

THE CATEGORY OF DISABILITY IN POLAND AND OTHER EU COUNTRIES – PARADIGM SHIFTS

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Summary

In the entire Europe, and also in Poland there are more and more initiatives taken just in order to alternate the way of thinking about disability, so the trial to quit perceiving disability as stemming only from trouble of one man and due to that causing impediments, limitations or the inability to perform everyday life tasks and meeting social roles and to interpret it like a multidimensional social problem which stems from barriers encountered in the milieu.

Key words: human capital, disability, EU.

Introduction

As one is acquainted with, the category of disability in the European Union countries is getting more vital at present, especially when thinking about the social and economic notion⁴. The proof is the implementation to the prepared ‘Europe 2020’ strategy (replacing since 2011 Lisbon strategy) the record of the need of: intelligent and balanced character of the economic

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⁴ Estimate data concerning the number of people with disabilities in the whole EU state that it is about 16% of the entire EU population in the reproductive age, so circa 50 mln.

growth of the European Union countries and as well *the development which would favor the social accession via supporting the economy of a high level of employment which ensures social and territorial cohesiveness*⁵. It is not occurring without a reason. Recent statistics referring to the number of the disabled in the 'extended' European Union indicate that over 70 million people has a declared disability degree and at the same time a low level of awareness about the social and economic meaning of human capital of the disabled in many economies led to skipping actions in the area of its exploration, development and usage, with a negative result not only for the disabled themselves, but also for budgets of these countries.

Currently, there are many initiatives taken in order to ameliorate the situation. A wide range of documents- recommendation, announcements, guidelines, and moreover directives obliging the EU members to oppose the social exclusion of the disabled, are all to influence the alternation of the present tendency (with a particular impact of newly accepted EU countries, including Poland). The philosophy of EU actions in the area of disability shows that the main responsibility for the policy towards the people with disabilities lies on particular member countries, benefiting from their own solutions- but including common share of experiences and more cohesive entire policy of EU towards this part of society.

Definition of the concept of disability

Currently one cannot indicate a unanimous definition of the concept of disability among the EU countries. It stems from the fact that every of the European Union countries has their own system of declaring disability. In example in Germany the degree of disability of a person is defined in accordance with a scale of diminishing the functional ability of an organism, so from 20% up to 100%. In France special commissions operating on the level of departments state on three extents of disability: minor, moderate and severe. In Spain the capacity to work is appraised and then the level of its impairment is declared. In order to employ someone with disability one may define a person whose ability to work has been diminished by at least 33%. Moreover, in many EU countries there are a couple definitions of disability utilized for various objectives, so: social rehabilitation, professional rehabilitation, employment, medical care and education. So it happens that a person who in one of the member countries is

⁵ Basis: The announcement of Europe 2020, the Strategy towards intelligent and balanced development which is beneficial to social integration, final draft, Brussels, 3.3.2010.

found as the one with disability, in some other country might not receive such a status.

However, the most important role in ordering the definition of disability is played by World Health Organization (WHO)⁶. In 1980 WHO formulated an official definition of disability according to which a disabled person is the one whom a considerable impairment and lowering the capacity of functioning of the organism hardens, limits or impedes performing everyday life activities and fulfilling social roles, taking into account their age, sex, social and cultural factors⁷. The critics of maintaining the criteria of disability on the level of injuries, impairments and functional limitations caused the alternation of the attitude of WHO experts who modified the former definition (1980) first in 1997, assuming that disabled entities are ‘the persons whose psycho-physical ability has been damaged and this led to limiting agility of life activities in a way that fulfilling proper social roles has been impeded⁸’, in order to state in 2007 that ‘disability is a multidimensional phenomenon stemming from barriers encountered in the physical and social milieu’⁹. The contemporary spectrum of the definition of disability ranges from the pure biological approach (the medical one) and fundamentally social one; however between these poles one will encounter various cultural, legal, economic, political spins created to different goals. That is why in the scope of understanding the concept of disability one needs to deal with three models: the medical model, the social model and the interactive model (chart 1).

⁶ World Health Organization (WHO) — international organization working as a UN agenda concerned with wide area of health protection issues. It was established by 61 member countries on 7th April 1948. WHO is the directing and coordinating authority for health within the United Nations system. The main priorities of WHO are: promoting of health development especially among poor, disadvantaged or vulnerable groups as well as fostering health security against outbreaks of infectious diseases and epidemic-prone diseases. WHO aims to decrease infant mortality and supports development and distribution of safe and effective vaccines and drugs. The main headquarters of WHO is located in Geneva.

⁷ International Classification of Impairments, Disabilities and Handicaps. WHO, Geneva 1980, *Lancet* 1964: 1, 1117 – 1120.

⁸ A. Barczynski, *Zakłady pracy chronionej w polskim systemie rehabilitacji zawodowej osób niepełnosprawnych*, KIG-R, Warszawa 2001, p. 14, See: K. Czyrka., *Zarządzanie potencjałem ludzkim osób niepełnosprawnych w organizacjach*, PWSZ, Gorzów Wlkp. 2013, p.56-60.

⁹ Centrum Systemów Informacyjnych Ochrony Zdrowia. Międzynarodowa Klasyfikacja Funkcjonowania, Niepełnosprawności i Zdrowia (ICF) oraz jej zastosowanie. Warszawa 8. 10. 2007.

Chart 1. Characteristics of disability models

Comparison category	Medical model	Interaction model	Social model
Historic scope	The roots of the bio-medical model date back to Renaissance.	The first model of such a type was declared in 1965.	The roots of this model are connected with arising of the emancipation organization of people with disabilities in GB between 70 and 80 years.
Disability definition	The definition of WHO on impairment: every limitation or faulty body build or functioning of an organism as far as the psychological, physical or anatomical aspect and psychosocial consequences of such an impairment/ lack.	The definition of WHO on disability: every single limitation or inability to lead an active lifestyle in a way or in a range that is perceived to be typical for a man of a similar age and sex; the definition of WHO on handicap: limitation of inability to fully realize social roles adjusted to the age, sex and being in accordance with social conditions.	The lack or limitation of activity of a human caused by the contemporary social organization in which it is not taken into account to meet the needs of persons with impairments of physical nature and difficulties in learning and at the same time excluding them from the mainstream of the social life (UPIAS, British Council of Disabled People).
The look at disability	disability = deficiency anomaly, impairment	disability = difference, handicap	disability = plight from the society's side
Disability criteria	Theoretical biological norm: healthy and properly working body theoretical norm	Functional interactive: activity, efficiency and fulfilling social roles	Theoretical social norm: participation and inclusion
Attribution of cause	-internal -pathology within an entity	-interactive - interaction between internal and external one	-external -plight from the 'normal' society
Attribution of responsibility	-external: doctors are responsible for the changes which took place	-internal: taking responsibility for oneself, including benefiting from the possibility to treat and adjustment of the milieu, -external: reinforcing of the very process	-external: society must change but the very change shall be initiated by the people with disability
Means of aid	-healing and compensation activity directed towards the source and results of the body incursion	-complex actions supporting an entity, healing, treatment and the adaptation process to the environment of a disabled person, -supporting technologies, tools and accommodation techniques	- abolishing barriers - universal design - fight with prejudice and social exclusion

Source: own elaboration on the basis of: J.F. Smart, D.W. Smart, Models of disability: Implications for the counseling profession. *Journal of Counseling & Development*, 1 (84),(2006), p.29–40; J.F. Smart, The power of models of disability. *Journal of Rehabilitation*, 2(75) (2009), p.3–11; J. Walkup, Disability, health care, and public policy. *Rehabilitation Psychology*, 4 (45), (2000), p. 409–422.

In understanding of the medical model, disability is a result of the damage or illness of an organism and needs therapeutic treatment. In the medical model the problem is taken under consideration when bearing in mind an entity without consulting the position of a disabled person in their milieu¹⁰. The medical model treats the impairment as a source of all the inconveniences, limitations and trouble of a disabled person and assumes that the medical intervention and rehabilitation has a pivot role for their removal or alleviation. The derivative of a medical model is the rehabilitation model, named sometimes the medical-rehabilitation model which in a complex form is found in the Standard Rules of Equalizing Chances of the Disabled. In the document it has been accepted that rehabilitation is a process whose goal is to enable the disabled to achieve and get the optimal level of physical functioning, organs, senses intellectual, psychical and social, among the others via providing facilities which would make them more independent¹¹. A different approach is presented by the social model of disability which assumes that it is not only caused by an impairment or illness but is a result of a way in which a society meets the needs of the people who have a limited agility¹². The disability concept is not seen here as a phenomenon categorizing people but as a universal human experience which permits to see that the people with disabilities are not in minority. Disability is perceived here not as a result of handicap or the state of health but as a result of barriers that such a person will encounter in the environment. The bridge between the medical and social model is the interaction disability model which concentrates itself on the relations between an entity, its deficits and functional limitations and more widely, the milieu in which a person with disability dwells¹³. Summarizing, the disability models above although refer to various aspects, shall not be treated as competitive constructions but complementary ones.

¹⁰ I. K. Zola, *Self identity and the naming question: reflections on the language of disability*. „ *Social Science and Medicine*”, 36. 1993: 167-173.

¹¹ http://www.mpips.gov.pl/osoby_niepelnosprawne.php

¹² M. Oliver, *A sociology of disability or a disability sociology? W: Disability and Society: Emerging Issues and Insights*. L. Barton (ed.). London, Longman 1996: 18-42.

¹³ Z. Woźniak, *Niepełnosprawność i niepełnosprawni w polityce społecznej. Społeczny kontekst medycznego problemu*. Europejski Fundusz Społeczny i Szkoła Wyższa Psychologii Społecznej w Warszawie, Warszawa 2009: 25-110. See: Byczkowska M., Soboń J., *Enterprise development issues on the german-polish border w: Innowacyjne rozwitje Rasji: uslowia, protiwojeczija, prioritjety, cz. III; Moskwa 2013, A. Kaczmarek., Przedsiębiorczość a kapitał ludzki, Przedsiębiorczość na pograniczu polsko-niemieckim, Współpraca przedsiębiorstw na pograniczu polsko-niemieckim w Euroregionie Pro Europa Viadrina (doświadczenia polskich przedsiębiorstw), Wyd. PWSZ w Gorzowie Wlkp, Gorzów Wlkp. 2011.*

WHO aiming at ordering the problematics of disability declared the International Classification of Impairments, Disability, Handicap¹⁴. It was translated into Polish and adapted to research by the Public Health Care of the Institute of Social Medical Academy in Poznan. In accordance with this classification the character of disability refers to three areas of human's functioning- the physical, psychical (emotional) and social one. On the very basis there were enumerated three definitions¹⁵:

- Impairment – describes a total lack or abnormality of organs structures or dysfunction of psychical functions due to a congenital defect, illness or injury. The impairment may be temporary when in the result of defined therapeutic treatment or surgeries may be deleted or permanent when it is irreversible. Impairment may be caused by internal or external factors. The internal ones enclose: hereditary factors, congenital ailments, improper nourishing which causes the shortage of protein, vitamins and microelements, and as well changes connected with aging of the organism. Injuries can be the external factor.
- Disability – defines every, resulting from limitation, biological limitations or the lack of the ability to perform activities on the level perceived to be normal for a person. As it stems from the definition, injury of an organ leads to lowering its functional agility (performing its proper activity). Disability is present exclusively when the lowering extent attains the state below the one regarded as the norm.
- Handicap – social dysfunction. It may be the result of disability or impairment. 'It means the less favorable situation of a person which is the result of an injury or disability, it is about limitation or being unable to fulfill roles which are seen as standard ones, taking into account somebody's age, sex, cultural and social factors¹⁶'.

WHO concurrently touches the matter of using the term 'disability'. They namely state that apart from decent struggle the term 'a disabled person' is stigmatic and categorizing which is not present in the term 'a person with disabilities' or 'persons with disabilities'. Dariusz Galasiński from the University of Wolverhampton in Great Britain adds: 'in case of the term 'a disabled person' it is not enough that the expression encloses itself in

¹⁴ T. Majewski, *Międzynarodowa Klasyfikacja Uszkodzeń, Niepełnosprawności i Upośledzeń – problemy i nowe propozycje*. Problemy Rehabilitacji Społecznej i Zawodowej, nr 1: 1998.

¹⁵ E. P. Wąsiewicz, M. Berkowska, W. Bryl, J. Gałęcki, A. Krzyżaniak, A. Wiesiołowska Z. Woźniak, *Potrzeby rehabilitacyjne osób niepełnosprawnych na przykładzie województwa poznańskiego*. RPBR MZ IV – 8, Poznań 1990: 18-36.

¹⁶ T. Majewski, *Międzynarodowa Klasyfikacja Funkcjonowania Niepełnosprawności i Zdrowia*. Praca i rehabilitacja niepełnosprawnych. 2008, 3-4/119-120: 8-10.

one characteristic but what is more stigmatizes him or her. The expression ‘a person with disability’ or ‘a person with disabilities’ avoid such a conclusion and moreover do it without the semantic deficiency’¹⁷.

The problem of the definition of disability in Poland

In Poland there are utilized at least two terms concerning the disabled. The first one stems from the legal regulations and concerns the legal basis of qualifying to the group of the disabled. The second one, a much wider one, is implemented in the statistics of the Main Statistic Office in Poland (GUS). In the Polish legal system, the currently abiding definition is the one encompassed in the act from 27th of August 1991 on the professional and social rehabilitation and employment of the disabled. It is that the disabled are ‘the persons whose physical, psychical or intellectual state permanently or temporarily impedes, limits or disables the capacity to perform socially and especially the annihilates the possibility to work professionally if they got a proper statement’¹⁸. *And disability is defined by permanent or temporary inability to fulfill social roles due to permanent or long-lasting impairment of the agility of an organism, especially causing the inability to work*¹⁹. The act implements additional limitations in the legal usage of a definition via implementation of the necessity to obtain a statement:

1. Qualified by stating organs to one of the three extents of disability, so a severe, average and mild one:
 - to the severe extent of disability one rates a person with a touched agility of the organism, unable to work or able to work only in the conditions of the protected work and demanding in order to fulfill social roles a permanent or long-term care and aid of the others due to inability to live on one’s own,
 - to the average extent of disability one rates a person with a touched agility of the organism, unable to work in the conditions of the protected work and demanding in order to fulfill social roles, requiring a temporary or partial aid of the others in order to meet social roles,
 - to the mild extent of disability one rates a person of a touched agility of the organism, causing in a considerable way lowering the

¹⁷ *Niepełnosprawność – zagadnienia, problemy, rozwiązania*. Nr IV/2013(9)

¹⁸ The Act of the Polish Parliament from 27th of August 1997 – The Card of the Disabled People (Register No 50 position 457).

¹⁹ *Article 2 point 10 of the act on the professional and social rehabilitation and employment of the disabled.*

ability to perform labor, in comparison with the ability which is shown by a person of similar professional qualifications with full psychical and physical agility or having limitations within the scope of meeting social roles which may be compensated by orthopedic equipment, helping means or technical means.

2. A total or partial inability to work.
3. The kind and the degree of disability of a person who is not over 16 years of age.

The second of the mentioned definitions (for the statistic use) encloses not only the legally disabled persons, but also the persons who officially are not in the possession of a statement themselves, but declare that they have limitations in performing the chosen activities (biological disability). It was implemented for the needs of the National Common Register from 2002 and 2011. In accordance to that ‘a disabled person is the one who has a proper statement issued by the office responsible for that, or a person who is not in the possession of such a statement but feels limitations of agility in performing basic activities for their age (play, learning, work, self-service)²⁰. Moreover, for the research needs in exploration, GUS introduced the following categories for the people with disabilities:

1. Disabled children, aged 0-14.
2. Legally disabled persons (with a legal statement).
3. Persons disabled biologically (independently from possessing of not possessing the statement, state that due to invalidity or illness have serious or total limitation of performing everyday activities (including work).

Used very often in statistics and literature of the subject and commonly known as well is the division of the disabled persons in accordance with their disability:

1. Persons with sensor disability, so:
 - the visually handicapped and sight impaired.
 - the deaf and hearing feebly.
2. Persons with physical disability, including:
 - persons with sensor disability,
 - persons with chronic diseases and ailments of the internal organs.
3. Persons with psychical disability, including:
 - persons with intellectual disability,
 - persons psychically ill with personal and behavioral disturbances,
 - persons with awareness disturbances.
4. Persons with complex disability.

²⁰ National Common Register of Population and Flats 2011.

One needs to underscore here that in Poland disability approved legally has been declared by various institutions and for various objectives. Within the framework of legal regulations at present there are in practice three types of stating disability (regulated by different acts) and led by diverse institutions, so for pension goals- retirement stating run by ZUS and KRUS and for other objectives- stating led by district groups for declaring disability extents. Within the legal scope, possessing a current statement issued by the offices enumerated above, qualify such a person to a group of legally disabled and gives the core to apply for and benefit from the special aid, facilities or privileges which this community has (i.e. annuities due to the inability to work, care benefit, rehabilitation stays, reduction in the fee of the public transport).

The detailed rules of stating the extent of disability and disability itself were precised in the resolution of the Ministry of Economy and Labor and Social Policy in the matter of stating on disability and its extent (Register No. 139, position 1328 with further changes) however declaring inability to work takes place on the basis of pension and retirement regulations. If in order to define disability or its extent there is a need to conduct some additional research, then the regulations of the Ministry of Economy and Labor and Social Policy from 18.12.2007 are implemented to carry out specific check up for the needs of declaring disability and its extent (Register No.250, position 1875).

People being in possession of one of the statements mentioned above are in the light of the regulation the disabled persons. In reference to that one needs to mention the regulation enclosed in the article 5 of the act on professional rehabilitation which equalizes in the range of qualifications of the disabled declared by the predicating doctor of ZUS on the inability to perform at work with statements on the extent of disability. So the predicating doctor of ZUS states about:

- the entire inability to perform at work, defined on the basis of the article 12, act 2 and inability to exist independently, declared in accordance with article 13, act 5 from 17.12.1998 on retirement and pension from the Fund of Social Insurance (Register from 2009, No. 153, position 1227, with further changes), later on called 'the act on pensions and retirements from the FSI (Fund of Social Insurance)- afterwards treated equally with the statement about a considerable extent of disability,
- inability to exist independently, defined on the basis of the article 13, act 5 on pensions and retirements from FSI – is treated equally with the statement on the considerable extent of disability,
- a total inability to work, defined on the basis of the article 12, act 2 on pensions and retirements from FSI- is treated equally with the statement about the average extent of the disability,

- a partial inability to work, defined on the basis of the article 12, act 3 and the rightfulness of re-qualifying, spoken about in the article 119, act 2 and 3 on pensions and retirements from FSI- is treated equally with the statement about a mild extent of disability,

One needs to mark that in the analogical way one shall respect still remaining in power statements about qualification to one of the groups of handicapped²¹. It means that the statement about qualifying to the 1st, 2nd or the third group of the handicapped is treated as an equal one to the statement about a considerable, average or mild extent of disability. However, within the scope of the act about professional and social rehabilitation and employing the disabled (Register from 2011, No. 127, position 721, with further changes) there have been declared three extents of disabilities which are implemented in order to realize goals determined by this act: these extents are as follows:

- a considerable extent of disability- one assigns here a person with a touched agility of the organism, unable to work or able to work only in the conditions of the protected work and requiring in order to fulfill social roles, a permanent or long-lasting aid from the others in reference to the inability to exist independently,
- a moderate extent of disability: one assigns here a person with a touched agility of the organism, unable to work or able to work solely in the conditions of protected work or demanding temporary or partial aid of the others in order to fulfill social roles,
- a mild level of disability- one assigns here a person of a touched agility of the organism which causes a considerable lowering of the capacity to perform work in comparison with the capacity which is shown by a person of similar professional qualifications of a total psychical and physical capacity or having limitations on fulfilling social roles which is able to be compensated with the aid of orthopedic equipment, aiding means or technical means.

Enclosing in the considerable or moderate extent of disability, which is pondered on the the point 1 and 2, does not exclude the possibility to employ such a person at the place of an employer who does not ensure the conditions of protected work in case

- adjustment by the employer of a job post to the needs of a disabled person. The audit in the range of meeting the requirements that has been discussed, run by PIP (the State Labor Office),
- employment in the telecommunications area.

²¹ Issued by ZUS in the period from 31st of Dec. 1997 unless the lost power and issued by ZUS from 1st Jan. 1998 (concerning war veterans, soldiers, suppressed persons).

When declaring disability there are the following codes utilized in order to indicate the cause of the disability:

- 01-U** – mental handicap,
- 02-P** – psychical illnesses,
- 03-L** – speech, voice, hearing impairments,
- 04-O** – sight impairment,
- 05-R** – motor handicap,
- 06-E** – epilepsy,
- 07-S** – respiratory and cardiovascular system illnesses,
- 08-T** – digestive system illnesses,
- 09-M** – urinary and sexual illnesses,
- 10-N** – neurological illnesses,
- 11-I** – others, including: endocrinological ones, metabolic, enzymatic anomalies, contagious diseases, diseases from animals, defacements, hematological system illnesses,
- 12-C** – overall development anomalies.

The comparison correlation of forms and contents of stating, previewed by the Polish law is illustrated in chart 2.

Chart. 2. Retirement declaration vs others

The previous system of stating	ZUS statements	Statements of teams for stating disability	Pension statements for KRUS farmers
1 st group of handicap	A total inability to work and exist independently.	A considerable extent of disability	A permanent or long-lasting inability to work on the farm, connected with the right to get social welfare.
2 nd group of handicap	A total inability to work.	A moderate extent of disability	In KRUS statement there is no equivalent of the 2 nd group of handicap.
3 rd group of handicap	A partial inability to work, the need to re-qualify	A mild extent of disability	Permanent or long-lasting inability to work on a farm, without the right to get the welfare.

Source: *Pracownik z niepełnosprawnością*, ed. E. Rutkowska, Norbertinum, Lublin 2007, p. 17; Act from 20th Dec.1990 on the social insurance of farmers (Register 1990, Nr 7, pos. 24), consistent text from 10th March 2008 (Register 2008, No. 50, pos. 291); Resolution of the Minister of Social Policy from 31st Dec. 2004 on the alternation of doctors' stating in KRUS (Register 2005, No. 6, pos. 46); Act from 28th June 2012 on the change of the professional and social rehabilitation and employment of the disabled (Register 2012, pos. 986) implementing changes to the act from 27th August 1997. on professional and social rehabilitation and employment of the disabled(Register 2011, No. 127, pos. 721 with further changes) a consistent text from 18th Jan. 2008 (Register 2008, No. 14, pos. 92), Resolution of the Minister of Labor and Social Policy from 15th July 2003 on stating about disability and its extent

(Register 2003, No. 139, pos. 1328),3. Resolution of the Minister of Labor and Social Policy from 1 Feb. 2002. on the criteria of disability among the people from 16 years of age (Register 2002, No.17, pos. 162).

The imperfections of the stating system on disability have led to the fact that the disabled in the rightful legal way and the biologically disabled ones are not always the same people- these two entities solely partially cover with each other, which is shown in the figure 1.

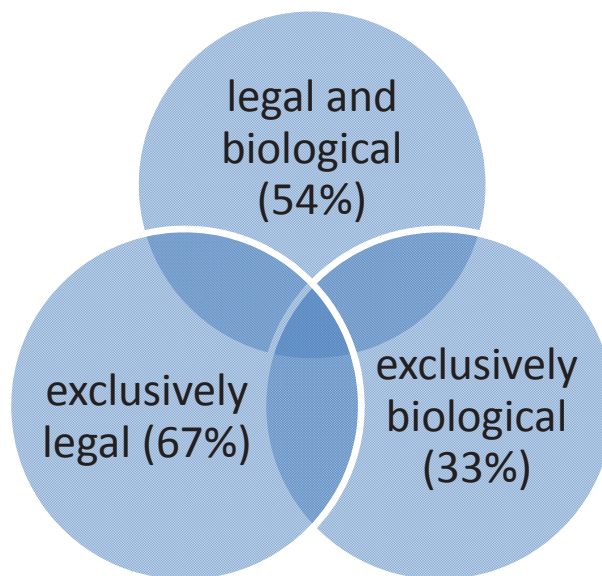


Figure 1. The legally disabled and the biologically disabled

Bibliography: One's own work based on NSP 2011.

Taking into account the above, the rightfulness of the summary of the definition is conducted by Tadeusz Majewski dividing them into three categories²²:

- general definitions- they set general criteria on the basis of which a particular person is declared to be disabled or is being rejected the status of disability. These definitions in majority take into account either biological or social criteria. According to this author, a disabled entity is the one which has a low in relation to the norms agility of an organism, causing some limitations and impediments in fulfilling social roles.
- definitions of particular categories of the disabled i.e. with mental handicap, physical handicap, psychical handicap.
- Definitions for defined goals, so for the professional rehabilitation needs or getting welfare: a disabled person means an entity whose

²² T. Majewski, *W sprawie definicji osoby niepełnosprawnej. Problemy Rehabilitacji Społecznej i Zawodowej*. 1994: 1, 139, 33-37.

chances of getting, maintenance and promotion in employment are limited due to physical or psychical disability officially declared.

Conclusions

Summarizing, one needs to notice that in the entire Europe, and also in Poland there are more and more initiatives taken just in order to alternate the way of thinking about disability, so the trial to quit perceiving disability as stemming only from trouble of one man and due to that causing impediments, limitations or the inability to perform everyday life tasks and meeting social roles and to interpret it like a multidimensional social problem which stems from barriers encountered in the milieu.

The confirmation can be found in:

- capturing the matter of disability as one of the priorities in the Strategy EUROPA 2020²³,
- ratifying by the Polish Government on 6th September 2012 the UN Convention on the Disabled Persons' Rights²⁴ (accepted by the UN Meeting on 13th December 2013)

and within these documents treating social and physical barriers as crucial ones as far as disability is concerned.

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²³ Such strategy is supposed to correct faults in the European model of economic growth and create conditions due to which it will be more intelligent, more balanced and friendly for social integration.

²⁴ The goal of the Convention is the protection and ensuring a comprehensive and equal possibility to profit from human rights and basic freedom by the people with disabilities equitably with other citizens. Poland is obliged to implement standards enclosed in the Convention which concern courses of action in order to ensure the people with disabilities the realization of their rights. The text of the Convention was published in the Register of Acts from 25th of October 2012, position 1169.

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