

PROFESSIONAL ENGAGEMENT OF INDIVIDUALS WITH MODERATE TO SEVERE INTELLECTUAL DISABILITIES.

**FROM DEFINITIONS TO
MECHANISMS AND
CONDITIONS OF THE
ACTIVATION PROCESS.**

**AION
PROJECT**

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The AION project benefits from a grant of € 195828 received from Iceland, Liechtenstein and Norway under the EEA Grants.

The aim of the project is to develop a comprehensive, systemic model of preparation for professional activity of people with deeper intellectual disabilities. Preparation of professional laboratories with training programs and methodology. Development of a coherent and systemic strategy for supporting the employment of people with intellectual disabilities on the labor market in cooperation with the District Labor Office in Sosnowiec. Working out a path of professional development and a strategy of inclusion in the open and / or protected labor market, taking into account the educational, legal, organizational housing for schools, people with disabilities, public institutions and entrepreneurs that can potentially employ people with disabilities.

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The study you have in front of you was created as part of the "AION" project implemented at the Special School Complex No. 4 in Sosnowiec. This project is co-financed by the EEA FM for 2014-2021 under the "Education" program. The program's donors are Iceland, Norway and Liechtenstein. The aim of the project is to develop a comprehensive systematic strategy for the education and professional activation of people with... intellectual disability. In addition to strictly practical activities, such as developing a model of education preparing for work and the concept of continuing education for people with intellectual disabilities and instrumental forms of support for the process of professional activation of this group of people, the project planned to implement a research project.

The aim of this activity is, on the one hand, to deepen reflection on the goals, role and conditions of the above-mentioned processes, structured discourse on contemporary challenges of special education, on the other hand, the implemented project serves as a kind of "guardian" of the quality and effectiveness of practical activities undertaken in the project. The systematized research process allows for clear determination of directions of activities, goals and incentives for introducing change, diagnosis of barriers and resources and, consequently, monitoring and evaluation of implemented solution proposals. Good education, upbringing and therapy is, above all, action in close relationship with our students, pupils and broadly understood wards, but it is impossible to think about the high quality of these activities when they remain in separation from established science about the essence of these processes and the rules governing them. In this context, the research activities undertaken also constitute a kind of link, a bridge of discussion between the world of social sciences and the world of specific practical activities. Unfortunately, in Polish reality, these two worlds are quite far apart, their relationship is often only instrumental and incidental, and for many teachers it ends after completing academic forms of education or professional development. With this in mind, we carried out this research project with particular care "AION" project so that its participants know not only what to do and how to do it, but also ask the

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questions Why? What for? What does this mean? And most importantly, they were able and willing to answer them.

This study is a text introducing the essence and conditions of the processes of professional activation of people with intellectual disabilities. It serves in particular, building a broad context both for further scientific considerations, as well as for building valuable, effective proposals for solutions to the challenges and tasks that special pedagogy faces, articulated below.

Introduction to the subject of the considerations undertaken.

Over recent years, there have been significant changes not only in the definition of intellectual disability, but also in the field of practical activities undertaken for this group of people. The gradual strengthening of social, emancipatory and ablistic paradigms in the area of understanding and defining the essence of disability has many consequences. On the one hand, theoretical concepts describing intellectual disability are gradually being remodeled, and consequently, indications for the organization of teaching and educational work in the process of educating people with disabilities, on the other hand, the social reception and attitudes of the environment towards this group of people are changing. In this context, the functioning of people with disability is an issue of much broader importance than just the space of theoretical considerations, it is in particular a kind of social challenge. Therefore, all activities undertaken in the field of science and research have a specific task to serve social changes, which, ideally, should lead to social inclusion of the group of people in question as fully as possible. But what does this mean in practice? It is primarily about breaking down many barriers and creating the necessary resources to develop and support the independent life of people with intellectual disability. After all, to put it simply, this is what adolescence and related educational activities are supposed to lead to, regardless of the specific functioning of each young person. However, on this path in relation to people with deeper intellectual disability becomes a disproportionate number of barriers and limitations in compared to children and adolescents in the broadly understood intellectual norm. Apart from constitutional barriers related to intellectual disability itself, the environment in which they grow and develop is of particular importance for their expression. How indicates many contemporary concepts of disability, how a person with intellectual disability will function, regardless of his or her innate abilities, is largely determined by the social context, which, on the one hand, can support and eliminate many barriers and restrictions in independent functioning, but



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on the other hand, barriers add to and limit the already smaller opportunities and resources of these people.

This study will first present general trends in the perception of the independent life of people with disabilities, in order to move on to the analysis of the importance and function of the professional activation process in the development of the independent life of people with disabilities and the determinants of this process. The theoretical and practical solutions undertaken serve a deep understanding of the life space of people with... disability, in particular in the area of taking up professional activity, in order to develop specific practical activities supporting this process.

Trends in the perception of the independent functioning of people with disability.

They just don't understand that a disabled person is a normal person, that's not it

there is a monkey hanging on a tree somewhere. In this way they interfere, they have

just do nothing, then they won't bother you.¹

The introduction briefly highlights the changes that have taken place and are still taking place in the area of defining and, consequently, understanding the essence of disability. Reference is made to the evolution of the perception and understanding of disability from the biomedical model towards a social model². So, from locating the causes of the level of functioning of people with disabilities in themselves to the social factors determining/conditioning this level. The consequence of these changes is a gradual change in thinking about people with disabilities along a continuum (exclusion) - segregation - inclusion.³ The considerations presented below apply to the entire population of disabled people, and the implications resulting from the presented models apply to the same extent to people with intellectual disabilities. It should be emphasized, however, that they particularly concern people from this disability group. According to research, these people are often the most discriminated and isolated group of disabled people. Therefore, the presented changes are extremely important and open up new opportunities in "working with" and the work

¹ R. Kaczan, K. Sijko, *Psychosocial effects of political transformation and people's ability to cope with limited mobility on the labor market*, Wydawnictwo SWPS "Academica", Warsaw 2008. (Interview 147) p.12

² Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, Wydawnictwo SWPS "Academica", Warsaw 2008, Pańczyk J., [ed.], *Annals of special education*. Volume 8, Warsaw 1997, Barczyński A., Frydrychewicz E., [ed.], *Professional activation of disabled people*, National Scientific Conference, "Barriers in the employment of disabled people on the open labor market", National Chamber of Commerce and Rehabilitation, 4 (4), Warsaw 2005.

³ R. Kaczan, K. Sijko, *Psychosocial effects of political transformation and people's ability to cope with limited mobility on the labor market*, SWPS "Academica" Publishing House, Warsaw 2008.

of people with limited intellectual ability. Relations between society and disabled people N. Ostrowska describes an interesting form of the triad:

1. "visible - neglected (limited mobility is not the most important social problem),
2. invisible – well-groomed (limited mobility is more of a medical problem than a social one),
3. visible – well-groomed (limited mobility is primarily a social problem)."⁴

In principle, it is possible to describe all models of disability in these categories the resulting ON-environment/society relationships. "Visibility" refers to issues of the place and role of disabled people in society, and "care" for organized forms of support, care and finally rehabilitation for people with limited mobility.

In the course of the evolution of attitudes towards disabled people, a moral model, which is generationally earlier than the medical model of disability, is mentioned. According to it, the cause of disability was supposed to be [divine] punishment for committed sins, a curse, black magic, or in any case a consequence of disobedience to moral commands.⁵ This model was extremely stigmatizing and, as it were, it led to... marginalizing and social exclusion of people with disabilities as dangerous, harmful or unworthy of society⁶. Basically it fits into the first position of the above triad, however, it may seem that society in this model strives to establish this relationship at the invisible-neglected level. Which is already close to wishing they didn't exist.

The charitable model developing in the Judeo-Christian and Islamic traditions focused primarily on the religious obligation of mercy, almsgiving and providing support to people in need, rather than on the causes of this condition. This meant that disabled people were not rejected as inherently impure or tainted by sin, but it promoted a paternalistic attitude of society towards people with limited abilities.

⁴ N.Ostrowska [in:] Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, Wydawnictwo SWPS "Academica", Warsaw 2008, p. 66.

⁵ Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, Wydawnictwo SWPS "Academica", Warsaw 2008, p. 66.

⁶ A.I. Brzezińska, P. Rycielski, K. Sijko, *Methodological challenges – Diagnosis of needs and evaluation of support among people with disabilities*, Scholar Scientific Publishing House, Warsaw 2010.



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Thus placing them in a sort of "second category" of citizens. It didn't involve complete exclusion of disabled people from the social mainstream but with placing them on its margin. Although the role of society here may seem significant, it was mainly limited to providing alms and care, enabling survival at most for individuals with limited fitness. This also involved relatively strong stigmatization and learning helplessness. It is worth noting that this model fits into all 3 positions of the above-mentioned triad. Almsgiving does not guarantee care, understood as the fulfillment of needs. This model pushes disabled people to the margins of society, so it is difficult to talk about their visibility. Placing visible and well-groomed in the third position is justified because charitable activities are still present in the activities of even non-profit organizations, but they do not define the entirety of the relations existing on the society - people with disabilities axis.

The most common model for approaching the problems of people with limited mobility was the biomedical model. It resulted clearly from the already discussed perspective of the deficit in perceiving the essence of disability. Disability and related limitations were the consequence of biological or biomedical damage or deficits⁷. The consequence of this model was that the focus was on the individual's body, and the damage/deficits underlying disability were seen as particularly undesirable. Therefore, the aim was to precisely diagnose the causes of the damage and professional actions aimed at its removal through treatment or rehabilitation⁸. Placing this in Ostrowska's triad, disabled people can be considered invisible but well-groomed. Treating limited mobility as primarily a medical problem led to the isolation of these people.⁹ This placed the disabled person in a "special world", with special care, special education, special work, and special retirement homes.¹⁰

⁷ Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, SWPS "Academica" Publishing House, Warsaw 2008,

⁸ Ibid

⁹ Ibidem, and R. Kaczan, K. Sijko, *Psychosocial effects of political transformation and people's ability to cope with limited mobility on the labor market*, SWPS "Academica" Publishing House, Warsaw 2008.

¹⁰ R. Kaczan, K. Sijko, *Psychosocial effects of political transformation and people's ability to cope with limited mobility on the labor market*, SWPS "Academica" Publishing House, Warsaw 2008.

The increase in medical knowledge in the areas of the causes of injuries and methods of their treatment, as well as the significant influx of disabled veterans of World War I, led to modification of the biomedical model, and shifting the emphasis from treatment and "fixing" to rehabilitation, in America a large influx of disabled soldiers returning from the Vietnam War also played a significant role in the development of this model¹¹. The idea of rehabilitation began to appear for the first time in relation to activities aimed at adaptations work and life of war invalids - victims of World War I. There was also another term in Poland, namely the concept proposed by W. Doroszewski revalidation. However, this distinction quickly began to blur, and it was increasingly noticed that these terms were used interchangeably and together.¹² The difference, however, was in the area of influence. Rehabilitation was rather related to the situation in which are undertaken to improve physical, social and psychological functioning, revalidation, on the other hand, referred rather to educational situations and educational.¹³

Linguistically, revalidation (Latin: Re- again, validus – strong, strong¹⁴) in dictionary definitions refers in the medical sense directly to the concept of rehabilitation, in legal meaning means "restoring the validity, legality of some legal proceeding or official paper"¹⁵. However, within this concept there is an area relating to restoring the individual to full fitness, in connection with W. Dykcik defines revalidation as "long-term therapeutic and educational activity, and so multilateral stimulation, care, teaching and upbringing of individuals with disturbed perception of reality, i.e. mentally disabled, blind and deaf people..."¹⁶ M. Grzegorzewska distinguished four main paths of revalidation influence, namely: improvement, compensation, correction, dynamization. These impacts coincide with: "rehabilitation functions emphasized in the Standard Principles for the Equalization of Opportunities for Disabled Persons, defined as activities aimed at: restoring and/or restoring

¹¹ Ibid

¹²A. Hulek, *Revalidation pedagogy*, Warsaw 1977, p.14

¹³ A. Hulek, *Revalidation pedagogy*, Warsaw 1977 p.14

¹⁴ *PWN dictionary of foreign words*, Warsaw 1991.

¹⁵ *Universal dictionary of the Polish language*, Wydawnictwo PWN, Warsaw 2008

¹⁶ W. Dykcik, *special education*, Warsaw 1998, p.68

functions, compensating for the loss or lack of functions, as well as compensating for functional limitations"¹⁷. Which refers us directly to the concept of rehabilitation.

This concept comes, depending on the sources, from the Latin *rehabilitationatio* (Latin *re-habilitatio* - able, restored)¹⁸ or French *r habilitation*¹⁹ however, it is probably of Latin origin. Rehabilitation, according to dictionary definitions, is understood as "adaptation to normal life in society of people who have suffered a transient or permanent loss of health and have become permanently or temporarily disabled; rehabilitation"²⁰ A. Hulek, in addition to revalidation, defines rehabilitation as follows: "developing maximum ability in people with permanent health impairments to perform basic daily activities, preparing them for professional work and creating favorable conditions for contacts with the physical and social environment..."²¹ In 1968, the World Health Organization adopted the following definition of rehabilitation: "the comprehensive and coordinated use of medical, social, pedagogical and vocational measures to rehabilitate people with impaired body functions to the highest possible level..."²²

As can be seen from the above considerations, the assumption made earlier that despite the fundamental similarity of both concepts, a distinction can be made in the areas of impact of these terms seems to be justified. According to this reasoning, it also seems reasonable to recognize that rehabilitation and revalidation should function together, complementing each other in the process of including disabled people in the mainstream of social life.

On the basis of the development of rehabilitation and revalidation, a rehabilitation model was created, or medical and disability rehabilitation. It took into account the biomedical conditions of impairment, but placed strong emphasis on rehabilitation, understood as restoring the individual's social "usefulness". This fits

¹⁷ Standard Rules for Equalizing Opportunities for Disabled Persons

¹⁸ *PWN dictionary of foreign words*, Warsaw 1991

¹⁹ *Universal dictionary of the Polish language*, Wydawnictwo PWN, Warsaw 2008

²⁰ *Ibid*

²¹ A. Hulek, *Revalidation pedagogy*, Warsaw 1977, p.22

²²H. Larkowa, *Disabled man - psychological problems*, Warsaw 1987, p.17

directly into the understanding of disability from the perspective of functional limitations, a In Referring to the triad of the relationship between society and a disabled person, Ostrowska emphasizes the increase in the visibility of disabled people, while ensuring them proper care. The main goal of rehabilitation, or indeed of any actions taken towards disabled people, is to restore their social abilities, a In especially economic efficiency.²³ However, the main way to achieve this goal was still special education and medical intervention organized in isolated facilities.

This approach to the problems of disabled people led to the development of an economic model of disability. This model refers to the capitalist doctrine, which considers a disabled person primarily in economic categories such as cost and profit. Where cost is understood as expenses incurred by society on benefiting the disabled, and profit is understood as the actual rate of return on money invested in rehabilitation. Work with disabled people was mainly aimed at "repairing the body" in order to enable them to participate productively in the economic life of society.²⁴ An extremely important element of this model is the assumption that participation in the economic life of the community not only equalizes the balance of financial shares of individual individuals, but is of great importance in the process of regaining or obtaining full civil rights by disabled people. Thus, giving professional activity a therapeutic nature. In reference to Ostrowska's triad, disabled people become more visible - they play more important roles in society, on the other hand, are properly cared for - through developed medical methods of instrumentation and rehabilitation of the body and mind, and programs to improve the employability of disabled people.²⁵ However, critics of this model point out: the following aspects of the above model:

1. Too much focus in rehabilitation on the development of simple manual skills, not taking into account the possibility of using modern technologies, reducing the professional activity of ONs to production activities with simultaneous

²³ Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, SWPS "Academica" Publishing House, Warsaw 2008.

²⁴ Ibid

²⁵ Ibid

exclusion of the service sphere, thus limiting the opportunities for development and professional advancement of people with limited mobility.²⁶

2. Focusing primarily on the deficit, inability, limitations with at the same time ignoring the potential of the individual, manifested in his potential possibilities.²⁷ In rehabilitation work, this means a relatively one-way method of influence, ignoring the issues already raised by L. Vygotsky and referred to as the "sphere of proximal development".
3. The consequence of the above is to put pressure on the individual, locating the subject of change in him. As a result, social space does not require adaptation to the specific functioning of disabled people, thus having a limiting effect. This approach to the problem of disability also does not mean that: potential for changes in society's attitudes towards people with limited mobility, thus limiting or preventing them from achieving broadly understood independence in life.²⁸

In the light of the above criticism, an extremely important role in interventionist verification²⁹ policy towards disabled people was played by W. Dega who states that the role of a doctor "thinking in terms of rehabilitation cannot be limited to treating a diseased organ, but must treat a sick person as a member of society."³⁰ This approach to the problem extremely strengthens the subjectivity of a disabled individual. Thinking this way, this unit becomes not only the subject of rehabilitation activities aimed at strengthening social "usefulness", but also a subject of social life all the implications of such an approach to this issue. Consequently, it derives this issues of disability beyond the narrow biomedical context. This leads to the need to construct a social model of disability, emphasizing the role of society and its broadly understood organization in the genesis of disability. This is a direct result of socioecological perspective of recognizing and understanding the essence of

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Based primarily on medical effects

³⁰ W. Dega, 1986 p.9, [in:], Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, SWPS "Academica" Publishing House, Warsaw 2008.

disability. This is especially noticeable in the definition promoted by UPIAS³¹ and British Council of Disabled People.³² In this model, special attention should be paid to: following aspects:

1. "attention is focused on society, its organization and the social and physical environment"³³ – this is a significant change, as in all previous models the central point was the disabled person and their limitations, the importance of the above issues was marginalized.
2. "it is important to determine the position and social status of people with disabilities in the community (against the background of the system of values, norms and social attitudes towards people with disabilities). limited by ability)"³⁴ – also in this dimension there is a huge change, previously the position and social status of disabled people were considered the perspective of functionality, social "usefulness", and not from the point of view of social attitudes affecting this status.
3. "disability is a difference, a difference - society as a whole should be rehabilitated (social awareness, attitudes)"³⁵ - in this aspect there has been a revolution in thinking, the subject of rehabilitation is not to be a disabled person, as in previous models society as limiting the efficiency of individuals.
4. "disability requires changes in the organization of collective life - the remedy is changes in... interactions between the disabled individual and the structures of society"³⁶ – The relationship between ON and society, the subject of work, attitudes and stereotypes prevailing in society.
5. "A countermeasure can be anyone who influences individual-society interactions."³⁷ – such reasoning deprives professional services of the

³¹ The Union of the Physically Impaired Against Segregation and The Disability Alliance, dyskusja: *Fundamental Principles of Disability*, 1975

³² Presented earlier.

³³ Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, Wydawnictwo SWPS "Academica", Warsaw 2008, p.72.

³⁴ Ibid

³⁵ Ibid

³⁶ Ibid

³⁷ Ibid

exclusive impact of rehabilitation and transfers it to virtually every participant of social life. This is a huge step towards social inclusion of disabled people based on prior normalization of this phenomenon.

Referring to Ostrowska's triad, this model is strictly focused on the third position, emphasizing the role of a disabled individual in society (visibility) and ensuring the fulfillment of all needs (care). However, continuing the considerations in this direction, the thought comes to mind whether it is not necessary to establish a new category (position) in this scheme: visible and "self-care". This idea appears in the context of considerations on the role of society in the process of disability formation and its rehabilitation. Assuming that in this model society is not supposed to take care of the individual but to enable him to take care of himself, such thinking seems to be justified. This approach is extremely social, inclusive, normalizing, but diminishing the inalienable biomedical aspects of disability. The burden falling on society, but also on the disabled individual, seems to be incredibly difficult to bear, especially in the context of the unquestionable functional properties of individuals affected by disabilities, especially in the area of intellectual disability.

In the context of numerous comments and criticism raised against the social model of changes in the understanding of disability and the place of disabled people in society were directed towards eclectic approaches combining aspects related to the biomedical conditions and limitations of functioning of disabled people with social properties enabling effective rehabilitation and normalization of people with limited mobility, leading to inclusion of these people into the mainstream of social life.³⁸ Based on this comprehensive way of understanding disability, models have been developed that strive to create an integrated and holistic picture of disability. An

³⁸ R. Kaczan, K. Sijko, *Psychosocial effects of political transformation and people's ability to cope with limited mobility on the labor market*, SWPS "Academica" Publishing House, Warsaw 2008, Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, Wydawnictwo SWPS "Academica", Warsaw 2008, and Supińska J., [ed.], *Employment of disabled people in the period of transformation, Guide to active policy of training and employment of disabled people in Central and Eastern European countries*, Interart Publishing House, Warsaw 1996.

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example of such a model is the biopsychosocial model³⁹. In terms of explaining the causes of disability, they emphasize both the importance of biological and medical damage and deficits, as well as the role of society in creating the "abnormality" of people with disabilities. In addition, aspects of the individual's psychological functioning, his or her ability to meet his or her needs are raised the importance of competences in this area for social and individual rehabilitation. The means to restore or compensate for the individual's limitations is to activate all possible means of support. Therefore, they include professional influences, instrumentation and modern technologies, but also the reorganization of social life.

³⁹ Z. Woźniak, *Disability and disabled people in social policy - the social context of the medical problem*, SWPS "Academica" Publishing House, Warsaw 2008.

The importance of professional activity for the independent social functioning of people with more severe intellectual disabilities

Looking at the above models and the changes that took place in the theoretical and practical understanding of the essence of disability when formulating each of them, it was repeatedly emphasized how society's attitude towards people with limited efficiency. Of all the changes mentioned, one of the most important is the transition from the objective treatment of disabled people to their subjective treatment. However, there remains the issue of specifying what the subjectivity of people with disabilities actually is, and how the principle of subjective treatment is implemented. Subjectivity can be understood as "The feeling of being someone, having an identity that distinguishes the individual from others. Within it, a person believes that his or her own activity largely depends on him or herself. To become a subject, you need to make conscious assumptions about yourself and choose your own path of development. The sense of subjectivity expands a person's educational possibilities and allows his personality to flourish.⁴⁰ This definition is broad and vague, but it draws attention to two important dimensions. The first is subjectivity understood as the individual's right to make an autonomous choice, the ability of the individual to decide about his or her own life, providing him or her with access to all goods conditioning normal participation in public life, etc. The second dimension is the consequences of subjective treatment presented here as an extension of educational and allowing the personality to flourish. When it comes to people with disabilities, there are obvious associations with rehabilitation. Rehabilitation is carried out with a strong emphasis on shaping the sense of subjectivity, leads to activities aimed at preparing a person to function independently in the world society. The goal of these interactions is to achieve the highest level of autonomy⁴¹, and thus the ability to self-help and strengthen one's own activity focused on self-revalidation.⁴² Such

⁴⁰ A. Kurzynowski, A disabled person as a subject of social policy, KIG-R, Warsaw, 2005, pp. 8-9, [after:] J.Gould, W. L. Kolb, [eds.], A Dictionary of the Social Sciences, The Free Press, New York, 1964, pp. 659-660

⁴¹ Right for each person

⁴² B. Olszewska, Professional work and the subjectivity of disabled people, [in:] Barczyński A., Frydrychewicz E., [eds.], Professional activation of disabled people, National Scientific Conference, "Barriers in the

interactions strengthen the sense of subjectivity, and on the other hand, the subjectivity of disabled people is the basic assumption oriented rehabilitation. When considering the issue of subjectivity of disabled people, it should also be noted that the discussion takes place on two levels. The first are theoretical considerations leading to the construction of newer, more subjectively approaching models of disability. The consequence of this reflection are changes in the legal organization of the state, disabled people gained full civil and personal rights⁴³. Social care, health care and educational systems seem to fulfill their tasks taking into account the full subjectivity of people with disabilities. As a result, society's attitude towards people with... disability towards the described social models. However, at the second, practical level, some problems can be noticed. The above-mentioned definition of subjectivity assumes that "in order to become a subject, you must make conscious assumptions about yourself and choose your own path of development."⁴⁴ To be able to do this, you need to be able to get to offices, communicate effectively, understand documents and be able to complete them, be able to use public transport, have your own apartment and be able to find your way in it, and finally know how to manage your free time, be able to use With cultural offer, have access to training and courses⁴⁵. The whole point, however, is that this is not about legal guarantees, but purely functional solutions such as elevators, lifts, sign language interpreters, documents also available in Braille or specially adapted for people with intellectual disabilities. On the one hand, it is rehabilitation work with the disabled person himself, but on the other hand, especially in the context of social models of disability, it is a great task facing society and the organization of public life.

professional activation of disabled people", National Chamber of Commerce and Rehabilitation, 3-4 (7-8), Łódź 2006

⁴³ Mentioned later in the work, in the chapter devoted to legal solutions in the field of professional activation, and the chapter devoted to EU solutions in the field of the rights of disabled people.

⁴⁴ Raised above

⁴⁵ A. Kurzynowski, A disabled person as a subject of social policy, [in:] Barczyński A., Frydrychewicz E., [eds.], Professional activation of disabled people, National Scientific Conference, "Barriers in the employment of disabled people on the open labor market", National Chamber of Commerce and Rehabilitation, 4 (4), Warsaw 2005 s.12

In the context of the specificity of psychosocial functioning of people with intellectual disabilities, the issue of subjectivity becomes particularly important. As is clear from presented evolution of views on disability, for a long time these people were denied their subjectivity, considering them incapable of making autonomous, reasonable decisions. This clearly led to lower self-esteem and a sense of agency and effectiveness of these people⁴⁶ thus narrowing the spectrum of their objective and subjective possibilities.⁴⁷ The consequence of such a limited sense of one's own abilities is frequent failure to undertake professional activity⁴⁸. However, as various authors and non-governmental organizations argue, professional activity is an area that allows you to effectively meet your life needs.⁴⁹ Employment enables i contributes to the increase in the activity and independence of life of people with disability. IN Consequently, it turns out to be one of the most effective ways to combat the social isolation of these people, strengthen their subjectivity, increase self-esteem and develop a sense of self-efficacy.⁵⁰ Drawing this conclusion, it is easy to see that numerous rehabilitation goals are achieved through employment. The relationship between rehabilitation and employment i the feedback occurring in this area is illustrated in the graph below:

Fig.2 Relationships between rehabilitation and employment (own study).⁵¹

⁴⁶ Raised earlier

⁴⁷ By objective opportunities I mean development opportunities offered by the environment, and by these people's subjective sense of their ability to perform a given task or activity.

⁴⁸ Ibid

⁴⁹ Ibid

⁵⁰ MENCAP 2004.

⁵¹ Own study based on the literature on the subject cited above.



As can be seen in the diagram presented above, rehabilitation in the humanistic model emphasizing the subjectivity of the individual should be aimed at enabling the fullest possible independence in life. One of the most important manifestations of this independence is employment. Thus, employment enabling independence⁵² meeting the needs of a person with limited mobility has a rehabilitative effect.

⁵² Within the limits of the individual's capabilities

The terms professional activity, vocational rehabilitation, professional activation, definitions and conditions

The concept of employment used above means, according to the dictionary definition, performing a specific occupation for gainful purposes.⁵³ Another concept that can be used to describe this phenomenon is professional activity. However, other related concepts such as vocational activation and vocational rehabilitation fall within the same conceptual scope. The multitude and ambiguity of these concepts may lead to terminological chaos, so it seems reasonable to arrange these terms according to their epistemological content. Professional activity should be considered as a concept that is superior to the others mentioned above. According to the dictionary definition, activity is understood as "the tendency, ability to act intensively, to take initiative, active participation in something."⁵⁴ Understanding this way, professional activity can be understood as the ability to act and undertake work in order to receive remuneration.⁵⁵ The dictionary of psychology also defines activity as "all the actions of a living being. "Activity is an innate tendency, it is the basis of all behavior."⁵⁶ Although this definition does not refer strictly to professional activity, it is a human activity, a specific form of behavior. It can therefore be concluded that man is, as it were, a priori equipped with: tendency to also taking up professional activity. In psychology, professional activity is defined as "a form of systematic mental activity and physical, aimed at achieving a specific goal"⁵⁷. The aim of this activity will be primarily to meet your needs. In economic terms, professional activity is understood as "a set of activities related to the labor market. Doing work, registering in employment office, looking for employment, improving your professional qualifications."⁵⁸ This definition, apart from the element relating to the performance of

⁵³ Universal Dictionary of the Polish Language, Wydawnictwo PWN, Warsaw 2008

⁵⁴ Ibidem s.7

⁵⁵ M. Garbat, Professional activity and activation of disabled people - factors, barriers and conditions, [in:] Barczyński A., Frydrychewicz E., [ed.], Professional activation of disabled people, National Chamber of Commerce and Rehabilitation, 2-3 (10-11), Łódź 2007, s.62

⁵⁶ Dictionary of psychology

⁵⁷ M. Garbat, Professional activity and activation of disabled people - factors, barriers and conditions, [in:] Barczyński A., Frydrychewicz E., [ed.], Professional activation of disabled people, National Chamber of Commerce and Rehabilitation, 2-3 (10 -11), Łódź 2007, p. 61

⁵⁸ Ibidem, s. 61-62

gainful activities in the above-mentioned definitions, also includes elements relating to activities aimed at enabling employment. This extends the scope of this term to include the sphere of activities of an individual aimed at enabling him or her to find employment. An even broader and more precise definition can be found in the Pedagogical Encyclopedia of the 21st century, where professional activity is defined as "an attitude and condition for performing professional activities and employee duties; the degree and form of professional activity depends on the psychophysical characteristics of employees, working conditions and the degree of identification with the profession, as well as the situation on the labor market. A manifestation of professional activity is the readiness to constantly learn, to improve qualifications, to change profession, specialty or job position.⁵⁹ As you can see, the core element of this definition is not the activity - performing work, but rather the person's attitude towards it, as well as activities aimed at obtaining it. An additional element included in this definition is taking into account the characteristics of the person, the job position and the labor market as determining the level of professional activity. In such a dimension, professional activity ceases to be a property of the individual dependent solely on himself. According to the socioecological paradigm of disability and socially oriented models referring to it, it is society and its organization that are also responsible for the level of professional activity of disabled people. Nevertheless, the term professional activity refers primarily to issues directly related to the performance of paid work and activities undertaken for its benefit by a person. Although the above-mentioned definitions determine professional activity by various factors, the main subject of this concept is the person himself, in this case a disabled person. Moreover, the concept rather refers to a state and is rather descriptive. However, in the literature one can find further activities aimed at achieving a state of professional activity. The following conditions are listed, necessary for achieving professional activity of people with: disability: "improvement through rehabilitation, provision of individually tailored technical aids (instruments, adapted cars or public transport, computers with appropriate software, etc.), help from an assistant

⁵⁹ T. Pilch, [ed.], Encyklopedia Pedagogiczna XXI w., Warszawa 2004, Wydawnictwo Akademickie Żak, p. 74



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(volunteer or e.g. guide dog), wide access to education, barrier-free space"⁶⁰. The first of these factors is rehabilitation. At the beginning of this chapter, some problems that may arise due to the multitude of concepts were highlighted. One such term is vocational rehabilitation. According to the Act on Vocational and Social Rehabilitation and Employment of Disabled Persons, rehabilitation is defined as: "a set of activities, in particular organizational, therapeutic, psychological, technical, training, educational and social activities, aiming to achieve, with the active participation of these people, the highest possible level of their functioning, quality of life and social integration"⁶¹. Based on this definition, as well as the remaining content of the Act, the main goal of vocational rehabilitation is to facilitate a person with: with disabilities, finding and maintaining employment with the possibility of career advancement, by providing them with career counseling, vocational training, and creating a job placement system. These goals should be implemented in particular by assessing the ability to work, conducting appropriate work appropriate to the capabilities and predispositions of the vocational guidance unit, preparing disabled people to take up work in a specific position, selecting technical means to facilitate work. As you can see, the concept of vocational rehabilitation is practically the implementation of the conditions needed for achieving professional activity. IN However, unlike the term "professional activity", vocational rehabilitation is a concept with a mostly practical dimension referring to specific work performed with disabled people. Tim However, according to the Central Statistical Office data from 2022, the employment rate of disabled people was only 32.2%⁶² compared to 83.8% in the population of able-bodied people. It should also be emphasized here that this percentage only applies to people with... disability of professionally active people.⁶³ Unfortunately, the vast majority of people with disabilities⁶⁴ are economically

⁶⁰ M. Garbat, Professional activity and activation of disabled people - factors, barriers and conditions, [in:] Barczyński A., Frydrychewicz E., [ed.], Professional activation of disabled people, National Chamber of Commerce and Rehabilitation, 2-3 (10 -11), Łódź 2007.

⁶¹ Act on vocational and social rehabilitation and employment of disabled persons (Journal of Laws of 1991, No. 46, item 201)

⁶² Central Statistical Office data for 2022: <https://niepelnosprawni.gov.pl/p,80,rynek-pracy>

⁶³ Job seekers

⁶⁴ Especially with intellectual disabilities



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inactive people, i.e. over 75% of this population⁶⁵. These are people who earn their living primarily from pensions and do not undertake any activity aimed at obtaining gainful employment. So why do such a huge number of people with disabilities remain professionally inactive, and what actions can be taken to increase their professional activity? One of the most important barriers to professional activity among people with intellectual disabilities are motivation, or rather the lack thereof. The level of motivation for disabled people to take up work depends on a number of factors of various nature. These factors include the disability benefits system operating in Poland. Generally, less effort is involved in applying for disability benefits than in applying for a job.⁶⁶ This situation is certainly not motivating. This can be proven by the glaring disproportion between disability pension recipients - a total of approximately 3.2 million disability pensions - and those earning a living from gainful employment - approximately 611,000 people.⁶⁷ Other factors contributing to motivation are the concepts of effectiveness and efficiency. These terms can be defined as follows: "effectiveness is doing the right thing, a "Efficiency is doing the right thing the right way"⁶⁸. It seems important to supplement these working definitions with two aspects: independence and awareness. The problem related to the motivation of disabled people lies in these two aspects, which are unfortunately often prevented from doing so.⁶⁹ Another barrier in undertaking professional activity, appearing in the literature on the subject is the low level of education of people with limited mobility. The rehabilitation model still dominates in the organization of education for the disabled, focusing primarily on education in special institutions. Nevertheless, this results in a certain separation of students from the mainstream of social life. Expenditures on education are still too low, and as a result, school equipment is often too poor or not adapted to the educational needs of students with

⁶⁵ M. Figura, Professional activation of disabled people (Poland - European Union), [in:] Moś W.J., Roslanowski E., [eds.], Barriers in employing disabled people on the open labor market. National Scientific Conference, National Chamber of Commerce and Rehabilitation, 1 (13), Warsaw 2008 p.16

⁶⁶ Ibidem, s.16

⁶⁷ Ibid

⁶⁸ M. Garbat, Professional activity and activation of disabled people - factors, barriers and conditions, [in:] Barczyński A., Frydrychewicz E., [ed.], Professional activation of disabled people, National Chamber of Commerce and Rehabilitation, 2-3 (10 -11), Łódź 2007, p. 67.

⁶⁹ Raised in the part devoted to the subjectivity of people with disabilities.

disabilities.⁷⁰ Psychological factors are a very important barrier limiting professional activity, but these have already been discussed in previous chapters. Emotions such as fear, discouragement, shame, often caused by an incorrectly reacting social environment, have a very strong impact on the sense of self-esteem, effectiveness and agency, taking away the sense of control and, consequently, the willingness to undertaking any activity, especially professional activity. Barriers in taking up professional activity can therefore also be seen in attitudes and social stereotypes. Another issue is legal solutions related to the availability of various types of support systems. The last element that makes it difficult to take up professional activity are barriers in the structure of social organization. The structure of social organization can be understood as factors such as the location of social and technical infrastructure in the environment, i.e. primarily spatial and functional barriers in the environment, organizational barriers in social life, and problems related to access to information manifesting itself in inappropriate content and forms of messages to disabled recipients⁷¹.

In the face of so many and varied barriers, vocational rehabilitation of disabled people, usually carried out by one entity, is often not a sufficient means of achieving professional activity for these people. Another z The concept connected in a network of terminological ambiguities is professional activation, which is, on the one hand, another aspect of the same problem, and on the other hand, a specific remedy for this problem. Professional activation can be understood in two ways on the one hand as a state and on the other hand as a process. In the first meaning, it means a professionally active person who performs work in order to obtain income and meet their needs, which refers to the current state, i.e. whether a given person works or not is an indicator of professional activity⁷². In understanding this concept as a process, useful premises are provided by the dictionary definition of 'activation': 'stimulating to action, activating; also: increasing activity, coming alive'⁷³, in such a context,

⁷⁰ Ibid, and from my own professional experience.

⁷¹ Ibid

⁷² Ibid

⁷³ Dictionary of foreign words PWN, Warsaw 1991



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professional activation will mean stimulating people to take up professional activity and increasing their activity in the area of job searching. A more extensive definition is provided by the Lexicon of Social Policy: "professional activation is the process of stimulating the activity of the entire population or selected groups through financial incentives, promoting values or lifestyles conducive to activity, removing barriers to activity, e.g. facilities for reconciling professional work with professional duties, eliminating barriers to spatial mobility, including architectural barriers for the disabled, education, vocational training, elimination of various forms of formal and actual discrimination. Professional activation also means encouraging employers to create new or adapt existing jobs to the needs of the activated group.⁷⁴ The above definition shows how extensive and diverse areas professional activation covers. It is a long-term process integrating the activities of many different systems and entities, such as the education system, social welfare, employment support on the open labor market, etc., which in practice manifests itself in the need for cooperation between disabled people, schools, counseling centers, labor offices, employers, non-governmental organizations, state agencies and many, many others. Based on the above, it can be assumed that vocational activation is a broader concept than vocational rehabilitation, what's more, vocational rehabilitation is in a sense, a component of the professional activation process.

⁷⁴ B. Rysz-Kowalczyk, [ed.], Lexicon of social policy, ASPRA-JR, Warszawa 2002, p. 11, [after:] M. Garbat Professional activity and activation of disabled people - factors, barriers and conditions, p. 72, [in:] A. Barczyński, E. Frydrychewicz, [ed.], Professional activation of disabled people, KIG-R, Warsaw 2007

Instruments and conditions of the professional activation process

If we want to precisely discuss issues related to the instruments and conditions of the professional activation process, we should start with the chronologically first thing, i.e. issues of vocational education. This is due to the fact that vocational education itself is implicitly an instrument of professional activation, but on the other hand it is a kind of foundation, a foundation for all activities related to professional activity of the individual. Vocational education is associated with the creation of an occupational classification. In special education, these conditions are less relevant to changes in terms of adapting the list of professions to socio-economic needs, are more related to contemporary trends in the above-described social approach to the rehabilitation of disabled people and, as a consequence, the ongoing legal changes. A concise definition of the profession was given in 1961 by the Labor and Wages Committee, defining a profession as "(...) performing a set of socially useful activities (works) based on qualifications (knowledge and skills) for gainful purposes, resulting from the division of labor."⁷⁵ From this definition, it could be concluded that vocational education will be an orderly activity aimed at obtaining a profession.

People with more severe intellectual disabilities in Poland obtain a profession in schools preparing for work, where the list of professions is limited and obtaining a profession is not synonymous with real opportunities to obtain a job, or with any analysis of the labor market. The related needs for changes in the education system of this group of people are widely known and described. First of all, attention is drawn to the need to adapt the entire educational system to shape attitudes and competences related to future professional work, employment, job search, etc., so we can talk about the analysis of processes that T. Nowacki calls pre-vocational education (pre-vocational education), defining it as: "The period of education until the moment of undertaking vocational education. It includes education in the family

⁷⁵ Instruction No. 58 of the Labor and Wages Committee of October 31, 1961, [in:], T. Nowacki: Zawodownawstwo, Radom 1999, p. 64.

home, kindergarten, primary school and junior high school. The specific tasks of pre-vocational education include:

1. introductory introduction to the world of work and economy,
2. preparation for choosing a profession⁷⁶.”

The definition formulated in this way in the context of professional activation of people with deeper intellectual disabilities therefore expands the scope of exploration and analysis of processes taking place in this area, especially since vocational education itself, according to T. Nowacki, includes "pre-vocational education, appropriate education for a profession and all forms of further education and professional development. Vocational education can therefore be defined as all deliberately organized activities and processes enabling preparation for a profession, including professional orientation, and in particular, preparation for a specific professional work in a specific industry and at a specific job position.⁷⁷.”

For further considerations regarding the professional activation of people with more severe intellectual disabilities, it is also important to analyze the processes implemented in educational and support environments resulting from the following terms:

- continuing education understood as: "a complex of educational processes: formal, informal and incidental, which, regardless of the content, level and methods make it possible to supplement education in school forms and extracurricular activities, thanks to which adults develop their abilities, enrich their knowledge, improve their professional qualifications or acquire a new profession, and change their attitudes⁷⁸.”

In contemporary documents resulting from the unification of educational systems the level of the European Union and, therefore, formulating new tasks for vocational education, we talk about the openness of the education system in the

⁷⁶T. Nowacki, *Lexicon of work pedagogy*, Institute of Operational Technology, Radom 2004.

⁷⁷ Ibid.

⁷⁸ *Strategy for the development of continuing education until 2010*, MENiS, document adopted by the Council of Ministers on July 8, 2003.

context of lifelong learning - enabling the progressive acquisition of educational achievements regardless of age.

The acceptance by the Government of the Republic of Poland of the recommendations of the European Parliament i Council of Europe in on the establishment of the European Qualifications Framework for lifelong learning (EQF) and on on the establishment of a European credit transfer system in education and vocational training (ECVET) – development i implementation of the National Qualifications Framework, v including the national qualifications register, will result in:

- changing the approach to learning, which is currently focused on the educational process, to an approach focused on learning outcomes,
- improving the quality of vocational education,
- ensuring the possibility of acquiring learning outcomes in different contexts (validation beyond formal i informal learning),
- facilitating educational mobility and professional students and graduates of schools providing vocational education,
- meeting the expectations expressed by employers in in terms of acquiring mobile employees and faster adaptation of education to the needs of the labor market,
- creating a flexible system of professional examinations.⁷⁹

These assumptions do not, of course, directly concern the organization of these processes in relation to people with more severe intellectual disabilities, but in the light of contemporary inclusion processes, they may constitute the basis for formulating tasks also for these communities.

Further terms related to the issues discussed are: formal education understood as: "Education in an institutional system, which is distinguished not so much by the place (e.g. school or training institution) but by a program enabling the acquisition of

⁷⁹ Assumptions of the planned changes, Vocational and continuing education, Information of the Ministry of National Education, Warsaw 2010.

qualifications recognized in a given legal system⁸⁰". non-formal education understood as: "Intentional education (independent learning) and unintentional (occurring unknowingly in everyday life situations, also at work outside formal training and pozaformalnymi)⁸¹" non-formal education (informal education), understood as: "Institutional and formalized education carried out outside programs enabling the acquisition of qualifications recognized in a given legal system (a typical example is training based on the experience of companies, corporations, social organizations)⁸²" training, understood as: "a form of out-of-school education aimed at obtaining, supplementing or improving professional or general skills and qualifications needed to perform work, including the ability to seek employment⁸³."

The scope of the above-mentioned definitions allows for a comprehensive definition of issues related to the organization of professional activation processes for people with more severe intellectual disabilities.

Discussed here together the terminology related to professional competences and personal is a purposeful procedure resulting from the need to analyze the processes of acquiring certain specific skills, competences, professional qualifications, but also specific attitudes and personal characteristics resulting from learning, necessary for professional activity, or more broadly on the labor market. Competencies can therefore be understood as "A set of learning outcomes, i.e. what a person knows, understands and is able to perform⁸⁴" The set of competences defined in the Recommendation of the European Parliament and of the Council of 18 December 2006 is increasingly used in the context of the education system. In on key competences for lifelong learning (2006/962/EC) as a combination of knowledge, skills and attitudes appropriate to the situation. Key competencies are those that all people need for self-fulfillment and personal development, being an active citizen,

⁸⁰ *Terminological dictionary for a detailed description of the priorities of the Human Capital Operational Program.*

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ibid

⁸⁴ *From the European to the National Qualifications Framework, Warsaw 2009.*

social integration and employment. IN within the framework of the recommendation established eight competences key:

1. communication myself In language native,
2. communication myself In languages aliens,
3. mathematical competences and basic scientific and technical competences,
4. competences IT,
5. skill learning myself,
6. competences social i civic,
7. initiative i entrepreneurship and
8. cultural awareness and expression⁸⁵.”

Analyzing the indications resulting from such defined key competences, the most important in the context of professional activation of people with deeper intellectual disabilities will be determining educational activities undertaken for these people allowing them to meet their need for self-fulfillment and personal development, being an active citizen, social integration and employment, i.e. those areas that are inscribed in contemporary paradigms in special education.

Another term important from the point of view of the issues discussed is: vocational qualification, understood as: "a system of skills, knowledge and psychophysical features necessary to perform professional tasks included in the profession. There are post-vocational, general-vocational and basic qualifications profession and specialist⁸⁶."

Definition II

"The formal outcome of the assessment and validation process obtained when a competent authority has determined, in accordance with an established procedure,

⁸⁵ Terminological dictionary for a detailed description of the priorities of the Human Capital Operational Program

⁸⁶ *National Professional Qualifications Standards - Development and cooperation - Project "Development and dissemination of National Vocational Qualifications Standards"* implemented by the Ministry of Labor and Social Policy, Labor Market Department, Warsaw 2007.

that an individual has achieved the learning outcomes compliant with specific standards⁸⁷".

Both definitions presented above have important implications for the issue of professional activation of people with more severe intellectual disabilities. The first implies the need to analyze the educational model for people with more profound intellectual disabilities in terms of, for example, educational goals, program content, educational and specialist methods used, etc. in the context of learned professions. On the other hand, there is a need to analyze the system of awarding formal qualifications in general and their importance for specific people.

Acquiring specific competencies is a specific process in which changes occur with each person's experience and life development. From the point of view of professional activation of people with more severe intellectual disabilities, it is important to determine the possibilities of measurement in this area. It seems that such measurement is only possible based on the observation of specific characteristics of a specific person in relation to the assumed results. G.Filipowicz proposes a five-point scale for each competence considered:

"Five levels of competence:

A(1) - Lack of acquisition of a given competence. Lack of behavior indicating its mastery i use in undertaken activities;

B(2) - Acquisition of competences at a basic level. It is used in irregular way. Active support and supervision from more experienced people is required;

C(3) - Competence acquired to a good degree - allowing for independent, practical use during the implementation of professional tasks;

D(4) - Competence acquired to a very good degree, allowing for very good implementation of tasks in a given field and transfer of own experiences to others;

⁸⁷ *From the European to the National Qualifications Framework, Warsaw 2009.*

E(5) - Competence acquired to a perfect degree. The ability to creatively use and develop knowledge, skills and attitudes appropriate to a given scope of activities⁸⁸."

Based on the above proposal for a competence measurement scale, it is possible to construct specific tools supporting the process of documenting the achievement of specific skills, attitudes or personal characteristics required in preparation for practicing a profession and living independently for people with more severe intellectual disabilities. Such sets of competences can be formulated for various groups of people based, for example, on the provisions of the core curriculum for students with moderate and severe intellectual disabilities. Other possibilities may result from cooperation, e.g. with schools employers in local environment and jointly defining the competences necessary for specific workplace. It should be emphasized, however, that in educational practice relating to people with moderate intellectual disabilities and There are basically no mechanisms for recognizing qualifications. The current qualification framework, e.g. for vocational education, is beyond the reach of people from this group. Due to the above, no system is available to recognize or compare qualifications acquired by people with more severe disabilities. This has serious consequences for your job search open market, if only because employers do not have any resources to recognize these qualifications in potential candidates, which is undoubtedly an additional barrier to the activation process. Both in Poland and Iceland, the issue of recognizing the qualifications of people with disabilities is currently a serious challenge in the field of special education. It is difficult to resist the impression that the general, commonly used mechanisms meet the needs of people with... disability. The e-portfolio methodology seems to be a clue in this area. This is not a solution that allows for standardized recognition of qualifications, but it provides an opportunity to present competencies in a systematic way, which may be valuable for labor market entities potentially interested in employing people with intellectual disabilities. It allows you to answer frequently asked questions by employers: "what can this person do?", "how does he behave?", "how does he work?"

⁸⁸G. Filipowicz, Management of professional competences, Polish Economic Publishing House, Warsaw 2004.

In the context of the terminological considerations discussed here and their consequences for the process of professional activation of people with profound intellectual disabilities, there remains one more important issue related to the model of organizing the above-mentioned processes, regarding the tasks and scope of responsibility of the state, local government, local institutions, non-governmental organizations and others, as well as disabled people themselves.

Z. Kwiecieński in the matter of "equalizing educational opportunities" says that we have to deal with their fourfold understanding: " 1) as an equal right to competition and do multiplying the benefits already available, treating differences as natural, but possible to mitigate through voluntary help (...); 2) as an equal right to apply for entry into the elite, guarded by correct grading and sorting procedures (...); 3) as equal to i universal accessibility, safeguarded by a fair and constantly improved distribution of resources (...); 4) as equalizing the start, course and effects of education for those who are harmed through no fault of their own - through fair redistribution of funds for preventive, therapeutic and rescue activities, (...) The most important thing is I would like to emphasize is that in current debates on education in Poland, a also in decisions regarding educational policy, all these discourses appear at the same time and are confused with each other.⁸⁹".

The presence of such views and attitudes towards the problems of equalizing educational opportunities determines the scope and methodology of organizing the processes of professional activation of people with more profound intellectual disabilities. There is no doubt that the discourse in This study is organized in the light of the fourth way of understanding "equalizing educational opportunities" mentioned above. However, even here it still remains resolving the issue of subjectivity of disabled people in the organization of educational processes and caring, concerning themselves and their families. For the problems of the so-called "humanistic management of disability" in the context of contemporary models of social exclusion is drawn, among others, by A. Krause, who writes: "Humanistic methods of exclusion,

⁸⁹Z. Kwiecieński, Freedom or equality in education?, [in:] A. Męczkowska-Christiansen A., Minkiewicz P., [ed.], Ideas - Diagnoses - Hopes, Wydawnictwo Naukowe DSW, Wrocław 2009.

in turn, include the expansion of institutional assistance for disabled people while minimizing social effort in interpersonal contacts with these people⁹⁰ From this point of view, the analysis of social and professional activation processes implemented in institutional forms of education and care becomes even more important.

Therefore, views that break stereotypes regarding the functioning of people with more severe intellectual disabilities are becoming more and more common, enabling the adoption of a strategy based on "active inclusion and involvement in organized partnerships in play, learning, work and culture is implemented in the person's (disabled person's - author's note) own aspirations for independence in the local environment, is also a natural respect for the growing personal autonomy in family with the intimate supportive participation of family members⁹¹.

In order to organize the presentation of selected elements involved in the process of professional activation of disabled people, this work will use the division proposed by M. Garbat⁹². According to it, activities aimed at professional activation are called professional activation instruments and are grouped into: four categories. These are instruments that activate, support, integrate and regulate. There are other attempts to classify these activities in the literature, but the proposed division by M. Garbat seems to be the most precise and, on the other hand, showing a large diversity of these activities. Moreover, such a distinction places individual activities and solutions in a specific functional context. It should be emphasized, however, that this division is relatively vague. This is largely due to the already mentioned multi-dimensionality of most activities undertaken to professionally activate people with intellectual disabilities. Individual activities have been grouped into: due to their predominant properties, but many of them fall into all four categories.

All activation instruments also fulfill other functions, especially supporting and integrating ones. It can therefore be concluded that all activating activities also fulfill

⁹⁰ A. Krause, Contemporary paradigms of special education, Wydawnictwo Impuls, Kraków 2010.

⁹¹ W. Dykcik, Trends in the development of special pedagogy - scientific achievements and practice, Poznań Pedagogical Society, Poznań 2010.

⁹² KIG-R size 81

integrating and supporting functions regulating. On the other hand, many activities and solutions from other areas have an activating effect on the individual. As already emphasized in previous chapters, heading towards... towards effective professional activation of intellectually disabled people, it seems necessary to take comprehensive, global action, eclectically combining various models of disability and the resulting forms of rehabilitation interactions. This reasoning also justifies the selection of the presented division of means of professional activation of disabled people. However, the division proposed by M. Garbat does not exhaust all solutions and activities undertaken for the professional activation of disabled people. Therefore, individual categories will be supplemented with measures, activities and information from other sources.

However, it remains to answer the question of what they mean and what functions they perform do what activities and solutions the above four categories refer to.

Activation instruments, this name covers those activities whose subject is primarily the disabled person himself. These activities are aimed at leading to a situation in which the individual takes up employment. However, as mentioned above, they focus on influencing people with disabilities and working with them is the main subject of these activities. The most important solutions falling within this category include: programs implemented by PFRON, Social employment, Education, Job placement, employment itself, projects implemented as part of POKL competitions⁹³.

Integration instruments, of course, also aim to support the professional activation of people with disabilities, but in accordance with the socio-ecological paradigm of disability, they focus more on the impact on the living environment of people with disabilities. The main goal of activities undertaken within this category is to enable the integration, standardization, and In consequences of social inclusion. Without them, real rehabilitation and professional activation of disabled people

⁹³ POKL – Human Capital Operational Program – uses funds obtained from the European ESF fund.



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cannot take place. This category, apart from those already mentioned when discussing the activating instruments of PFRON programs, social employment, broadly understood education, POKL projects, etc., also includes activities such as civic advice and campaigns, elimination of social barriers and physical, social economy. Their practical exemplification are social integration centers, citizens' advice offices, activities of associations and foundations, local activity centers, and civic campaigns.

Supporting instruments are activities aimed at enabling a disabled person to take up employment. However, unlike supporting instruments, they do not focus on the individual but on the institutions that can do it offer or provide employment. This group of instruments includes measures such as Vocational Activation Facilities, Forms of Sheltered and Supported Work, Occupational Therapy Workshops, internships and volunteering, employment itself and the above-mentioned social employment, subsidizing wages and employment of disabled people on the open labor market, but also non-repayable loans. to open a business, etc.

Regulatory instruments are primarily legal solutions, especially specific acts and relevant implementing regulations. Rehabilitation Act incl. ON, labor law, social law, especially pension legislation, economic law, taxes including mandatory contributions to PFRON

This study presents only general areas of available instruments, possibilities of taking actions aimed at implementing real changes in the vocational preparation system and the process of professional activation of people with disabilities. disability. The practical use of these instruments is the task of implementation activities. Based on the above considerations, the "AION" project sets itself the extremely difficult task of addressing this very extensive area of conditions for taking up activities by people with disabilities in order to develop new mechanisms, models, proposals for activities and practical solutions supporting the professional activation of this group of people. As the presented discourse shows, professional activity has a huge revalidating value, both from an individual and social perspective. It creates an opportunity to effectively break the life cycle cursed by disability in which, after graduating from school, many young people with with a disability, instead of becoming independent and leaving home to live on their own and take up a job, they return home and stay there until their parents die. We sincerely hope that our efforts will bring a glimmer of hope for change in this area and will begin the process of creating new perspectives for the independent and possibly independent life of people with disabilities.