań i odpowiedzi*, [in:] *Poznajemy ludzi z niepełnosprawnością*, ed. D. Gorajewska, Warszawa 2007, pp. 11-23.

⁶ J. Głodkowska, *Poznanie ucznia szkoły specjalnej. Wrażliwość edukacyjna dzieci upośledzonych umysłowo w stopniu lekkim – diagnoza i interpretacja*, Warszawa 1999, pp. 49-53.

⁷ M. Gołubiew-Konieczna, *Edukacja uczniów z niepełnosprawnością intelektualną w świetle aktualnych przepisów prawa oświatowego*, [in:] *Nauczanie uczniów z niepełnosprawnością intelektualną w stopniu lekkim. Wybrane problemy teorii i praktyki*, ed. S. Sadowska, Toruń 2006, pp. 15-29.

These positively valued features of an individual as well as positive factors present in their daily-life environment act as stimulating or protective agents and as such affect the individual's development in life more than their limitations and deficiencies.⁸

A new approach to diagnosis is a consequence of a changed perspective of ways of looking at disability. According to Stanisław Kowalik, disability is a special disposition to create life problems. This disposition increases the probability of an incidence of problems typical of a particular type of disability.⁹ However, an increased probability does not mean certainty. Only after a particular diagnostic study can we unequivocally observe if a given person has specific problems, and if so – what their nature and intensity are. Further on, we may seek sources of the problems identified and learn about the resources that will help to overcome them successfully. The procedure of problem diagnosis does not end the moment treatment starts. The intervention program must determine in detail the stages of treatment, following which the degree of problem solutions of a person with disabilities can be determined. Such an approach

allows a more detailed and individualised determination of problems of the person under diagnosis. It guarantees the definition of particular factors that decrease the person's life quality. It ensures a higher focus on solving actual life problems of this individual. Finally, it allows a concrete evaluation of the efficacy of the assistance provided.¹⁰

Educational barriers

If we take into account the fact that social integration is the ultimate objective of treatment of people with disabilities, the best way to further this objective is integrational education. Still, compared to other countries, the system of integrational education in Poland is arbitrary and centralized, since it accounts for no different approaches to education and does not allow decisions about the manner of education to be made by local authorities.

Furthermore, it should be borne in mind that curriculum requirements, especially in the higher grades of elementary and middle school, far exceed the capabilities of students with developmental impairments. This is evident

⁸ I. Obuchowska, *Osoby niepełnosprawne. Diagnoza dla rozwoju*, [in:] *Diagnoza dla osób niepełnosprawnych*, eds. D. Lotz, K. Wenta, W. Zaidler, Szczecin 2002, p. 42.

⁹ S. Kowalik, *Próba opracowania nowego podejścia do badań diagnostycznych dzieci niepełnosprawnych umysłowo*, [in:] *Wspieranie osób z niepełnosprawnością intelektualną. Teoria i praktyka*, ed. M. Kurek, Szczecin 2007, p. 36.

¹⁰ *Ibidem*, pp. 36-37.

in particular in the case of students with a moderate degree of intellectual impairment, who need to meet the same syllabus requirements as their friends with no disability. For example, in their course of the Polish language they are supposed to master notions related to stylistics, literary genres of prose, drama and poetry, and learn the use of terms like: syllabic poem and free verse, caesura, enjambement, metaphor, poetic image, and rhetorical question. Obligatory material in maths includes, among others, properties of exponentiation, roots and their properties, theorems about measurements relations in geometrical figures.

However, because of their learning difficulties, pupils with a diagnosis of mild intellectual disability are not able to acquire knowledge and skills at the same level as their able peers. Therefore, in the test administered in the last year of primary school and in the examination at the end of middle school, the requirements are lowered for pupils with mild intellectual disabilities. This is an obvious inconsistency, as intellectually disabled pupils and able ones are taught according to the same syllabus. In addition, since 2005 the regulations of educational law have enabled the establishment of secondary grammar schools for persons with mild intellectual disabilities. However, will the student with a diagnosed mild intellectual disability be able to pass the school-leaving examination? It seems that offering disabled students opportunities and educational requirements that they cannot meet may be perceived as discrimination. This is because discrimination means not only a lack of development opportunities but also an underestimation of difficulties and limitations or setting requirements that are impossible to meet.¹¹

The problem encountered in schools is incomplete training of teachers to work with disabled children. In Poland there is a shortage of specialists in the field of integrational education. The assumption that each specialist in special pedagogy can perform this role is ungrounded for at least two reasons. First, the Polish education system in the field of special pedagogy promotes specialist training in a given area, in particular pedagogy of the intellectually disabled, surdo-pedagogy and teflo-pedagogy. Second, there is a lack of methodological solutions that would integrate the principles and forms of work applied in various disciplines of special pedagogy.¹² Therefore, integration in a generally accessible class, recently so excessively pro-

¹¹ K. Parys, *Pytanie o koncepcje kształcenia uczniów z upośledzeniem umysłowym w stopniu lekkim*, [in:] *Pomiędzy teorią a praktyką. Dyskursy pedagogiki specjalnej*, vol. 5, eds Cz. Kosakowski, A. Krause, S. Przybyliński, Olsztyn 2006, pp. 315-322.

¹² A. Krause, *Problemy integracji w szkole ogólnodostępnej*, [in:] *Człowiek z niepełnosprawnością intelektualną*, ed. Z. Janiszewska-Nieścioruk, vol. 1, Kraków 2003, p. 231.

moted, has ended in failure.¹³ Undoubtedly, what Monika Gołubiew and Amadeusz Krause claim is true: "the possibility to effectively teach a disabled pupil in a big, quite often a 30-person class, usually without any extra revalidation classes, is fiction. In this case using as arguments the ideals of total integration seems to be morally unjustified and may be perceived as fraud on the part of state officials".¹⁴

Social barriers

The attitudes of the social environment to a great extent affect the effectiveness of social integration. Research conducted by Antonina Ostrowska found out that Polish society accepts integrating solutions to a different degree. The majority of the respondents would not mind living with the disabled in the same building (87%) and participating with them in cultural and leisure activities (82.3%). Work for the same company would be accepted by 58% and education in the same school by 47%.¹⁵ However, positive attitudes declared by the respondents do not have to be replicated in real-life behaviours especially because of the fact that most Poles (62%) do not have any contact with the disabled in their immediate environment.¹⁶ Research on the perception of disability and the disabled has found out that almost two thirds (63%) of Poles think that in our country the disabled may feel inferior. According to the respondents, the state and its institutions are to blame for this state of affairs (45%) as well as the society, that is other people (44%). Three fourths (60%) of the respondents evaluate the situation of the disabled in our country to be worse than in other countries with a similar standard of living. Nearly half the respondents (49%) state that the attitude of society to the disabled is worse in Poland than in other countries.¹⁷

Results of surveys conducted in 2007 demonstrate that Poles' pro-integration attitudes are insufficient. According to the respondents, care of

¹³ K. Barłóg, *Wspomaganie rozwoju dzieci z niepełnosprawnością intelektualną w stopniu lekkim w różnych formach edukacji wczesnoszkolnej*, Rzeszów 2008, pp. 417-421.

¹⁴ M. Gołubiew, A. Krause, *Szkolnictwo specjalne – krajobraz po reformie*, [in:] *Problemy edukacji integracyjnej dzieci i młodzieży z niepełnosprawnością intelektualną*, ed. Z. Janiszewska-Nieścioruk, Kraków 2007, p. 86.

¹⁵ A. Ostrowska, *Postawy społeczeństwa polskiego w stosunku do osób niepełnosprawnych*, [in:] *Upośledzenie w społecznym zwierciadle*, eds. A. Gustavsson, E. Zakrzewska-Manterys, Warszawa 1997, pp. 83-86.

¹⁶ TNS OBOP, *Spoleczna percepcja niepełnosprawności i osób niepełnosprawnych w Polsce*, Warszawa 2002, <http://www.tns-global.pl/archive-report/id/1293> [access: 2.04.2014].

¹⁷ Ibidem.

people with disabilities and assistance offered to them in everyday activity should be first of all the responsibility of the family (94%), the health service (75%) and social workers (67%). Two thirds (65%) of the surveyed expressed their willingness to offer disinterested neighbourly help to a person with disabilities, but only 6% actually provided it.¹⁸ The respondents would most willingly help a person with a serious heart condition (76%), the blind (74%) and people with a visible physical impairment (71%). They would be the least inclined to help people with mental disabilities (61%) and those with intellectual ones (60%).¹⁹

Nowadays, during a global recession, the social situation of the disabled is deteriorating. Budgets cuts, shrinking social resources and growing unemployment are responsible for the reduction of investment in the education of the disabled and their integration into society. Politicians usually do not show this explicitly but use such expressions as "budget savings", "health care reform", "reform of social insurance system", "rationalization of social benefits". Fading prosperity and growing poverty evoke in the able majority a fear about their own future and make them focus on securing their own possessions. Values such as humanitarianism or solidarity, greatly appreciated so far and regarded as an indispensable part of human relationships, are no longer so obvious. Some researchers even speak about a new hostility against the disabled.²⁰ Even if this opinion is exaggerated, it certainly cannot be said that contemporary societies are fully prepared for integration.

Psychological barriers

The essence of psychological barriers is the inability to cope in different everyday life situations because of adverse changes in personality. For people with disabilities, these changes are triggered by the negative reactions of indifference, dislike or hostility of people in their immediate social environment. A lack of social approval may trigger a sense of estrangement, difference, lack of self-assurance, emotional and behavioural disorders. For instance, it has been indicated that every fourth child diagnosed as slightly intellectually disabled shows emotional dysfunctions: states of heightened or lowered mood, free-floating mood swings, defensive reactions dispropor-

¹⁸ CBOS, *Postawy wobec osób niepełnosprawnych. Komunikat z badań*, Warszawa 2007, http://www.cbos.pl/SPISKOM.POL/2007/K_169_07.PDF [access: 28.03.2014].

¹⁹ *Ibidem*.

²⁰ O. Speck, *Niepełnosprawni w społeczeństwie*, Gdańsk 2005, p. 395.

tionate to the stimulus (anger, hostility, aggression) or an increased anxiety level.²¹

An unfriendly attitude of the community, an absence of school achievements, failure and a risk of failure are still other causes of a child's disorders. In most cases, they lead to a disappearance of motivation for achievement, a fear of failure and negative changes in self-perception. Lack of success in the school environment gradually eliminates a positive motivation to learn, natural curiosity and interests. What fades away especially fast in children with disabilities is achievement motivation, that is the desire to achieve the best possible results. If the child is often faced with failure in learning, then their motivation gradually weakens or even disappears. Frequent failures lead at first to a lower level of aspirations and then to giving up any achievements in school work. The child stops believing in their own potential.

Frequently experienced failures may in the long run lead to the "fear of failure" syndrome.²² This fear consists in the child expecting failure before it becomes real and before its objective signals appear. Children with a fixed fear of failure foresee it already at an early stage of action, when there are no grounds to predict the result. Sometimes, because of generalization, it happens that the very decision about taking some action arouses fear.

Frequent failures in the learning process may distort the self-image. Henryk Kulas proved that children from grades one to three with learning difficulties negatively evaluated their own physical, mental and emotional/motivational qualities. Moreover, children participating in the study themselves attributed negative qualities of social functioning, such as: lack of team spirit, lack of independence, shyness, and lack of social skills in establishing new relationships.²³ The most significant differences between children with learning difficulties and properly developed children concerned self-acceptance. All children with learning difficulties stated that they were not satisfied with themselves and wanted to be completely different. Undoubtedly, learning difficulties are conducive to the development of a negative self-image in a disabled child and as a consequence lead to the sense of inferiority and behavioural disorders.

²¹ W. Pilecka, *Psychoruchowy rozwój dzieci o obniżonej sprawności ruchowej*, [in:] *Stymulacja psychoruchowego rozwoju dzieci o obniżonej sprawności umysłowej*, eds. W. Pilecka J. Pilecki, Kraków 1998, pp. 23-25.

²² I. Obuchowska, *Dynamika nerwic. Psychologiczne aspekty zaburzeń nerwicowych u dzieci i młodzieży*, Warszawa 1987, pp. 194-200.

²³ H. Kulas, *Obraz własnej osoby u dzieci uczestniczących w zajęciach korekcyjno-wyrównawczych*, *Psychologia Wychowawcza*, 1987, 2, pp. 319-322.

Employment - related barriers

For people with disabilities work acquires a special significance as it assures personal and material independence and compensates for one's limitations. It allows the person with disabilities to be a creator and consumer and a fully-fledged member of a community. It offers a chance to find friends and a partner. People with disabilities in particular benefit from non-financial aspects of work. Employment erases the stigma of "being a second rate citizen", demonstrates an ability to cope in life and is a source of satisfaction. Work creates opportunities for self-development, urges one to overcome difficulties, enhances self-appreciation. It helps one satisfy many major mental needs: respect and appreciation, a sense of life, safety, belongingness, independence, and significance. A loss of a job is seen as one of the most difficult events in one's life, while getting a job as one of life's greatest achievements.²⁴ For people with disabilities, employment is by far the best form of therapy support and a path to social integration.

Unfortunately, the position of people with disabilities on the job market is unfavourable. It shows a low degree of occupational activity and a high unemployment level. In Poland at the end of 2011, from among 2 million 100 thousand people with disabilities aged between 18 and 65, only 27.3% were in some form of employment.²⁵ In the so-called old 15 Member States of the European Union, the index of employment of people with disabilities was at the level of between 40% and 50%. In our country a marked majority of people with disabilities with a job were contract workers (70%). Only one in five were self-employed or had a business of their own (23%). The others helped members of their families in agriculture (7%). Most contractual workers with disabilities were employed in so-called supported employment enterprises. Only 8.5% of them operated on the open job market.²⁶ The chance of finding employment depends on the kind of disability. As demonstrated by Hanna Żuraw, 77% of deaf people, 67% of the blind and 54% of people with a motor impairment are employed.²⁷

What raises concerns is that in Poland 75.7% people with disabilities aged between 18 and 64 remain occupationally inactive, that is neither work nor look for a job. There are a number of reasons for this situation. First, em-

²⁴ H. Żuraw, *Udział osób niepełnosprawnych w życiu społecznym*, Warszawa 2008, p. 156.

²⁵ GUS, *Osoby niepełnosprawne na rynku pracy w 2011 r.*, Warszawa 2012, http://www.stat.gov.pl/cps/rde/xbcr/gus/pw_osoby_niepelnosprawne_na_ryнку_pracy_w_2011.pdf [access: 29.03.2014].

²⁶ Ibidem.

²⁷ H. Żuraw, *Udział osób niepełnosprawnych*, pp. 157-158.

employers are not eager to offer a job to people with disabilities since this entails: higher social costs and a lesser efficiency, greater problems with occupational safety and health, and requires an adaptation of a workplace.²⁸ Second, employers still have the stereotype of a person with disabilities as inefficient, troublesome and non-competitive in comparison with able individuals. Third, employment of people with disabilities is harder because of difficulties in obtaining subsidies for their workplaces and inflexible remuneration regulations, which do not account for different types of disability. Fourth, employment of such individuals is hard because of the current system of disability assessment, which assigns to people with disabilities tags like "completely unfit for work and living on his or her own".²⁹ Fifth, income thresholds allowing one to work and retain social benefits are so similar that the disabled are not interested in exchanging benefits for a pay check.

Social integration of people with disabilities is a long-term and complex process. The very legal regulations and administrative solutions do not suffice as the discrimination of the disabled may take various, sometimes covert forms, such as devaluation, or attributing negative characteristics to the disabled, or distancing, that is avoidance of situations of empathy with the mental states of people with disabilities or their problems.³⁰

Many people with disabilities are not well prepared to start working. It does not concern only qualifications. Such qualities as positive self-assessment, high motivation to work, realistic evaluation of one's potential are also important. If parents do not care enough about the development of these qualities in the process of education, then they limit the disabled child's chances of independence in their adult life.³¹ The attitude of parents and other family members may effectively prevent an intellectually disabled person from achieving independence, which includes also getting a job. This happens when parents help their disabled children in all tasks and treat them as a "perennial child".

Conclusion

Overcoming the barriers presented above is not an easy task. Legal regulations and administrative solutions alone are not enough. What is necessary

²⁸ A. Bańka, *Zawodownawstwo – doradztwo zawodowe – pośrednictwo pracy*, Poznań 1995, pp. 162-164.

²⁹ J. Kalita, *Sytuacja osób niepełnosprawnych na rynku pracy oraz rola organizacji pozarządowych świadczących usługi dla tej grupy beneficjentów*, Warszawa 2006, pp. 5-7.

³⁰ S. Kowalik, *Psychologia rehabilitacji*, Warszawa 2007, pp. 69, 113.

³¹ *Ibidem*, p. 238.

is a shared understanding that a disabled person, like anyone else, has the right to make their own decisions. Therefore, the rehabilitation process shall focus on the development of such skills as: establishing goals, making choices, protecting one's own interests, independently initiating actions related to other people, and getting to know one's own potential.³² These competencies enable the disabled to overcome limitations resulting from their disability and to win the respect of others. Thus, they make it more likely that the position the disabled person will have in society will neither be "generously given" nor determined by others. It will be the position won independently, thanks to one's own engagement. The attitude of the able majority is also important, however. The majority should remember first of all that the more autonomous the individual, the more he or she is indispensable and valuable for the whole community and at the same time is in need of the community to be able to live an autonomous life.

BIBLIOGRAPHY

- Bańka A., *Zawodoznawstwo – doradztwo zawodowe – pośrednictwo pracy*, Poznań 2005.
- Barłóg K., *Wspomaganie rozwoju dzieci z niepełnosprawnością intelektualną w stopniu lekkim w różnych formach edukacji wczesnoszkolnej*, Rzeszów 2008.
- CBOS, *Postawy wobec osób niepełnosprawnych. Komunikat z badań*, Warszawa 2007, http://www.cbos.pl/SPISKOM.POL/2007/K_169_07.PDF, [access: 28.03.2014].
- Głodkowska J., *Poznanie ucznia szkoły specjalnej. Wrażliwość edukacyjna dzieci upośledzonych umysłowo w stopniu lekkim – diagnoza i interpretacja*, Warszawa 1999.
- Gołubiew-Konieczna M., *Edukacja uczniów z niepełnosprawnością intelektualną w świetle aktualnych przepisów prawa oświatowego*, [in:] *Nauczanie uczniów z niepełnosprawnością intelektualną w stopniu lekkim. Wybrane problemy teorii i praktyki*, ed. S. Sadowska, Toruń 2006.
- Gołubiew M., Krause A., *Szkolnictwo specjalne – krajobraz po reformie*, [in:] *Problemy edukacji integracyjnej dzieci i młodzieży z niepełnosprawnością intelektualną*, ed. Z. Janiszewska-Nieścioruk, Kraków 2007.
- GUS, *Osoby niepełnosprawne na rynku pracy w 2011 r.*, Warszawa 2012, http://www.stat.gov.pl/cps/rde/xbcr/gus/pw_osoby_niepelnosprawne_na_ryнку_pracy_w_2011.pdf, [access: 29.03.2014].
- Kalita J., *Sytuacja osób niepełnosprawnych na rynku pracy oraz rola organizacji pozarządowych świadczących usługi dla tej grupy beneficjentów*, Warszawa 2006.
- Kopaliński W., *Słownik wyrazów obcych i zwrotów obcojęzycznych*, Warszawa 2004.
- Kowalik S., *Psychologia rehabilitacji*, Warszawa 2007.
- Kowalik S., *Próba opracowania nowego podejścia do badań diagnostycznych dzieci niepełnosprawnych umysłowo*, [in:] *Wspieranie osób z niepełnosprawnością intelektualną. Teoria i praktyka*, ed. M. Kurek, Szczecin 2007.

³² W. Pilecka, *Psychoruchowy rozwój dzieci*, p. 10.

- Krause A., *Problemy integracji w szkole ogólnodostępnej*, [in:] *Człowiek z niepełnosprawnością intelektualną*, vol. 1, ed. Z. Janiszewska-Nieścioruk, Kraków 2003.
- Kulas H., *Obraz własnej osoby u dzieci uczestniczących w zajęciach korekcyjno-wyrównawczych*, *Psychologia Wychowawcza*, 1987, 2.
- Obuchowska I., *Dynamika nerwic. Psychologiczne aspekty zaburzeń nerwicowych u dzieci i młodzieży*, Warszawa 1987.
- Obuchowska I., *Osoby niepełnosprawne: diagnoza dla rozwoju*, [in:] *Diagnoza dla osób niepełnosprawnych*, eds. D. Lotz, K. Wenta, W. Zeidler, Szczecin 2002.
- Obuchowska I., *Refleksje na temat integracji we współczesnej edukacji*, [in:] *Wspomaganie dzieci z genetycznie uwarunkowanymi wadami rozwoju i ich rodzin*, ed. A. Twardowski, Poznań 2006.
- Ostrowska A., *Postawy społeczeństwa polskiego w stosunku do osób niepełnosprawnych*, [in:] *Upośledzenie w społecznym zwierciadle*, eds. A. Gustavsson, E. Zakrzewska-Manterys, Warszawa 1997.
- Parys K., *Pytanie o koncepcje kształcenia uczniów z upośledzeniem umysłowym w stopniu lekkim*, [w:] *Pomiędzy teorią a praktyką. Dyskursy pedagogiki specjalnej*, vol. 5, eds. Cz. Koszakowski, A. Krause, S. Przybyliński, Olsztyn 2006.
- Parys K., *Osoby z diagnozą upośledzenia umysłowego w stopniu lekkim – w kręgu pytań i odpowiedzi*, [in:] *Poznajemy ludzi z niepełnosprawnością*, ed. D. Gorajewska, Warszawa 2007.
- Pilecka W., *Psychoruchowy rozwój dzieci o obniżonej sprawności ruchowej*, [in:] *Stymulacja psychoruchowego rozwoju dzieci o obniżonej sprawności umysłowej*, eds. W. Pilecka, J. Pilecki, Kraków 1998.
- Speck O., *Niepełnosprawni w społeczeństwie*, Gdańsk 2005.
- TNS OBOP: *Spoleczna percepcja niepełnosprawności i niepełnosprawnych w Polsce*, Warszawa 2002, <http://www.tns-global.pl/archive-report/id/1293>, [access: 2.04.2014].
- Twardowski A., *Social integration barriers of people with intellectual disability*, [in:] *Disability – the contextuality of its meaning*, eds. T. Żółkowska, L. Konopska, Szczecin 2010.
- Żuraw H., *Udział osób niepełnosprawnych w życiu społecznym*, Warszawa 2008.