

ARTYKUŁY I ROZPRAWY

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INSTITUTIONAL FORMS OF HELP FOR PEOPLE WITH DISABILITY AND THEIR EXPECTATIONS. A RESEARCH BASED ON INTERVIEWS CONDUCTED WITH ADULTS WITH DISABILITIES

Introduction

In Poland the issue of disability and people who experience it is quite often discussed in scientific literature, which proves its importance. Currently, we often deal with direct or indirect contact with people with disabilities who, despite the fact of numerous reports of many inclusion activities undertaken, still experience social exclusion. They still feel insecure in the social environment and need different forms of assistance. According to the results of the National Census the rate of disabled people in Poland is at the level of 12.2% of the population (4.697.500) (GUS, 2012).

The review of the scientific literature shows that the definition of *disability* is very fluid and quite difficult to be specified clearly. This ambiguity results from various types of defining the notion of *disability*. Researchers analyze it in various areas and aspects. Based on the theories invoked three models of disability can be distinguished: biological, functional and social. Their general description is presented in Table 1.

In Poland, disability is most often defined in relation to the law as well as statistics. The statistical definition in biological terms has a wider scope, because it includes people who do not often have jurisprudence, but declare subjective limitations in the area of the selected functions and/or limitations to perform

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Table 1. Description of disability models – selected aspects

Category of comparison	Type of model		
	Biological	Functional	Social
Definition of disability	<i>Impairment</i> – any loss of performance or anomalies in the construction or functioning of the body in terms of psychological, physical or anatomical and psychosocial consequences of this lack/impairment (WHO definition, after: Schuntermann, 1996)	<i>Disability</i> – any limitation or inability to lead an active life in a manner or within the range considered to be typical for a man of similar age and sex (WHO definition, after: Schuntermann, 1996); <i>Handicap</i> – limitation or inability of full implementation of social roles corresponding to the age, gender and compatible with social and/or cultural conditions (WHO definition, after: Schuntermann, 1996)	Absence or limitation of human activity caused by any currently functioning social organization where the needs of people with physical damage and/or learning disabilities are not taken into account, thus excluding them from the mainstream of social life
Understanding of the process of loss of fitness	pathological violation of the corporeality of the individual, synonymous with life limitations	deteriorating condition of health that affects one's functional limitations (walking, seeing etc.)	deprivation of one's ability to perform actions due to oppression from the society
Criterion of disability	healthy and properly functioning body	activity and ability to fulfil social roles	participation and social inclusion
Forms of possible help	medicalization	support	empowerment
Means of help	healing and compensation activities focused on the source and effects of the corporal infringement	complex interactions supporting the person, treatment and adaptation of a disabled person to the environment; assistive technologies; accommodative tools and techniques	elimination of barriers; universal design; fight against prejudice and social exclusion; self-assessment
Personal perspectives	of the people involved in the treatment rehabilitation and/or compensation	of the people remaining in close and professional relationships with people with disability	of the people with disabilities aware of the qualities of the surrounding world

Source: Brzezińska, Kaczan & Smoczyńska (2010), after: Smart (2009); Woźniak (2008); Antczak, Grabowska & Polanska (2018).

selected duties, while comparing themselves to the smooth performance of those functions/duties observed in others. In accordance with the Act of August 27th, 1997 on Professional and Social Rehabilitation and Employment of Disabled People, a disabled person is a person whose physical, psychical or mental state hinders, limits or prevents performing (fulfilling) social roles, in particular in relation to professional work (OJ 1997 No. 123, item 776). Such a condition must be confirmed by a ruling on; (1) either total or partial inability to work (issued by the employees of the Social Security and/or Agricultural Social Insurance Fund for pension purposes); (2) significant, moderate or light degree of disability (the said ruling is to be issued by poviats disability rating teams for non-disability purposes); (3) disability before reaching the age of 16. Degrees defining disability refer to the fitness of the body, the ability to meet the needs and perform work. It is worth emphasizing here that the disability of the individual should be considered individually in the medical and social aspect. The disabled person has to be beheld in a broader context, emphasizing its subjectivity and uniqueness.

When referring to the issue of disability, as well as the disabled people themselves, it is impossible not to take into account different models and classifications. The most optimal disability model seems to be a model that combines many aspects and treats disability as a multifaceted issue. As far as disability classifications are concerned, the most commonly used (recognized) is the International Classification of Impairments, Disabilities and Handicaps (ICIDH). Its updated version is the International Classification of Functioning, Disability and Health (ICF) (WHO, 2009). In the first case, the disease states are classified into the etiological classification ICD-10 (WHO, 1992–1944) (called the International Classification of Diseases); in the second one (in the ICF) they are classified as *functioning and disability in relation to health* (WHO, 1992–1944). Both classifications complement each other, with the ICF classification systematizing (groups) the domains of people with disabilities in relation to their activity, health-related opportunities, and participation in various life situations. Therefore, such disabled people are described from the perspective of the human body, single person and society, placed on two lists: “Functioning and structure of the human body” and “Activity and participation” (WHO, 1992–1944). The classification has been incorporated into the “Standard Principles of Equal Opportunities for People with Disabilities” by the United Nations as one of the social classifications.

Some researchers believe that the most optimal model is the one that focuses on the existential and personal manifestations of people with disabilities. That is why an affirmative model of disability was proposed. According to John Swain and Sally French (2000, after: Głodkowska, 2014, p. 31), this model not only [...] *emphasizes the personal rather than social dimension of disability more clearly* but also *celebrates the differences* that are characteristic of the lives of disabled people. Importantly, this model [...] *emphasizes also that these people can be proud of the fact that they are different from the majority of society*. The authors

argue that the model enables the able-bodied people to better understand who the people with disabilities are, what their everyday life looks like, what are their strengths and weaknesses (Głodkowska, 2014, p. 31). As Joanna Głodkowska (2014, p. 32) observes: *[...] Disability is becoming an essential part of the identity of people with disabilities.*

System of support and forms of assistance for the disabled in the light of selected legal provisions

Following Andrzej Narojczyk (2017, pp. 34–35) *the support system is [...] a specific, multi-subject social system, created by both the recipient and the recipient of help. Humanistic-altruistic interactions take place between the participants, and this system functions in a broadly understood environmental context. [...] It can take the form of intentional and unintentional, formal and informal, professional or non-professional activities. [...] Besides, it can be provided unilaterally or bilaterally. It is characterized by being voluntary. [...] Duration is also an important feature, as it can be temporary (temporary) or permanent, even lasting for the entire life of an individual, supported.*

There are many provisions in the Polish system that define the forms of assistance and support for disabled people and their families. Their size and scope is very wide and diverse. One of the basic legal acts is the Act of August 27th, 1997 on *Vocational and Social Rehabilitation and Employment of Disabled Persons* (Journal of Laws of 1997 No. 123, item 776), which was amended on May 10th, 2018 (Journal of Laws of 2018, item 1076). According to this document, a disabled person is deemed to be a person whose “disability has been confirmed by the decision of the authorities: (a) on the individual’s classification to one of the three levels of disability defined in art. 3 or (b) with total or partial inability to work on the basis of separate provisions, or (c) about disability, issued before the age of 16 – hereinafter referred to as people with disabilities” (Journal of Law of 1997 No. 123, item 776). A person with a disability certificate acquires the right to apply for help and support from the institution. The Act of August 27th, 1997 on *Vocational and Social Rehabilitation and Employment of Disabled Persons* (Journal of Laws of 1997 No. 123, item 776, as amended) indicates various forms of assistance and support. One of the most frequently used by persons with disabilities is financial assistance for starting and running a business. It is a subsidy from the State Fund for the Rehabilitation of the Disabled (SFfRoD). Following Dorota Kobus-Ostrowska (2014, p. 84), a “person who is registered in the labor office as an unemployed or jobseeker and not in employment, can apply for a grant, assuming s/he wants to start a business unless/s/he used non-repayable public funds before.” Currently, the amount of funds granted cannot exceed fifteen times the average remuneration received in the national economy.

Another form of assistance is co-financing the disabled person with the financial contribution necessary to open a social cooperative. According to art. 12a

of the Act of August 27th, 1997 on *Vocational and Social Rehabilitation and Employment of Disabled Persons* “(...) people with disabilities registered as unemployed, or jobseekers may receive cash as part of SFfRoD, which will be a contribution to the existing social co-operative. It is a form of non-returnable subsidy which, like other cooperative groups, gives people with disabilities the right to receive support” (Journal of Laws of 1997 No. 123, item 776). The legal basis for the functioning and operation of social cooperatives is defined by *Act on Social Co-Operatives* of April 27th, 2006 (Journal of Laws of 2006 No. 94, item 651, as amended) and the Regulation of the Minister of Labor and Social Policy of April 23rd, 2012 on the *allocation of funds for activity on the terms set out for social cooperatives* (Journal of Laws of 2013, item 456).

The third form of assistance for people with disabilities is *co-financing for interest on loans contracted for continuing business or for running own, or rented farm*. The applicant may apply for co-financing from the State Fund for Rehabilitation of Disabled Persons (SFfRoD) in the maximum amount of 50% of the interest on the bank loan taken out for continuing operations. Applications are submitted to the Poviats Family Support Center (PFSC) or the Municipal Family Support Center competent for the place of residence of a disabled person (after: Kobus-Ostrowska, 2014).

The fourth form of support for disabled entrepreneurs is the reimbursement of contributions to general social insurance. This is a form of assistance addressed primarily to disabled entrepreneurs who can apply to SFfRoD for refunding the premium by the last day of the month in which the time for payment of social security contributions has expired. SFfRoD reimburses to a disabled person running a business contributions to the pension and retirement insurance in the amount corresponding to the amount of the premium, in accordance with the basis of assessment specified in art. 18, par. 8 and in art. 18a of the Act on the social insurance system of October 13th, 1998 (Journal of Laws of 2007 No. 11, item 74, as amended). As part of financial assistance from the SFfRoD, adults with disabilities, whose activities are implemented by Poviats Family Support Centers, may also apply for financing social rehabilitation. These activities include: (a) co-financing participation of disabled persons and their careers in rehabilitation stays; (b) co-financing the supply of rehabilitation equipment, orthopedic items and auxiliary materials for the disabled; (c) co-financing of sport, culture and/or tourism forms of involvement of disabled people; (d) co-financing of the elimination of architectural, technical and communication barriers of disabled people; (e) co-financing of operating costs of occupational therapy workshops.

Pursuant to the Act of August 27th, 1997 on *Vocational and Social Rehabilitation and Employment of Disabled Persons* (Journal of Laws of 1997 No. 123, item 776), disabled people with the status of being unemployed or a job seeker may use active instruments available on the labor market as important forms of professional activation (Journal of Laws of 2008 No. 69, item 415, as amended).

These include: (a) public works; (b) internships; (c) professional adult preparation; (d) intervention works and socially useful works; (e) obtaining funds for starting a business activity or for establishing or joining a social cooperative, and (f) training. The detailed scope of organization and use of the indicated forms of professional activation are specified in separate regulations.

The Ministry of Family, Labor and Social Policy has developed a whole range of other forms of assistance and support for disabled people and their families (careers). One of the fundamental forms of assistance is the increase of budget expenditure on assistance for the disabled. In 2015, the benefits amounted to PLN 14.1 billion and in 2017 they increased to PLN 16.8 billion. Assistance is provided in various forms: grants-in-aids, benefits, subsidies, day and 24-hour day care facilities and activities addressed to these groups of individuals (see: <http://www.niepelnosprawni.gov.pl/art,844wieksze-wsparcie-dla-dopelachnychnych>).

In conclusion: the social policy in Poland in the field of socio-professional activation (vocational rehabilitation) of people with disabilities takes into account the following aspects: (1) creating conditions for the most effective and targeted social and professional rehabilitation, so that the created opportunities contribute to greater independence of people with disabilities, in particular in the open labor market; (2) supporting the integration and equalization of opportunities from school to adult life in all areas; (3) creating (promoting) mechanisms, institutions and associations that contribute to the integration of people with disabilities in the local environment, at work and in the larger community; (4) supporting the largest possible number of people with disabilities, as well as those who cannot find their place on the open labor market, or cannot find employment in sheltered employment.

In order to protect their legal interests, Poland provides disabled persons – in case they are unable to bear the costs of paid legal assistance -with free of charge legal aid and civic counseling.

There are many more forms of help and support for adults with disabilities. This paper indicates the most important, which are implemented by the institutions in accordance with the referenced legal provisions.

Methodological assumptions

The subject of this study is a disabled person, an adult, functioning in the social and professional sphere who has worked, works or seeks a job. The aim of the research is to understand the expectations of people with disabilities in relation to the institutions expected to support the above group of adults in the professional and social sphere (in the so-called “adult life”), as well as to examine possible factors that support and/or hinder such activities and/or support reception.

The research problems have been hidden in the following questions:

1. *What is the professional situation of the disabled persons surveyed?*
2. *What forms of help and support do they use?*

3. *What do they expect from institutions supporting the disabled in professional and adult life?*
4. *How do they assess the activities of such institutions?*

The qualitative method was used in the study because the subject of the analysis were the experiences of the respondents and the reality in which they function. We adopted an interpretative and naturalistic approach (Denzin & Lincoln, 2014, p. 23), focusing on the importance that the respondents give to their mainly socio-professional reality, in which they live and function (cf. Punch & Oancea, 2014). Likewise, we incorporated the situational ethnology paradigm so as to examine the experiences of interlocutors, expressed spontaneously but still focused on the purpose of the research. Thus, in-depth interviews IDI (Individual In-depth Interview) structured with 28 disabled people were conducted. While doing the interviews we definitely remembered about this important remark given by Steinar Kvale (2010, p. 39): *[...] an in-depth qualitative interview ensures the acquisition of [...] qualitative knowledge expressed in the everyday language of the interlocutors. It allows for a unique insight into the world of life of the respondents who describe their actions, experiences and views in their own words.*

The selection of people for our research was based upon cognitive considerations exclusively. Therefore, the selection of the respondents was deliberate and justified by the problem.

The most important data concerning the disabled we surveyed were placed in Table 2.

Analysis of the research results and discussion

In the research, we were interested not only in aspects related to the presented topic, but also those related to education and environmental, as well as family conditions. It is difficult to understand the attitudes of disabled people, not taking into account the educational path and family environment, which strongly determines the choices and expectations of individuals. It is generally recognized that the family constitutes the first cell, a social group that has considerable influence on our behavior and coping with problems. It gives us identity, teaches us who we are and how we should establish oncoming relationships. When the family functions properly, it instills many important standards of conduct; it guarantees a sense of security not only in the psychological, but also in economic terms, securing our needs and caring selflessly about ourselves. Most of the respondents had good childhood memories and now have correct relationships with their families. Seven people still live with their parents (or with their mother only), and three of them live with their siblings. They often emphasize that without the help of parents (especially mothers) they would not be able to cope in life, especially with their stays in hospitals, ordinary, everyday life problems, preparation for school and/or adulthood. Unfortunately, the family was not always able to

Table 2. Metric data of the subjects

Categories		Sex	
		Female (N = 11)	Male (N = 17)
Age	Up to 30 years of age	9	12
	31–40 years of age	2	4
	41–50 years of age	–	1
Education	elementary	4 (3 – special; 1 – state elementary)	5 (2 – special.; 2 – public.; 1 – integrative)
	junior high	2	–
	vocational	3 (trade school; special school – cook’s help; confectioner)	7 (3 – special.: book binder [2] & cook’s helper [1]; 4 public.: locksmith [1], baker [1]; cook [1], bricklayer [1])
	secondary (high school)	–	3 (2 – public education: technician [1] & IT specialist [1])
	senior high	1 (administrative technician)	1 (public education: photographer)
	academic	1 (IT physics)	1 (archeologist)
Work	for a definite period of time	3 (2 – permanent work in a shop; 1 – indefinite work period in protected work institution: tailoring services)	5 (2 – for replacement; 1 – work on call: home repairs; 1 – Work Activity Post; 1 – Sheltered Work Establishment: cleaning services)
	permanent, for an indefinite period of time	3 (2 – Katowice Special Economic Zone; 1 – teacher on maternity leave)	4 (2 – TESCO supermarket; 2 – permanent work in an IT workshop: computer repairs)
	contracted work	–	–
	casual/seasonal work	4 (1 – works at home; 2 – helping collect fruits in friends’ gardens; 1 – illegal work; didn’t want to say which one)	1 (harvest of fruit or vegetables)
	own company	–	2 (1 – IT services; 1 – locksmith services)
	currently doesn’t work/never worked	1 (has got a pension)	5 (2 – contract wasn’t prolonged; 2 – cannot find a job anywhere; 1 – on benefits);

Type of disability	movement/mobility	4 (1 – cerebral palsy; 1 – post-accident spine impairment; 1 – amputation of the leg as a result of cancer; 1 – no detailed data)	8 (2 – cerebral palsy; 1 – cerebral palsy + environmental deficits; 3 – post-accident spine impairments [2] & post-suicidal spine impairment [1]; 2 – post-accident limb amputation;
	mental, to a light degree	2	2
	mental, to a moderate degree	1	–
	mental illness	2 (schizophrenia with epilepsy)	–
	coupled	–	3 (2 – multiple sclerosis; 1 – movement + circulatory and systemic failure + sight impairment)
	sensory	2 (hearing impairment)	3 (2 – hearing impairment; 1 – sight impairment)
	neurological	–	1
Institution supporting the surveyed	Social Welfare Home	1	1
	Child Care Home	1	1
	Labor Office	8	11
	Social Security	6	4
	State Fund for Rehabilitation of Disabled Persons	8	8
	Polish Association of the Blind	–	1
	Local Home of Self-Help – MOPR unit	–	1
	Polish Association for People with Mental Disability	1	–
	Family Help Center	6	5
	Other	4	3

The number of given institutions is larger than the number of respondents, because some respondents indicated more than one institution, and one person did not indicate any.

Source: own elaboration on the ground of the research results.

cope with the upbringing of a disabled child. An important issue that strongly influenced the family and social relationships of the respondents was domestic violence and/or alcoholism, especially on the part of the father. This fact caused that six of the respondents wanted to quickly become independent and finish their school education. Two of the respondents were in an orphanage, which was also not recognized by them positively, as they phrased it: *apparent help, help definitely too small, completely inadequate.*

When asked about their educational period, the surveyed described it in various ways. At the initial stage of education, as a rule, they did not experience various forms of violence or marginalization. Unfortunately, the higher education stage they began, the more often they encountered forms of discrimination, very *clearly feeling their otherness:*

The guys made different jokes, they liked to laugh at me. I learned to be a bricklayer and they usually joke about these practices: either they hid my working clothes, or, for example, they poured plaster into the mortar to make it harden faster [...], sometimes they called names at me calling me an idiot or a stupid, but you could survive. (The respondents' opinions are written in italics, in some cases a small stylistic correction was needed to make the statement more readable and understandable. However, it did not affect the merits of the statement).

In junior high school and high school it was worse, I could not communicate with my peers, I did not have a common language with them, I did not go to parties, I did not have a boyfriend, I read a lot of books [...] they clearly kept me apart from them.

Well, there were many ups and downs, but I tried not to pay too much attention to it. I always had the impression that I was not fully accepted in their company. It seemed more like pity... kind of "let's do a good deed".

I still don't know how to settle down my matters in the city office. Nobody understands what I mean, why I came, I quickly get very nervous, what makes the office clerks get nervous too. Therefore, when I have something to fix there, I ask my sister to assist me, and she goes with me.

They always treat me badly, offensive. At first I'm always angry, but then I'm very sorry.

In the old work, some of the mates had a grudge with me for inaccuracy.

Nevertheless, there also were other situations the surveyed were able to recollect clear enough:

A lot of people are trying... trying to treat me nice as I approach, for example, to various queues at offices, they try to let me go before them forever.

I only remember once, like one lady, who came like me (...), helped me at the window, as I wanted to register. I thanked her a few times and she said people need to help each other. I felt so much joy I almost cried.

Each of the respondents emphasized how important it is to treat the other person fairly. They usually want to be treated just as other people are, work honestly and do not experience humiliation at any stage of their lives. Unfortunately, there are also disabled people who believe that they should be more privileged and have greater privileges from the state through their disability (e.g. privileged work reserved for the disabled only [There are countries, e.g. Great Britain, where some jobs are reserved only for people with disabilities, such as elevator service, for example], easier access to housing, increased subsidies).

The respondents' answers regarding the privileges they have (and their knowledge about them) were extremely different. From situations in which the respondents were unable to name institutions that could help them (apart from the Family Support Center, though even in this case they were not quite sure whether they could use this assistance and in what form), up to the situations in which the surveyed disabled individuals not only mentioned the majority of the institution, the rights they were entitled to, but also provided legal provisions for each of the circumstances. Such various answers were justified by the respondents themselves:

Some people do not know anything that they deserve. One should show what they deserve and it is important to provide them with work.

Yes and no, but let us not deceive ourselves, there are times when you do not take care of yourself, nobody will do it for us. I use many forms of help myself, thanks to which I can study what I wanted and where I wanted.

It seems to me that there are a lot of "green-horned" people in this respect. Although, on the other hand, making one misled about all the help, foundations, etc., of all these types of actions is ridiculous.

Not everyone is aware of their rights and the possibility of using help from various institutions.

Probably they don't know, because usually information that concerns the disabled should be searched for in the places where it is quite difficult to reach by people with disabilities, usually such leaflets are either on the first floor or one has to climb up a few stairs, go up for a few steps, especially for people on the wheelchair such architectural barriers are a big, big problem in reaching for such information.

I think that people with disabilities are quite poorly informed about such possibilities, it would probably be impossible to be correctly informed without other people. Because it is often the families of these people looking for such

opportunities themselves, very often there are no competent people to provide the information [one needs].

Expectations of the respondents towards the institutions, in this case also the states (respondents used the words “institution” and “state” interchangeably, when answering the question about their expectations towards institutional forms of assistance), for assistance were very different. That’s why we decided to group them and put them together in Table 3.

Table 3. Forms of expectations the disabled have towards institutions

Forms of expectations of the disabled	Answers
expected cash	<ul style="list-style-type: none"> – <i>buying drugs, food is very expensive. Invalidity pensions are ridiculously small, so you have to help us. The Social Service should help us financially in some way;</i> – <i>we should get some decent money, but what they give is nothing;</i> – <i>if it were not for the family, I would have nothing to live for;</i>
housing awaiting	<ul style="list-style-type: none"> – <i>a flat would solve everything, I live with my sister and her husband does not want me, he does not like me;</i> – <i>go to people, yes... I really need my own apartment, the smallest one, so that I would not be ashamed and could come when I want to come home and invite friends, I would be happy then</i> – the respondent, despite being 30 years old, lives with his parents;
connected with work	<ul style="list-style-type: none"> – <i>it’s hard to find work, they do not want to help me in the office, who wants to give work to someone like me;</i> – <i>stay at work, but I cannot work well, because they will say that I am fit to work outside and then I’m out;</i> – the respondent works for the Sheltered Work Establishment (SWE), which periodically determines the usefulness of the people working for the Establishment to be fit enough to work on the open labor market. The respondent is afraid that if she works too well, the commission will forbid her to work in the SWE; – <i>Disabled people should be helped by giving them a job, preferably if they can do what they have learned and what they like to do. If I had a job, I would be very happy. I do not want anything more;</i>

<p>further schooling and lifelong education</p>	<ul style="list-style-type: none"> – <i>yes, I would like to learn more but at the moment the finances and my health do not allow me to do so;</i> – <i>it's hard to find out anything about it, nobody knows anything;</i> – <i>I would like to learn, but I do not know how to deal with it, and what about the commuting?;</i> – <i>A lot of people would like to (...) take further education – one cannot find many disabled students at universities, it may be worth considering why this is so. Often, despite the fact that there are various subsidies for education, this is not enough; medication, rehabilitation, commuting, loans for treatment because, unfortunately, the health service is what it is, you have to pay for everything – families do not afford to pay for food, and where to place education, etc.;</i> – <i>I used many forms of professional development, which enabled me to be promoted and work in my current position;</i> – <i>However, the majority of respondents with disabilities most often did not know about free courses or other forms of professional development, offered e.g., by the local job centers, organized as part of EU or ministerial projects: I do not know any courses; So, you are saying, these can be attended?; I do not attend any courses; How could I know about it, nobody told me. However, another issue was the level of readiness to undertake further education (after hearing the question): I do not participate in any courses and I do not want to participate; I do not think about further learning and it's my decision.</i>
<p>legal, psychological, caring help, etc.</p>	<ul style="list-style-type: none"> – <i>there are no effect-bringing movements related to the removal of architectural barriers, no assistants for the disabled, no visible care services, no free trips and many, many other things;</i> – <i>I do not have legal help, I would like to go to the office and consult things with the competent people there, and they make madmen out of us, because we do not know anything, in the end;</i> – <i>above all, they should be helped to overcome such barriers as fear of other people, overcoming difficult obstacles, such as stairs, curbs;</i> – <i>it should be like that: it is accessible everywhere, general access and help of other people;</i> – <i>one misses a regular babysitter, rehabilitation services, or assistant. Who can afford to pay so many specialists? They want us to die, or let us stop being;</i> – <i>there's a need for psychological help, for people like me [former soldier], but a professional one, not the one that only shows pictures, but the one that can recognize the problem, because it will not disappear through the pictures;</i>

correct recognition of needs	<ul style="list-style-type: none"> – <i>the ones in the offices, they do not know that we want to have these sheltered apartments, I do not want to be ordered to go to the Social Welfare Home;</i> – <i>they should give me a nurse because my mother is afraid of doing injections, and they do not want to give one. My mother cannot afford to pay someone. And you have to be washed and dressed... I am heavy;</i> – <i>I cannot get a computer, my sister helps me fly through the offices, but I still miss something, some [...] paper scrap. If I had one [...] I could work at home and sometimes have fun playing in something. It would not be that boring;</i> – <i>I'm fighting for an assistant, because it's hard to do everything alone, but they say I'm not entitled; and if I did not need one, I would go to the office in person and begged for one;</i> – <i>since I have been struck by such a fate, I should receive more, and not be a beggar – the statement of a former soldier who went on a mission;</i> – <i>if they really wanted to help us, they should perhaps ask what we need? But nobody asks...</i>
fair treatment and greater patience, as well as knowledge of office workers	<ul style="list-style-type: none"> – <i>I used to travel to SFfRoD camps often, I learned a lot there, there was even a cooking course, but now I do not know who such camps can be admitted, who goes there? Why cannot I go there anymore? I still have to wait;</i> – <i>there was a lot of buzz around us, these advertisements, billboards on equal treatment, now everything got spread to others, even us, no one treats us seriously, nor the same as the able-bodied;</i> – <i>in these offices they know nothing, they are always asking each other about the things. There are still such young people there, still different. In a week you come and there's another young one again. I have a feeling like they were so stupid after school;</i> – <i>people with disabilities should be shown a lot of patience;</i> – <i>the able-bodied are afraid of us and usually do not want to contact us, because they often lead a carefree life, which our view distorts them, it is difficult for them to face someone else's misfortune. Patience and tolerance...;</i> – <i>all these institutions, these office workers do not know anything about us. You should be aware of the disability you are talking about and how you can help, right?</i>

Source: own elaboration on the ground of the research results.

Research conclusions and tips for practice

Entry into adulthood and the first job is a particularly difficult period in the life of every human being. People with various disabilities want to live with dignity and lead a fairly normal life. Helping such people is the duty of every self-respecting country. In Poland there is a huge number of governmental, as well as non-governmental, organizations, associations, labor offices that help people with disabilities. However, cooperation between these institutions is often illusory, and people with disabilities are often sent back from one institution to another. To begin with, the disability ruling system itself is quite complex; in addition to degrees of disability and/or disability groups, we also have descriptive terms, and the disability itself is recognized and documented for different purposes by

different institutions. This means that people with disabilities often do not know how and where to use institutional assistance. And if they acquire this knowledge, they still have problems with satisfactory overcoming bureaucratic proceedings. Another problem is hidden in vague regulations, constant changes which people, especially those with intellectual and mental disabilities, take with reserve and fear. If they have a job, they are afraid of losing it. Such dilemmas and problems are met, especially in the situation of high competitiveness on the labor market, also by non-disabled people. What has to be remembered is that disabled people are not fit to do any job, they do not get to every place, they often receive worse pay and need support and help, etc. In a nutshell, there are many reasons for their worse socio-professional functioning. Apart from that, many disabled people have little knowledge about the various programs in which they can participate, forms of support and/or further education. It is just a few who know how to handle such things and what to do when they have found themselves in a given, unfortunate situation. In addition, many of them are afraid to participate in such forms of further education and training, mostly because they have (often justified) concerns about losing privileges and moving to the open labor market. On the other hand, often in fear of dismissal, and mostly at the order of the superior, they do participate in various forms of additional training, which is most often proposed by their workplace or the employment office in case they are unemployed (Bieńkowska, 2012).

What are the conditions for a correct relationship between a disabled person and an institution that are supposed to support them in adult life, in particular in getting a job and becoming self-dependent? What favors such co-operation? What factors determine this co-operation to become full and reliable?

Among many, the most important seem to be:

- A. related to a disabled person (in addition to the obvious limitations related to the disability itself):
 - environmental conditions: family situation (willingness to start a family, help for parents, siblings, willingness to become independent quickly, etc.); material situation (lack of livelihoods, insufficient funds, etc.); external influences (environmental pressure, families, groups, media, influence of significant persons/employees of the institution onto the individual, etc.);
 - education and predisposition of the individual: socialization and forms of education (acquired values, behavioral patterns, forms of education, especially those that had an impact on the acquisition of pro-social attitudes, skills and experience, etc.); adaptability skills;
 - own activity: internal motivation, effortless participation, willingness to participate in social and professional life, staying among people and interacting.
- B. related to the institution:
 - greater clarity and accessibility to legal provisions and regulations: clear criteria for the recognition of disability groups, disability adjudication, etc., conducted by one institution; better cooperation between current sis-

ter institutions (not undermining decisions and opinions issued by various institutions);

- access to various forms of assistance that are provided obligatorily: better access to nursing, legal and/or psychological services, gaining assistants of various kind, etc.;
- abolishing all architectural barriers in aid institutions to facilitate access for every disabled person;
- clear criteria for awarding subsidies for rehabilitation equipment, social packages, equipment needed for remote work, housing, etc.;
- greater access to knowledge about the privileges of people with disabilities (informing the disabled by e-mail, by phone, by post etc. about new products, possibilities of starting one's own company, various forms of further education, etc.);
- greater knowledge of the institution's employees about people with disabilities, their limitations caused by illness, needs and expectations, etc.;
- readiness for cooperation: openness/communicativeness of the employees of the institutions, unconstrained willingness to help, patience, etc.

It is the acquired skills, knowledge and readiness to learn as well as acceptance of changes and communicativeness of the disabled people that appear to become most important among the factors affecting good cooperation between them and various aid institutions, so as to achieve independence and fulfill socio-professional needs of this group of people. However, as not all people with disabilities meet these conditions, institutional support for all forms of (not only) professional activity, readiness to help and favor of employees of these institutions turn to be of particular importance. It is an extremely tough task to remain faithful to one's values, beliefs and dreams and to fight out the limitations of one's own body and mentality, especially when one notices similar problems in quite a number of people around. It's hard to break away from an unfriendly environment and believe that it is worth fighting for every dimension of a decent existence, the more so when it is limited by illness or disability.

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INSTITUTIONAL FORMS OF HELP FOR PEOPLE WITH DISABILITY AND THEIR EXPECTATIONS. A RESEARCH BASED ON INTERVIEWS CONDUCTED WITH ADULTS WITH DISABILITIES

Abstract

People with disabilities constitute a significant group in a social environment that requires many different forms of assistance and support, especially of institutional character. In Poland, institutional assistance for adults with disabilities has a heterogeneous dimension and includes both financial and non-financial assistance. The multiplicity and variety of forms of help and support offered to adults with disabilities by different (state) institutions indicates that everyone with disabilities can benefit from the help that is most appropriate for them. On the basis of in-depth interviews conducted with adults with disabilities, we wanted to check to what extent the proposed forms of help and institutional support meet the expectations of people with different disabilities, especially in respect to their professional and adult life, how people with disabilities assess the activities of these institutions and how the professional situation of people with disabilities looks like. The conclusions and guidelines for the practice this paper contains were constructed based on the material from the interviews we carried out with adults with disabilities.

Keywords: people with disabilities, help, support, institution

INSTYTUCJONALNE FORMY POMOCY OSOBOM Z NIEPEŁNOSPRAWNOŚCIĄ A ICH OCZEKIWANIA – NA PODSTAWIE WYWIADÓW PRZEPROWADZONYCH Z DOROSŁYMI OSOBAMI Z NIEPEŁNOSPRAWNOŚCIĄ

Abstrakt

Osoby z niepełnosprawnością stanowią w środowisku społecznym znaczną grupę, która wymaga wielu zróżnicowanych form pomocy i wsparcia, szczególnie instytucjonalnego. W Polsce pomoc instytucjonalna skierowana do dorosłych osób z niepełnosprawnością ma wymiar heterogeniczny. Obejmuje zarówno pomoc finansową, jak i pozafinansową. Wielość i różnorodność form pomocy oraz wsparcia, jakie oferują dorosłym osobom z niepełnosprawnością instytucje (państwowe) wskazuje, że każda osoba z niepełnosprawnością może skorzystać z takiej pomocy, która będzie dla niej najodpowiedniejsza. Na podstawie przeprowadzonych pogłębionych wywiadów z dorosłymi osobami z niepełnosprawnością poszukiwano odpowiedzi na pytania, na ile proponowane formy pomocy i wsparcia instytucjonalnego spełniają oczekiwania osób z niepełnosprawnością, szczególnie w starcie zawodowym oraz dorosłym życiu, jak osoby z niepełnosprawnością oceniają działalność tych instytucji, a także jak przedstawia się sytuacja zawodowa osób z niepełnosprawnością. Na podstawie materiału z przeprowadzonych wywiadów skonstruowano wnioski i wskazówki dla praktyki.

Słowa kluczowe: osoby z niepełnosprawnością, pomoc, wsparcie, instytucja