STUDIES ON DISABILITY

International Theoretical, Empirical and Didactics Experiences

Edited by:
Joanna Głodkowska
Justyna Maria Gasik
Marta Pągowska

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PREFACE

The 20th century and the beginning of the new one mark the time of development of humanist ideas in the perception of disability. The last century saw significant changes in statutory and social protection of persons with disabilities as well as in the social awareness related to impaired abilities of the human. The issue of persons with disabilities has been escalated to the global level of human rights. The UN Assembly in the *Standard rules for equalization of opportunities for persons with disabilities* (1993) proclaimed warranting to the disabled persons the opportunity to exercise the same rights and have the same duties as other citizens a major objective. The *UN Convention on the rights of persons with disabilities* (2006) is the first international legal act which comprehensively addresses issues of persons with disabilities, pointing, among others, to protection and ensuring full and equal use of human rights and fundamental freedoms as well as respecting their innate dignity, autonomy, full and successful participation in the society and social integration, warranting equality of opportunities and the right to maintain one's identity. It should be noted that in the last several decades, a significant rise of movement supporting persons with disabilities has been observed accompanied by the growing need to create appropriate supporting systems to ensure that such persons can meet the challenges of contemporary life. Mentioning even these facts only clearly demonstrates that the end of the century and the beginning of the new one is saturated with ideas of integration, inclusion, welding of the worlds of people with disabilities and without them.

The trend of humanist perception of persons with disabilities is now intensely joined by science. Using models of human development in the environment, scholars focus on the image of the person with disability in the aspects of his or her health, well-being, human resources, competences, autonomy and participation in social life. Multidimensional, interdisciplinary approach makes it possible to see persons with disabilities in psychological, sociological, philosophical, anthropological, pedagogical aspects as well as in medical ones. The area of scientific theoretical and empirical works is clearly broadened by the search for knowledge of what joins and not what separates people with disabilities and people without them. Studies are carried out to address the social, political and cultural situation of persons with disabilities in addition to their life situations. This trend of inquiry into the issue of disability has now been enriched by an interdisciplinary field of study: *Disability Studies*, which undertakes critical analysis of social, political and cultural contexts of impairments and deficiencies in the human development. Representatives thereof express the view that all barriers (physical and psychological alike) are part of the human life in its diversity. At the same time, they stress that disability is not a permanent feature of a person, but a product of his or her interaction with the surroundings. Disability Studies captures disability as a social, cultural and political phenomenon. An important objective of activities within Disability Studies is reinforcement of the social position, improvement of the life quality of persons with disabilities and their families and creation of opportunities to participate in all aspects of social life.

The major rise of the movement supporting persons with disabilities and the intensification of the need to initiate, design and implement integrated support systems require training of professionals – leaders, specialists, researchers. Their competences will enable efficient implementation of multidimensional actions directed at persons with disabilities and their environment, including, among others, being an advocate of their rights, leader in the fight for their place in the society and for a change of social attitudes, being involved in the preparation of the media for promotion of persons with disabilities, being a specialist working in local communities. The first training programme of *Disability Studies* was established in the United States in 1994 at Syracuse University and in 2005 a study major under this name was created. Since 2005, the number of universities offering the study major *Disability Studies* has been growing, both in the United States, Australia, New Zealand and Canada and in European countries.

Referring to the international trend of *Disability Studies*, The Maria Grzegorzewska Pedagogical University in Warsaw, as the first university in Poland, opened in 2016 the study major – Interdisciplinary Disability Studies. We have undertaken first initiatives to promote *Disability Studies* as an area of science and didactics. One of them is the international monograph 'Studies on disability – international theoretical, empirical and didactics experiences'.

We feel honoured by the participation of scholars from foreign academic institutions, dealing with the phenomenon of disability, in our project. We would like to thank for the opportunity to think together about the present state as well as the perspective of research in this field and training of professionals. We are looking forward to undertaking further scientific activities together.

We would like to sincerely thank the Authors: Majda Halilovic – Bosnia and Herzegovina; Szablocs Fabula – Hungary; Anna Ivanovna Akhmetzyanova, Tatiana Vasilyevna Artemyeva, Nadezhda Yuryevna Kostyunina, Roza Alexeyevna Valeeva – Russia; Antonio Manuel Amor González, Miguel Ángel Verdugo Alonso María Fernández Sánchez, Patricia Navas Macho, Laura Elisabeth Gómez Sánchez – Spain; Su-Jan Lin, Chen-Chen Cheng – Taiwan; Maria Leshchenko, Yuliya Nosenko – Ukraine; Susan Carton, Peter Kearns – Ireland; Floyd Morris – Jamaica; Megan A. Conway – United States of America.

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PART 1

Disability studies – introduction

Disability Studies in scientific and didactic perspectives – sources and interpretations

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Keywords: Definition of disability studies, didactic perspective, social model of disability

Introduction

The way of defining, constructing and interpreting disability has been subject to many changes throughout ages. According to Ann Cameron Williams (2005), tracing the evolution of views on disability in the course of ages, one can notice that initially persons with disabilities were located outside the 'global society'. In traditional conceptions, disability was seen as medical non-conformance, which thanks to appropriate medical, pharmacological and rehabilitation-oriented actions could be cured. In extreme cases, persons with disabilities were isolated from the rest of the society. Yet other people believed that impairment was a visible stigma, which stood for the moral paucity of the person bearing it. Due to their dissimilarity with the commonly accepted social norms, persons with disabilities were refused the rights to make independent choices, to have families and, in extreme cases, also to live (ibid.). Even today persons with disabilities are still exposed to negative attitudes, marginalization and social exclusion. The reasons for this are to be found in firmly rooted stereotypes and mistaken beliefs regarding disability. External and psychological traits of the human which differ from the commonly accepted social norms usually determine the way of perceiving and interpreting the reality of persons with disabilities. As aptly noted by Jenny Morris (1991), we often differ physically from what is considered the norm. In general, our bodies look and behave differently from the majority of other people. It is not normal that we have problems walking or we cannot walk at all. It is not normal not to be able to see or hear. It is not normal to experience extreme fatigue and pain. It is not normal not to have the limbs. Often persons with disabilities were seen as worse, less valuable and more dependent on others through the prism of such external differences.

In opposition to disability seen in this way is the new thought treating disability in the personal, social, cultural and political dimensions. Developing knowledge of disabilities, increasing social awareness of fundamental citizen rights of disabled persons and development of comprehensive activities supporting persons with disabilities cause the tolerance of the members of the society to ‘otherness’ to increase; now it is seen from different perspectives. *Finally, we see, hear and respect disabled persons for their important contribution to humanity, with a history worth telling, culture worth celebrating and value worth social interest. Such an approach to persons with disabilities is presented through the perspective of Disability Studies* (Williams, 2005, p. 8).

The history of studies on disability

As Philip M. Ferguson and Emily Nusbaum (2012) point out, it is probably impossible to indicate the specific date of creation of the study of disability as a separate branch of academic knowledge. The Society for Disability Studies – the oldest academic organisation devoted to this academic field – traces the beginning of disability studies back to 1982. However, according to P.M. Ferguson (ibid. p. 71), one can find even earlier *isolated examples of individual researchers or even entire programs that helped create the foundations of this radically different approach to the study of both the concepts and the experiences of disability.* As early as in the 1960s, the sociologist Erving Goffman (1961; 1963) and the anthropologist Robert Edgerton (1967), referring to the concept of the social stigma, aimed to investigate phenomenological and cultural experiences of disability.

Nevertheless, the beginning of the study of disability can be traced back to the movement for protection of rights of persons with disabilities in the 1970s. The year 1981, proclaimed as the International Year of Disabled Persons, raised particular interest in disability and the issue of human rights. Also the increasing presence of persons with disabilities in the society, in particular after ages of institutionalization, as well as critique and emphasis on the limitations of medical models and individual disabilities had contributed to the search for new paradigms to explain disability in humanist and social sciences (Meekosha, Shuttleworth, 2009).

At that time, the study of disability was an attempt to conceptualize and interpret the dissatisfaction of persons with disabilities and their families. What had earlier been a domain of individual scholars and theoreticians, now started to combine around shared ideas and experiences. Studies in the field of social sciences were probably the first in the United States to refer to new assumptions regarding the cultural significance of disability (Fergusona, Nusmaum, 2012).

In 1980, Irving Zola had started to publish the newsletter which was later to become the most important journal investigating disabilities – The Disability Studies Quarterly (ibid.) – the oldest journal devoted to issues of interdisciplinary study of disability. This is an interdisciplinary and international journal engaging representatives of social and humanist sciences, defenders of rights of disabled persons, authors and other persons dealing with issues of disability. It represents the full range of methods, epistemologies, perspectives and content which cover interdisciplinary fields of study of disability. To date, the journal has been involved in the development of theoretical and practical knowledge of disability and promotion of full and equal participation of disabled persons in the society (http://dsq-sds.org/, retrieved: 30 July 2017).

In 1982, Daryl Evans, Nora Groce, Steve Hey, Gary Kiger, John Siedel, Jessica Scheer and Irving Kenneth Zola founded an organisation called Study of Chronic Illness, Impairment and Disability, which in 1986 was transformed into the Society for Disability Studies. This is a scientific organisation promoting the perspective of studies of disability and gathering prominent American and international representatives of this academic field.

In the 1970s and 1980s, North America and Europe saw a significant increase in the number of publications promoting the research perspective of disability studies. Disability studies started to go beyond social sciences, developing a whole sub-category of works in the range of history, humanities and arts. Works in new interdisciplinary fields, such as feminism, bioethics and queer studies, started to appear (Fergusona, Nusbaum, 2012). Adoption of the personal perspective of disability was a critical testimony for generations of voices which had been largely muted or ignored (ibid.). Scholars started to discuss ‘disability studies in education’ to define a new, critical position towards the conventional assumptions of special education.

Psychologists were faced with a new challenge, to reconsider the *relationship between disability studies and psychology in ways that contribute to the emancipation – rather than the exclusion – of disabled people* (after: ibid., p. 71). The perspective of disability studies and the newly defined notion of disability have become the standard for design of social policies addressed to persons with disabilities.

In parallel to the theoretical dimension of disability studies, the didactic aspect was also developed. In 1975, Open University, thanks mainly to the efforts of Vic Finkelstein, introduced a BA programme entitled ‘The Handicapped Person in the Community’. Since then, the number of courses offered under various scientific disciplines has been systematically growing. The first American training programme of Disability Studies appeared in 1994 at Syracuse University. In April 2004, already over twenty universities were offering training programmes under Disability Studies, among others in the United States, Canada, England, Ireland, France, Germany, the Netherlands and Sweden. Each year, new universities offer training programmes under Disability Studies. These programmes are taught under various disciplines, including psychology, sociology, public health, education, history, recreation, applied health sciences, politics, rehabilitation and are addressed to students, practitioners, public administration employees, lecturers, educators, counsellors, therapists, scientists and politicians (Williams, 2005).

Len Barton (2007) points to important evidence of the development and significance of disability studies in education at the university level. Among them, he lists: (1) significant increase in the number of courses on the beginner and postgraduate levels; (2) increase of the position and work of disabled scholars in academic education; (3) the growing number of research centres and groups specialising in studies on disability; (4) the growing support for the financing of research on disability by scientific boards; (5) the status and impact of the journal 'Disability and Society', which currently publishes 7 issues each year and is considered the world's leading journal in this field; (6) the growing support for American and international conferences; (7) the rapid increase in the number of publications covering a broad range of problems related to disability, including, in particular, those published by international publishers.

Definition of disability studies

Disability studies is an academic discipline which analyses the significance, nature and consequences of disability understood as a social construct. It has been created partially to counter-balance the conventional, medical approach to disability and in response to the marginalisation and social exclusion of persons with disabilities (after: Erevelles, 2005). Disability studies undertakes research of disability as a social, cultural and political phenomenon. As opposed to clinical, medical and therapeutic perspectives, they focus on how disability is defined and described in the society. From this perspective, disability is seen as a construct, which finds its relevance in the social and cultural context (Taylor, Shoulz, Walker, 2003). According to Hellen Meekosha and Russell Shuttleworth (2009), disability studies can be considered as criticism of specific approaches to disability; a project to transform interdisciplinary perspectives, which can be included in many disciplines; a new discipline of scientific research which has relevance similar to women's studies, black studies and queer studies.

Steven Taylor, Bonny Shoulz and Pamela Walker (2003) point out that disability studies is an interdisciplinary and multidisciplinary field of research which covers many scientific disciplines, such as history, sociology, literature, political sciences, law, economics, culture studies, anthropology, geography, philosophy, theology, gender studies, study of the media and communication as well as arts. The consequence of such a dispersion of disability studies is the comprehensive approach to understanding disability (Williams, 2005).

Disability studies encompasses an incredibly diverse group of persons with disabilities, thus considering very different experiences and perspectives. According to Steven Taylor, Bonny Shoulza and Pamela Walker (2003), it is much easier to determine what research does not exhibit features of disability studies than to define what it is. Among scholars there is quite big diversification in the understanding of disability itself. Majority of them adopt the 'minority group model', believing that the status of persons with disabilities as a minority shapes their social experiences. Some academics believe disability to be a culture and identity, while others consider it as a label and social construct.

According to Ann Cameron Williams (2005), disability studies, using interdisciplinary theories and perspectives, seeks to answer the question how persons with disabilities were seen and treated historically and how disability is defined and constructed nowadays. According to Nancy Rice (2006), this interdisciplinary field of study, taking advantage of the perspectives of social sciences and humanities, aims to investigate disability from multiple perspectives, including personal, social, cultural, historical and literary. As pointed out by G. Thomas Couser (2011), the interdisciplinary character of disability studies is not accidental, but results from the conviction that disability can be fully understood only when it is studied considering the many perspectives and in relation to the many domains of life which it has influence on.

Martin Söder (2009) writes about the narrow and broad definitions of disability studies. According to this author, the narrow definition refers to idealism and a more materialist version. In the materialist perspective, disability is perceived through social factors, barriers and discrimination. In the narrow definition, disability studies are also considered as strictly related to the political activism of disabled persons. In the broader definition, disability studies refer to the totality of research on disability in social and humanist sciences, which feature no references to any specific metatheoretical assumptions or relation to activism.

In the view of A.C. Williams (2005, pp. 7–8), the main objectives of Disability Studies include: (1) recognition of disability as an integral aspect of the continuum encompassing bodily and cognitive experience; (2) analysis of disability in the historical, cultural and social context; (3) study of experience of persons with disabilities as a complex phenomenological interaction between these persons and the environment; (4) conducting research and developing interventional models covering interdisciplinary and participatory approaches, separate from the conventional medical models of disability; (5) development of a social policy promoting broad programmes regarding citizen rights of persons with disabilities; (6) integration of persons with disabilities in the academic and professional environment.

Disability studies aims to investigate the experiences, history and culture of disabled persons in order to determine the social and cultural factors, and not physiological ones, conditioning disability (after: Nai-Chen Kuo, 2015). Leonard Davis and Sami Linton (1998) point out that disability studies, like other 'new' discourses, holds the position that biology or any other physical or psychological changes direct humans to a specific social status. Ann Cameron Williams (2005) stresses the fact that disability studies, adopting a research perspective which grants the status of the subject to disabled persons and focuses on interactions between the environment and persons with disabilities and not their biomedical condition, strives to understand the influence of social, political and cultural forces on personal experiences connected with disability. According to Perri Harris and Lori Lewin (1998, p. 2), the aim of disability studies is the diagnosis of social, economic and political factors which for so long have served the purpose of marginalisation and oppression of persons with disabilities.

As pointed out by Christine Ashby (2012), disability studies is a field which analyses disability not as something which has to be cured or eliminated, but as an inseparable and important part of human diversity. Such a perspective on disability requires, according to this author, listening to and learning from disabled persons and their families (ibid.).

Philip M. Ferguson and Emily Nusbaum (2012) analyse five main traits differentiating disability studies from other research perspectives. As they point out (ibid., pp. 72–75), disability studies must be social, basic and interdisciplinary. It must be participatory and based on values.

Len Barton (2007) emphasises that one trait of study of disability which is rooted in the social model is identification and critical assessment of individualist, pathological and exclusion-oriented assumptions and convictions, which are communicated by discriminatory policies and practices concerning disabled persons. Understanding disability as a form of ‘social oppression’ is one of the key features of disability studies. Critical analysis of disability studies refers to the investigation of institutional, structural, ideological and material barriers in the society, which support marginalisation, inefficiency and exclusion of disabled persons (after: Barton, 2007).

The social dimension of disability is stressed also by the World Health Organisation in the International Classification of Functioning, Disability and Health (ICF, 2001, p. 20), stating that *disability is not an attribute an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence the management of the problem requires social action, and it is the collective responsibility of the society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life.*

The aforementioned social character of disability studies results from the adoption of the social model as the basic theoretical concept. In this context, disability is not only an individual pathology, deficiency or personal problem. Disability must be studied in the social, cultural and historical context (Ferguson, Nusbaum, 2012).

Social model of disability as the basic concept of disability studies

Gary L. Albrecht (2001) notices that even in the last several dozen years, some models of perception, interpretation and understanding of disability have been developed. In the historical approach, attention is paid to three main concepts of disability: symbolical, medical and social, which were appearing in the course of the development of the Western culture (Couser, 2011). In the area of disability studies, the broadest discussions undertaken by the scholars concern the medical and social concepts of disability. Also the World Health Organisation points to the *dialectical relationship: 'medical model' versus 'social model'* (ICF, 2011). But it is the social paradigm of disability which constitutes the foundational idea for disability studies. The social model, as indicated by Martin Söder (2009), is based on the negation of the medical paradigm, which is criticised for its emphasis on an individual, the body, rehabilitation and professional help for people with disabilities. In the broadest terms, the medical model is focused on the impairment, while the social model is focused on disability defined as the result of barriers in the society.

Mateusz Wiliński (2010, p. 32) points out that in the context of the medical model, disability *is seen through the prism of two concepts characteristic of medicine: disease and deficiency ,.* The perspective of the medical model, which was dominant for decades, saw disability as a *problem of the person, directly caused by disease, trauma or other health condition, which requires medical care in the form of individual treatment by professionals* (ICF, 2001, p. 20). Disability was defined based on physical and psychological damage.

Causes of disability were sought in individual misfortune, improper health practices or genes, which contributed to the perception of disability as a personal tragedy stemming from an individual pathological state (Nai-Chen Kuo, 2015). Perception of disability causes as located directly in the individual led to the ignorance of the social dimension of disability and the need to adjust the physical and social environment to the needs of persons with disabilities (Majewski, 2007). The individual problem of the individual person could only be solved through actions of specialists in the fields of diagnosis, treatment and medical rehabilitation via medical intervention, facilitation methods or means of compensation (Wiliński, 2010).

The purpose of treatment of disability was *cure or the individual's adjustment and behaviour change. Medical care [was] viewed as the main issue, and at the political level the principal response [was] that of modifying or reforming health care policy* (ICF, 2001, p. 20).

As Dimitris Anastasiou and James M. Kauffman (2013) point out, disability was something imposed via the damage, through the way in which disabled persons were isolated and excluded from participation in social life. Moreover, this model assumed that a permanent medical condition largely caused inability to be a productive person, able to undertake various life activities, including professional ones. Inability to work being an obstacle to 'normal' social participation was seen almost as a result of the medical condition of the individual. The impact of external forces was totally omitted. As disabled persons were stigmatised for their 'innate' impairments, it was agreed that means of a social policy which would highlight these differences could do harm to disabled persons seeking their place in the society. Advocates of persons with disabilities expressed deep concerns regarding prejudice and inseparable ‘culture of dependence’ produced by social programmes (after: Schlesinger, 2013).

In opposition to the medical model, the social model, analysing disability not as a personal tragedy but as a result of interaction with unfriendly or non-active environment, was born (after: Ashby, 2012). It sees disability *mainly as a socially created problem, and basically as a matter of the full integration of individuals into society* (ICF, 2001, p. 20). The aim of actions *undertaken is not to support the person with disability in his or her adjustment to the surroundings*, but determination *whether and to what extent is the society ready to adjust the behavioural patterns and expectations it has to the abilities of persons with disabilities* (after: Kirenko, 2007, p. 48). The social model of disability was dubbed the ‘big idea’ of the British movement of disabled persons. Developed in the 1970s by activists of the Union of Physically Impaired Against Segregation (UPIAS), it became an ideological test used by the movement of disabled persons to differentiate between organisations, politicians, laws and concepts which were progressive enough and those which were insufficient (Shakespeare, Watson, 2002).

The social model analyses disability in relation to environmental factors, cultural attitudes and social prejudice which have an impact on the way in which disabled persons can participate in social life (Schlesinger, 2013). Michael Oliver (1990, after: Erevelles, 2005), a disabled scholar and activist, notes that all persons with disabilities experience social restraints, regardless of whether they result from architectural barriers, inability of the general public to use sign language, lack of materials to read using the Braille alphabet or hostile social attitudes towards people with sight impairment. Also the World Health Organisation (ICF, 2001, p. 17) stresses that *different environments may have a very different impact on the same individual with a given health condition An environment with barriers, or without facilitators, will restrict the individual’s performance; other environments that are more facilitating may increase that performance. Society may hinder an individual’s performance because either it creates barriers (e.g. inaccessible buildings) or it does not provide facilitators (e.g. unavailability of assistive devices).*

Therefore, instead of making attempts to ‘repair’ the person with a disability, the social model strives to investigate the broad cultural, social and political context (after: Ashby, 2012). While medical and rehabilitation-oriented practices aim to ensure inclusion and social participation of persons with disabilities through normalisation and correction of their individual limitations, the social model aims to increase social integration, for example through increase of availability of jobs, infrastructure and, first and foremost, change of social attitudes (Hoogsteyns, van der Horst, 2013).

The assumptions of the social model of disability can be captured in five basic points: (1) there is a clear distinction between a damage and a disability, (2) a damage refers to physical/bodily disorders, while disability refers to social organisation, (3) disability is not a result of pathology of the body, but of specific social and economic structures, which are responsible for the exclusion of persons with disabilities from full participation in the main areas of social life, (4) persons with disabilities are an oppressed social group, (5) disability is not an issue of personal tragedy, as it was seen through the prism of the medical (individual) model (after: Anastasiou, Kauffman, 2013, pp. 442–443).

From the perspective of the social model, disability is defined in relation to the context, i.e. the place, time and space on the continuum of evolution of social knowledge and is separate from the damage itself (Davis, 1997). While a damage is the biological state of the individual, disability is the inappropriate response of the environment to the needs of persons with partial inability. As stressed by A.C. Williams (2005), the core of the bodily damage throughout ages does not change, while the social understanding and reaction to disability does. The proponents of the social model claim that biological and cognitive traits of disabled persons are just social illusions, fully defined by the social context and social values (Anastasiou, Kauffman, 2011). As stated by Michael Oliver (1996), disability is not a problem in itself. It becomes ‘neutral’ at the moment when social barriers are removed. For many disabled persons, discrimination, hostility, ostracism and social exclusion are worse than physical or mental impairment. The social model of disability negates the possibility to adjust persons with abilities to the rest of the society in favour of removal of barriers which restrict their full, social participation (Harris, Lewin, 1998).

As Steven J. Taylor and Robert Bogdan (1994) point out, disability studies does not negate the existence of physical and mental differences between people. While biological diversity remains a characteristic marker of differences between persons with disabilities and persons without them, the character and significance of these differences depend on the way of seeing and interpreting them. As Philip M. Ferguson and Emily Nusbaum (2012, p. 72) stress, *just as gender is more than chromosomes and race is more than skin color, the disability is more than an individual impairment.*

The social model was born in the wake of movements defending the rights of persons with disabilities in the 1950s and 1960s to counter-balance the medical concept of disability. Tom Shakespeare and Nicholas Watson (2002) point to two trends in the social concept of disability, distinguishing between the British and the American social model. The authors (ibid.) stress that the British social model claims that disabled persons are an oppressed social group. It clearly separates the physical impairment from the social oppression experienced by persons with disabilities. It defines disability as a result of social oppression and not a form of impairment. The other, American social model, on the other hand, shares the first two traits, but it also introduces the notion of a minority group instead of the group subjected to social oppression. According to Ann Cameron Williams (2005), persons with disabilities are a minority group subject to the same forms of prejudice, discrimination and segregation as other minority groups, discriminated by the society for, e.g., the race, ethnic origin, gender and sexual orientation. As Leonard Davis and Simi Linton (1998) add, persons with disabilities constitute a minority in terms of demographics, but also a social and political one.

The birth of the social model of disability was, in a way, a form of protecting the rights of persons with disabilities. According to Len Barton (2007), the social model provides framework and language thanks to which disabled persons can record their experiences. Discrimination, exclusion and inequality can be named and challenged. It is also a tool thanks to which they can explain and understand the issue of disability in the light of broader socio-economic conditions and relations. It provides the basis for support and common involvement of disabled persons. And finally, as Barton (ibid.) points out, it is a means thanks to which it is possible to get rid of the world without disabilities with an alternative, positive view on disability.

Such an understanding of the social model of disability points to the practical dimension of disability studies. Perri Harris and Lori Lewin (1998) stress that theoretical knowledge and practical recommendations produced by interdisciplinary empirical research can provide valuable suggestions and solutions, applicable in social policy, social integration or establishment of rights of persons with disabilities.

Conclusion

Undoubtedly, disability entails many consequences to people who experience it. This issue is the object of interest of many fields of science, in particular medicine, psychology, pedagogy, sociology, economics, philosophy. The literature presents numerous descriptions pointing to professional, social, economic, family-related, psychological and emotional problems. The conventional approach to researching issues of disability analysed these consequences primarily in relation to individual factors, including the type and degree of disability. On this basis, recommendations for the process of education, rehabilitation, therapy, care and social aid for persons with disabilities were formulated. The interdisciplinary research perspective of disability studies analyses them in relation to the broad social, cultural and political context in which persons with disabilities live. Undeniably, speaking about disability is, first of all, speaking about a person. It is not possible to get to know this person when the researcher's view is limited to the biological dimension. It is necessary to learn considering all the aspects of his or her functioning, including personal, social and cultural. According to Joanna Głodkowska (2014), multidimensional research approach of disability studies *can be a source of discoveries of* *fundamental truths regarding various aspects of life of persons with disabilities*. Janusz Kirenko (2007, p. 51), identifying the social concept of disability with the 'human rights model', points out that here disability is treated dynamically, *not as a certain deficiency on the part of the individual, but as an interaction between the disabled person and the environment*. It is the social environment, its organisation and readiness to interact with persons with disabilities, which largely determines the extent to which the objectively existing disability will determine every-day functioning of persons experiencing it and their place in the society.

The chief aim of the analyses undertaken in this article was to present the way of understanding disability in the perspective of interdisciplinary disability studies. In particular, the dominant models of disability were highlighted, which throughout ages have shaped the diverse situations of persons with disabilities. The issues presented in the article, relating to medical and social concepts of disability, are crucial, as they directly influence the quality of life of persons with disabilities in many dimensions, both personal and social, cultural and political and they set their place in the global society.

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PART 2

Science

BOSNIA AND HERZEGOVINA

Bosnia and Herzegovina and the ongoing efforts towards the use of the social model of disability and rights based approach

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Research and Policy for the Atlantic Initiative in Bosnia and Herzegovina

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Keywords: Bosnia and Herzegovina, disability studies, the social model of disability, medical model of disability, human rights conventions

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Basic information about the country

Bosnia and Herzegovina (BiH) is a country in Southeastern Europe, in the centre of the Balkan Peninsula. The last population census in Bosnia and Herzegovina was conducted in October 2013 and it shows that BiH has 3,809,027 people, with 51.9% women and 48.1% men. Currently, BiH is a potential candidate for *European Union* (EU) membership. The accession of Bosnia and Herzegovina to the *EU* is of key strategic interest to BiH. The July 2008 Stabilisation and Association Agreement (SAA) has been ratified by all EU member states, but, due to certain unfulfilled preconditions on the part of BiH, has not yet entered into force.

The consequences of 1992–1995 war are still felt in BiH, in relation to significant loss of life, people who have been displaced, slow economy, implementation of social policies and overall functioning of the country. The *Dayton Peace Agreement* divided the country into 2 entities: Republika Srpska (RS) and the Federation of B&H (FB&H). The Federation of B&H is further divided into 10 cantons and the District of Brčko (OECD, 2006). This division is an obstacle to the attempts to strengthen the state for *EU* accession. The country has multiple layers of government with entity level legislatures and ministries, as well as cantonal ministries all serving a social protection and social policy function (Maglajlic-Holicek & Residagic, 2007, p. 150).

Strategy for the development of education

The *Framework Law on Primary and Secondary Education* in Bosnia and Herzegovina, adopted in June 2003, initiated primary education reform through the introduction of a compulsory nine-year programme in order to replace the former eight-year primary programme. In the same period, four additional framework education laws were passed at the state level: the *Framework Law on Preschool Upbringing and Education* in BiH (2007); *Framework Law on Secondary Vocational Education and Training* in BiH (2008); *Framework Law on Higher Education* in BiH (2007); and *the Law on the Agency for Preschool, Primary and Secondary Education* (2007).

The *Ministry of Civil Affairs* of BiH coordinates education at the state level, however education is in full competency of the cantons in the Federation BiH, of the entity in Republika Srpska, and of Brčko District BiH. This means that apart from framework state laws, there are 14 education policies that are not always complementary and sometime even conflict (Directorate for Economic Planning of BiH, 2014). The Federation of BiH *Ministry of Education and Culture* has a coordinating function over the ten cantonal ministries of education, science, culture and sport. The competent authorities in the RS and the Brčko District are the *Ministry of Education and Culture* and the *Department of Education* respectively. The strategic documents in the areas of preschool upbringing and education, secondary vocational education and training, and the *Strategic Guidance for the Development of Education* in BiH for the period of 2008–2015 have largely contributed to the implementation of the education reforms in the state (Ministry of Civil Affairs of Bosnia and Herzegovina, 2008).

The national reports documenting the phenomenon of disability

Several notable studies emerged in Bosnia and Herzegovina documenting phenomenon of disability, and policies and practices related to disability. The first study published in 2007 emerged from the project *Support to Disability Policy Development in Bosnia and Herzegovina* (2005–2009) (SDPD). The SDPD is a bilateral project of Finland and Bosnia and Herzegovina. This study examines best practices, policy developments including action plans, and the capacities of professional services (Directorate for Economic Planning of BiH, et al., 2001). This study is based on the principles *Nothing About Us, Withough Us* and it is the first study integrating an overview of *EU* policies, standards and practices in the area of disability. The study advocates for a shift in the concept of social policy – from the provision of assistance to the inclusion and development of an inclusive social policy. For several years, the study was used as a reference point for organisations working on disability in BiH.

Soon after, BiH published the *Disability Policy for Bosnia and Herzegovina*, that was adopted by the *Council of Minsiters* in 2008. At the time this policy was developed, BiH still had not ratifed the *United Nation's Covention on the Rights of Persons with Disablities* (hereafter CRPD) (United Nations, 2006), but the work was largely informed by the working drafts of the *CRPD* and the *UN Rules for Equalising Opportunities for People with Disablities*.

The adoption of this policy lead to the adoption of strategies at the entity level (Government of Republika Srpska, 2010; Government of the Federation of Bosnia and Herzegovina, 2009) for improving the social position of persons with disability. These documents include 22 obligations as defined by standard rules for improving position of people with disabilities with special focus on housing and independent living. By adopting this policy, BiH expressed committment towards respecting human rights and treating disablity comprehensively and with a multisectional approach (The Institution of Human Rights Ombudsman of Bosnia and Herzegovina, 2010).

Bosnia and Herzegovina ratified the *CRPD* and additional protocol without reservation in March 2010. The ratification of the *CRPD* gave an impetus to people's with disability organisations to promote inclusion and to advocate for the polices and practices which will change the approach of the state from the medical to the social model of disablity.

In 2010, the *Council of Ministers* of BiH adopted a decision to form a *Council of People with Disablities in BiH*. The Council has 20 members, and half are representatives of government intitutions and half are representatives from people's with disability organisations (Ministry of Human Rights and Refugees of Bosnia nd Herzegovina, 2012).

Several years after the adoption of the *CRPD*, strategies and policy in the field of disablity, BiH still has not made a significant shift from the medical to the social model and from social exclusion to inclusion. For instance, in BiH, different definitions of disability are used depending on the field, and some are heavily based on medical model which presents an obstacle to inclusion. The cause for the slow progess and to a large extent grounded in the historical approach towards disability.

Historical and contemporary approaches towards disability

Since early 90's, BiH has undergone major political, economic, and social changes, having moved from socialist and communist ideologies based on a command economy to one rooted in free markets and democracy, which is reflected in disability polices and practices.

The differences between Yugoslavia and other communist Eastern European Countries are important[1] (Puljiz, 2007). However, there were also major similari-

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[1] Bosnia and Herzegovina as part of Yugoslavia at the time was more liberal and oriented towards socialism compared to Bulgaria, Czechoslovakia, Hungary or Russia, for example.

ties. State social policies across the Soviet Union and Communist Europe were closely linked to employment. The care of small children, persons with disability and the elderly was heavily institutionalised, whilst education and health care were organised in a centralised and bureaucratic way (Manning, 2004). There are arguments in the literature that state policy at the time was to remove disability from the sight. However, Puljiz (2007) argues that this was oversimplification and that at that time, other European counties, regardless of communism, saw institutional care as a way of showing that society cares (European Commission, 2009).

One characteristic feature of the scientific approach to disability present in the countries of Central and Eastern Europe and the Commonwealth of Independent States is defectology (UNICEF, 2005). It was developed in Russia during the 1920s when Vygotsky gave it the status of a science (Gindis, 1995). In the years that followed, it was adopted in most Eastern European communist countries as a form of rehabilitation and education for people with disabilities. According to Ajdinski and Florian (1997, p. 119), defectology is not a synonymous of 'special education', but does include it as one component of a broader and more integrated field which includes aspects of clinical, social, economic, and rehabilitative care which, when combined, forms an integrated approach to treatment. The term 'defectology' is problematic as it implies that disabled people are defective, which, besides its potential to give offence, also stands in contradiction to the social model of disability (Oliver, 2004). Western authors have criticised the practice of defectology, arguing that, as a discipline, it acts as an obstacle to social inclusion (Des Power & Blatch, 2004).

General current trends-formulating paradigms

The period of transition in Bosnia and Herzegovina was marked by many changes including the exposure of traditional practices to criticism. This was initially only undertaken by international analysts and international organisations, but later the practices were also critiqued by BiH academics, researchers and grassroots organisations. The shift was very much informed by the human rights principles and conventions adopted and ratified in BiH including the *Convention on the Rights of the Child* (1989) and the *European Conventions on Human Rights*. Most recently, the *CRPD* has given an impetus to organizations representing people with disability and to people with disability themselves to seek recognition of their rights and to promote the shift from a needs-based to a rights-based approach.

Disability was previously only analyzed through medical model of disability with the focus being on impairment and the needs of children and adults with disability. But gradually the discourse has been moving towards a rights-based approach with a focus on social inclusion. The social model of disability and serious critiques of the medical model emerged in BiH much later than in other European countries that have not had the heritage of communism or have not suffered war and its consequences. It is a similar situation in regards to the ideas of social inclusion. In fact, social inclusion was attempted and certain implementation activities took place before professional practices and institutions have been exposed to the concept or have comprehended the shortcomings of previous disability approaches. So it is not uncommon to find professionals who talk about inclusion whilst advocating care for children and adults with disability in special schools (Becirevic, 2011). Several years after the transition, inclusion became a buzzword for professionals, activists, parents and disabled people's organizations, even to special schools with various meanings attached to it (Becirevic, 2006).

Disability studies-scientific discipline, filed of study

In Bosnia and Herzegovina, disability, in the contemporary social model understanding, is not a separate field of study. However, the disabilities of children and adults have been examined for many decades though the previously mentioned study of defectology that is only thought at the *University of Tuzla*.

In its original form it was developed from Vygotsky's socio-cultural approach, and it conceptualised development as a process emerging from children's social interaction with others (Vygotsky, 1993). Some have argued that Vygotsky's original work comprised a part of a social paradigm, emphasising as it did the need for integration (Daniels, 2005). However, as already aforementioned, the pre-1989 communist ideology exerted considerable influence on professional practices, by creating a climate in which any difference from perceived 'normality' was denied (Malofeev, 1998; Vann & Šiška, 2007). The impact of this was that defectology moved from being a progressive development rooted in Vygotsky's teaching to a discipline that served as an ideological vehicle, which, under the auspices of medicine, produced segregation in tune with the wishes of the communist party elite.

In BiH, defectology has a status of scientific discipline. In the past 10 years, the name of the faculty has been changed from defectology to the faculty of education and rehabilitation. The change in name signified understanding that the term of defectology is inappropriate. Professional practices in B&H were based on this traditional medical/individual approach with its focus on rehabilitation and prevention with professionals having power and influence over people with disability lives. This left no room for integration (Ainscow & Haile-Giorgis, 1998). The changes, which the discipline of defectology is undergoing, will be further examined in the paper.

Interdisciplinary empirical analysis of the phenomenon of disability and methodological pluralism

The way in which the Education and Rehabilitation Faculty within *the University of Tuzla* promotes defectology is by placing it in the domain of social science, then narrowing it further to scientific discipline of education with the focus on special education and rehabilitation. At the same time, by promoting scientific journal named *Defectology*, this faculty emphasizes interdisciplinary nature of defectology by accepting academic and research papers from medicine, social sciences, education, pedagogy, rehabilitation, sociology, social work, psychology and other scientific fields and disciplines.

Apart from defectology and rehabilitation, studies of disability have not been placed in BiH is one single paradigm or discipline, nor there have been significant academic discussions debating position and status of *Disability Studies*.

In BiH, disability is studied from different theoretical and methodological perspectives and there are authors and organizations that place emphasis on society and the way social barriers, attitudes and policies disadvantage and discriminate people. For instance, looking at disability from a social model perspective, children's rights, welfare models, and policy transfer practices, Becirevic and Dowling (2014), examined the role of non-governmental organizations in advancing inclusion in BiH and Bulgaria. The same authors also examined the role of parents in advancing inclusion in BiH, again by criticizing societal barriers, inadequate polices, and exclusionary professionals practices. These studies have been based on qualitative methodology using interpretive paradigm.

In 2013, UNICEF conducted a quantitative study with positivistic orientation examining knowledge, opinions, and experiences related to children with developmental disability, and general population's implicit theories about these children also were examined. Citizens were asked about their associations regarding this group of children, the terms they use to refer to them and the ways in which they recognize children with development disablilty. They found that citizens in BiH felt sad when hearing about children with development disablilty and the problems faced by their families. Furthermore, they frequently associate disabled children with the need for assistance and severe illness (UNICEF, 2013).

Studies looking at the *CRPD* frequently use statistics, however more in the form of indicators rather than as the only tool to analyse situation of people with disabilities. A similar situation is noticeable in a UNICEF study conducted in 2006 that looked into the situation of children with disability in SEE and Baltic States. This study used combined approach and both qualitative and quantitative methodologies, in order to describe situation of children with disability in the regions. However, the emphasis was not on impairment, but on how are rights of children with disability and their families were violated (UNICEF, 2005).

Apart from the studies focused on the rights of people with disabilities, attitudes of the general public, and obstacles to inclusion, there are studies firmly located in medical model of disability. For instance, using positivistic orientation and quantitative methodology, and theoretically grounded in medical model of disability, Memiševic and Sinanovic (2013) examined the level of functioning of children with intellectual disability who attended special schools, looking at differences by gender and level of intellectual disability. They argue that more attention needs to be given to the assessment of intellectual function and its subsequent intervention in the school settings (Memiševic & Sinanovic, 2014).

A recent study by Mujkanovic et al. published in 2016 also uses quantitative methodology. This study examined the general satisfaction of mothers of children with autism spectrum disorder (ASD) with treatment opportunities for their children in BiH. This study appears to be located in medical model of disability, with its attention focused on disorder and treatments (Mujkanovic et al., 2016). Interestingly enough, some of the authors shift in their research and publications between orientations and paradigms. So Memiševic Haris (2014), for instance, seems to publish articles situated in medical model of disability, with the focus on impairment and dysfunction, but, at the same time, the same authors look into inclusion and attitudes towards inclusion and publish in the journal of inclusive education (Memiševic & Hodzic, 2011).

Overall, in BiH, no serious attention has been paid on how disability has been analyzed and researched, especially by authors who come from BiH academia. As demonstrated by some of the referenced articles and studies, BiH *Disabilities Studies* lacks a coherent framework and agenda. The authors seem to shift from the social to medical models and from a “needs” to a “rights-based” approach. Influential disability activists who focus attention to societal barriers, prejudices, and social constructions around disability have seen this practice as problematic. This academic practice is also contrary to the inclusion principles, which is about reducing barriers to participation, reducing discrimination, increasing equality, respecting human rights, learning to value citizens with disability and improving services.

Overall, the lack of clarity over the use of the social or medical model in researching disability needs to be addressed since these two models are on opposite sides of the spectrum. In BiH academia, there is no serious regard to the fact that the social model of disability came as a response to the individual model that was particularly used in the medical and therapeutic literature (Priestley, 2003). This model, frequently referred to as the medical model, was located in the academic disciplines of medicine, psychology and special education, and it propagated rehabilitation, cures and the domination of medical professionals over the lives of children with disability and adults (Barnes, 2004; Hughes, 2004). The distinction between the individual and the social model of disability was expressed academically in the early 80’s by the sociologist Mike Oliver, but the original impetus came from the disabled people's movement in the UK (Oliver, 1983; Barnes, 1997; Finkelstein, 2001; Priestley, 2004; Thomas, 2004; Shakespeare, 2006). The *Union of the Physically Impaired Against Segregation* (UPIAS) developed this popular definition of disability that signified a new era in studying disability:

> *The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.* (quoted in Bernal, 2006, UPIAS 176, pp. 3–4)

Oliver (2004, p. 7) argues that the social model of disability *turned our understanding of disability completely on its head*, by arguing that the main problems experienced by people with disability are not impairments but the way society responds to impairment.

Methodologically, conducting research with positivist orientation where voices of people with disability or children are not heard does not qualify as empowering for people with disability and many of the research in BiH is in this domain. Apart from organisations that work actively on empowering people with disability or those who work with people with disability, the principle *Nothing About Us, Without Us* is not respected. If researchers want to dismantle disabling barriers or criticize society, then their research needs to take into account the premises of 'emancipatory' disability research, which is in line with overall conceptual framework based on the social model of disability, and fulfilment of the rights of those who are oppressed. This change has potential to dismantle social barriers and discourses contributing to oppression (Barnes, 2001).

In addition, there is no recognition in BiH that, historically, disability research has been dominated by medical and academic models (Barnes, 2001), which have been used to justify segregation policies and marginalisation whilst some researchers without disability have contributed to this oppression (Stone & Priestley, 1996). In BiH, people's with disability organisations are still not politically strong and it is usually people without disability who research disability related issues often with no cooperation or interpretation by people with disability. Moreover, this practice has not been seen as problematic, which indicates how marginalised disability research is in BiH (Becirevic, 2011).

Using normalization principles in understanding disability

Becirevic (2011), conducted a study where interviewed professionals declaratively favoured inclusion, but their understanding of inclusion seemed disconnected from empowering disabled children, fulfilling children's rights, participation or addressing barriers in society, all prerequisites for achieving inclusion. In this study, the responses of professionals interviewed corresponded to some extent with the normalisation principle. They expressed a belief that services need to be improved and that the lives of children with disability needed to resemble the standard and form for children without disability, which is one of the postulates of the normalisation principle. Even though they talked about inclusion and rights, a majority of participants did not challenge the oppressive social climate, nor did they advocate for greater participation of children and adults with disability in decision-making. The domination of children's with disability lives by decisions made on behalf of them by professionals is regarded as an acceptable state of affairs. This corresponds with Chappell's argument (1997, p. 4) that in the move towards community services, normalization legitimated the authority of professionals, without addressing power relationships between professionals and service users and disregarded economic and social contexts.

The social model of disability is different to normalisation and to social role valorisation. Normalisation originated in Scandinavia in 1960's and it was based on the key idea that people with intellectual disability should be supported to live their lives as close to the norms and patterns of mainstream society as possible (Yates, Dyson & Hiles, 2008). Normalisation was reconceptualised and elaborated by Wolfensberger (1972) who renamed it as Social Role Valorisation (SRV) and argued that people's behaviours, appearances, experiences status and reputation need to be culturally as normative as possible so that they would not be socially devalued. This included challenging the association with other devalued individuals (in Walmsley, 2006, p. 42). Normalisation and SRV have been criticised, especially by the proponents of the social model of disability and feminists, for promoting conformity and normality, suppressing diversity and difference, and for placing an emphasis on changing the individual. Still, normalisation made some significant beneficial impacts on policy and practices, such as the development of community-based services and contributing to a reduction in segregated education and housing (Walmsley, 2006).

The phenomenological perspective towards disability can be a powerful tool, which can help in regards to portrait the lives of people with disabilities under their own perspective. Traditionally researchers have stayed away from this kind of research, especially if research is about people with intellectual impairment or people whom usual communication does not apply. It is well documented that children who have significant communication and/or cognitive impairments are often excluded from research that concerns them (Morris, 2003; Rabiee et al., 2005). Becirevic (2011) overcame this by using different strategies devised to communicate with children with disability who used little speech. From this research emerged that professionals talk differently about disability and convey experiences of children with disability differently to what children say.

Overall, in BiH, apart from the above cited research, phenomenological approach in studding disability has not been present in academia. Research on disability deals with functional difficulties, polices, regulations, and rights violations but not from the perspective of people with disabilities. This is related to the idea promoted by the BiH academy that a personal story as research tool does not have significant significance or cannot be analysed scientifically. The traditional research community in BiH values very much quantitative, positivistic orientation to research whilst qualitative research conveying personal experiences had been undermined. This is especially concerning because many organisations that promote the principle *Nothing About Us, Without Us* also avoid personal stories, which is contrary to the principle they advocate for.

Conclusion

For the past ten years BiH has been undergoing a definition and paradigm shift in relation to disability. On the one hand, BiH is a part of number of international documents grounded in non-discrimination such as the *CRPD.* In addition, the inclusion movement has also taken root in BiH education system, supported by legal framework and institutional policies that offer possibilities for the education of children with disability.

This lack of debate on how knowledge on disability is generated created problems and confuses the whole agenda about disability rights. It is related to how disability is defined, what provisions are developed, what kind of financial support, and how in general people with disability are treated, as individuals with rights, as everyone else or as needed citizens who need medical interventions and care, but with no agency or political voice.

In BiH, the results of achieving people with disability rights and social and educational inclusion have been mixed and, according to disability activists, disabled people and parents of children with disability, is far from satisfactory. There are several reasons for this situation and different analysts place emphasis on different root causes. Some argue that overall poverty and lack of institutional capacity are to blame for poor progress in inclusion. Others see it as attitudinal problem of mainstream society and institutions that place little regard for disabled people rights. These reasons are legitimate, but are not root causes necessarily.

The problem with inclusion or with developing human rights approach to studying disability in BiH are more complex and is related with the historical and contemporary approach to disability. It is clear that the development of inclusive disability policies and practices in Eastern Europe follows a different trajectory than the followed by Western European countries. Whilst the rest of Europe developed inclusion over a long period of time, the post communist countries are expected to join an already developed agenda in a much shorter time and without other necessary changes. These other changes and supportive factors, which preceded and facilitated inclusion in Western Europe, were initiated in the 1960s. (Becirevic, 2011). The changes in Western countries included the rise in disability movements, anti-discrimination legislation, parents' activism and the increased significance of human rights (Barnes & Mercer, 2001; Oliver 2004). These changes have been seriously taking place in the last 10 years in BiH, however, old professional structures, ways of thinking, and entrenched discourses are not easy to change, especially where a strong academic critique of disability rights and wrongs is full of confusing agendas, conflicting theoretical applications and where voices of disabled people and children have been absent.

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HUNGARY

The dynamic construction of institutional frameworks for making Disability Studies a well-defined field of research

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Keywords: critical social theory, interdisciplinarity, medical sciences, post-socialism, rehabilitation, special education

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Introduction

Basic information about the country. Hungary is a landlocked country, located in Eastern Central Europe, with a territory of 93,000 square kilometres. Its population has been shrinking since 1980, dropped below 10 million inhabitants in 2011 (9.83 million in 2016), and today it is ranked 17th by population among European countries. There has been a concurrent decline in its population density, reaching an average of 106 persons per square kilometre in 2016. The number of higher education institutions officially registered by national authorities is 55, from which 21 are state (public) universities, 7 are non-state (private) universities, 5 are state (public) universities of applied sciences, 2 are non-state (private) universities of applied sciences, 3 are state (public) colleges of education, and 28 are non-state (private) colleges of education. The oldest functioning higher education institution in the country is the *University of Pécs*, which was founded in 1367, and is located in the South-Western part of Hungary (Government of Hungary, 2011a).

Strategy for the development of education. The most important factors influencing the current education policy of Hungary are globalisation, the harmonisation with the common standards of the *European Union* (EU), particularly with the aims of the *EUROPE2020 Strategy*, the economic recession after 2007–2008, the demographic erosion of the Hungarian society, and social polarisation. Accordingly, the greatest challenges and policy topics for Hungary in education are: (1) structural reforms, enhancing the efficiency and flexibility of the education system; (2) supporting integration and inclusion, providing better opportunities for disadvantaged people; (3) reducing the number of early school leavers, improving students' basic skills, promoting lifelong learning; (4) harmonisation with labour-market demands, contributing to economic competitiveness; (5) attracting younger workforce in education, improving the training of teaching staff (EC, 2015; Government of the Republic of Hungary, 2005; Ministry of Public Administration and Justice, 2011; OECD, 2015). In general, a special attention is paid in the National Curriculum to natural sciences (Government of Hungary, 2012). The primary document of tertiary education is the national higher education strategy for 2015–2030 titled as *A Change of Pace in Higher Education. Guidelines for Performance Oriented Higher Education Development*, which gives particular emphasis to the following fields of study: medicine, health and social care; natural sciences; technical sciences and informatics; economics; agricultural studies; and education studies (Government of Hungary, 2015).

The scientific research potential of Hungary is mainly concentrated in three types of institution: governmental research and development institutions, higher education institutions and private-sector research facilities. The top organisation in scientific work and R+D is the *Hungarian Academy of Sciences*, which has a wide network of research facilities across the country. Besides the institutional system of the *Academy*, higher education institutions also play a vital role, particularly those with "research university"[1] status. In Hungary, the number of research staff working in R+D is approximately 56,000 (5.7 per 1000 inhabitants), employed in a total sum of 3,090 research facilities (HCSO, 2014).

The current strategy for research, development and innovation considers R+D to be a priority (National Research, Development and Innovation Office, 2013). According to *Eurostat* data, the national R+D intensity (gross domestic expenditure on R+D) has increased significantly over the last decade, from 0.92 to 1.38 percent, but it is still below the *EU-28* average (2.03 percent) and Hungary's Europe 2020 target (1.8 percent). The number of scientific books published by Hungarian researchers was 67 per 100 R+D staff in 2012, which means a slight growth compared to the previous year (60). The same figure for published research articles was 117, which shows a decrease in comparison with 2011 (127 articles). To sum up, a contradiction can be noticed in the publication performance of the Hungarian research community at the beginning of the 2010's: although both the total amount published articles and the article–researcher ratio dropped, there was an increase in the number of foreign language publications (HCSO, 2014).

The national reports documenting the phenomenon of disability. In Hungary, the content of the term "disability" is set by law, but various definitions are used

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[1] According to the Act CXXXIX of 2005, this status is granted to those universities that produce exceptional scientific work connected to the European Research Area initiative and meet the requirements of the Government of Hungary (Ministry of Education and Culture of the Republic of Hungary, 2008).

simultaneously in legal, political, professional, and public discourses and in everyday practice. According to the Article 4 of the *Disability Act*[2] *a person living with disability is anyone who is to a significant extent or entirely not in possession of sensory – particularly sight, hearing, locomotor or intellectual functions, or who is substantially restricted in communication and is thereby placed at a permanent disadvantage regarding active participation in the life of society.* The *Hungarian Central Statistical Office* defines disability as *the permanent state or characteristic of a person who to a significant extent or entirely not in possession of bodily, mental, sensory, locomotor or communication abilities, and is thereby significantly limited in social participation, or in the usual or traditionally accepted way of life.* The *Central Statistical Office* distinguishes another key term, chronic illness, which is *a permanent health damage that cannot be cured but can be mitigated by medication or other therapies. Such chronic illnesses are, for example, diabetes, asthma, pulmonary diseases, high blood pressure, cancer, cardiovascular diseases and arthritis* (HCSO, 2014).

The *Hungarian Central Statistical Office* has been collecting data about the number, and the demographical and socio-economic characteristics of the population with disability since 1990 at the decennial population censuses. It is worthwhile to note that according to Hungarian legislation disability- and health-related data is a type of sensitive information, therefore it is based on self-declaration. According to the national censuses, the number of persons with disabilities decreased between 2001 and 2011 from 577,006 to 490,518 (5.7 and 4.9 percent of the total population respectively). However, official data from the *Central Statistical Office* often show an underestimation of the number of people with disabilities, which falls between 600,000 and 1 million. In addition, the number of those living with chronic illness is above 1.6 million. These figures suggest that the term “disability” still has a negative connotation in everyday life in Hungary, and those suffering from health problems declare themselves chronically ill avoiding being considered as persons with disability (HCSO, 2014).

Regarding the rights of persons with disabilities, this issue is regulated at the highest political level in Hungary. The *Fundamental Law of Hungary* guarantees *the fundamental rights to everyone without discrimination and in particular without discrimination on grounds of race, colour, sex, disability, language, religion, political or other opinion, national or social origin, property, birth or any other status* (Government of Hungary, 2011b). In a similar vein, the *Act CXXV of 2003 on Equal Treatment and Promotion of Equal Opportunities* also prohibits negative discrimination against persons with disabilities. The most important disability-specific legal documents are the *Act XXVI of 1998 on the Rights and*

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[2] Act XXVI of 1998 on the Rights and Equal Opportunities of Persons with Disabilities (Government of the Republic of Hungary, 1998).

Equal Opportunities of Persons with Disabilities and its amendments (e.g. the Act LXII of 2013). Furthermore, it should be mentioned that the *Hungarian Parliament* is obliged to create a long-term strategy on disability issues which is called the *National Disability Programme* (issued by the Decision 15/2015 [of 07.04.] OGY of the National Assembly on the National Disability Program 2015–2025).

Historical and contemporary approach towards disability

Facts – leading representatives. In Hungary, scientific approaches towards disability first appeared in the education of "impaired and chronically ill persons". The education of special educators officially started in 1900, when the first institution was established in the town of Vác (north to Budapest). However, its roots dated back to 100 years earlier. From the beginning of the 19th century the demand for special educators sharply increased, and the first *Education House for the Deaf* (Royal Institution for Deaf-mute Persons) was opened in 1802. Over the following years, several institutions with similar profile were established across the country (Gordosné, 2010; Szepessyné, 2009).

One of the leading representatives from this early period was Sándor Náray-Szabó (1861–1914), a doctor and special educator, who can be considered the funder of special education in Hungary. Working at *the Ministry of Religion and Public Education* from 1886, he was responsible for the field of special education. As a result of his work, in 1898 the education of children with disability was officially recognized as an integral part of public education. He established the fundamental principles for the unified regulation of special education institutions, and played a key role in establishing the *National Council of Special Education Institutions* in 1898 (Pajor, 2009).

Pál Ranschburg (1870–1945) was a psychiatrist, neurologist, university professor, and a pioneer in experimental psychology and special education psychology in Hungary. He was amongst the founders of the *Hungarian Royal Laboratory for Special Education* in 1899 and of the *Hungarian Psychological Association* in 1928. Throughout the first half of the 20th century, disability research mainly concentrated in these two institutions, and Pál Ranschburg also had a major influence on the education of special educators.

Gusztáv Bárczi (Gusztáv Kratina, 1890–1964) was an otolaryngologist and special educator, and he is known as "the founding father of special education in Hungary". The focus of his work was the special education of people with mental and hearing disorders. His theoretical research on the speech of persons with hearing impairment was a cutting edge in that period. For example, he described the symptoms of surdomutitas corticalis (cortical deafness) and developed a method for the treatment of the disease. He was a director of the *College of Special*

Education, which institution eventually adopted his name after his death in 1975 (Bárczi Gusztáv Faculty of Special Education, Eötvös Loránd University).

Flóra Kozmutza (1905–1995) was a psychologist, special educator and language teacher specialised in French, German and Hungarian. She propounded a comprehensive theory of psychology in special education, and with her colleagues she developed a taxonomy of the sub-disciplines of psychology in special education.

Viktor Göllesz (1930–1999) was professor at Bárczi Gusztáv Faculty of Special Education at *Eötvös Loránd University*. He played a principal role in establishing the *Association of Hungarian Special Educators* which organisation was founded in 1972, where he was general secretary between 1980 and 1986. From the 1970s, he was one of the leading representatives of the complex rehabilitation perspective within Hungarian special education, which concept was a central element of his work as researcher and special educator.

Anna Gordosné Szabó (1928–2012) was a teacher, special educator and expert on the history of special education. Her research interests were mainly situated in the following fields: bibliographic research and the history of special education in international as well as Hungarian contexts; developing the terminology of special education and creating definitions for key terms and concepts; mapping the structure of the scientific field of special education. She distinguished a broad and a narrow definition of special education: according to the former, special education is a complex discipline that deals with persons with disability in general; according to the letter, special education exclusively focuses on the training of people with disabilities.

In his early career, Sándor Illyés (1934–2001) examined the biophysical and physiological aspects of the cellular mechanism in learning. Later, studied the phenomenon of disability in the broader context of social processes and theory of science. The approaches he employed in special education research ranged from biological to psychological to sociological.

Last but not least, the name of György Könczei (1958–) must be noted, who is a professor, doctor of sociology, economist, and the founder of Hungarian *Disability Studies*. In 2009, he established the *Doctoral School of Disability Studies* at the Bárczi Gusztáv Faculty of Special Education*, Eötvös Loránd University* (Gordosné, 2010; Mesterházi, 2010; Szepessyné, 2009).

General current trends – formulating paradigms. Analysing the evolution of special education, Szalontai et al. (2011) identified four paradigms that also fit to the history of the discipline in the Hungarian context. The first one can be called the "perfect human" paradigm (18th century and first half of 19th century) which basically perceives persons with disabilities as objects of pity and paternalism. The second one is the paradigm of separation (from the mid-1800s till the 1960s), which emphasises the establishment of special institutions for people with disabilities. The third one is the paradigm of individual development (last third of the 20th century), which uses the principles of normalisation, autonomy, integration, participation, prevention and rehabilitation. Finally, the fourth one is the paradigm of inclusion.

These approaches are more or less in line with the various models of disability identified by other scholars. For example, György Könczei and Ilona Hernádi (2011), following Longmore, discusses four models of disability (moral, medical, social, legal) and propose the use of a "post-model". This latter one reflects a poststructuralist/postmodern approach and it stresses complexity and sheds light on the internal contradictions of rigid social categories, instead of holding binary oppositions such as disabled and non-disabled. Péter Zászkaliczky (2015), building on the work of Ulrich Bleidick, has also found four paradigms in relation to disability, focusing primarily on special education: individualist (clinical, medical), interactionist, systems theory, and political economic paradigm. According to Viktor Kiss (2013), there are five types of discourse on disability in contemporary Hungarian society: medical, integrationist, social, transitionary, compensation.

Similar to other countries, *Disability Studies* in Hungary has its roots in the field of special education. First signs of systematic thinking on disability can be founded in philanthropic activities in the 18th and 19th centuries. Since these early attempts were connected mainly to orphanages and similar institutions, they shall rather be called paternalism instead of education. There were misbelieves; some types of disability were even regarded as curable. Throughout the 19th century the number of special institutions increased steadily, and segregation was the norm in education. Special education in Hungary was born as a result of the work of Sándor Náray-Szabó, at the turn of the 19th and 20th centuries. Until 1963, education of special educators offered undivided, one-tier training in which students could obtain all the necessary skills. Later, a two-tier training scheme was introduced, with a basic theoretical training that is the same for each student in the first 8 semesters, but in the 7th semester undergraduates have the option to choose one major degree course and two minor degree courses (Gordosné, 2010).

After the Second World War in 1948, as communists took power in Hungary, segregation became the principal approach towards people with disabilities, which directive was legitimated by medical protocols (Ficsorné, 2009). During the communist-socialist period, the fundamental elements of centrally organised care were large, closed health institutions. Besides people living with mental disorders, other groups, such as orphans, beggars and young-age prostitutes were also incarcerated in these institutions.

Under communism, the influence of Soviet special education gave birth to the discipline of defectology in Hungary, and the term "defect" was accepted as an official category to disability. The role of disabled children's parents was marginal in education, and the idea of integration (to the mainstream society) was also neglected. Nevertheless, widespread liberalisation brought a notable change in the 1980s. Still within the system of segregated institutions, but both institutional management and educators had more freedom in their decisions. As a result, children with disabilities were not perceived as persons with defects whose deficiencies had to be compensated, but as complex individuals (Pajor, 2009).

The *International Year of Disabled People* (1981) had a profound effect on Hungarian disability movements. Besides the Budapest-based national organisations, several regional disability communities were established in this period. They represented a civic social approach focusing on complex education, instead of the formerly prevailing paternalism based on the medical model of disability. For example, by the end of the 20th century the education of people with visual impairment had become an integrated activity, covering the whole life-cycle of these people. In this context, persons with visual impairment are not considered as sick or ill beings who have to be cured or fixed. Instead, educators are seen as specialists who – in cooperation with other fields of discipline – use special instruments and methods to help children with disabilities and their families adapting to changing circumstances, both in segregated and integrated education. Furthermore, special educators provide assistance for adults with visual impairment in rehabilitation as well as in the labour market (Pajor, 2009). However, there are still gaps in the integrated education, employment and old-age care of persons with disabilities, especially of those living with mental illness, as the number of small communities offering independent living has only slightly increased in recent years.

Disability studies – scientific discipline, field of study. In Hungary, the institutional structure of *Disability Studies* is still relatively underdeveloped. Within the *Hungarian Academy of Sciences* there is no department for *Disability Studies*. Therefore, the discipline is mainly connected to the following institutes: *Institute of Cognitive Neuroscience and Psychology, Institute of Experimental Medicine,* and *Institute of Sociology*. Nevertheless, there has been clearly some progress in recent years. For example, the *Hungarian Sociological Association* established a section for disability studies in 2014, and the Bárczi Gusztáv Faculty of Special Education at *Eötvös Loránd University* has launched a doctoral programme in disability studies.

Disability studies are still in its infancy in Hungary. According to the *Institute for Political Science of the Hungarian Academy of Sciences* (2008), disability studies are a "sensitive" area of research. Firstly, disability is not a popular topic in academic spheres. Secondly, disability research in Hungary is still poorly internationalised, compared to other topics and disciplines. As a result, disability studies are in a disadvantaged position in terms of funding. The main hub in disability research is the *Bárczi Gusztáv Faculty of Special Education*, where research is closely related to special educational activities, focusing on five main areas of scientific inquiry: research related to higher education; theory of science; social integration; disadvantaged persons and communities; methodological issues. The research priorities set up by the *Bárczi Gusztáv Faculty* are: integration, rehabilitation and theories in special education. These three themes are overlapping in many respects, but the main common principle (and objective) is to distinguish special education from general education and position it as a multidisciplinary social science (Gordosné, 2010). Besides the *Eötvös Loránd University*, there are special education courses in the following institutes: *University of Kaposvár, University of Szeged*, and *University of West Hungary* in Győr.

Interdisciplinary empirical analysis of the phenomenon of disability

Research analysis of disability in the positivist orientation. As noted above, *Disability Studies* in Hungary have its origin in the history of special education and rehabilitation. In spite of alternative disability models and Hungarian scholars' theoretical works, the medical model still has a large influence on scientific, political and public discourses on disability. Firstly, disability is still regarded by many as an individual problem. Secondly, there is a strong emphasis on medical treatments for and rehabilitation of persons with disabilities. Thirdly, "objectivity", quantitative methodology and the apolitical character of research is still relatively strong, but there are examples of focusing on the social context within which impairment and disability are (re)produced.

One of the most frequent topics is the monitoring of the population with disability in terms of numbers and quality of life. Before the Second World War, national censuses in Hungary gathered data on people with disabilities but under the communist regime questions about disability were left out from the census surveys. Since 1990 the *Hungarian Central Statistical Office* collects data on the demographical and socio-economic characteristics of people with disabilities, but this social group is still invisible in many respects. Partly due to this situation, there is a considerable amount of literature focusing on the collection and interpretation of primary or secondary data. These studies shed light on the fact that national-level databases have several deficiencies and they are often incomplete. Consequently, it is difficult to count the exact number of people with disabilities living in Hungary (e.g. Fónai et al., 2007).

Another important research topic is exploring the causes of impairment and disability. This research tradition dates back to the communist period when full employment was officially declared on a Marxist-Leninist ideological basis. Furthermore, extensive industrial development under state-socialism required the involvement of disabled and chronically ill people in production. Therefore, the characteristics of this group and the conditions of their economic re-integration have been extensively researched.

In many of these studies, persons with disabilities were directly asked about the possible causes of their impairments. Most of this research was still strongly influenced by the medical model but in some cases the social causes of impairments were also discussed. For example, it was revealed by these studies that up to 50 percent of total disability incidences could be due to workplace accidents and conflicts (Novák in: Kálmán & Könczei, 2002). Work injuries, it can be argued, had a key role amongst possible social causes of illness and impairment, which fact could be related to the low level of working conditions. Furthermore, the effect of crisis stages in the individuals' life-cycles such as macro-structural changes, family conflicts or financial problems was also an important explanatory factor to disability prevalence. Last but not least, early reports also pointed to the deficiencies of prevention and rehabilitation services in relation to this topic (Novák in: Kálmán & Könczei, 2002).

Positivist approach has today become less important in Hungarian *Disability Studies* but a considerable amount of research deals with its classic topics. For example, Zita Nagy and her colleagues (2011; see citations below) examined the life chances of disabled and chronically ill persons in Hungary. The sample of their study consisted of two main groups: people who had been having a physical or mental disorder for at least 6 months and considered themselves to be restricted in their daily activities, and people who had official disabled status by possessing a certificate issued by a medical expert committee[3]. The main aim of that research was to collect data on these two groups so as to contribute to evidence-based development policies and methodological improvement. The study explored that, within the sample, women had a larger share than men, and the female-male ratio was higher than for the whole Hungarian society. In addition, those with lower educational attainments were overrepresented in older age groups. Regarding spatial distribution, the share of young people was the highest in the central and western parts of the Transdanubian region, while older people had a higher concentration in the Southern Great Plain (South East Hungary). It turned out that the sample group was generally much older and less educated than the average of the active-age cohort of the Hungarian society. It also became clear that, among Roma (Gypsy) people, the sharing of those without secondary education was much higher than among the non-Roma ones. The study also drew attention to the fact that there were significant differences between persons with official "disabled status" and those without it, as figures of the latter group were more similar to the national average. Factors that most influenced the employment opportunities of people with disabilities were also explored: educational attainment, place of residency, age, level of health-damage, and date of receiving the diagnosis (Bernát, 2011; Bói, 2011; Nagy, 2014; Pál, 2011; Tátrai et al., 2011).

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[3] In Hungary, impaired and chronically ill persons' level of health damage is assessed by official medical expert committees. These committees also set out the categories according to which disability welfare benefits are granted.

A notable segment of disability-related literature in Hungary pays particular attention on children with serious or multiple disabilities and special education needs. One of the foci of these studies is to count or estimate the exact number of children living with disabilities, since most of the databases about young-age disability do not cover the entire population of the country. Therefore, these studies give an overview of the demographic and socio-spatial characteristics of children with disability, for example their stratification by gender, place of residence, or type of disability. In addition, they have a focus on children's skills and capabilities, and on the issue of physical and mental development. They also examine the characteristics of these children's family members in terms of educational attainment, employment, socio-economic status (e.g. income level), the equipment of their households, lifestyle, problems, and supportive relations (e.g. Fónai et al., 2007; Garai & Kovács, 2014; Zahoránszky & Márkus, 2009).

These studies suggest that there is a causative relationship between young-age disability and the life circumstances of families with children with disability. It is argued that disability has a serious impact on children's educational attainment, future employment opportunities, income level, and social networks, but it also holds true for their families. Prior to the birth of the child with disability, the life circumstances of these families do not differ significantly from an average family but nurturing a kid with disability substantially diminish their resources. For example, such families receive hardly any support and they can mostly rely on relatives and some civil organisations (Bass, 2004). Neither their dwellings nor the neighbourhoods where they live can be considered accessible to people with mobility restrictions (Esztári & Márkus, 2003). Furthermore, the lack of information and appropriate educational institutions also poses a great challenge (Verdes, 2005). To sum up, disability deeply affects almost every aspect of the life of such families, including material dimensions, lifestyle, daily routine and social relations.

Research analysis of disability in the humanistic orientation. According to the humanistic orientation, disability is part of the human condition, and people living with disabilities must be treated as human beings. This view challenges the rigid separation between the persons with and without disability, and stresses diversity among people in terms capabilities, personality and physical and mental characteristics (Reiter, 2008; Roosen, 2009). In Hungary, humanistic perspective has its roots in special education and rehabilitation, for example in the work of Viktor Göllesz (see above). Later, the adaptation of the social model of disability and of new theoretical frameworks helped developing Hungarian *Disability Studies* to a truly interdisciplinary field of research (Könczei & Hernádi, 2011; 2013; Nagy et al., 2009). This approach breaks with the binary opposition between persons with and without disability and emphasises complexity in research and rehabilitation. As Laura Szabó (2003, p. 88) notes:

> *there are only a few people in the world who can be considered whole and completely healthy. Compared to each other, every person has some kind of deficiency, therefore it can be said that health is a relative concept. To put in another way, almost everybody has some kind of disability.*

Therefore, the studies within this field deal with the complexities of the everyday life of people living with various diseases and impairments, mostly using qualitative methods.

In these studies the effects of everyday experiences of people with disability on the development of their personality are under scrutiny. For instance, Eszter Márkus (2003a; 2003b) worked among children living with serious or multiple disabilities and she has come to the conclusion that young-age experiences are decisive in the development of children's personality. As she argues, senses of success and of being competent are particularly important in this respect. However, if the opportunities of these children to feel themselves successful and confident are not provided, they are very likely to use self-aggression to communicate their frustration. According to Zsolt Bugarszki (2006), special education and developmental work cannot be seen as purely medical issues. Sense of failure of persons with disability or chronic illness is often rooted in everyday stressful situations, thus appropriate solutions do not always demand medical assistance. Therefore, special educators and carers are needed to support everyday life of people with disabilities.

Other studies reveal how everyday social norms, various constructs of difference and discourses on otherness can influence the self-esteem of persons with disabilities, and how people living with disabilities can reconcile these social constructs with their individual identities or create counter-identities. For example, in her dissertation, Ilona Hernádi (2015) examined the everyday experiences of women living with visible bodily impairments by conducting interview research. Building on individual narratives, she explored how the interviewed women could reconsider the notions of disability, gender and sexuality in the face of prejudice, patriarchy and ableism in contemporary Hungarian society. Anna Légmán (2015) stresses the importance of social environment in the development of the personality and self-image of persons with disability, by examining the strategies used by these people to re-construct their life stories. She convincingly demonstrates the influence of the environment (e.g. psychiatric hospitals, rehabilitation centres) and of the dominant discourses about illness and disability on the narratives of people with disabilities and the cultural embeddedness of individual identities.

Methodological pluralism. As a result of recent theoretical flourishing, the dominance of quantitative approach has come to an end and there has been a massive expansion of the methods used in Hungarian disability studies. On the one hand, the importance of multifaceted research and methodological triangulation has been acknowledged. For example, Józsefné Závoti (2009) examined the opportunities of persons with disabilities in higher education institutions. Combining survey and interview research, she explored several structural and macro-level obstacles to attending tertiary education: dominant approach in public education (integrationist or segregationist), infrastructure, social attitudes, etc. Besides, she also paid attention to micro-level factors and the experiences of people with disabilities (e.g. family background, visions of the individuals).

On the other hand, scholars have started to apply research techniques that were previously less known in Hungary. For example, Anna Légmán (2015) conducted life-course interview with a man who had been diagnosed as having schizophrenia. In her research, she showed that the interviewed individual's description of his own life and his individual identity are determined by dominant social norms and constructs. A similar research was carried out by Erika Csontos (2015) who interviewed a person formerly diagnosed with paranoid schizophrenia.

Eszter Loványi and Katalin Piczkó (2013) involved guide dogs in a social awareness training for children without disability and assessed the impact of the programme. As a result of the training, the attitude of the attendees towards people with disabilities changed positively. For example, students without disability started using positive terms with relation to disability. They also discovered that living with impairment or chronic illness was less frightening than they imagined. In general, the awareness training decreased the social distance that disability might cause between peers. Therefore, the hypothesis of the authors was proven: guide dogs significantly contribute to the social integration of people with disabilities both in direct and indirect manners, and not only with the physical and mental support that they provide for their owners.

Methodological diversity in Hungarian *Disability Studies* has been further fostered by recent paradigm shifts and the *nothing about us, without us* principle, because these changes opened the stage for participatory and emancipatory research approaches (Marton & Könczei, 2009). In participatory research, people with disabilities and scholars collaboratively plan the research design, while in emancipatory research people with disabilities take control of the research process because in this context they can be considered experts on the topic. However, there are some methodological dilemmas in participatory and emancipatory disability research: (1) validity of data; (2) ethical issues; (3) other challenges (e.g. many academic journals are inaccessible for people with disabilities) (ibid.).

Albeit *Disability Studies* in Hungary do not have a long tradition of using inclusive research, this approach is becoming increasingly widespread nowadays (Heiszer et al., 2014; Marton, 2014). For example, Katalin Heiszer (2010; 2015) discusses the most important factors that influence the success of participative research, and she builds on her own experiences from her participatory study involving young people with Williams Syndrome and intellectual disability. In her doctoral thesis, Vanda Katona (2014) also adopted an inclusive approach.

In collaboration with people with mobility-related impairments, she used focus groups and individual interviews to explore the characteristics and influencing factors of the growing-up process in the lives of people with disabilities.

The emancipatory study of Nagy et al. (2011) aimed to better understand the situation of people with disabilities and thus indirectly contribute to improving their quality of life. During the preparation stage of their research they payed special attention to incorporate the suggestions of various scientific, political, and civil actors into the research design. In addition, they intended to establish contact with the group that was in the focus of the research, and gather data directly from people with disabilities.

Selected constructs of recognition of the phenomenon of disability

Personalistic perspective. The appearance of the personalistic perspective in Hungary is closely connected to the biopsychosocial model of disability. This model synthesizes the medical and social models and views disability as the outcome of the interactions between biological (e.g. the physiology of the body, health conditions), personal (demographic and socio-economic; e.g. age, gender, income) and environmental (e.g. social attitudes, built environment) factors (Könczei & Hernádi, 2011; WHO, 2002).

As a result, personal factors and the activity of people with disabilities have come to the fore both in research and policy making. As György Könczei (2011, n. p.) argues, *a greater emphasis should be given to disabled people's own narratives, so as to they could tell what kind of people they are and how they should be treated. In this way, they would be able to influence dominant narratives about disability.* Therefore, he calls for a change of attitude towards the phenomenon of disability and defines some guiding principles for disability studies. First, prejudicial and oppressive collective cultural narratives should be treated with critique. Second, the knowledge and experiences of people with disabilities have an utmost importance. Third, the notions of ableness and normality should be reconsidered. Fourth, it is necessary to reinforce the positive views in relation to difference and Otherness. Fifth, it is important to establish narrative spaces for people with disabilities where they can be active agents and define their own positionalities.

One of the most frequently examined topic within this group of studies is personality development of people with disabilities in general and of children in particular. For example, Dóra Garai (2004) argues that bodily experiences have utmost importance in personality development. Furthermore, these experiences are also bearers of the values and needs of various minority groups. As Garai points out, bodily experiences play crucial role from the following aspects: (1) development of the relations of persons with disability to their own bodies (bodily experiences); (2) separation of the self from the external world; (3) patterns of bodily awareness. Eventually, bodily experiences are organised around these three axes and affect identity formation of the individual (ibid.).

This is in line with the findings of Márkus (2003a; 2003c; 2003d) who emphasises the complexity of personality development from a special education perspective. She argues that a wide range of experiences should be taken into account because these all can have an impact on personality. These experiences, both sensorimotor and verbal, will be built into the personality of children and adults, thus it is very important to create supportive environment where these experiences can be gained. Therefore, in special education learning contents should be embedded in activity, supplementing verbal methods.

One of the key questions in special education is how young people can be supported to become autonomous individuals and embrace an adult role. Vanda Katona (2014; 2015) emphasises that in this process structural, cultural, relational and individual processes can be equally important, and in each process several supportive factors and obstacles can be identified. However, there can be a conflict between expected social roles and the individual's own identity. Illness, disability and otherness are social constructs, and each has its own set of behavioural forms that are considered appropriate. Qualitative methods provide opportunity for people with disabilities to tell their own life stories and express their feelings, and by doing so they can construct their own definitions instead of using dominant – and often oppressive – social constructs. Nevertheless, many of these dominant social constructs are palpable in the narratives of people with disabilities (Fernezelyi & Légmán, 2003; Kiss, 2015; Légmán, 2015).

Perspectives of normalization. According to Bronston (1974, p. 495), *the essence of that [normalization] principle requires the use of culturally normative means and methods ... to offer a person life conditions at least as good as the average citizen ... and to as much as possible enhance or support his/her behaviour experiences, status and reputation*. This point of view holds that there is a universally accepted idea of what is what is perceived as normal everyday life. Accordingly, people with disabilities should be provided with the opportunity to participate in social life like everyone else. This approach also suggests that people with disabilities need to make more effort or use more help to cope with the challenges of daily life. Since normality is obviously a culturally embedded notion, the characteristics of socio-cultural context should be considered in analysis.

During the state-socialist era in Hungary, the idea of the "perfect man" was produced in accordance with communist-socialist ideology. Therefore, in that period the image of the strong and healthy, able-bodies working person was the norm. However, this view of personal normalization was gradually replaced by the principles of integration, inclusion and the normalization of the living conditions of the disabled people even before the political changeover in early 1990s (see e.g. Csócsánné Horváth, 1987).

In contemporary Hungarian disability studies and policy, the normalization principle is closely connected to integration and inclusion. As Balázs Krémer (2009) points out it is important that people accept and make peace with themselves *to live a life as natural and normal as possible*. Therefore, using various aids if necessary, but without other people's support if possible, people with disabilities should be enabled to carry out all the normal life functions. This view presupposes equal opportunities and the acceptance of principles such as tolerance and the recognition and acceptance of different abilities. Zászkaliczky (2013), building on the work of Bengt Nirje, defines the main aspects of normality, as listed below:

- normal daily rhythm;
- normal weekly rhythm;
- normal annual rhythm (for example attending festivals, holidays etc.);
- going through the normal cycles of development with normal experiences in each stage of life;
- normal respect: the decisions and requests made by people with disabilities should be taken into consideration and respected like everyone else's needs and desires;
- normal opportunities in terms of developing their own sexuality and integration into the heterosexual world;
- normal living standards;
- normal environmental conditions: institutions that care for citizens with disability – educational institutions, workplaces, residential homes – must be established and operated by the same standard as general public facilities.

As the list above shows, normality – just like integration – has several objective as well as subjective dimensions. Many of these aspects have been investigated by Hungarian *Disability Studies* scholars. For example, one of the focal points of this research is the quality of life of people with disabilities and their family members. Using mainly household survey method, these studies revealed that the life chances of families with a family member with disability were significantly worse than other families (Bói, 2011; Esztári & Márkus, 2003; Fónai et al., 2007; Szabó, 2003; Zahoránszky & Márkus, 2009).

Special educators and related scholars and practitioners are in the vanguard of research aiming to explore and understand the objective and subjective factors that affect integration. Márkus (2003c) for example defines the general principles of the education of children with severe and multiple disabilities: complexity and person-centred approach, interaction and communication, cooperation, differentiation and individualization, normalization and participation. It is important to note that normalization in education of students with severe and multiple disabilities does not mean "curing" children's disabilities so that they can be seamlessly placed in normal life settings, but creating optimal conditions for learning while being aware of their needs and capabilities (Verdes, 2005).

However, in Hungary the education of pupils with severe disability still often takes place in heavily specialised closed institutions. Numerous studies have discussed the role of these institutions in supporting the integration of people with disabilities. These studies have also discovered that the activity of some institutions is counter-productive and contributes to the further marginalisation of persons living with physical or mental disorders. Many has drawn the attention to the fact that these institutions, through expected roles (vulnerable, helpless patients) and internal norms and codes of behaviour, do not facilitate the integration of persons with disabilities into the mainstream society, but in fact exacerbates the inclusion (or their disaffiliation, calling the concept coined by Robert Castel [2000]) and marginalization of these people (see e.g. Bánfalvy, 2005; Bányai & Légmán, 2009; Bugarszki, 2003; 2011; Hegedűs, 2013; Légmán, 2015).

Cultural construct. There are many different approaches and methods present within this field, and this diversity can also be seen in Hungarian *Disability Studies*, since – similarly to other fields of discipline – the "cultural turn" and critical social theory has brought significant changes in this respect. The present study focuses on two themes: (1) the recognition of disability as a cultural construct and the cultural embeddedness of the phenomenon; and (2) the self-organization and sub-culture of people with disabilities.

Regarding the first topic, although cultural *Disability Studies* do not have a long history in Hungary, with the application of critical social theory and historical and cultural anthropological approaches, researchers has got significant results. Könczei (2009) studied the cultural-historical background of disability prejudice and had come to the conclusion that discrimination against people living with physical or mental disorders is not an essential element of the different human cultures, including the cultures of great civilizations such as Christianity. Therefore, he argues that the rejection of disability can be found in atavistic ancient instincts and pagan religious fears, but discrimination is always re-produced within and through social relations shaped by the cultural hegemony of the certain period, therefore disability is embedded in historical as well as cultural contexts.

Experiences related to living with disability are shaped by many different factors such as national culture, traditions, stereotypes, upbringing, aptitudes and political system. The study of Mária Flamich and Rita Hoffman (2015) on this subject is especially significant as it shows how a certain political system (state-socialism), followed by the political changeover (i.e., change of regime in late1980s and early 1990s), determines the way people with disabilities view themselves and their place in society. Based on their own lived experiences, they could examine the development of the image of disability within the political structures of the socialist and early post-socialist eras. Building on the work of Carol Poore (2007), they found that the phenomenon of disability was specially treated by the political system under state-socialist. Disability did not fit in with the communist-socialist image of ideal human being but its existence could not be denied either. This tension between ideology and reality was solved by giving a group of people with disabilities a special role. Those who were able and willing to contribute to economic production and tried to live an active life became the symbol of strong and resilient, perfect socialist man.

Some scholars take the lens of intersectionality and study the mutual relations between social constructs formulated along various axes of social difference, primarily in relation to disability and gender. In general, they conclude that the experiences and self-image of individuals are heavily influenced by social-cultural norms, but at the same time they can challenge and destabilise dominant social constructs through their own narratives. Hernádi (2015) for example investigates how prejudice and ableist and patriarchal power geometries in contemporary Hungarian society influence the self-esteem of these individuals and their views on disability, femininity, sexuality and motherhood. Anna Kérchy (2015) examines the cultural representations of femininity and ableness, and provides an example of the interrelationship of disability- and sexist oppressions: in a patriarchal and ableist society, the body of the mother is defined by its weakness and deficiency which at the same time can be a source of disability (e.g. by giving birth to a child with physical or mental disorder). Therefore, in patriarchal societies the identity categories of disability and femininity are often conflated, "repeating, reinforcing and extinguishing each other". These two categories can also conflict each other, especially in relation to sexuality: able-bodied women are often seen as objects of sexual desire, whereas women with disabilities are mostly considered asexual.

As the above studies demonstrate, the cultural environment is two faced: it can be inclusive and supportive on the one hand, or exclusive and oppressive on the other. For example, in the built environment, steps can form a significant barrier to people with mobility restrictions, while a ramp can be an accessibility solution. Similar examples can be taken from many spheres of everyday life, but it is worth to note that certain elements of the cultural environment can be simultaneously inclusive and exclusive from different points of view, and *people with disabilities live in the double bindings of this two-faced human culture* (Könczei et al., 2015, p. 154).

This contradictory character of culture is also expressed in research that looks at the attitude of majority society towards people with disabilities, for example in studies dealing with sympathy and antipathy at the social level. In Hungary, most of such studies agree that the social attitude towards people with disabilities is generally positive (much better that towards the Roma for instance). However, from recent findings it is clear that society's view on disability is controversial.

Most people in general hold positive opinion about people with disabilities and support their inclusion and integration. At the same time, many people from the same group reject to have closer contact (e.g. living in the same household, being workmates) with a person with disability (Laki & Kabai, 2010). Furthermore, as the integration of people with disabilities can serve the interests of economic actors (Mészáros & Várhalmi, 2011), their employment can also be a source of exploitation and abuse (Timár & Fabula, 2013).

As for the culture of disability, it was highly debated in the past few decades whether there was a sub-culture of people with disabilities, and along what features these people would organise into social groups. A relatively early work of Katalin Tardos (1990) examined the employment opportunities of people living with disabilities and discussed how they were different from other disadvantaged groups. Moreover, she speculated about to what extent disability difference was a group-forming force, how strong the bonds were that it could establish, and whether there was an emerging sub-culture of people with disability. As she argued, people with disabilities shared a sense of belonging based on their bodily differences, compared to the non-disabled members of society.

The existence or non-existence of a distinct disability sub-culture has remained an open question, but in fact the self-organisation of certain groups plays a key role in the emergence of cultural *Disability Studies* in Hungary, but also vice versa, critical *Disability Studies* significantly support the self-organisation of disability minority groups. Studies providing an overview of the development path of Hungarian disability movement are of great importance because they provide us with the chance to study the fight for social acceptance, integration and empowerment in the contexts of state-socialist, transitional and post-socialist capitalist historical eras (Hegedűs et al., 2009).

Conclusions

This article offers a brief overview of the current situation of *Disability Studies* in Hungary, paying special attention to its policy, institutional and educational aspects and the diversity of approaches, topics and research methods.

In Hungary, early development of scientific thinking about disability was mainly shaped by the aims and findings of medical sciences and special education. Over the state-socialist period, communist ideology and medical approaches also determined the way of research and thinking about the phenomenon. Albeit the medical model of disability still strongly influences public discourses, recent years can be considered a period of diversification. Firstly, besides positivist approaches, critical social theory is becoming increasingly widespread (shown by poststructuralist, postmodern or feminist thinking in studies, for example). Secondly, disability and related issues attract more and more scholars from various disciplines and professions (regarding the present article: special education, medical sciences, sociology, social policy, geography, etc.). As a consequence, it can be stated that *Disability Studies* in Hungary has become a truly interdisciplinary field, however, some disciplines seem to be more open to this topic than others. Thirdly, although *Disability Studies* in Hungary are still less admired than some "classic disciplines", its institutional frameworks (e.g. journals, doctoral studies) are under dynamic construction. In fact, there is still a lot of work ahead but such changes can significantly contribute to the improvement of social attitude towards disability in the future, and of the quality of life of people with disabilities.

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POLAND

Interdisciplinary efforts and evidences creating the framework for the Disability Studies as a field research

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Keywords: Poland, Disability Studies, phenomenon of disability, interdisciplinary empirical analysis

Introduction

Basic information about the country. Poland is a country with over a thousand years of history. Poland (Republic of Poland – RP) is located in Central Europe. Polish administrative area is over 312 thousand km² (70th place in the world and 9th in Europe). The population density in Poland is 123 people per 1 km^2 (as of 1 January 2015). The estimated population in 2015 was over 38.5 million. The population of Poland is 34th in the world and 6th in the European Union (as of 1 January 2015.). In Poland, one of the oldest universities in Europe, the *Academy of Cracow* was created in 1364. In 1773 the *Commission of National Education* was appointed as a central educational authority, the first ministry of education in the world, which made a profound reform of education. In the year 2014/2015 there were 434 universities of different types.

Strategy for the development of education. According to *the Regulation of the Minister of Science and Higher Education*, from October 1, 2011 there has been a new scheme of areas, fields and disciplines. Referring to the theme of this article the main focus is on the area of the humanities, social sciences, medical sciences and health sciences. Field of the humanities includes philosophy, cultural studies, family studies, management science, and field of social sciences includes media studies, political science, the science of cognition and communication, pedagogy, psychology, and sociology[1]. In Poland, research and development

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[1] http://web.archive.org/web/20130612013924/
http://www.bip.nauka.gov.pl:80/_gAllery/15/03/15036/20110823_rozporzadzenie_obszary_wiedzy_08082011.pdf.

work are mainly conducted by universities, *Polish Academy of Sciences* (PAN), research and development units. Research funding is carried out with a grant for the development of research capacity, awarded on a competitive basis to public academic and research universities and to research projects submitted by teams located in schools of any type. Analyses carried out by *UNESCO Institute for Statistics* showed that in 2012 expenses for research and development of research capacity in Poland was 0.90% GDP, which placed Poland on the 38th place in the world. It was the highest value of GDP in Poland since 2003 (0.54% of GDP). Polish researchers constitute about 5% of the total *European Union* (EU) researchers. Academic research is becoming increasingly internationalized. In the last twenty years we have doubled the number of joint international publications of authors from different countries. The percentage of Polish researchers who publish work together with authors from *EU* countries (25.2%, 2003) is larger than the *EU* average (22.9%). The main partners of Polish researchers are researchers from Germany (23.4% of publications with a foreign co-author)[2]. The level of research funding from international funds (including the EU budget) has also increased.

In 2010, *Strategy for the Development of Higher Education in Poland by 2020* was developed[3]. Pursuant to the provisions of this document, it points to operate on the increase in the quality of all academic areas and the entire system of higher education. It is expected that universities will intensely compete for grants both on teaching and research.

The national reports documenting the phenomenon of disability. In Poland, at least two definitions of people with disabilities are used. The first is the definition arising from the law and the legal basis for qualification of the group of people with disabilities. The second, much wider is used in the statistics of the *Central Statistical Office* (GUS). The definition for the statistics includes not only people with disabilities legally, but also people who do not have a certificate of disability, but claim that they have limitations in the performance of selected activities (so-called biological disability). Data on people with disabilities directly relate to the existing Polish laws of disability entitlement.

Representative survey research on health of population of Poland was conducted by *Central Statistical Office* twice – in 1996 and in 2004. It was carried out using the recommendations of international organizations dealing with health statistics. The obtained data from 2004 indicated that in Poland there were 6.2 million disabled people, of which 4.8 million people were legally disabled (with disability

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[2] http://www.bip.nauka.gov.pl/g2/oryginal/2013_05/77d8b666cc1470d4ab1970127bf475a6.pdf.

[3] https://www.nauka.gov.pl/g2/oryginal/2013_05/59579f9e6efaec82014d6d5be081ca23.pdf.

certificate)[4]. On the other hand, in 2009 *The European Health Interview Survey*, EHIS[5] was for the first time implemented in Poland. According to *Eurostat* methodology in Poland at the end of 2009 there were 8.1 million people with disabilities (nearly 4.2 million Polish people had legal disability certificate or its equivalent). The incidence of disability increases with biological age, rapidly after the completion of 50 years of age (in the adult population it is nearly 25%).

The survey was also conducted in 2014[6]. As indicated by the results, 4.9 million Polish citizens are disabled, including more than 3.8 million with legal disability certificate or its equivalent – every fifth person with a disability does not have certificate, had no legal disability status. Every tenth resident of Poland had certificate of disability.

In the project *From the comprehensive diagnosis of the situation of disabled people in Poland to the new model of social policy towards disability* the authors sought “new opening” for the state policy towards disability by making a comprehensive diagnosis of the situation of disabled people in Poland[7]. Recommendations were developed, indicating the directions of the modification of social policy, which would allow for the inclusion of people with disabilities into the mainstream of the various areas of social life, increase the effectiveness of institutions supporting these people and increased empowerment of the disabled community by participating in the shaping of social policy.

Polish membership in the *EU* is related to participation in the implementation of the *European Disability Strategy 2010–2020: A renewed commitment to a barrier-free Europe*. It should be recognized that the implementation of this strategy in Poland should also lead to a number of changes, in particular with regard to the sphere of education, work, political participation and social development. An important reason for forming the substrate institutional reform is a noticeable increase in the activity of disabled people’s organizations and acting on their behalf, which more clearly articulate the need for substantial modification of institutional support mechanisms.

Historical and contemporary approach towards disability

Facts – leading representatives. The forerunner of the scientific approach to disability was Maria Grzegorzewska (1888–1967), who initiated the development of

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[4] http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/stan-zdrowia-ludnosci-polski-w-przekroju-terytorialnym-w-2004-r,5,1.html.

[5] http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/stan-zdrowia-ludnosci-polski-w-2009-r,6,5.html.

[6] http://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-zachowania-zdrowotne-mieszkancow-polski-w-swietle-badania-ehis-2014,10,1.html.

[7] http://polscyniepelnosprawni.agh.edu.pl.

special education in Poland, according to the idea "There is human being – not cripple". In 1922, she organized *Institute of Special Education* in Warsaw (now Maria Grzegorzewska Academy of Special Education), which undertook research on disability and the preparation of teachers, specialists in education of students with disabilities. Maria Grzegorzewska is the creator of special education in Poland, she created its scientific basis and undertook systematic research on all subdisciplines of special education, particularly issues relating to people with visual impairments (tyflopedagogics, tyflopsychology). Her achievements greatly fit into the global special education and international research on disability. In the years 1958–1960 she led the first in Poland, Department of Special Education at the *University of Warsaw*. The academic status of special education in Poland dates back to that time.

At the *Institute of Special Education* Maria Grzegorzewska gathered outstanding educators, psychologists, doctors, professionals working with children with special needs. Janusz Korczak (1878–1942), a physician, educator, writer, journalist and social activist was a lecturer at the Institute. Together with Maria Grzegorzewska special education in Poland was co-created by Józefa Jotejko (1866–1928). She was a psychologist, educator and physiologist, president of the *Belgian Neurological Society* and a multiple winner of the *Paris Academy of Sciences*. Janina Doroszewska (1900–1997) was a professor at the *National Institute of Special Education* and professor at the *University of Warsaw*. She dealt with the issues of therapeutic pedagogy, prophylaxis and medical, psychological and pedagogical treatment.

Alexander Hulek (1916–1993) was a strong supporter and promoter of social integration. Wladyslaw Dykcik (1942–2013) was a special teacher, published numerous positions in the field of special education, social education and sociology of education. Jan Pańczyk (1937–2007) was the author of numerous scientific, theoretical and research works. He helped to organize the Polish terminology in special education. He was an ardent advocate of the creation of the identity of special education and of giving it the status of a scientific discipline.

General current trends – formulating paradigms. You may notice a few trends in whose terms the phenomenon of disability in Poland is built. To a large extent, the recognition towards disability results from the exploration paradigm of special education. Inspiring and still valid are paradigms developed thirty years ago by Irena Obuchowska (1987). The author formulates the ten paradigms: biographical (integration and social rather than medical approach), positive orientation (diagnosis and rehabilitation, which highlight the strengths of people with disabilities), self-revalidation paradigm (individuality, self-conduct), help the helper (prevention of the burning power syndrome), paradigm of subjectivity (identity, autonomy, causativeness), the paradigm of prophylaxis and integration in the family (family support in the sense of its autonomy), paradigm anti-stigmatic (action against stigma, labeling, marginalization), conceptual paradigm (names not offensive to the dignity of people with disabilities), ignored paradigm (concerning sex life with disabilities), existential (sanctioning the right to normal participation of people with disabilities in social and economic life). In the first decade of the twenty-first century, Amadeusz Krause (2010) outlined the four paradigms of special education: (1) social paradigm towards disability, (2) paradigm of standardization, (3) emancipatory paradigm, (4) qualitative paradigm of (imperative). In this perspective, special education, and thus the phenomenon of disability, were clearly situated in the context of social model, which undeniably refers to standardization, participation, self-determination and inclusion of people with disabilities in the mainstream of social life. Formulated paradigms, as the specific patterns of thinking about disability, define the prospect of approach to the different areas of the image of people with disabilities in terms of understanding terminology (definitions, classifications), model of disability (social model), diagnostic activities (inclusion and development of qualitative interpretative research), rehabilitation interactions (positive rehabilitation, based on the forces of development, strengths of people with disabilities), and of creating appropriate living conditions (standardization, participation, self-determination) (Głodkowska, 2012). It should also be emphasized, as Janusz Kirenko stated (2006), that disability is a challenge for those who are marked with it, but also for people without disabilities that accompany the life of the disabled. Different faces of disability are shaped by personal experience and public perception, which determines the change in the image of people with disabilities from stigma, rejection and marginalization to the creation of a climate of social acceptance.

Disability studies **– scientific discipline, field of study**. Currently in Poland, *Disability Studies* do not have the status of a scientific discipline. Special education, the source of which dates back to the early twentieth century, now is not a scientific discipline either. Although special educators increasingly seek its academic privilege. Today, without a doubt, you can build a broad and rich area of concept, research and reflection, in whose perspective there is a phenomenon of disability. Polish scientists for nearly a hundred years have formed the theoretical and empirical knowledge spectrum, which considerably falls within the international trend of a multifaceted study of disability.

The tradition of the *Academy* and the continuity of the idea of Maria Grzegorzewska builds the mission of the university, also in the scientific exploration of people with disabilities and seeking opportunities to provide them with the appropriate rights of other members of society. *Academy* refers more and more intensive cooperation with foreign research centers, universities, where the focus is disability and people with disabilities. For many years, out of the initiative of the *Institute of Special Education* of the university initiatives of personalistic, interdisciplinary recognition of disability are taken (Głodkowska, 2015). Since 2003 there have been organized regular international *PERSON* conferences. Conferences are scientific meetings whose purpose is multifaceted discussion and exchange of experience in the field of studying the phenomenon of disability. In 2016, participants of the conference will take the issue of early intervention and early support to the development of children with various disorders. In 2005 the *Academy* created the scientific journal *Man – Disability – Society*, which tackles the issue of disability from an interdisciplinary perspective. In 2013, a portal *Forum of Special Education* was created as a tool to document and spread knowledge in the area of disability (http://www.efps.pl/). The university promotes the idea of social integration and inclusion of people with disabilities by carrying out numerous research projects from an interdisciplinary perspective. They conduct analysis of subjectivity, identity, dignity of people with disabilities, normalization of their life, processes of integration and social support, as well as on family life or social exclusion.

In 2016, *Maria Grzegorzewska Academy of Special Education* in Warsaw created Poland's first training course *Interdisciplinary disability studies*. According to its program, it will prepare professionals – leaders, attorneys, specialists, researchers – dealing with disability and people with disabilities. The course gives students the practical ability to design activities for disabled people and their environments. Studies offer to acquire interdisciplinary knowledge, abilities and social skills necessary to understand and explain disability and activities for people with disabilities and their families.

Interdisciplinary empirical analysis of the phenomenon of disability.

Research analysis of in the positivist orientation. A strong record of research on disability in Poland uses proven and effective principles and methods of the natural sciences. Description and explanation of the processes under investigation, verification of hypotheses and theorems are objectives undertaken in the orientation of empirical inquiry. The authors of published reports, due to discovered cause – effect or correlation regularities, *formulate correctness, claims and rights of the studied reality of people with developmental disabilities, the sick, the disabled* (Oleniacz, 2009, p. 95). This reality is the subject of research of many scientific disciplines, including sociology, psychology, pedagogy, philosophy, anthropology and medicine. Below we will show selected examples of empirical analysis.

Sociological studies focus on the social consequences of being disabled, as well as on explaining the mechanisms of self-determination and shaping the identity of people with disabilities in social situations (Ostrowska, Sikorska & Gąciarz, 2001; Wiszejko-Wierzbicka, 2008; Sikorska, 2002; Gustavsson & Zakrzewska-Manterys, 1997; Błeszyńska, 2001). Also the issue of formation of the social identity of people with disabilities was the subject of research Krystyna Błeszyński (2001). The author, taking into account the aspect of self-categorization, highlighted the importance of social identity in the process of integrating people with disabilities in social life and the specifics of its formation in a situation of reduced mobility. Taking a quantitative research strategy, she used elements of the monographic and survey method. As a result, she described the categories of social belonging, with most of which people with disabilities identify and pointed to the relationship between belonging and social identity. Błeszyńska (2001) states that the specific nature of mental and physical functioning of people with disabilities is not a key factor in the formation of their social identity. More significant is variation within the psychosocial context of experiencing a situation of disability, especially in the style and content of socialization (ibid, p. 305).

A lot of space in psychological research is devoted to the issues of formation of personal identity in a situation of experiencing disability. Anna Brzezińska and Konrad Piotrowski (2011), undertook the issue of formation of the identity of people with reduced abilities during the period of entering adulthood and early adulthood. They conducted a comparative analysis of the process of identity formation of people with reduced abilities and non-disabled people. The authors emphasize that the special importance for the formation of the identity of people with disabilities entering adulthood, is upon their sense of independence. Its low level can be an important predictor of social and occupational activities for people with disabilities. Konrad Piotrowski (2013) presented a study on personal identity of physically disabled compared with able-bodied peers. As the author emphasizes, the identity built by people with disabilities is clear and consistent. They have clearer than able-bodied peers vision of the future. At the same time they represent less exploration in fulfilling the roles of adulthood (employee, partner). The author suggests that this may be a causative factor of reduction in the variety and flexibility of their personal identity and the low level of resistance to changes in life circumstances (ibid., p. 160).

The multiplicity of empirical analysis of the phenomenon of disability seeks to ascertain the correctness of the process of adaptation, both psychologically and socially. An example is research of Mariusz Korczyński (2009). The author presented a comparative analysis of the system of instrumental and ultimate values of people with disabilities and non-disabled people, and pointed to compounds of values with the level of social and psychological adaptation of subjects. As analysis revealed, there are only slight differences between the value system of people with reduced abilities and non-disabled people. In terms of social adaptation people with disabilities show a higher level of social maturity, responsibility, independence of thought and greater freedom and sense of humor than people without disabilities. These however are characterized by higher than a person with a disability level of balance, confidence, ability to affect others (ibid., p. 188–189). It was also found that people with reduced abilities present favorable profile of coping with difficult situations than people without disabilities (ibid., p. 191). As pointed out by Korczyński (2009), commitment and social activity is a factor determining the quality of the system of values preferred by people with disabilities (ibid., p. 192).

Issues of psychosocial adaptation of people with reduced abilities was also studied by Peter Majewicz (2012). The author, referring to the principles of positive psychology, took into account not only negative, but also positive aspects of social adaptation, including: the level of satisfaction with life, the ability to see problems and strategies used to deal with them and the ability to use restorative and creative behavior aimed at achieving life objectives. He described psychosocial adaptation of people with physical disabilities in three stages: early, middle and late adulthood and demonstrated the importance of socio-demographic factors associated with disability and personality factors for this process. Majewicz (2012), on the basis of the presented research, did empirical verification of the model of psychosocial adaptation of people with physical disabilities, in which the paramount place is occupied by self-esteem and strategies of coping with problems (ibid, p. 290–291).

A lot of space in psychological and pedagogical literature is occupied by the studies which refer to the ways of perceiving and experiencing their own reduced abilities and deal with the hardships of everyday life for people with disabilities and their families (including Parchomiuk & Byra, 2006; Palak, Lewicka & Bujnowska, 2006; Sadowska, 2006; Otrębski, 2007; Chodynicka & Rycielski, 2008; Smoczyńska, 2010; Wiszejko-Wierzbicka, 2010; Zawiślak, 2011). An example of this research area are empirical analysis by Monica Parchomiuk and Stanisława Byra (2006), whose aim was to assess the quality of life in the context of the types of disabilities. The study involved people with intellectual and physical disabilities, visual and hearing impairment. Parchomiuk and Byra (2006) stress that no matter what kind of disability, a significant predictor of assessing the quality of their life by people with reduced abilities is their need for independence, action and decision-making in situations different in terms of importance (p. 32). This conclusion is extremely important, because it shows how valuable for these people is the opportunity to create their own development and life.

Anna M. Chodynicka and Peter Rycielski (2008), made the characteristics of the selected areas of the reality of people with disabilities in the context of the living conditions of the Polish population and the population of selected European countries (Great Britain, France, Sweden). The authors analyzed the mechanisms conditioning the quality of life of people with reduced abilities. They presented a comparative analysis of social policy towards people with disabilities and the conditions of creation of public space free from barriers and prejudices. Analysis of the social situation in selected countries has been shown in the light of two concepts: (1) aid that complies with the principle of subsidiarity, (2) cultural concepts of independent I and interdependent I. As a result, cultural-subsidiary model the quality of life of people with disabilities was presented, engaging interactions between cultural dimensions and the principle of subsidiarity in the creation of forms of assistance to people with limited efficiency and the level and quality of their lives (ibid., p. 85).

The quality of life of people with disabilities was also the subject of research of Karolina Smoczyńska (2010) and Dorota Wiszejko-Wierzbicka (2010). The studies were implemented as part of a nationwide survey on the situation, needs and abilities of people with disabilities under the direction of Anna Brzezińska and colleagues (2010). The studies included: the co-existence of other disabilities and the legal status of surveyed people (biological disability and imposed disability) (Smoczyńska, 2010), housing conditions, network and scope of support from the closest people, age and gender of respondents (Wiszejko-Wierzbicka, 2010). As a result, the level of diagnosis and the factors determining the quality of life of people with disabilities in Poland were recognized.

Research analysis in the humanistic orientation. Speaking about the man in terms of subjectivity arises the need to reach in research projects for humanistic methodology and interpretative paradigm of qualitative research. Testing through common experience), characteristic of the quality strategy, creates the possibility of a deeper and more personalized recognition of the reality of people with disabilities and intentions and meanings we attribute to it (Kosakowski, 2001; Wyka, 1993). Qualitative research allows for the adoption of the various perspectives of vision of disability, which take into account the varied consequences, ways of experiencing and social and situational context of life of people with disabilities. Disability issues in research also mean exploring intentional behavior, unique experiences. Humanistic methodology is used even by those authors who focus their research around the living situation of people with limited communication capabilities, with a lower level of autonomy, consciousness, or coming from different social backgrounds. In these analyzes, the most common diagnosis of the situation of the subjects is accomplished by direct participant observation, narrative interview, or document analysis.

Beata Borowska-Beszta (2012) applied humanistic methodology as a significant source of anthropological and ethnographic knowledge of the reality of people with disabilities. The used concept of cultural relativism served as the basis of ethnographic research, which enabled the author to build a picture of the style of life of adults with developmental disabilities, with the dominant dysfunction in the intellectual sphere. Borowska-Beszta identified empirical phenomenon, which is a unique design of style of life of people with disabilities and their families. She recognized that cultural anthropology makes it possible to understand the modern man from the point of view of his life problems, at least in the context of inequality, discrimination, exclusion. She adopted appropriate for ethnographic research position based on a contact, participation, in-depth interviews in the cultures of people with disabilities. Applied interpretative paradigm allowed to recognize, describe and explain the different views of the complex reality of people with disabilities.

Qualitative research strategy was also adopted by Beata Cytowska (2012), whose subject of empirical investigations is the situation of adults with intellectual disabilities in Poland. The applied methodology of constructivist theory grounded by Kathy Charmaz and situational analysis of Adele E. Clarke's served building a theory describing the process of adaptation of people with intellectual disabilities to the challenges of the modern, post-modern society. The author, referring to the biographies of the subjects, described the way in which they experience the process of social adaptation and which of their competences, developed in the way of socialization, education and therapy are crucial for played by them social roles (ibid, p. 148). Based on the conducted analysis of narrative interviews she described the three key categories emerging from the collected biographical material: (1) process of creating "person adventitia" identity, (2) formation of the foundations of responsibility as a result of their becoming independent (3) the experience of subjectivity by people with intellectual disabilities in "subjective socialization" (ibid, p. 351–356). She settled her empirical analysis in widely analyzed situational and social context of life of people with intellectual disabilities in Poland.

Agnieszka Woynarowska (2010), reaching for interpretative paradigm of qualitative research, undertook the issue of constructing intellectual disability in public discourse and in biographies of people with disabilities. The author, using biographical strategy and critical discourse analysis present in social narratives, presented the holistic approach to the issues. Analyzes conducted by the author allowed the isolation in the social dimension of two parallel discourses of understanding issues of intellectual disability. The first is the discourse of negation and exclusion, in which a person with an intellectual disability is attributed to the negative meaning of dependence, helplessness, suffering, misery and sadness. The second refers to the perception of people with intellectual disabilities as full members of society and to guarantee their rights to self-determination, self-realization, self-reliance. Woynarowska (2010), defines the latter discourse as the discourse of normalization, ordinariness, discourse for differences, emancipation (ibid., p. 299–300).

Qualitative analysis of the phenomenon of disability was also conducted by Urszula Bartnikowska and Agnieszka Żyta (2007). The authors analyzed life situation of adults with sensory, physical or intellectual disabilities. Using the method of dialogue and biographical method, they defined the life situations of adults with varying type and degree of congenital and acquired disability. Reaching to the autobiography of the respondents they described the various individual and social consequences of disability and the problems the disabled face every day in Poland. They did analysis of subjective assessments concerning the possibility of subjects, participation in the process of rehabilitation, social integration, plans and life goals, opportunities and threats for their implementation. The authors also analyzed pro-integration activities undertaken in Poland. They drew attention to the difficulties experienced by people with disabilities in adolescence and adulthood, crises of life, negative aspects of inclusive education and limitations on full social integration. At the same time they extensively analyzed the functional capabilities of studied people with disabilities, their goals in life, hierarchy of values. They drew attention to the cognitive and task activity, creative attitude, communication and constructive strategies of coping with hindered life situation and the limited efficiency.

Methodological pluralism. Undertaking disability issues in scientific research often requires delving into complementary research. Such tests are used to the fullest, multidirectional diagnoses issues interesting to the researcher. Ewelina J. Konieczna (2010), applied complementary research to recognize the relationship of disability with a sense of meaning in life of people who experience it. The author searched for answers to questions about demographic factors determining the meaning of life in people with physical disabilities. The study also took into account the categories of personal values, acceptance of disability, a sense of self-efficacy and sense of optimism in life. In the interesting results she recognized the level of a sense of quality of life of people with reduced abilities and individual determinants.

In the area of psychology Ewa Zasępa and Agnieszka Wołowicz (2010) applied quantitative and qualitative orientation as a source of knowledge of the quality of life of families with a child with intellectual disabilities. Using their own adaptation of the Family Quality of Life Survey – general version, they determined the quality of life of the surveyed families in nine dimensions: family health, financial situation, family relationships, support from others, support in the framework of specialized services and social assistance system values, career and preparing for a career, leisure time and recreation, social interaction. The authors used a research tool, which takes into account both subjective and objective aspects of the sense of quality of life. It also allows you to assess the quantitative and qualitative of adopted detailed dimensions. As a result, they presented a comparative analysis of subjective and objective dimensions of quality of life and personal satisfaction in families with a child with disabilities and families with a child without disabilities. They recognized the factors that determine the quality of life in researched groups.

Complementary sociological theoretical and empirical study of the issues of social marking of people with congenital disability was undertaken by Beata Pawlica (2001). The author searched for answers to questions about the causes of stigmatization, self-marking and the feeling of being inferior, self-image in the perception of adolescents with congenital disability and their able-bodied peers. She attempted to identify the impact of congenital defect on the subjective experiences of young people with limited efficiency, on self-esteem, interpersonal relationships and life plans.

An example of interdisciplinary and complementary empirical diagnoses of phenomenon of disability are in-depth and wide-ranging examinations of situation, needs and abilities of people with disabilities, taking into account the period of 2008–2010. They were conducted by Anna Brzezińska and colleagues (2010). The aim of this study was to develop recommendations for a National Strategy for increasing the social and economic activity of people with disabilities, including multiple disabilities and rare disabilities. Multi-module expertise included both surveys and individualizing research based on individual students and group interviews. Empirical analyzes prepared for the project relate to specific areas of functioning of people with disabilities. Interdisciplinary reports raise questions from different areas of the social sciences. The project was carried out by a team of psychologists of different specialties, sociologists, and methodologists. It was consulted in the area of rehabilitation psychology, sociology, health, psychiatry, geriatrics, social gerontology, and cognitive science. As a result of carried out research: (1) statistical characteristics of studied a group of people with disabilities was presented, also in terms of sociodemographic variables and the causes of disability, (2) conditions that affect the quality of life of respondents with disabilities and their sense of quality of life were set out, (3) risk factors and factors protecting against marginalization and exclusion were isolated, (4) the factors hindering and supporting inclusion of people with disabilities were determined (5) recommendations for constructing programs that support people with disabilities in the labor market were developed (Brzezińska et al., 2010; Brzezińska, Kaczan Rycielski, 2010a, 2010b; Piotrowski, 2010).

Selected constructs of recognition of the phenomenon of disability

Personalistic perspective. Humanistic – subjective approach of disability changes the optics of perception of people with disabilities. It is also an important aspect of the examination of its activities, which not only are organized by the environment, but they also run with its participation and consent, with the ability to participate and make choices. Maria Grzegorzewska (1964) stressed the importance of dynamization of forces of people with disabilities, inducing their initiative, creativity, enthusiasm for work, willpower to overcome difficulties.

Czeslaw Kosakowski (1997) stresses that subjectivity is the transfer of responsibility for each other in the hands of a person with a disability to measure their capabilities. Creating conditions to experience the subjectivity of people with disabilities is both showing opportunities and assistance in creating and expressing themselves, in the struggle with the contradictions inherent in the environment and their own weaknesses. The author recognizes that the subjectivity of people with disabilities expresses their awareness of agency, ability to influence their own life and taking responsibility for it.

In Polish special education the issue of subjectivity for many years has been a significant domain of theoretical studies (Kosakowski, 1997; Rzeźnicka-Krupa, 2011, 2012; Wojciechowski, 2002; Mikrut, 2009; Podgórska-Jachnik, 2009;

Głodkowska, 2014b). You can also call up empirical reports approximating subjective aspects of the functioning of people with disabilities. Bernadeta Szczupał (2008) considered subjectivity of people with disabilities in relation to the dignity by which man has autonomy in the selection and the manner of realizing values. Hanna Żuraw (2008), analyzes the issue of participation of people with disabilities in society as an important manifestation of their subjectivity. With interest, you can record an inspiring postulate by Jolanta Rzeźnicka-Krupa (2011, 2012) to give the categories of entity and identity the cardinal importance of sources of "paradigm change" in special education, as well as sources "that constitute its research area" (Rzeźnicka-Krupa, 2012, p. 7). It can be considered that the concentration of researchers in recent years on issues of subjectivity of people with disabilities and the search for reasons to the paradigm change demonstrate the legitimacy of change *in the area of constructing a field of interest in special education* (ibid., p. 7).

Clearly marked is a trend in which researchers take the analysis endearing disability as a source of strength in shaping identity, experience of subjectivity, as well as in building up their own life by people with disabilities (after Głodkowska, 2014a, 2014b, 2014c, 2014d). Experiencing disability is often associated with the need, and sometimes the necessity to constantly modify their own identity, as well as make an effort to become the author of their own life. In the literature of the last decades numerous scientific search for potential, strengths, powers and development of people with disabilities in various aspects of their lives can be noted. To be the author is to be the creator of your inner world, to get to know oneself and create oneself. It is also to offer something to the others and create the world around them (Głodkowska, 2014a). The issue of self-determination, independence, being the author of one's own life of people with disabilities did not appear suddenly in special education. In the scientific sense it developed gradually, along with the strengthening of humanities and social ideas of the inalienable right of every person to freedom, to decide on their development, the possibility of making choices and creating their life.

In the models of the development of people with disabilities it was begun to expose aspects of health, well-being, impersonation, inclusion in social life. In this way the idea was born to provide people with disabilities with the right to a common experiencing the world and "common existence". The need for the fullest possible approximation of the living conditions of people with disabilities to the living standards of ordinary people was formulated. At the same time research on disability undertaken in the current of positive psychology showed the need to recognize the optimal functioning of people with disabilities and recognize the factors that lead to the "flourishing" of a person (Głodkowska, 2013).

The search connecting different theoretical concepts has led to the development of the construct of being an author of their own lives of people with disabilities (Głodkowska, 2015). The theoretical foundations of this construct take into account: (1) positive psychology, (2) educational personalism (3) the theory of optimal functioning, (4) the theory of developmental tasks, (5) the theory of social support. Building a theoretical basis was an inspiring impulse for reflections of the author about the penetration of the idea of humanities and social sciences, as well as the penetration of researchers' thoughts, recognizing and explaining the phenomenon of disability. A holistic approach helped to see construct of being an author of their own lives of people with disabilities in a positive perspective of welfare, subjectivity, self-determination, optimal functioning, meeting the developmental tasks appropriate for the age of life, experiencing social support. Developed construct takes into account several aspects: eudajmonic, personalistic, functional, temporal and assistive. The author emphasizes that it would be interesting to use the developed construct to design research on personalistic, interdisciplinary diagnosis of the phenomenon of disability. Giving one's own life self-made qualities is a value and an inalienable right of every person with disability.

Personalistic, humanistic approach to disability also refers to standardization as a process which enables to consider the lives of people with disabilities in the dimensions of self-creation, their sense of identity, quality of life and self-determination, subjectivity (Głodkowska, 2014d). In general, normalization leads to the creation of such conditions of support that will activate a person, their need for participation and self-realization. The adoption of the concept of people with disabilities, as an entity, builds a new research perspectives (including Przyłuska-Fiszer, 2003; Sidor-Rządkowska, 2000; Szczupał, 2008; Szawarski, 2000).

In special education, such conceptual categories as dignity, autonomy, identity, subjectivity, self-determination, the authorship of their own lives of people with disabilities are essential components in building the image of people with disabilities (Dykcik, 1996; Szczupał, 2008; Głodkowska, 2015). They result from the humanistic idea that in special education, since its inception, they have influenced practice and shape of theoretical and empirical basis of the phenomenon of disability.

Perspective of normalization of life of people with disabilities. In the perspective of normalization essential threads of consideration of disability are indicated by analysis of Stanislaw Kowalik (2007). The author uses the term "dysfunctional" to show the disparities between the requirements of normal life situations and the activity of the disabled person. He shows that in the case of dysfunction such activity is insufficient to independently cope with life and overcome obstacles. Dysfunctionality forces increased effort, which must be put by people with disabilities to overcome these obstacles. The researcher adds that the dysfunctionality of the body is a necessary condition but not sufficient for the diagnosis of recognizing disability in a man – neither is non-compliance of imposed social tasks.

In the scientific approach to determine the conditions for the normalization of life of people with disabilities a central concept is "quality of life". This category is sometimes reduced to objective factors, such as health, family situation, level of education, level of income, possessions or rights, sustainability and proximity relationships with other people. As particularly important criterion and indicator of quality of life they consider a subjective evaluation of various aspects of one's situation, which is expressed in certain emotional states and beliefs, expectations and hopes. Currently, one can observe a wide stream of research on the quality of life of people with disabilities (including Palak, Lewicka, Bujnowska, 2006).

Today, the issue of normalization of life of people with disabilities is relatively well-presented in Polish literature. The authors consider, among others normalization of living environment (Kosakowski & Krause, 2005), the normalization of the social environment (Krause, Żyta & Nosarzewska, 2010). Detailed discussion of the process of normalization is covered, among others, in publications analyzing the issues of processes of social integration and inclusion, as well as presenting theoretical and empirical search for quality of life of people with disabilities, their social participation or autonomy. There are also studies in which the authors somehow retarget thinking of normalization, introducing to the understanding of this process marginalized so far meanings.

In numerous publications, authors penetrate in social relationships as a source of subjective treatment and vital signs of change in the public consciousness, leading to overcoming prejudices, restricting stereotypes or promoting the idea of integration and inclusion (including Gustavson & Zakrzewska-Manterys, 1997; Sadowska 2005; Żuraw, 2008). The researchers emphasize that the inclusion of disability in the broader social and cultural perspective makes it easier to the understand people with disabilities in the individual, subjective dimension.

Repeated exploration research on standardization are a sign of the continuity of this idea, but they also make one understand that it has not been fully realized yet. It turns out that after almost 50 years, discussions on its course and the expected effects are still valid (after Głodkowska, 2014a). Manifestations of normalization can be perceived in many different areas of functioning of people with disabilities: their lives in an open environment, support with their participation, recognition and activation of their development potential, taking with them the relationship of dialog and subjective treatment or increase their quality of life and the recognition of the right to happiness and prosperity in life (Głodkowska, 2012, p. 91).

The realization of the standardization and authorship by life necessary to perform tasks that are both against social environment, as well as a person with a disability. The task of the environment is to create the conditions which will enable the causative actions of a disabled person who, while taking life tasks, at the same time becomes responsible for their fate. Giving one's own life characteristics of authorship appears to be a challenge for people with disabilities who are guided by their needs, possibilities, aspirations and dreams, creates oneself – gives one's life a unique, individual value.

Wladyslaw Dykcik (1996) argues that it is wrongly estimated that the reduction in every efficiency of each human causes reduction, limitation, prevention or blocking of cognitive and practical activity and requires constant external control. The author also notes that excessive support and protection can cause secondary, learned helplessness and consequently hinder the full use of one's development potential by a person with a disability. The right to free making choices and operating autonomously, as an important dimension of the subjectivity of people with disabilities, is increasingly prominent in both the theory and practice of special education. It is the right of every human being, as well as of a person with a disability, which gives the ability to manage one's own lives and to be responsible for it.

Cultural construct. The achievements of Polish researchers which document the culture of people with reduced efficiency can be refer to five main pillars after Beata Borowska-Beszta (2008, 2012): (1) perception of disability as a distinct culture, (2) the perception of disability as a cultural construct (3) perception of cultural dimension culture of people with disabilities (4) getting to know the culture of people with disabilities and its scientific research, (5) learning the dominant culture by culture of origin of people with disabilities (2012, p. 67). The author points out that belonging to the disability culture can be implemented in two ways: (1) imposed by the dominant culture due to external specialist, medical, psychological, social (connected with the diagnosis of disability) classification, (2) voluntary, constituting the choice of people engaged in disability issues (connected with non-obligatory entanglement in the lives of people with disabilities) (ibid., p. 70–71). As pointed out by the author, disability cultures are heterogeneous. They have their own language (eg. sign language, gesture or picture systems), writing (eg. Braille, PCS, pictogram), life style, their own customs, rituals or patterns. They may experience various difficulties and mental or physical barriers which characterize the dominant culture (ibid, p. 68). The author, on the basis of numerous studies led in the field of culture of people with disabilities, presented the concept of cultural habilitation of adults with developmental disabilities. In this concept, in a comprehensive manner, she presented the relations that exist between the dominant culture and the culture of people with reduced abilities (the culture of origin), recognizing disability as a culture in the dominant culture and construct of the dominant culture. She pointed to two important processes: (1) learning the dominant culture by people with disabilities and (2) co-creating cultures of disability and the dominant culture (Borowska-Beszta, 2012, p. 222). The scientific understanding of disability culture emphasizes the need to go beyond best practices of quantitative research and inclusion of interpretative paradigm of qualitative research (Żuraw, 1999; Chodkowska, 1993; Borowska-Beszta, 2005, 2008, 2012).

A lot of space in Polish literature has been devoted to the influence of culture on the formation of social attitudes towards people with reduced abilities (Chodkowska, 1994; Kossewska, 2003; Wałecka-Matyja, 2013). Joanna Kossewska

(2003) emphasizes that growing up in a particular culture and system of values cherished by society significantly influences the attitude towards people with reduced abilities. Not without significance, is also cultural diversity that shapes greater tolerance for diversity and hierarchy of values of society. Katarzyna Wałecka-Matyja (2013) points out that the culture of each society consists of many elements that shape attitudes towards disability, including, among others: scientifically documented claims about reality, beliefs and myths, ideologies, social norms, styles of behavior, personal patterns. Maria Chodkowska (1994) analyzed religious, moral and cultural determinants of attitudes towards people with disabilities, pointing to the special role of ancient patterns for shaping the relationship to disability in European culture. The author emphasizes that it is necessary to make a change in social attitudes aimed at eliminating stereotypes and prejudice against people with disabilities, which still exist in Polish society. Wladyslaw Dykcik (2007), by making certain conclusions about attitudes towards disability in terms of historical and cultural highlights, points out on three orientations: (1) strategies of outer controllable, sustainable regulation of human behavior, (2) too liberal strategies, and (3) strategies inner controllable, emancipatory, humanist, partner influence on attitudes.

Numerous publications analyze cultural-creating dimension of culture of people with disabilities (Borowska-Beszta, 2008; Dykcik, 2001; Jutrzyna, 2002, 2003; Wojciechowski, 2001, 2004; Ploch 2014). Hanna Żuraw (2001) sees capabilities of empowerment of the process of rehabilitation in the cultural activity of people with reduced abilities (p. 165). The author points at the same time revalidation functions of participating in culture: (1) cultural-synchronizating (approximation of living conditions of people with disabilities to the living conditions of non-disabled people), (2) existentially-empowering (making people with disabilities aware of the possibility of autonomous and independent actions), (3) of community (integration of people with disabilities), (4) compensating-cathartic (compensating for gaps of everyday life associated with reduced abilities), (5) creative (encouraging self-realization and creative skills), (6) cognitive (knowledge of their own abilities and possibilities), (7) hedonistic and relaxation (entertainment dimension of participation in culture) (ibid., p. 166–170). Wladyslaw Dykcik (2001), analyzing the therapeutic importance of culture technics and art therapy in stimulating the development of people with disabilities, highlights the wider importance of their participation in culture. In this context, the cultural activities of disabled people *are seen as a creation of another way of life, organizing the environment and cultural experiences of individuals within their cognitive and emotional relationships with their immediate surroundings and the whole world* (p. 33). The author emphasizes that because of various difficulties, dysfunction and restrictions still this activity has in our culture sub cultural, marginal, individual, intimate, religious dimension (ibid, p. 32). Also Leszek Ploch (2014) in the cultural activity of people with reduced abilities puts possibilities of their protection against marginalization and exclusion. Beata Borowska-Beszta (2008) by analyzing various forms of art therapy and therapy by narratives and writing indicates that they perform habilitation functions: (1) give the possibility of creative expression and establishing interaction in the course of operations, (2) shape a sense of coherence and, (3) give their everyday life creative dimension (p. 111). Andrzej Wojciechowski (2001) indicates that output lets you see a person with a disability in the cooperation and participation with others. It becomes an opportunity for people with reduced abilities to realize their own needs for development and become included in the community.

Conclusion

The article presents the phenomenon of disability in the perspective of historical and contemporary, interdisciplinary empirical analysis and some constructs. Multidirectional empirical recognition in various areas of the life of people with reduced abilities was presented. We hope this article will, at least partially, outline and bring closer the achievements of Polish researchers on the phenomenon of disability.

Moving away from the perception of disability only from the perspective of the medical model (individual) to the social model creates an inspiring, interdisciplinary research space for social sciences. This idea has been depicted in this article. Conducted theoretical and empirical analysis tend to get to know personal, social, cultural, legal and economic dimensions of disability. They represent the attitude of critical discourse over the place of people with disabilities in society and the role of society in creating the situation of people with reduced abilities. Disability studies do not currently have in Poland the status of scientific field, and available scientific publications recognize disability from the perspective of various disciplines. Nevertheless, presented in this article theoretical and empirical experience may indicate a solid foundation for this discipline in the Polish scientific perspective.

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RUSSIA

Russia: evolving from traditional perspective towards the newest approaches in disability field

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Introduction

General information about the country

Russia (from the Greek: Ρωσία – Rus'), also officially known as the Russian Federation, is a transcontinental country in Eurasia with a population of 146,544,710 people and with an area of 17,125,191 km² (as defined in the *Russian Constitution*). Basic general education is compulsory according to the *Russian Constitution*. Parents or people who officially take on the role of parents (guardians) are required by law to provide their children with basic general education. The system of education in Russia is divided into three main stages: pre-school education, general education, and professional education. General education consists of the following parts: primary education, secondary (main) education, special education, and extended education (supplementary). Professional education has several levels: initial professional (basic vocational) education, secondary professional (secondary vocational) education, and higher education as well as postgraduate education and additional professional education.

According to the Russian *Ministry of Education and Science* there are 60.500 general education institutions (primary schools, secondary schools, boarding schools, gymnasiums, lyceums, etc.) that are currently educating more than 19 million students. Moreover, there are around 2,000 special education institutions with 300,000 students who have special needs (in view of their health conditions, disabilities, learning difficulties, etc).

The system of higher education comprises 607 state institutions and 358 non-state (private) institutions with 4.7 million people attending them.

Educational policy orientation in Russia

The *Russian Education System* is currently undergoing radical changes. A number of recent federal normative documents (white papers) have given the latest impulse to the ongoing transformation. These documents define goals and implement instructions to advance the national educational policy. Among others there is a number of key documents: the *Presidential Act №599 Of measures aimed at the national policy implementation in education and science* that was signed on the 7th of May 2012[1]; the *Federal law №273 On education in the Russian Federation* that was enacted on the 1st of September 2013[2]; the *Federal special-purpose programme Development of Education for 2013–2020*[3]; and the *Federal special-purpose programme Academic and teaching staff for innovative Russia for 2014–2020*[4].

The main strategic goal behind the educational reformation is to improve the ability of Russia to compete in the global economy. According to the Conception of long-term development of Russia[5] the following aims are the national priorities until 2020:

- Raising the quality of scholarly and scientific work (fundamental science, groundbreaking research, and innovations). In order to develop Russian scholarship and science, a number of key orientations for international collaborations have been defined: improving academic mobility (researchers and other professionals' mobility), inviting renowned scholars from abroad, and supporting young scholars (Popov, 2012).
- Raising the quality of education. In order to develop Russian education, several orientations for international collaborations have been defined: scholar and researcher exchange, teachers and students exchange, and advancing institutional mobility and developing mobility programs. One of the indicators that this aim is fulfilled is going to be that Russian educational institutions significantly improve their positions in the world league tables and other ranking systems.
- Developing educational export. In accordance with the Conception of long-term socio-economic development of Russia, by 2020 revenue from international students studying in Russian institutions has to increase and constitute no less than 10% of the overall sum that is invested by the state into the education system (Kurtanova, 2014).

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[1] https://rg.ru/2012/05/09/nauka-dok.html.

[2] http://www.consultant.ru/document/cons_doc_LAW_140174/.

[3] http://bolplotds.ucoz.net/FEDERAL/gos_programma_razvitija_obrazovanija.pdf.

[4] http://www.consultant.ru/document/cons_doc_LAW_146678/fb2b527f135af1ab7ccb62d4f165e7ca637efa06/.

[5] http://government.ru/info/6217/.

Russia is aiming to build international collaborations in the fields of science and education through international organizations, associations, and collectives: *European Union*, *Counsel of Leaders from the Commonwealth of Independent States*, *Arctic Council*, *Council of the Baltic Sea States*, *Shanghai Cooperation Organization*, *Barents Euro-Arctic Council*, *EurAsEC* (EuroAsian Economic Community), *BRICS*, *ASEAN* (Association of South East Asian Nations), APEC (Asia-Pacific Economic Cooperation), and *BSEC* (Black Sea Economic Cooperation). In addition to that Russia has other partnerships and dual agreements with some *EU* countries (Germany, Hungary, Romania and Slovakia) that contribute to Russia's development in its priority areas. These priority areas are specified in the *Agreement about Partnerships and Collaborations* and some of those priority areas have student and teacher exchange as their performance targets (Tarskiy, 2012).

Different international programs (such as *The Fulbright Program*, *Erasmus Mundus*, *Jean Monnet*, etc.) provide excellent opportunities for building networks. Russia sees the internationalization of its leading institutes of higher education (including research universities and federal universities) as one of its key strategies to integrate into the global educational and scholarly community.

National reports on disability

The rights to life and education of people with disabilities in the Russian Federation are regulated in accordance with the international documents which include, apart from the aforementioned documents, the following: the *Convention on the Rights of the Child;* the *World Declaration on the Survival, Protection and Development of Children*; *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities; the Convention on the Rights of Persons with Disabilities*; etc.

The following legislative pieces in relation to people with disabilities and their rights are viewed as greatly important: the *Federal special-purpose program Children of Russia* with a separate segment *Children with disabilities* (1992–2010)[6], the *Federal Law on Education Act* (1992)[7], *Federal Law on the Social Protection of Disabled Persons in the Russian Federation* (1995)[8], *Federal Law on the Education of Individuals with Disabilities* (Special education Act) (1999)[9], The *Ministry of Education and Science Act on Special Nature of Special Education Institutions Types I–VIII* (1997)[10], The *Ministry of Education and Science order Psycho-medico-*

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[6] http://www.consultant.ru/cons/CGI/online.cgi?req=doc&base=LAW&n=67340&dst=100010#0.

[7] https://rg.ru/1992/07/31/obrazovanie-dok.html.

[8] http://www.consultant.ru/document/cons_doc_LAW_8559/.

[9] http://pandia.ru/text/78/418/51335.php.

[10] http://pandia.ru/text/78/291/3673.php.

pedagogic Commission Regulation (2009)[11], the *Governmental Decree № 965 of Declaring an individual as disabled* (1996)[12], and The *Ministry of Health order № 117 Of the correct procedure for the medical assessment of children with disabilities under the age of 16* (1991)[13]. The very existence of these documents and their contents reflect the country's aspiration to develop a new perspective on people (both children and adults) with disabilities and the attitude towards them and their circumstances in accordance with the fact that they are the most vulnerable population category and a special socio-demographic group with special needs and interests that should be treated as a priority (Azbukina & Mikhailova, 2007).

The text of the *Federal special-purpose program Children of Russia* for 2007–2010 refers to children with disabilities as "a highly vulnerable category of children" and provides relevant information confirming this. There are 29 million children currently living in Russia, of which 587 thousands have disabilities and therefore require urgent help with rehabilitation, adaptation and integration into the larger society[14].

After surveying the works of such scholars as A.D. Goneev, N.I. Lifinceva and N.V. Jalpaeva (2002), E.L. Goncharova and O.I. Kukushkina (2002), we conclude that Russia has an effective special education system. The institutes of special education provide special facilities to enable medical specialists and educators to work effectively with children with disabilities. The procedure of enrolling children with disabilities in mainstream educational organizations and special education institutes gets regulated in accordance with the *Federal Law on the Education of Individuals with Disabilities* (Special education Act) (1999)[15], the *Federal Law on the Social Protection of Disabled Persons in the Russian Federation* (1995)[16], and The *Ministry of Education and Science order Psycho-medico-pedagogic Commission Regulation* (2009)[17]. According to the *Special education Act*, the enrollment of children in special education institutes is subject to the consent of their parents (or lawful guardians) and to the psycho-medico-pedagogic commission (PMPC). PMPC is an institute that was established to identify children with disabilities and/or with behavior deviations, to conduct their full examinations and to prepare appropriate recommendations for facilitating psycho-medico-pedagogic assistance and for organizing their education and development.

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[11] https://rg.ru/2009/07/09/ped-komissia-dok.html.

[12] http://www.consultant.ru/document/cons_doc_LAW_11334/.

[13] https://www.lawmix.ru/prof/80502.

[14] http://www.consultant.ru/cons/CGI/online.cgi?req=doc&base=LAW&n=67340&dst=100010#0.

[15] http://pandia.ru/text/78/418/51335.php.

[16] http://www.consultant.ru/document/cons_doc_LAW_8559/.

[17] https://rg.ru/2009/07/09/ped-komissia-dok.html.

One of the alternatives to the aforementioned arrangement is the system of inclusive education that brings both children with and without disabilities to study together in comprehensive general education schools (Averina, 2011). Russian policy-makers are currently working on designing an effective system of inclusive education (Yegorov, 2012). The main principles of inclusive education are captured in a number of governmental documents (*National Doctrine of Education in the Russian Federation until 2025*[18] and the *Conception of Russian Education Modernization until 2010*[19]). At present inclusive education on the whole Russian territory is regulated by the *Russian Constitution*, by the *Federal Law on Education*, by the *Federal Law on the Social Protection of Disabled Persons in the Russian Federation*[20] and by the main principles of the *Letter from the Ministry of Education and Science* dated 7.06.2013[21].

In 1992 Russia launched the project *The integration of people with disabilities*. One of the outcomes of the project was that 11 regions of Russia organized special-purpose research groups focused on integrated education of children with disabilities. In order to prepare future teachers for the work with children with special needs, the *Ministry of Education* decided to introduce relevant educational courses ("Foundations of special pedagogy" and "Psychology for Special Needs") into the curriculum of pedagogical institutes since the 1st of September 1996. Along with that the institutes of extended professional education were recommended to adjust these educational courses into relevant teacher development courses.

In 2015, the *Ministry of Education and Science* passed the following documents: the *Federal State Educational Standard for the Primary General Education of Students with Disabilities*[22] and the *Federal State Educational Standard for the Education of Mentally Challenged Students* (Students with Mental Deficiencies)[23]. These standards are enacted nationwide on the 1st of September 2016.

Historical and contemporary approaches to studying disability

There are usually five distinct developmental stages identified in the history of Russian special education. Along with the development of special education the

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[18] https://rg.ru/2000/10/11/doktrina-dok.html.

[19] http://pandia.ru/text/79/387/4651.php.

[20] http://www.consultant.ru/document/cons_doc_LAW_8559/.

[21] http://akty_minobrnauki_rossii/pismo-minobrnauki-rf-ot- 7062013-no-ir-53507.

[22] http://www.10spb.edusite.ru/DswMedia/fgosnoosovz22112014.pdf.

[23] http://xn--80abucjiibhv9a.xn--p1ai/%D0%B4%D0%BE%D0%BA%D1%83%D0%BC%D0%B5%D0%BD%D1%82%D1%8B/5133.

whole Russian society has gone a long way from hatred to tolerance and understanding, partnership and integration of people who are different in their development.

The first stage is characterized by the transition from aggressive and intolerant attitudes to considerate behavior towards people with disabilities in the church and in public organizations. At this stage society comes to the realization that people with disabilities can be educated and deserve to have educational opportunities. Through this a gradual shift to the second stage happens. The second stage is characterized by the opening of the first socially orientated organizations for the deaf (1806) and for the blind (1807). The opening of these first special institutes is considered to be an important step towards building a system of special education and it happened mostly because Russian monarchy aimed to copy the west, their practices and policies. At the time Russia still was not socially and culturally prepared to understand the necessity of educating children with visual and hearing disabilities (i.e., the model of their education was borrowed and introduced into Russia though the rationale behind it was not fully understood). From this attempt to educate children with disabilities, society gradually comes to understand and acknowledge these children's educational rights. This period (1806–1930) is considered to be the time when the system of special education was created through opening chains of special education organizations of three main types (for blind children, for deaf children and for children with intellectual disability) (Lebedeva, 2012). After the Revolution (1917), the system of special education was joined with the whole education system. Different chains of special education institutes were founded under the total control of the state as the state decided to keep special education separate from the rest of the education system. As the result of this decision, the main way to educate children with disabilities was done through closed all-year boarding schools where these children were kept away from their families and peers, completely isolated from the larger society. The fourth stage lasted until 1991; it is characterized by the development of special education along with its differentiation from the rest of the education system. Moreover, at this stage there was total state control which was forcing special education institutes to be completely closed from mass media and the whole outside world (and these institutes were developing independently from parents' and societal wishes). This policy was dictated by the communist party's ideology which insisted upon eliminating any sign of ill-being. Furthermore, when the *Central Committee of the All-Union Communist Party of the Bolsheviks* (the CC AUCPB) issued the regulation *of compulsory education of everyone,* the minimum qualifying requirements were introduced that everyone had to achieve. This meant that children with disabilities could not be exempt from these requirements and they had to be educated in a way so that the expected results could be delivered. This led to the significant development of special education. From the end of 1970's mainstream schools start opening special classes for children with developmental problems. In addition, experimental classes start being introduced for children whose intellectual development was severely impaired due to having serious developmental disorders. By 1990 the total number of special schools was of 2,789 (with around 575 thousand students) (Perevoznikova, 2012; Aksenova et al., 2001).

Many distinguished scholars were active in the field of special education during that period (before 1990). Such renowned scholars (educators, psychologists, and medical specialists) as Gracheva, Kashchenko, Troshin, Vygotsky, Sukhoreva, Pervzner, etc. were working at the time on the issues of pedagogical correction of developmental deficiencies and behavior deviations being involved in research in the field of abnormal childhood psychology.

E.K. Gorbacheva (1866–1934) was one of the first scholars who started working on opening special education establishments. She wrote the first handbook on how to work with children with intellectual disability.

V.P. Kashchenko (1870–1943) was a famous scholar who organized research projects in defectology (therapeutic pedagogy). He founded a special school-sanatorium that was later transformed into the *Defectology Research Institute of the Academy of Sciences* (1943) which was consequently transformed into the *Institute of Special Education of the Russian Education Academy.*

Psychiatrist G.J. Troshin (1874–1938) significantly contributed to the field by differentiating mental deficiencies from child neurosis and psychosis; in other words, differentiating mental deficiencies from problems and disorders that stemmed from somatic illnesses, disadvantaged circumstances or parental actions.

Psychologist L.S. Vygotsky (1896–1934) laid the foundation of special psychology, identified and differentiated specific features in disabilities, and defined the necessity and social significance of help to children with disabilities.

Psychoneurologist G.E. Sukhoreva (1892–1981) systemized the understanding of oligophrenia in regard to the time and cause of the damage to the nervous system. Through differential diagnostics she differentiated oligophrenia from developmental deficiencies, from speech pathologies, and from other conditions that characterize other disorders outside the oligophrenia spectrum.

Psychoneurologist M.S. Pervzner (1901–1991) developed the classification of oligophrenia taking into account different aspects of developmental problems in cognitive activities and the degree of mobility in inhibitory and excitative processes (Kostyunina, 2009).

The fourth stage comes with the enactment of the *Law of compulsory and free education* along with the consequent *Act of compulsory education for children with developmental problems*. After the World War II, people came to see differences between people in a new light. Human rights are now widely regarded as the most important values. In view of this, we see the *United Nations* (1945) passing *The Universal Declaration of Human Rights* and the *Geneva Convention* (1945–1949) bans “killings, torture, mutilation and corporal punishment”. An international treaty to protect human rights in Europe, *The European Convention on Human Rights*, is drafted in 1950. But the system of special education in Russia is still closed from mass media and its development happens independently from parents and society in general. However, in 1970's Russia starts breaking the walls of inequality around people with disabilities.

The fifth stage is the stage of going from equal rights to equal opportunities. This stage (from 1990 to present) is a period of transitioning to an integrated system. *UNESCO* passes *Human Rights and disabilities* (1991) and the *United Nations* the *Declaration of the rights of people with disabilities and mental deficiencies*. According to N.N. Malofeev (2001, 2009, 2010) at this stage of development in the field of special education and public conscience in general in Russia, intellectual disability there is an evolution taking place (children with special needs are getting gradually included in mainstream schools).

Current general trends – formulating paradigms

The main trend in special education in Russia right now is developing more practices that are integrative and inclusive in their nature. On the governmental level, diverse and multi-faceted programs are getting designed and implemented with socio-inclusive orientation aimed at promoting social unity and social solidarity: along with that, relevant legislative amendments are made. The development of this trend facilitates the opportunities for all people to fulfill their educational rights[24].

The *Federal Law of education in the Russian Federation* (2012) defines inclusive education as education where there is equal access for all children regardless of their individual capacities and special educational needs[25]. The non-discriminatory principle and the interdependence between integration and inclusion form the basis of this law. With this law it is important to consider that there are two main interpretations of integration. The first one implies bringing people with different disabilities (with visual and hearing problems, mental deficiencies, locomotor apparatus problems, etc.) into physical proximity with one another. Interaction between these groups constitutes inclusion. The second interpretation implies bringing together all children (with and without disabilities). Inclusive and integrated education require a long-term strategy and cannot be viewed as a separate and disconnected issue. A real change can only be achieved through a systemic approach: *Inclusive form of education concerns everyone who is involved in educational processes: children with and without disabilities, their parents and relatives, teachers and other educational specialists, organizations of extended education, administration, and governmental bodies* (Inklyuzivnoe obrazovanie, 2014, p. 8).

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[24] http://www.consultant.ru/document/cons_doc_LAW_140174/ – p. 3, p. 5.

[25] http://www.consultant.ru/document/cons_doc_LAW_140174/ – p. 1, p. 27.

Analyzing current trends in special education from a socio-cultural perspective, Zaytsev (2003) and Malofeyev (2009), identified and highlighted significant differences in socio-cultural conditions that precipitated in the set-up of an integrated system and its further development in Russia and other countries. At present integration and inclusion in the Russian educational context represent a promising field and its development can potentially follow two distinct paths (i.e., evolutional and revolutional). The revolutional orientation implies decisively breaking away from the Russian tradition of differentiated organization and adopting the western model. However, we view the revolutional orientation as a methodological mistake. Adopting some of the aspects of the earlier Western models, that were used in Europe in 1970's, would be to some extent reasonable. However, it has to be acknowledged that the difference between the socio-cultural conditions in Russia and Europe negates the possibility of positive outcomes arising from the revolutional approach. For this reason we see the evolutional orientation as a much more effective solution.

It is undeniable that inclusion and complex integration are the main trends in special education in Russia today (Akhmetzyanova, 2015). Indeed, the inclusive model has gained much support in recent years. The findings of Borodkina (2013) revealed that since 1990's more and more people in Russia have been coming to see inclusion as an appropriate form of education for the development and socialization of children with disabilities. The complex integrative model mainly focuses on uniting people with different types of disabilities which requires the development of resource centers (as part of special education institutions) that can act as platforms that facilitate psycho-pedagogical and social support for children with special needs (Selivanova & Myasnikova, 2015). These resource centers optimize the process of socialization of people with special needs due to their remedial and rehabilitating nature, as well as due to the fact they create a platform for different specialists (scholars and practitioners) through which they can interact and work collaboratively in designing, testing and developing innovative, complex and sector-specific programs, methods and tools. Moreover, the enormous potential of recreation camps should not be disregarded as they allow children with different needs to connect through spending their holidays together, acknowledging that the organization of integrated holidays for children with different needs represents a good opportunity to enhance their mutual acceptance and understanding.

Disability studies – an academic discipline, field of study

Since the beginning of the 20th century and along the course of 70 years, our country developed theories and practices of educating children with disabilities through defectology (therapeutic pedagogy, pedology, remedial pedagogy), a special field of study focused on children with special needs. The *Experiental Defectologic Institute*, established in 1929 on the basis of Kashchenko's medico-pedagogical station, took the place of the leading institute in the field in the country. In 1943 this institute was given a new name, the *Defectology Research Institute of the Academy of Sciences*. It was later transformed and is now called the *Institute of Special Education of the Russian Education Academy*. Moreover, it is accepted that Vygotsky is a founding father of Russian defectology. At the beginning of the 20th century, he formulated the key principles of the development of children with special needs and he made a great contribution to the development of education for blind and deaf children. All in all, he laid the foundations of special education in Russia.

Defectology (from the Latin: defectus – flaw, defect and logos – scholarship) is a discipline that is focused on the patterns and characteristics of the development of children with special needs. It studies principles and methods of organizing education for these children. Defectology consists of different divisions and examines a variety of issues: problems with psychophysical development, mental deficiencies, emotional-volitional problems, locomotor apparatus problems, and some others.

The main goals of defectology are:

- The development of theoretical foundations for all-round support of children with special needs.
- The development of applied methods and practices of medical-social support.
- The organization of relevant research projects and subsequent reflection upon them.

Today the priority goals for special education in Russia are defined as follows: developing academic foundations for the early detention of specific symptoms and problems in children; providing timely complex all-round help at early stages of children's development; designing and developing the basis for inclusive learning and establishing new forms of integrating special education and mainstream schools; revising the educational standards for children with special needs in accordance with their real life needs; and developing new contents, methods and tools of special education programs (developing a principally new approach to individualization of educational processes) (Malofeyev, 2009).

Interdisciplinary empirical analysis of the phenomenon of disability

Research analysis of the positivist orientation

The theory of social recognition (Romanov, 2007; Yarskaya-Smirnova, 2005) devoted to social and psychological problems of relations between persons with disabilities and healthy people, was developed by the representatives of the Saratov school, whose progress in fundamental and applied research on disability issues and in constructing the ideas of positive disability is most notable in the national scientific and public discourse. The basis for the proposed typology of disability concepts is I.G. Yasaveyeva's (2006) idea of the existence of positivist (objectivist) and phenomenological (subjectivist) concepts of study of social problems (Stepanova, 2012). Considering these concepts through the lens of social problems of persons with Limited Health Abilities (LHA) as a special community, this idea presents the main approaches to the study of this population category and the concepts of disability based on these approaches. From the standpoint of the positivist approach, a person with LHA is a person with disability, a subject to objectively existing physical limitations; in terms of the phenomenological approach, persons with LHA are objects of influence.

Among current Russian studies on disability concerning the issues of social adaptation of persons with disabilities and completed within the socio-pathological approach, we should mention the works of Y.A. Blinkov (2002), V.M. Vasilchikov (2002), A.A. Dyskin (1997), E.S. Svistunova (2011), and others. Most often these works analyse different aspects of rehabilitation of persons with LHA, issues of their medical and social expertise and assistance as factors of their social adaptation. The socio-pathological context can also be traced in the works of V.S. Tkachenko (2002). This author proposes to view disability and "the disabled" as objects of sociology of health and sociology of medicine as one of the branches of the latter.

Research analysis of the humanistic orientation

The issues of determining the structure of social integration as a process and system are considered in the works of researchers of the familistic approach in Russia (Darmodekhin, 2012; Lurye, 1972). A reflection on integration structure in the context of institutional traditions is represented in the works of contemporary scholars V. Yarskaya-Smirnova (2005) and K. Naberushkina (2005) who consider education as an institution of social integration and adaptation of an individual (Ageyeva, 2006).

The problem of raising the degree of access to education for representatives of various social groups is reflected in the works of Y. Avraamova (2014), D. Konstantinovsky (2014), D. Romanenkova (2013), Y. Roshchina (2005), and E. Yarskaya-Smirnova (2005). A number of works articulate the need for the development of continuing education practices as a factor that enhances educational chances of an individual (Ponukalin, 2011). Currently, in the framework of modernization of the *Russian Education System*, increasing humanization of social and cultural relations and growing attention to the personal development of an individual, many researchers have acknowledged the need for institutionalization of integrated education as an education that best fits the principles of a social state governed by the rule law (Valeeva & Demakova, 2015). Integrated education is considered as one of the most important institutions of inclusion of persons with different levels of mental and physical development into the society in Russia (Akatov, 2003; Goncharova, 2002; Nazarova, 2005; Nikitina, 2002; Penin, 2006; Svodina, 1998; Stanevsky, 2000; Shmatko, 2008).

Despite the lack of fundamental research on the issues of institutionalization of integrated education in Russia, various aspects of this process are reflected in the works of T. Basilova (2011), T. Vlasova (2012), V. Gudonis (2004), N. Malofeyev (2009), V. Feoktistova (2003), and L. Shipitsyna (2006). The specifics of organizing the integrated education of persons with disabilities and the extent of its effectiveness are represented in the studies of many Russian researchers: Y. Kuzmicheva (1991), L. Noskova (1993), L. Tigranova (1978), G. Makhortova (2009) (integration of children with visual impairments), and E. Tanyukhina (1984) (integration of children with locomotive system disorders). The economic aspects of institutionalization of integrated education are represented in the publications of R. Dimenshtein (2000), P. Kantor (2013), and I. Larikova (2000). The problem of further training of teachers in general education institutions and the importance of defectological education of teachers and tutors who are involved in the system of social and educational integration of atypical children, are covered by I. Bgazhnokova (2004), O. Kukushkina (2011), and G. Kumarina (2003). In the theory of socio-cultural atypicality by Y.R. Yarskaya-Smirnova (2005), disability as a phenomenon is viewed on the basis of the principles of tolerance and cooperation. The basis of Y.R. Yarskaya-Smirnova's theory of socio-cultural atypicality is a conscious shift in emphasis towards distinguishing social and cultural differences of persons with disabilities without highlighting their biological and medical (physical) differences from most other people (Terentyev, 2010).

Methodological pluralism

An analysis of sources indicates a high interest of Russian theoreticians and practitioners to the problem of education of people with disabilities and persons with LHA. The results of an analysis of specialized literature demonstrate how terms such as "integrated education", "educational integration" or "pedagogical integration", which were actively used until the mid-2000's, are being replaced from the pedagogical vocabulary by other terms such as: "inclusive education" or "educational inclusion." This is due to the fact that Russia is becoming actively engaged in the international movement for the rights of persons with disabilities, expanding the boundaries of scientific research in the field of special and general education; the priority place is taken by a humanistic and interdisciplinary approach to the development of training and education issues of persons with LHA.

Among the first publications entirely devoted to the problem in question, are materials based on the experience of the *School Centre of Diagnostics and Integrated Training of Children with Mental Development Problems* (Shipitsyna, 2006) and practice-oriented recommendations on organizing integrated education and training of children with hearing impairments of preschool (Shmatko, 2008) and school age (Shipitsyna, 2006; Nazarova, 2005). According to N.D. Shmatko (2008), integrated education is a natural stage of development of special education system. He notes that the integration process in Russia is very different from the Western European one and proposes to distinguish several models of integration: combined, partial, temporary, and complete.

An intensive development of integrated education and training practices and their scientific and methodological support have determined the necessity for an extensive discussion of the obtained results. In 2001, the *Ministry of Education* and the *Institute for Correctional Pedagogy of the Russian Academy of Education* (RAE), under the auspices of *UNESCO*, held an international scientific and practical conference on the problems of integrated education of persons with LHA. The results published analysed theoretical, methodological, and practical aspects of the organization of integrated education in preschool institutions, general education schools, and vocational education institutions. The conference gave a meaningful interpretation of the integration process of children with LHA suggesting an impact of society and social environment on the personality of children with developmental disorders, an active participation of the children themselves in this process; and the improvement of the society and the system of social relations, which is unavailable for children with disabilities due to a certain stringency to its potential subjects.

As the methodological basis for integration of children with LHA, the principle of equal rights and opportunities for education was proclaimed. This integration can adopt two forms: social and pedagogical (i.e., educational). According to L.M. Shipitsyna (2006) the integration of persons with LHA should be carried out starting from the pre-school age following the order from social to pedagogical one.

In 2002, with the participation of specialists from *RAE's Institute of Correctional Pedagogy*, a letter was written to the *Russian Ministry of Education* calling not only to contribute to the emergence and implementation into practice of the ideas of integrated education and training of children with development disorders together with their normally developing peers, but also to give it an organized character and to provide from an early age each child with developmental disorders with a form of integration available and useful for their development.

In the first decade of the 21st century, Russian philosophers and sociologists are becoming increasingly engaged in the study of problems of social and educational integration of persons with LHA. The phenomenon of a person with LHA is primarily social rather than medical, and its characteristics are identified in the conditions of social interaction, according to L.G. Vasilyeva (2014). To effectively solve the problem of their social integration, it is necessary move from a medical to an existential interpretation of it, and the process of integration of a person with the LHA into the society should involve not only their inclusion into the normal cultural space, but also the transformation of this space itself. Researchers believe that the essence of social integration of persons with LHA is primarily connected with their inclusion into the society and into ordinary interpersonal relationships stemming from extension of their rights and possibilities to participate in all types and forms of social life.

Sociological researches note that the lack of resources on social policy and social protection of persons with LHA in Russia, coupled with socio-cultural differentiation of this group of population, make it more difficult to develop and implement the optimal social policy (Potapova, 2012). V.N. Merinova (2005) claims that key strategies and forms of public policy addressing the social problems of children with LHA currently satisfy only basic vital needs, while a full adaptation requires additional funding for their training and getting a profession and employment. Therefore, the main way to integrate persons with LHA into the society is to conduct a comprehensive rehabilitation which would include measures in medical, social, and professional directions. Representatives of the psychological science, in the framework of their method, formulate approaches to organization and content of the psychological maintenance of integrated education of persons with LHA in higher vocational education institutions (Agavelyan, 1999). Dissertations touch the subject of psychological conditions for effective social adaptation in the integration process (Salikhova, 2003), social and psychological factors of integration of children with LHA into the society and, in view of that, establishment of a social integration model of children with profound and multiple disorders (Solovyev, 2003). T.V. Furyayeva (2008), developing the ideas of integration pedagogy, which has gained acceptance in western European countries, considers integration as a “process, tool and result of the support of special children and adolescents in their socialization and individual self-fulfilment.” Referring to the opinions of N.N. Malofeyev (2011), Y.A.Strebeleva (2010), and N.D. Shmatko (2008), who consider the main direction of integration processes in Russia to be the convergence of general and special education at all levels, she highlights the principles of integrated education as a form of alternative education. The problem of using the term “inclusive education” is discussed at this period on an interdisciplinary level. For example, a comprehensive study on the legal status of persons with LHA in the area of education conducted by Y.Y. Shinkareva (2009), allowed to formulate proposals for making amendments to the *Law of the Russian Federation on Education* in terms of additional guarantees of their right for education.

An important factor of socialization of persons with LHA is their possibility of getting higher education. The issues of inclusively organized professional education of persons with LHA are currently also actively discussed in Russia.

Selected constructs of recognition of the phenomenon of disability

Personalist perspective

To date, Russia has accumulated an extensive theoretical and practical material on rehabilitation, social adaptation, and integration of people of different ages with disabilities of various aetiologies and nature (Volkova, 2009; Malofeyev, 2008). In general, these materials exhibit a natural transition from the medical to the social model with all the ensuing consequences.

I.P. Volkova (2009) suggests considering two basic paradigms of studying social, psychological, and personal factors of integration of persons with LHA into the society. The paradigms proposed by this author are not viewed as mutually exclusive; they may complement each other and be adopted by the society simultaneously.

The first of them is called by her “norm-centric” or “scientific.” Within this paradigm, the interpretation of disability is close to the medical model; it is also treated as a defect, disorder, negative state of the body entailing an imbalance in relationships with people and with oneself, or inability to carry out the activities necessary for a society member.

The second paradigm, called “humanistic” or “personality-oriented”, is close to the ideas of existential and humanistic approach.

According to I.P. Volkova (2009), significant objective criteria of social integration can include the following: social adaptation; involvement of a person with disability in the socio-cultural environment expressed in the character of their social activity, access to information, and leisure; social well-being viewed as an integral characteristic of life quality in the society, which can be seen in the achievement of a positive social status, in general health indicators, availability of a job, education, successful interpersonal and familial relations, and the possibility of having productive and active leisure-time activities. The degree of social adaptation is determined by the author by level-specific characteristics of people with disability to adapt to social and living conditions, interpersonal relationships, and to themselves. Besides objective criteria, I.P. Volkova also distinguishes subjective criteria of integration: self-assessment of adaptation, self-assessment of personal and social activity, satisfaction with social interactions, quality of life, and activities (Volkova, 2009).

Thus, the current trend of rehabilitation of persons with disabilities is not aimed at adapting them to the society and trying to make them meet the requirements of the norm, but at their full integration as equal, active citizens, taking their specificities and needs into consideration. This model of integration is possible only in the case of psychological readiness of the society.

Researchers acknowledge that the quality of life as a subjective assessment depends on how an individual perceives their life and on their attitude to it. Subjective criteria of assessing to Health-Related Quality of Life include factors such as perceived health, satisfaction with health, and objective criteria (i.e., the level of physical limitations, severity of a disease, etc.).

The main subject when researching quality of life in persons with LHA, are physical difficulties and environmental obstacles. Researches devoted to studying the quality of life of persons with LHA are primarily focused on the study of its objective aspects such as socio-economic and medical indicators. At the same time, the object of this research are the external life conditions, while the inner content of human life remains at the periphery or is not taken into account at all. However, researchers from various disciplinary areas agree that the subjective aspect of quality of life has a high significance, and the psychological well-being varies greatly among people who are in similar life situations. The main problem of contemporary research on the subjective aspect of quality of life is the search for the leading factor contributing to the influence of external (physiological, socio-economic, psychological) conditions on an individual and on the subjective well-being.

Perspective of normalization of life of persons with disabilities

One of the aims and tactical tasks of the *Ministry of Health and Social Development* of the Russian Federation is to improve the quality and increase the quantity of services for rehabilitation and social integration of the people with disabilities.

Rehabilitation and habilitation of persons with disabilities and their integration into society is one of the most important directions of the state social policy. However, it is not enough to solve financial or domestic problems of persons with disabilities; this issue requires a whole range of political, economic, organizational, legal, and social measures that would significantly improve the quality of life of this social group and contribute to their self-development and realization of their life plans.

In view of the fact that professional orientation can play a very important role in an individual's socialization in the society, we should emphasize its importance in the socialization of persons with disabilities (Hrapylina, 2013).

Work plays an important role in the lives of persons with limited health abilities and has a big impact on their condition and state of health. An aptly chosen profession improves their self-esteem and a positive self-image, reduces the frequency of physical and mental health problems, and enhances life satisfaction. The adequacy of the choice and the level of professional skills affect to the overall quality of life and all its facets. Therefore, the issue of getting higher education by persons with LHA is quite a serious one.

According to A.G. Stanevsky, the university community is now facing the task of finding and developing a strategy of actions to meet the requirements of the state policy reflected in presidential and governmental decrees and other legislative acts where the priority of the social policy on persons with disabilities is their quality vocational education and employment (Stanevsky, 2000). Therefore, universities are becoming active subjects of social policy on this large category of citizens.

The introduction of inclusive education technology into Russian universities will undoubtedly have a positive impact on the process of integration of persons with LHA into the society. However, this process requires a fairly long time and special conditions. For a successful introduction of co-education of persons with LHA and healthy students, all the options of organization of the educational process should be carefully and thoroughly considered.

A successful introduction of inclusive education into Russian universities needs certain organizational and pedagogical conditions.

Today, Russian higher education institutions have barriers: physical, socio-psychological (Dargan, 2015), and cognitive.

An important aspect is the socio-psychological atmosphere in an educational institution. This refers to the nature of relationship of persons with LHA with their teachers and other students. The problem lies in the need to create a so-called psychological accessibility (i.e. creating a general positive attitude and a friendly atmosphere for students with LHA). In this regard, the Department of Defectology and Clinical Psychology of *Kazan Federal University* studies the issues of inclusive education of persons with disabilities in higher education institutions. Thus, a program of socio-psychological training has been developed aimed at consolidating students with LHA and their adaptation to other students and teaching staff, at initiating the process of professional formation and development of the students' personality (Kirillova, 2016).

Cultural construct

The learning process of students with disabilities on an equal basis with their peers without disabilities contributes to their integration in the social environment, thus solving several problems including enriching social experience, expanding social circle, increasing personal status, and creating conditions for self-realization. The problem of successful adaptation of students with LHA in higher vocational education institutions largely depends on the organization of the process of students' academic and extra-curricular activities. With the implementation of integrated education, students may experience a relationship crisis aided by stereotypical images of persons with special mental and physical development. These stereotypes are based on the idea of their low cognitive capacities and the observed learning difficulties.

In their turn, students with special mental and physical development may also experience difficulties in their relationships with fellow students because of a lack of knowledge, on the part of the latter, about personal and individual characteristics of their peers who have certain disorders. Students with normal mental and physical development are dissatisfied in these relationships because of a limited social experience of young people with developmental disorders which makes them of little interest to communicate with. The reserve of students with LHA and their lack of social activity increase the isolation (Holostova, 2006).

The symptoms of a relationship crisis between students are: an increased communication anxiety, a negative general emotional background, manifestations of aggression, intolerance, and irritability. There are two possible versions of events here that may eventually occur: either they are able to accept each other and build a constructive relationship, or, on the contrary, the relationship crisis evolves from explicit to a hidden state and exists in a veiled form.

It should be noted that the period of adaptation to new social and educational conditions in universities can be stressful not only for students with LHA, but for a large part of first-year students who feel uncomfortable, tense, keep a distance communicating with fellow students, and experience anxiety related with their inclusion to an unfamiliar environment.

In order to eliminate or minimize these problems, we have designed a project of a training program. This program is intended for use by specialists of social and psychological support services aimed at persons with limited health abilities.

Aims of the training:

- consolidation of first-year students and their adaptation to other students and teachers, getting to know the educational conditions and traditions of the Kazan Federal University;
- initiating the process of professional and personal development of students.

Objectives of the training:

- realization of the students’ needs and interests;
- forming socially and professionally important qualities in the students;
- changing the attitudes towards students with LHA and their acceptance by students who do not have disabilities;

- studying psychological characteristics of adaptation of students with LHA manifested in their individual character, dynamics, personal qualities;
- forming a positive attitude towards their future profession; creating an atmosphere of openness, free communication, friendliness.

Expected results:

Due to the fact that students with LHA receiving assistance under this program may have different levels of severity of their disorder and different psychological problems, the results of the work are highly individual for each student.

As a positive result we should regard achieving short-term goals such as: quick consolidation of the collective, eliminating anxiety, and establishing contacts in the group.

The training is aimed at initiating self-determination of persons with LHA in the field of educational activity in the university and communication in the students' collective.

The structure of the program that we have developed is determined by the set aims and objectives, specificities of working with people having LHA.

Every training session in our program has the following structure:

- Introductory part where the participants are introduced to the topic of the session; rhythmic workout. Time: 10 to 15 minutes.
- Main part: includes exercises meeting the aims and objectives of the training program. This part takes 40 to 60 minutes of the training session.
- Final part: summarizing, exchanging impressions of the exercises, and requests for further work of the program. The final part takes 10 minutes.

Total time: 60 to 80 minutes.

The number of training participants: 10 to 15 people. This size of the group allows to make the subject of work basing on both common and individual communicative difficulties of the participants.

Thus, the program that we have developed can be used both in an inclusive student group and in a group of students with LHA. Moreover, this program also allows to promote psychological adaptation of first-year students without developmental disorders, which corresponds to the goals and objectives of the training and makes our program more versatile.

Conclusion

The article deals with the current issues of education, training, and socialization of persons with disabilities in Russia. Disability is considered from the standpoint of multi-disciplinary historical and contemporary approaches. The Russian science in the 20th century made a huge breakthrough in the theory and practice of working with persons with LHA. Unique forming experiments performed in the tradition of cultural and historical theory and action-oriented approach allowed Russian scientists to analyse in depth the process of development of a person with physical disabilities.

The aim of contemporary social policy in Russia is inclusion of persons with disabilities in all aspects of life. One of the inalienable and recognized conditions for socialization of persons with disabilities is their education, implementation of the inclusive approach to education.

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SPAIN[1]

Gathering evidences in all system-levels for the applied impact of Disability Studies on people with disabilities′ lives

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Keywords: medical sciences, special education, rehabilitation, post-socialism, critical social theory, interdisciplinarity

Introduction

Basic information about the country. Spain (officially Kingdom of Spain) is a parliamentary monarchy and a transcontinental country in the south of Europe with more than 500 years of history. The country's surface is over 500 thousand km^2 being the 52th biggest country in the world and the 3rd in Europe after Russia and France. According to the *National Institute on Statistics* (INE in Spanish), Spain's population in 2016 was over 46 million[2] (29th in the world and 7th in Europe) and its population density is 92 habitants/km^2 (as of 1 January 2016). The demography in Spain is characterized by elderly population and one of the highest life expectancy in the world with a mean of 82.8 years[3] (2nd in the world after Japan). Spain has one of the oldest universities in the world, the *University of Salamanca*, which has almost 800 years of history (funded in 1218). Since then, the number of universities has been growing in the country with a total of 82[4] (as of 31st of December 2016), of which 32 are private and 50 public.

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[2] http://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176951&menu=ultiDatos&idp=1254735572981.

[3] http://apps.who.int/gho/data/node.main.688?lang=en.

[4] http://www.universia.es/universidades.

Strategy for the development of education. Higher education in Spain has its own regulation with the *Organic Law on Universities* (LOU 6/2007). According to the *Ministry of Education, Culture and Sport* (MECD[5]) there are 8 domains regarding higher education: education; humanities and arts; social sciences and law; science and computational sciences; engineering, industry and building; agriculture and veterinary; health and social services; and services. Related to the studies on disabilities, the main focus is on the areas of humanities and arts, education, social sciences and law, health and social services, and services.

In Spain, research and development strategy and work is conducted primarily by Universities, Institutes of Research, Enterprises, and *The Spanish National Research Council* (CSIC in Spanish). Research in Spain is funded by both public and private budgets. Public funding composes approximately 50% of the total research funding[6] and is provided via "research and development projects" obtained across competitive calls where stakeholders submit their research and development projects to be assessed. The agency that funds and manages the public budget for research is the *State Agency of Investigation* (AEI[7] in Spanish). According to the *United Nations Institute on Statistics for the Education, Culture and Science,* summarized in a *World Bank* Report, in 2013 the expenses in Spain for research and development activities was a total of 1.26%[8] of the GDP, being in the 28th position in the world, but still far away from the 3% of the GDP that *European Union* (EU) encourages its members to reach by 2020[9]. However, due to political instability and the economic cuts in public expenses in research – among other areas-, the trend is negative, and data by the *INE* show that this amount, in the year 2015, has decreased until the 1.22%[10] of the total DGP.

Taking into consideration the data provided by *Eurostat*[11] (updated in February 2017), the number of researchers full-time in *EU* was of 1.82 million in 2015. Regarding these data, Spain is in the 4th position in *EU* after Germany, United Kingdom, and France (data still consider UK). Spanish researchers compose the 6.73% of the total number of researchers within the *EU*. According to *Scimago Journal & Country Rank*[12], Spain's research activity regarding the number of pub-

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[5] https://www.educacion.gob.es/notasdecorte/rendimientos.action.

[6] http://marcaespana.es/talento-e-innovaci%C3%B3n/investigacion-desarrollo.

[7] https://europa.eu/european-union/topics/research-innovation_es http://www.idi.mineco.gob.es/portal/site/MICINN/menuitem.8d78849a34f1cd28d0c9d910026041a0/?vgnextoid=664cfb7e04195510VgnVCM1000001d04140aRCRD.

[8] http://datos.bancomundial.org/indicador/GB.XPD.RSDV.GD.ZS.

[9] https://europa.eu/european-union/topics/research-innovation_es.

[10] http://www.ine.es/prensa/imasd_prensa.htm.

[11] http://ec.europa.eu/eurostat/statistics-explained/index.php/R_%26_D_personnel#Source_data_for_tables_and_figures_.28MS_Excel.29.

[12] http://www.scimagojr.com/countryrank.php.

lications is excellent, occupying the 10th position in the world and the 5th in Europe. About the strategies for developing the research and innovation activities, Spain has always been a collaborative country. In the eighties, the *Ibero-American Program of Science and Technology for Development* (CYTED) established a network of scientists in Latin America and Spain and, thanks to this program, nowadays more than 28,000 researchers are connected. Other relationships regarding science diplomacy take place between (Elorza et al., 2017): USA and Spain (i.e., increasing the visibility of Spanish researchers in different areas in USA), UK and Spain (i.e., establishing a Society of Spanish Researchers in the UK), and Germany and Spain (i.e., career development for Spanish researchers).

Spain is also following strategies and guidelines embodied in the *Strategic Framework for Education and Training 2020* for the development of education in the *EU*. Universities themselves in Spain are really concerned with the strategy for the development of education and are keeping track really closely to the developments made by the Government regarding this issue. For example, in 2013, a Commission composed by a team of experts provided guidelines in different areas on how to improve the educational system[13]: the selection of research and teaching personnel, the assessment of universities' quality, the head of universities, the funding, and the undergraduate and post graduate programs.

The national reports documenting the phenomenon of disability. There is a lack of updating regarding the data about the phenomenon of disability (Verdugo, Gómez, & Navas, 2013). Latest data come from the *Survey on Disabilities, Personal Autonomy and Dependency Situations* (EDAD in Spanish, 2008).

Taking into consideration the *EDAD* Survey[14], data show that there were 3.8 million of persons with disability in Spain in 2008 (it was 8.5% of the total population). This Survey also provided information on the distribution of disabilities per age groups; the prevalence of disability per gender and region; the total number and percentage of people with disability that had a job; the percentage of students with disability (and the percentage of those students who had academic success); the percentage of individuals with disability that suffer discrimination; and the kind of environment where people with disability live -and who lived with them – (Esparza, 2011). In Spain, the incidence of disability increases with biological age, especially after the 54 years of age (Verdugo, Gómez, & Navas, 2013). Under a legal point of view, people with the "recognition" of disability are a total of 2.8 million habitants in Spain, according to official data provided by the *Institute of*

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[13] http://www.usc.es/export9/sites/webinstitucional/gl/web/descargas/propuestas-reforma.pdf.

[14] http://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176782&menu=resultados&secc=1254736194716&idp=1254735573175#.

Elderly and Social Services in 2014[15]. The *EDAD* Survey was supposed to be updated in 2016[16] according to the *National Statistical Plan* 2013–2016, but political instability has delayed it.

Apart from the statistical reports conducted, there has been a raise of the rights perspective towards people with disability in Spain. Although the *United Nations' Convention on the Rights of Persons with Disabilities* (*CRPD*, United Nations, 2006) claims that "every human being has the inherent right to life" (p. 10), the existing jurisdiction has been applied with fewer rigors to persons with disabilities (Verdugo, Gómez, & Navas, 2013). The *CRPD* was signed in 2008 and since 2011 it's developed in Spain. Aligned with the *European Disability Strategy 2010–2020: A renewed commitment to a barrier-free Europe*, and the cited *CRPD*, Spain established its own *National Strategy on Disability 2012–2020* (Ministry of Health, Social Policies and Equality, 2011) which includes some guidelines on how to ensure the rights embodied on the *CRPD*, by addressing different areas, like: accessibility, employment, education and training, poverty and social exclusion, real and effective participation, equality, health, external actions, economy, and information.

The legal instrument for assuring the rights of individuals with disabilities, and both their social and educational inclusion in Spain, is the *General Law on the Rights of Persons with Disabilities and their Social Inclusion* (Ministry of Health, Social Services, and Equality, 2013). This law supposes the framework for all the actions regarding the obligations and rights of individuals with disabilities in different areas aligned with the *Spanish* and *European strategies*, and the *CRPD*.

Historical and contemporary approach towards disability

Facts – leading representatives. The first attempt for educating students with disability in Spain was back in the XVI century. Fray Pedro Ponce de León (1508?–1584), monk and pedagogue, was pioneer in the world by developing a new pedagogical approach to teach deaf students to speak, and he created a school where other representatives in the study and scientific approach towards disability developed their work. One of those representatives was Juan Pablo Bonet (1573–1633), pedagogue and speech therapist, who wrote the first book about the education of deaf students in Spain. Regarding sensory disabilities, the XIX century was important due to Claudio Moyano y Samaniego (1809–1890), lawyer, philologist, philosopher and politician concerned about the educational system. In 1857, he initiated

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[15] http://imserso.es/InterPresent2/groups/imserso/documents/binario/bdepcd_2014.pdf.

[16] https://www.boe.es/boe/dias/2012/12/08/pdfs/BOE-A-2012-14907.pdf.

an important reform within educational system by developing *Moyano's Act* (1857). In this Act, the regulation of key aspects related to the education of blind and deaf students were addressed. However, this law didn't put the accent on individuals with intellectual disability (ID).

In comparison with other European countries, Spain was in the back of both research and professional practice towards students with disability. Regarding students with ID, Francisco Pereira Bote created a journal strictly dedicated to the study of *Abnormal Children* in 1907. He also created The *Psychiatric-Pedagogic Institute-Sanatorium* for children with mental retardation in 1908, and the *Psychiatric and Pedagogic Institute* in 1930 (Fernández-Santamaría, 2011).

However, they were not the first institutions in Spain regarding the education of students with ID. The *Central School for the Abnormal* was created in 1922 (Fernández-Santamaría, 2011), as a public school for addressing the education of children and adolescents with ID until 14 years old, and its importance is transcendental for the scientific studies on disability and special education in Spain (Molina, 2009). María Soriano Llorente (1900–1996), who was an elementary and middle-school teacher and the director of the *Central School for the Abnormal* since 1923, was one of the forerunners in the scientific study of disability and special education in Spain. She travelled to foreign countries where she received instruction on the newest scientific approaches, and she also participated in different scientific associations and international forums (Fernández-Santamaría, 2011), applying that knowledge and leading the changes in the special education field in Spain. The first legal document that addresses the education of students with ID was the *Law on Elementary Education* in 1945 (Scheerenberger, 1984). Finally, the *Central School for the Abnormal* changed his denomination in 1960, acquiring the name of *National Institute on Therapeutic Pedagogy*. Carmen Gayarre (1900–1996) was another pioneer of special education in Spain. She created different Schools and she was also interested in the transition processes, leading the creating of different workshops towards transition to adulthood in Spain (Fernández-Santamaría, 2011).

In 1975 the *National Institute on Special Education* was created as an autonomous organism dependent of the *Ministry of Education and Science*. Three years later, in 1978, the *National Plan on Special Education* was published based on Warnock's Report, and established the principles of special education in Spain: normalization of services, integration of students with special needs, sectorisation of services, and individualization of teaching (Fernández-Santamaría, 2011). These achievements aforementioned have lead the change from and exclusion perspective to the current paradigms in the study of disability.

General current trends – formulating paradigms. Looking throughout history of disability in Spain, there have been many changes regarding both the way of thinking as society about people with disability and the kind of services and supports provided by professionals (Verdugo, Gómez, & Navas, 2013). When addressing the issue of the construction of disability paradigms in Spain, the Puig de la Bella Casa's perspective (1990) and the Demetrio Casado's one (1991), are the most commonly referred.

According to Puig de la Bella Casa (1990), there are three main paradigms in the building of phenomenon disability in Spain: the traditional paradigm, the rehabilitation paradigm and the personal autonomy paradigm. In the first one, people with disability were marginalized because they were dependent, with low performance, and had to be in segregated settings. Under the rehabilitation paradigm, disability was considered a deficit inside the person that determined the performance. The key aspect was the rehabilitation lead only by professionals, and was focused on the level of functionality restored and whether the person with disability had a remunerated employment or not. Finally, the personal autonomy paradigm, which is based in the independent living movement, is against the marginalization of people with disability. This paradigm is closely linked to people with sensory and physical disability and is near to the self-determination movement of people with ID who claimed control of their own lives and the suppression of social and physical barriers within society.

A similar review of paradigms in Spain is provided by Demetrio Casado (1991). This author identifies four paradigms: utilitarian integration, annihilation exclusion, specialized and technic intervention, and accessibility. In the utilitarian integration, the disability was considered as a God punishment (or proof), and the best option for individuals with disability was to work within the family, and they had marginal roles in society (e.g., crier or shoemaker). The annihilation exclusion paradigm coexisted with the previous one, and consisted in occulting persons with disability (overall with intellectual and/or developmental disability) by enclosing them at home. The specialized and technic intervention paradigm, put the focus on the improvement of the quality of attention towards people with disabilities but, professionals had the active role and people with disability were passive (they received supports normally in segregated settings).The accessibility paradigm is the current paradigm in Spain, closely linked to the interdisciplinary scientific work that nowadays takes place in the country. The normalization and inclusion are the key aspects for people with disability to enjoy the same rights than their equals without disability and to participate within their community of reference alongside their peers.

In the field of special education, three moments can be described in Spain (Echeita, 2013): the exclusion paradigm, the integration paradigm, and the inclusion paradigm. In the exclusion paradigm, students with disabilities of any kind were considered as non-teachable within general education settings and the main response towards them was special education centers. In Spain, the integration movement started in the eighties, with the *Social Integration of Disabled People*

Act (1982), and was characterized by the presence (but not participation and learning) of students with disability within general education settings. Although this movement put the accent on environmental factors, it still was under a medical perspective and didn't analyze the difficulties that ordinary schools had in the education of students with disability. The inclusion paradigm started in Spain with the *Salamanca Statement and Framework for Action on Special Needs Education,* adopted by the *World Conference on Special Needs Education* and organized in Salamanca (Spain) in 1994. This paradigm is based on a socioecological understanding of the needs of students with disability and puts the accent on identifying and removing barriers for learning and participation of those students, guaranteeing their access, promotion, learning, and participation within general education settings alongside their peers without disability.

Disability studies – scientific discipline, field of study. In Spain, *Disability Studies* is understood as an interdisciplinary field and has the recognition of scientific study. The first *Cathedra* specifically dedicated to the scientific study on disability was created in the year 2002 at the *University of Salamanca*. The interdisciplinary and scientific study of disability in Spain, assumes the most advanced paradigms and models in the international framework: the biopsychosocial approach, based on the *World Health Organization's* International Classification of Functioning, Disability and Health (ICF); a strengths-based approach regarding the capability of the person; a personalistic approach that considers the active role of the person, its needs and its wanting; the supports paradigm for bridging the gap between personal capabilities and environmental demands; and the rights perspective assumed by the *CRPD*. Quality of Life (QoL) is considered the framework for the provision of supports that improves the functioning of individuals with disability and leads the achievement of their personal desired outcomes and enjoy their rights. Spain has not only assumed this perspectives, the country has also done important contributions in the development of those approaches, especially in the field of QoL (Schalock & Verdugo, 2002, 2007, 2012a, 2012b).

The first and only university institute on the scientific study about disability in Spain is the *Institute on Community Integration* (INICO). This institute was created in 1996 and is composed by interdisciplinary professionals that lead activities linked to training, research, and counseling in the field of disability with the aim of easing and enhancing the QoL and self-determination of people living at social disadvantages in different contexts and throughout their life cycle. Its scientific activity has been summarized recently due to its 20th anniversary. Table 1 shows *Institute's* scientific achievements. Data concerning all *INICO's* achievements are available[17].

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[17] http://inico.usal.es/432/el-inico/20-aniversario-del-inico-1996-2016.aspx.

Table 1. Scientific activity of the *Institute* in terms of outputs

Kind of scientific activity	Number of activities	% of total activity
Scientific publications (articles, books, handbooks, chapters)	1295	31.98%
Contributions to scientific conferences and congresses (presentations, roundtables, communications, etc.).	1825	45.06%
Research Projects	542	13.38%
End-of-Master thesis	333	8.22%
PhD Thesis	55	1.36%

Source: self-elaboration.

Perhaps the most ambitious project developed by the *INICO* has been the creation of the *Service on Information about Disability* (SID in Spanish) in 1999. The *SID*, which was jointly created by the *Ministry of Health, Social Services and Equality* and the *INICO*, is a public internet portal that is aimed at professionals, politicians, and developers and managers of public policies. This service has three main functions: acquire, systematize, and spread information on disability.

The growth of the scientific study of disability in Spain has given place to the development of several post-graduate programs where professionals coming from different undergraduates (e.g., psychology, pedagogy, teaching, social work, medicine, law, or physiotherapy) receive an updated and scientific-based training regarding different issues pertaining disability studies. According to the *SID*, in Spain there are more than 100 post-graduate programs related to disability[18].

Two of the most important post-graduate programs in Spain are: *Master on Integration of People with Disability-Quality of Life*, co-developed by *INICO* and *Plena Inclusión* (a confederation of organizations that act in benefit of people with disability and their families in different areas like education, health, citizenship, employment, or rights) and the *University Master on Research in Disability*, developed by *INICO*. The first master is aimed to direct-practice professionals and its main goal is to train them under evidence-based approaches and strategies. This master was created in the year 1991. It lasts two academic courses and is currently on its 25th promotion. Due to the importance and impact of *INICO* in Ibero-American context, this master's degree has also an online version called *Master on Integration of People with Disability-Ibero-American Program* which is on its 9th edition. The *University Master on Research in Disability* was created in the year 2011 by *INICO*, and its aim is to provide a specialized training and improve the research abilities of future professionals in the field of disabilities allowing them to

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[18] http://sid.usal.es/formacion.aspx.

access to the latest paradigms and current trends in scientific research in the field of disability.

Apart from the postgraduate programs, *INICO* organizes every three years the *International Congress on the Scientific Research on Disability* since 1995. The last *Congress* took place in 2015 and it was composed by 242 scientific activities, including: 3 plenary conferences, 1 scientific session, 1 colloquium about humor and disability, 7 roundtables, 30 symposium, 30 communication tables (120 presentations), and 72 posters. It gathered more than 500 people, from interdisciplinary fields and from different countries in Europe and America[19]. The *INICO* has also established its own interdisciplinary and collaborative network of research between Spain and Ibero-America regarding the field of disability. Thus, the *Ibero-American Network on Research on Quality of Life* (REDICABI in Spanish) was created in 2012 with the aims of: spreading the QoL model developed by Schalock and Verdugo (2002, 2007, 2012a, 2012b), promoting organizational change, and spreading and adapting different tools for QoL assessment in different countries[20].

Different scientific journals are dedicated to the study of disability in Spain. These journals are: *Revista Española sobre Discapacidad* (Spanish Journal on Disability); *Siglo Cero. Revista Española sobre Discapacidad Intelectual* (Zero Century: Spanish Journal on Intellectual Disability); and *Autonomía Personal* (Personal Autonomy). All of them are based on an interdisciplinary understanding of disability.

As a conclusion of the picture of *Disability Studies* field in Spain, this is a well-defined field, and it is mainly accomplished by universities in general and by institutes of research. Apart from the aforementioned *INICO*, there are different universities that undertake *Disability Studies*, like the *University of Murcia* with the *Center on Disability Studies and Personal Autonomy promotion*, which promotes research and advocates for personal autonomy in individuals with disabilities[21].

Interdisciplinary empirical analysis of the phenomenon of disability

Research analysis in the positivist orientation. This orientation has three main goals: to explain, to control, and to predict. The positivist orientation has been mainly developed by the natural sciences, but nowadays it has been also adopted by the social sciences. The methodology of this orientation is quantitative and typically involves three methods: experimental, cuasi experimental and ex-post-facto

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[19] http://inico.usal.es/c52/jornadasdiscapacidad.aspx.

[20] http://inico.usal.es/c152/rivicabi.aspx.

[21] http://www.um.es/web/dipap/.

(Sarrado, Cléries, Ferrer, & Kronfly, 2004). This orientation has given place to different scientific publications in Spain regarding the interdisciplinary fields that study disability (e.g., psychology, education, medicine, physiotherapy, or social work).

One of the most prolific fields of research under positivist orientation within disability field is psychology, because it is incardinated in health, social, and educational services. In the field of psychology, one of the main efforts under the positivist orientation is the study of different constructs pertaining disability, such as support needs, self-determination, and QoL – among others. The scientific study of those constructs has been addressed from different ways, like studying the relationship between them, or trying to act in those constructs somehow under socioecological perspectives. However, for each aim, a high level of accurateness is required, thus, it is necessary to assess those constructs for establishing statistical relationship between them, and it is also necessary a good assessment when providing interventions. That's why in Spain, an important branch of research has focused in the development of new assessment tools that will lead the development of evidence-based practices. Psychometric studies put the accent on the building of high-quality assessment tools (i.e., tests or questionnaires). Psychometry is commonly based in the hypothesis that the tool (and the items) will have a good functioning, being reliable and valid for measuring the proposed construct. Hypotheses are directly transformed into statistic tests (e.g., normality or colinearity). Thereby, there are many tools recently developed regarding support needs construct (Guillén, Verdugo, Arias, & Vicente; 2015; Verdugo, Arias, Ibáñez, & Schalock, 2010), QoL (Verdugo, Gómez et al., 2014; Verdugo, Aguilella, & Sainz, 2012; Verdugo, Gómez, Martínez, Santamaría, Clavero, & Tamarit, 2013; Gómez, Alcedo, Verdugo et al., 2016), and self-determination (Verdugo, Vicente et al., 2014).

Regarding support needs, one of the most important tools developed in Spain is the Supports Intensity Scale for Adults, which shows excellent psychometric properties regarding reliability and validity (SIS, Verdugo et al., 2010). The data obtained went in the same direction than those obtained in the different versions of the scale (i.e., English, French, Italian, Catalan, and Dutch). The SIS is commonly used in different organizations as a basis for providing supports to adults with ID in Spain. Similar results were found in the development of the Supports Intensity Scale for Children (SIS-C) aimed for children and adolescents with ID (Guillén et al., 2015; Verdugo, Arias, Guillén, & Vicente, 2014; Verdugo, Guillén, Arias, Vicente, & Badía, 2016). In those cases, the SIS-C also provided evidence of its reliability and validity in its different versions. Based on the use of these tools, different studies have been conducted within a positivist approach (Verdugo, Arias et al., 2016; Verdugo, Guillén, Amor, Aguayo, & Arias, 2016). For example, Verdugo, Guillén et al. (2016), based on the use of the SIS-C, found that there were statistical differences on the support needs depending on the level of intellectual functioning in a sample composed by 400 students (100 with common development, 100 with mild ID, 100 with moderate, and 100 with severe, all of them aged 5–16 years old). The hypothesis they established was that if individuals had a high intellectual functioning, then they would have lower support needs. By using an ANOVA they found statistical differences on the statistic means of support needs between four different levels of intellectual functioning: higher level of intellectual functioning entails lower support needs and vice versa. Verdugo, Arias et al. (2016) found that there were statistical differences in the support needs depending on the age of students and that those differences tended to be concentrated in the means of the younger and older children (5–10 vs. 11–16 years old).

Other construct addressed under this orientation is the self-determination. Concerning the assessment of self-determination, Verdugo, Vicente et al. (2014) developed the ARC-INICO Scale, for assessing self-determination of students with ID aged 11–19 years old. This scale also showed good psychometric properties regarding reliability and validity (Vicente, Verdugo, Gómez-Vela, Fernández-Pulido, & Guillén, 2015). There are some studies that have explored self-determination's relationship with other important constructs like support needs. These studies are useful in the design of interventions letting professionals to establish predictions and hypotheses. For example, Vicente, Guillén, Verdugo, Gómez-Vela, Arias, and Navas (2012), established the hypothesis that individuals with less self-determination would have higher support needs and vice versa. In the study, authors assessed a sample composed by 35 children and adolescent with ID and found a significant linear and inverse relationship between the support needs of children and adolescents with ID and the level of self-determination. The self-determination has also been important in the direct practice with individuals with disability (Arellano & Peralta, 2013; Arranz, 2007; Ortiz & Tárraga, 2015; Peralta & Arellano, 2014). For example, Ortiz and Tárraga (2015) developed and tested a program for improving self-determination in a child with mild ID. It was a pre-experimental pre-test and post-test design without control group. The findings showed an improvement on the self-determination assessed by using a questionnaire after program's implementation.

The most important construct of research in Spain within the disability field is QoL, because of its importance in the health, educational, and social services (Schalock & Verdugo, 2002). Regarding this issue two scales have been recently developed in Spain. San Martín Scale (Verdugo, Gómez et al., 2014) is aimed to individuals with significant disabilities. Its psychometric properties are excellent. Gómez, Alcedo, Verdugo et al. (2016) have developed the KidsLife Scale focused in children and adolescents with ID (aged 4–21 years old) and this scale also shows evidences of good psychometric properties (Gómez, Alcedo, Arias, et al., 2016). While the San Martín Scale provides both objective (based on the professional assessment) and subjective (self-report) information, KidsLife is objective. There are different works aimed to improve individuals' QoL. For example, Pascual-García, Garrido-Fernández, and Antequera-Jurado (2014) wanted to assess the impact of a program focused to improve self-determination, on the QoL of individuals with ID. Authors were based on an experimental design with experimental and control groups, and the hypotheses were: (1) at the beginning both groups would have similar QoL and (2), after the intervention, experimental group would have a better QoL. Results showed that there were not statistical differences on QoL between the two groups prior to the intervention but, after it, there was a QoL improvement within experimental group.

In the field of educational sciences, there are also many evidences under a positivist orientation in Spain. The efforts of researchers have been directed mainly to two areas: capacity building (i.e., academic performance), and improvement of inclusion outcomes. As an example of the first kind of research, Ripoll, Bravo-Iriso, Iruzun, Pérez-Pérez, and Zuazu (2016), developed a pre-experimental pre-test and post-test design with one group where they tested an intervention for improving reading skills in students with different conditions, including autism spectrum disorders. Results showed that there was statistical difference between the pre-test and the post-test in terms of number of read words per minute. Regarding the second kind of studies, Lozano-Martínez, Alcaraz-García, and Colás (2010) conducted a pre-experimental pre-test and post-test intervention with one group, where authors designed and assessed a program for improving the emotional and cognitive recognition in students with autism spectrum disorders. They found that the program also improved the social interactions between students with and without disability.

Research analysis in the humanistic orientation. This tradition includes those studies that provide original empirical data produced by researches within an epistemological logic framework under a subjectivist tradition, whether phenomenological, interpretative or critic perspective (Sarrado et al., 2004). This approach addresses the mental representation that different people (i.e., families, professionals, community members and people with disabilities themselves) have towards disability and different issues concerning about it (e.g., inclusion, QoL, barriers towards inclusion or attitudes).

Under families' perspective, different researches have been developed in Spain (Arellano & Peralta, 2015; Giné et al., 2011; González-del-Yerro, Simón, Cagigal, & Blas, 2013 Lizasoáin & Onieva, 2010). For example, González-del-Yerro et al. (2013); were interested in how families of individuals with ID understood the term "family QoL", which variables concerning this issue families considered as important ones, the satisfaction with their own QoL, and their opinion on how familiar QoL could be improved. Based on interviews authors provided guidelines on how improve the QoL of individuals with disabilities and their families. Arellano and Peralta (2015) were concerned in identifying the key aspects of the relationships between families and professionals regarding their children with ID. Based on interviews, authors detected the needs in this issue and provided strategies on how to address those needs and improving the supports towards families' children with disability based on the collaboration families-professionals.

Another field commonly studied is the attitudes towards disability by different individuals of the community where people with disability live (Alemany & Villuendas, 2004; Fernández-Cid, 2010; Sepúlveda, Medrano & Martín, 2010; Suriá, 2012). The aim of these studies is to identify barriers that underlay attitudes towards disability and to provide guidelines on how to improve those attitudes as a way to promote the inclusion and participation of individuals with disability within mainstream settings. For example, Alemany and Villuendas (2004) described the attitudes towards students with disability of different kind among different teachers in a school in Spain. Using the interpretative approach and based in interviews, authors found that pedagogy teachers, special education teachers, music teachers, and hearing and language teachers, had positive attitudes toward students with disability. However, preschool teachers and foreign language teachers had negative attitudes, and elementary teachers and physical education teachers had ambivalent attitudes. Finally, authors summarized the aspects underlying the attitudes found. Surià (2012) interviewed teachers with the aim of detecting the difficulties that teachers had towards the inclusion of students with disability, and also the attitudes that teachers perceived from "typical-development students" towards their classmates with disability. Based on the interviews, author concluded that teachers didn't feel ready enough for providing support to students with disability and that students without disability had positive attitudes towards their peers with disability.

Different researches have focused on the perception and feelings of individuals with disability (Moriña, 2010, 2015; Moriña & Molina, 2011; Rojas, Haya & Lázaro-Visa, 2016). Rojas, Haya, and Lázaro-Visa (2016) studied a controversial issue: sexuality and relationships in people with ID. Based in the interview methodology, authors found out that people with ID claimed to have control over their (social and sexual) relationships but they also assured that there were still too many stereotypes surrounding this topic in Spain. Moriña and Molina (2011) were interested in analyzing both barriers and supports that students with disability found in the university. Thus, authors interviewed 44 students from the *University of Sevilla* with different kind of disability. Based on those interviews, authors managed to identify the barriers and the supports that students with disabilities themselves found in their daily life and, based on those findings, authors designed an online program for training *University's* teachers on how to address properly the real needs of their students with disability.

Another important focus is aimed to contrast different stakeholders' views and interpretations about different issues pertaining disability (Castro-Belmonte &

Vilà, 2014; Pallisera, Fullana, Puyalto, & Vilà, 2016; Pallisera et al., 2014; Verdugo & Rodríguez, 2012). Pallisera et al. (2016) conducted a qualitative case study in order to analyze barriers, difficulties, and supports in the transition process from the point of view of young people with ID and their families. Based on different qualitative strategies (interviews, focus groups, and visual methods), students with disability claimed to have experienced difficulties throughout their educational process especially in the transition process. Families complained about the guidance received from professionals upon finishing secondary school and about the lack of training options available to young people with disability. This was directly translated into fears towards the possibilities of inclusion and labor market integration. Based on the families' and people with disabilities' point of view, the authors of this study provided guidelines on how to improve opportunities for the social inclusion of young people with ID in their transition to adulthood. Verdugo and Rodríguez (2012) wanted to explore how the inclusion of students with ID was in Spain taking into consideration the point of view of students, families and professionals. This study found that the speech of participants changed depending of the educational level, being the secondary education (in Spain, from 12 to 16 years old) the point where all participants referred problems towards inclusion of students with ID. Based on this research, authors also highlighted the need of providing supports beyond curricular aspects going to other supports needs commonly forgotten inside schools.

Methodological pluralism. Such a complex field of study like disability needs both quantitative and qualitative procedures of research to address its multifaceted nature. Thus, there are many works under a mixed-methods perspective in Spain (Becerra, Montaner, & Lucero, 2012; Cerrillo, Izuzquiza & Egido, 2013; González & Cortés, 2016; Moro, Jenaro & Solano, 2015; Pérez-Castañeda & Verdugo, 2008).

Moro, Jenaro, and Solano (2015) were interested in the study of fears, hopes, and claims of parents of children with autism spectrum disorders. Authors based their work on participant observation and interviews with 13 families that had children with autism spectrum disorders. In this study families claimed that professionals must provide the appropriate support and not only a diagnose. Families also claimed the need to receive resources, as well as guidance on how to raise up their children.

Pérez-Castañeda and Verdugo (2008) valuated the experience of having siblings with autism in the family because of the special characteristics this disability presents. Authors studied siblings' perceptions in two aspects: the influence of this experience on the fmily QoL, and the special characteristics that the relationship between siblings could have in this case. This study had two approaches: a quantitative approach, characterized by the assessment of family QoL by using a scale; and the second stage was characterized by using focus groups strategy. Findings showed that: the experiences of autistic siblings had not a negative impact on the family QoL; the most valued family QoL dimensions were health and security and supports for the person with disability; and that some autism characteristics, such as behavior disorders had an especial influence on siblings' relationship.

Luque and Luque (2015), using a mixed methods approach, assessed the relationship existing between the kind of disability and the friendship and acceptation of students with disability. They used a brief survey which had closed questions (quantitative approach) and an opened one (qualitative approach). Authors didn't find differences in friendship and acceptance by gender, sociocultural level, or sociocultural setting with regard to classmates with disabilities. Significant influence was found, however, as a function of age, educational level, and type of disability, associated with the individual characteristics of students with disabilities. Authors highlighted the importance of developing values of acceptance, respect, tolerance, positive consideration of diversity, as well as supports and selfless help between classmates, because students with disability commonly require individualized supports and thus have a greater probability of distancing themselves from their peers without disability.

Selected constructs of recognition of the phenomenon of disability

Personalistic perspective. Personalism puts the accent on the human being himself, as an actor and causal agent of its life. This consideration, normally assumed by and for people without disability, has been denied to individuals with disability, being marginalized in the society throughout history. Nowadays, the consideration of disability claims an active role of people with disability and defends a positive approach towards this condition, based on the capability of the person and not on their limitations. Thus, it is necessary that people with disability become the main characters of their lives. To add more, the personalistic perspective must be a key aspect towards the normalization and inclusion of individuals with disability, like the personal autonomy, accessibility, and inclusion paradigms defend. And this is especially important in individuals with intellectual and/or developmental disabilities, because those individuals have had more compromised their self-determination. All the constructs aforementioned, are considered not only under a socioecological perspective, they also consider the person with disability with an active role and assume a personalistic perspective by letting them to express their wanting and needs. Perhaps, the construct that better defines personalism is self-determination. Self-determination is understood as the independence to decide and act as the causal agent in one's life. These are unchanging demands by empowerment movements focused on people with disabilities and by people with disabilities themselves (Verdugo et al., 2015).

However, in Spain, personalism does not only define constructs, it also defines the understanding of disability, recognizing the identity, rights, and abilities of individuals with disability under a strengths-based perspective. The voices of individuals with disability under the personalistic perspective is a capital issue, and so it must be when providing supports for improving their functioning and personal desired outcomes, like self-determination, emotional wellbeing, inclusion, or rights. Thus, the understanding and professional practices towards people with disability takes two approaches: an objective approach, defined by families and professionals; and a subjective (personalistic) approach, based on the needs, wanting, beliefs and achievements desired by the own person with disability.

In an applied framework, the detection of needs also takes into consideration individual's view. For example, the assessment of self-determination with the ARC-INICO Scale has two approaches: the professionals scale, and the subjective scale, where the person provides information about its autonomy, self-regulation, empowerment, and self-knowledge. The same comment can be done with the INICO-FEAPS Scale (Verdugo, Gómez, et al., 2013) for assessing QoL of individuals with disability. Once the needs have been detected by professionals, families, and individuals with disabilities themselves, the provision of individualized supports starts. And, again, the person with disability has an active role. Firstly, because the provision of supports is based on individual's capability and strengths; secondly, because the provision of those supports is done mainly by natural supports, including those whom the person has freely elected. A common strategy of providing supports to individuals with intellectual and/or developmental disabilities is the development of individualized support plans (ISP). The development of an ISP starts by identifying desired goals and experiences in life of the person with disabitliy. The goal of this procedure, under the person-centered planning process (PCP), is to detect what is really important for the person with disability and what kind of barriers the person perceives. This PCP involves the person with disability itself (main character), and those individuals selected by the person from its reference group (i.e., natural supports). Once the goals to achieve are detected, it is also necessary to assess the needs of individuals with disability and, based on that assessment, to provide the supports that will improve their functioning and that will also lead the person to obtain the desired outcomes.

Self-determination is also transcendental regarding the normalization and inclusion of people with disability. What is more, in Spain, as research and evidence have determined, self-determination is considered a domain of QoL (Schalock & Verdugo, 2002, 2007, 2012a, 2012b). Thus, it is difficult to choose which constructs are mainly under a personalistic approach and which ones are mainly important for the normalization of individuals with disability. That's why, in general, all the constructs aforementioned, assume both an objective and personalistic approach, and are aimed towards the normalization and inclusion of individuals with disabilities.

Perspective of normalization of life of people with disabilities. QoL is the main framework for achieving normalization and inclusion of persons with disability. According to Schalock and Verdugo (2002, 2007, 2012a, 2012b), QoL refers to a desirable condition of personal well-being and life satisfaction, which is multidimensional in nature, has universal properties linked to culture, is influenced by personal characteristics and environmental factors, and is made up of objective and subjective aspects (i.e., authors recommend methodological pluralism to address its assessment). However, like any social construct, QoL cannot be directly measured; it has to be implemented through domains, indicators and personal results. The concept of a domain refers to the factors that comprise well-being (Schalock, Verdugo, Gómez, & Reinders, 2016). Eight domains are proposed in this model: material well-being, physical well-being, emotional well-being, social inclusion, personal relationships, self-determination, personal development, and rights. The relative importance given to each of these domains may vary from one person to another, and even at different moments in the life of the same individual (Schalock, Gardner & Bradley, 2007). These domains are implemented through core indicators, which refer to specific QoL perceptions, behaviors and conditions that reflect personal or family well-being (Schalock et al., 2016). This model has been supported worldwide and, although it was first developed for individuals with ID, it is being adapted to other conditions in Spain, like: visual impairment, elderly, drugs dependency, multiple disabilities, and social services users in general (Verdugo, Gómez et al., 2013).

The QoL model acts as a framework for assessing the needs of individuals with disabilities of any kind and for the provision of supports (Schalock & Verdugo, 2007). It is also a framework for the organizational change (Schalock & Verdugo, 2012a), and it is commonly used as a framework for the assessment, development and enhancing of public policy regarding the field of disability (Schalock & Verdugo, 2012b). This understanding of QoL acting at the microsystem, mesosystem and macrosystem of individuals with disability, makes of it a key construct regarding the normalization and the inclusion of individuals with disability in the community. The QoL model aligns with the current paradigms regarding disability and the *CRPD*, and that's why beyond research, is a framework for practitioners. Since the mid-90's, *Plena Inclusión*, which includes almost 1,000 organizations in Spain, has adopted the QoL model as the main compromise with its users and families (Tamarit & Espejo, 2013).

There are evidences on how this model con promote the normalization and inclusion of individuals with disability (Badía et al., 2011; Badía, Orgaz, Verdugo, Ullán & Martínez, 2013; Longo, Badía & Orgaz, 2013). For example, Badía et al. (2013) explored the relationships between objective and subjective QoL and leisure participation of adults with developmental disability. Authors found that there weren't relationships between objective QoL and leisure participation, but correlations between some leisure participation dimensions and specific subjective QoL domains were observed. Complementary results were obtained by Longo, Badia, and Orgaz (2013). In this case, based on the assumption of the importance that leisure participation has in individuals' QoL, authors analyzed the patterns and predictors of participation in leisure activities outside school of Spanish children and adolescents with cerebral palsy. They found that, although the participants had low diversity and intensity of participation, they had high levels of enjoyment. The provision of leisure participation opportunities to individuals with disability and providing the supports for being in their community alongside their peers, is a good way for promoting their QoL and, what is more, their presence and participation in the community will lead to the normalization of disability and their inclusion.

Beyond research, *Plena Inclusión* keeps on developing "good practices handbooks" on how to promote QoL of their users. Thus, research and practice are acting jointly with a higher aim: to make the normalization and inclusion of individuals with disability come true. To reach this aim, research and organizations adopt a socioecological approach that considers the strengths, rights, and view of individuals with disability, and the goal of improving their functioning and their QoL by providing proper supports.

Cultural construct. As a cultural construct, disability is no longer something inside the person, so the response towards disability must be social. This understanding of disability emphasizes that the physical and social barriers within environment, as well as the practices, organizational structures, and social attitudes, define the disability. In Spain, the disability as a cultural construct started closely linked to individuals with physical and sensory disabilities. This way of understanding disability puts the accent on the participation of individuals as services consumers that must take an active role in the planning and development of those services. Under this perspective, the aim is to suppress physical and social barriers within environment and stress a political accent on the persons with disability movement (Verdugo, Gómez & Navas, 2013).

The implementation of social-constructivist approach towards disability has been weak in Spain (ibid.). Ferreira (2008) assumes that the key of it is that the social construction and identity of individuals with disability lies on a heteronomous mechanism triggered when people with disability face that they are different. Moreover, differences regarding different kind of disabilities add difficulty to the social identity of disability as a group. The group with the stronger social and cultural identity is the group of people with hearing impairment, because they claim to belong to a "Deaf Culture" with an own idiosyncrasy (e.g., different communication).

The lack of implementation of a social model in Spain, led to the development of the diversity model of disability (Verdugo, Gómez, & Navas, 2013). The constructivist or social model aspired to a normalization which was incompatible with the diversity that individuals with disability present. The diversity model, however, changes the term "person with disability" by "person with functional diversity" without making any distinction on the kind of disability related to the person. The diversity model advocates for dignity, by detaching it from capacity and considering that diversity brings in wealth to the society.

However, although the models aforementioned brought a new perspective that was not considered before, and played a fundamental role in the rights movement, both of them suffer from certain limitations, because those models don't mention the individual perspective and they are mainly focused on a sociopolitical understanding of disability and not on the supports that the person may need (ibid.). The individual perspective, however, puts the focus on the strengths of the person, and is aimed at improving their functioning and desired outcomes. However, the study of the social-constructivist model does not put the focus on what abilities the person has, and how to enhance them. On the one hand, it claims the dignity and the rights of individuals; but, on the other hand, it doesn't create a framework for achieving what it demands.

Conclusion

In this article authors have put the focus on the evolution of the disability field in Spain, regarding both the social understanding and evolution of paradigms about disability, and the main constructs of research and the ways for addressing them. This paper is aimed to provide researchers in other countries an overview on how is this field currently in Spain, and how has been the path walked.

The current paradigms in Spain regarding the personal autonomy, the accessibility and the inclusion of individuals with disability are aligned with the rights perspective embodied in the *CRPD*. The main topics of research concerning disability in Spain are QoL, supports, self-determination and inclusion (educational and social), and are addressed using quantitative, qualitative and mixed-methods, taking into consideration the voices of people with disability and their normalization and inclusion. The final aim of the disability field in Spain, is not only to understand what disability is and what are the main constructs concerning disability and their relationships, is to generate an inclusive framework for the provision of supports based on the strengths of individuals with disabilities of any kind, to help them live a life of quality and enjoy their rights. QoL is the framework for the provision of supports for improving functioning of individuals with disability and for leading the achievement of their personal desired outcomes; for the organizational change; and for the policies' development and assessment

The main challenge that disability field still has to face in Spain, is the development of inclusive public policies regarding disability. Although the research is directly related to the needs of individuals with disability and the organizations providing multidisciplinary supports to them, the administrations still keep on ignoring research and the voices of individuals with disability. Thus, the public policies regarding disability developed in Spain are really far away from reality, they are just a compendium of good wishes and general outlines, but don't generate an specific framework for achieving the rights of the *CRPD*. Although research provides the framework for the development and assessment of public policy regarding disability, political organisms still have to take it into consideration. Spain has always been a country with a majority in the Government, but the situation has changed. Current situation makes necessary a dialogue between political parties and creates a new opportunity for the development of new inclusive policies pertaining disability, policies that must be based on the rights of individuals with disabilities, on their voices, and on the evidences provided by research for making those rights come true.

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TAIWAN

Taiwan: from the inclusive education of schools toward the social integration

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Keywords: people with disabilities, special education, pedagogy, sociology, equity

Introduction

Basic information about the country

Taiwan is an island state in the Southeast Asia with a population of 23,464,787 habitants (as of July 2016). Geographically it is strategically located off the southeastern coast of China with the Taiwan Strait in between (Central Intelligence Agency, 2016). Due to China's insistence that Taiwan belongs to China, most countries in the world do not recognize this tiny island state of 36,000 km2, slightly bigger than Belgium, as an independent country. The majority of international organizations including the *United Nations* and the *World Bank* have rejected Taiwan's membership applications. However, to its 23 million residents, Taiwan is a de-facto nation. It has a functional and democratic government that exercises sovereignty over a well-defined territory and population and conducts its own foreign relations. Han Chinese people make up around 98% of the population. The remaining 2% percent are comprised of native Taiwanese of Austronesian ancestry and recent immigrant spouses and workers from Southeastern Asian countries (Rubinstein, 2007; The Executive Yuan, 2016). The main language people speak on Taiwan is Mandarin Chinese, along with regional Chinese languages of Min, Hakka and aboriginal languages, and languages brought by immigrants from their home countries of Vietnam, Indonesia, Thailand, and others.

Strategy for the development of education

In 2014, Taiwan's compulsory education was extended to 12 years and students are required to finish elementary (6 years), junior high school (3 years), and high school (3 years). Special education is an integral part of the education system and students receiving special education services follow the same education pathways along with their typically developing peers.

Although each student will eventually find a school to attend up to high school, the idea about what schools are for, which has been formed and strengthened until the very recent past, continues to influence many parents', teachers', and teacher trainers' beliefs and practices in schools and teacher training institutions. Education in Taiwan, a Chinese-dominant society, has been viewed as a competition among students for high examination scores which are tickets to top-ranking schools and universities. Education qualifications are highly regarded and beneficial to securing a good job and therefore one's position in the society. The recent results of TIMSS 2015 revealed that students in Taiwan scored high on both Mathematics and Physics tests; however, the same students were at the bottom on a related context survey investigating their interest and self-confidence in Mathematics and Physics (Huang, 2016). Making high school a part of compulsory education in 2014 will not change people's ideas about education overnight but it is a good start. In addition to this new change, the *Ministry of Education*, agency responsible for national academic and education administration, is actually aware of the education situation described above and adopted the following education reform policies hoping to add alternatives or to change the current views about education in Taiwan.

- 'Exam free' pathways to upper secondary school
- Decentralized an overly restrictive curriculum
- High-quality early childhood education to all students
- Subsidized students from disadvantaged homes, and strengthened supports for disadvantaged students
- Improvement of vocational training and education programs
- Arts education available to all students
- Promotion of e-learning

The national reports documenting the phenomenon of disability

The special education has the dominating role within the field of disability in Taiwan. The parents' organizations and scholars promoted the equal rights with education and adult life for the people with disabilities. The approaches started from the legislation and then the supervision of government implementation.

The *Special Education Act* in Taiwan was first enacted in 1984 and had 25 sections. It was recently amended in 2009 and now has a total of 51 Articles (Ministry of Education, 2009).

The *Enforcement Rules of the Special Education Act* were amended to implement the *Special Education Act* in 2012. The least restrictive environment and the provision of appropriate education are the main principles for schooling of students with disabilities.

The main mission of special education in Taiwan is stated in the Article 1: *The Act is enacted for the purpose for individuals with disabilities and/or giftedness to receive appropriate education, fully develop their potential, develop a sound personality, and be empowered to provide social services to others* (Ministry of Education, 2009). Article 18 states that the provision and programming of special education and related services should be based on the principles of appropriateness, individualization, localization, accessibility, and inclusion. This stipulation clearly advocates inclusive education for students with special educational needs. In addition, Article 22 announces the zero-rejection policy in general education schools, including the public and private schools, and tests catered for students with special educational needs. Based on Taiwan's special education legislation, all school-age students with special educational needs are to attend an age-appropriate general education school in their neighborhoods alongside their peers without disabilities. As the special education legislation evolves, inclusive education has become the guiding principle and practice for special education policy in Taiwan.

Sufficient budget is needed for the special education sector to provide the appropriate education. Article 9 of the Special Education Act stipulates the amount of budget guaranteed for the special education. All governmental entities should configure the special education budget to the extent that is no less than 4.5% of the yearly educational budget in the central government and no less than 5% in the local government. When the local government plans for its budgets, special needs education is the top priority. In order to keep the quality of local special education development, the central government should reimburse the local government for budgets in special education personnel costs such as the teachers' salary. The *Ministry of Education* in Taiwan has been publishing national statistics pertaining to special education annually since 1999. Those data come from the national *Special Education Transmit Net* that collects special education-related information across the whole country. Based on the 2016 *Special Education Statistics*, the central government spent on the education of students with disabilities was around 290,195,204.73 EUR and it was 4.38 % of the 2016 national education budget (if we include gifted education, the figure rose up to 4.54%). The central movement did follow the legislation requirement. All local governments spent about 698,255,317.31EUR in the special education sector which was a total of the 5.80% of yearly educational budget. In the local government budget, it was about 642,297,359.67EUR (91.99%) for students with disabilities and 8.01% for gifted students (Ministry of Education, 2016a).

Based on the legislation, special education services begin at early intervention, from age 2, and ends in the higher education phase. The *Special Education Act* also defines the continuum of the service system of special education schools and special education classes, or programs in the general education schools. When an authority considers the placement of students with disabilities, the principle of proximity is followed. The practice of special education is embedded in four different phases, which are stated in Article 10: (A) Preschool: in hospitals, families, kindergartens, nursery, social welfare facilities, preschools of special education, or other adequate places. (B) Compulsory education: in general, elementary schools, junior high schools, special education schools, or other adequate places. (C) Senior high school: in general, senior high schools, special education schools, or other adequate places. (D) Higher/adult education: in colleges, universities, or other adult education facilities.

Based on the 2016 *Special Education Statistics*, the vast majority of students with disabilities in grades K-12 studied in general education schools (94.32%) while the remainder of the students was placed in special education schools (5.68%). In general education schools, only 12.74% were in full-time self-contained classes. The most students with special education needs were served in the general education classes and received special education services with resource rooms programs (55.94%), itinerant programs (15.61%) and special education support in the general classes (15.72%). This data indicated that around 87.26% of students were in the inclusive education settings. This data also confirmed that special education services were implemented by general education teachers with some special educator cooperation and support.

Since 1997, the *Special Education Act* defines thirteen categories of disabilities, including *intellectual disabilities, learning disabilities, autism, developmental delays, severe/multiple impairments, cerebral palsy, severe emotional disorders, physical impairments, health impairments, hearing impairments, communication disorders, visual impairments and other disabilities*. When a student presents more than one category of disability, then he or she will be identified as having multiple disabilities.

Article 6 also stipulates that central and local authorities should set up a *Special Education Students' Diagnosis and Placement Counseling Committee* (DPCC) to identify the students with special educational needs. The central and every local *DPCC* need to invite scholars, medical experts, education and school administrators, and delegates of parents to participate in the processes of identification and schooling decisions. Article 16 of *Special Education Act* also stipulates that local authorities should provide diagnoses standard including diagnostic criteria, procedure, duration, educational needs assessment, reassessment procedure, and other details that are determined by central authorities within the *Disabled and Gifted Students Identification Regulation* (Ministry of Education, 2009)

Based on the 2016 *Special Education Statistics*, the percentages of the 13 legislative disabilities from ages 2–18 (total: 108,635 students) are as follows: learning disabilities (28.9%), intellectual disabilities (24.5%), autism (11.7%), developmental delays (10.6%), severe/multiple impairments (5.1%), severe emotional disorders (5.1%), hearing impairments (2.8%), health impairments (2.6%), physical impairments (2.5%), communication disorders (1.7%), cerebral palsy (1.7%), other disabilities (1.7%), and visual impairments (1.0%).

Meanwhile, the higher education had 12,678 students with special education needs cross the 13 categories. The top three categories are: learning disabilities (22.5%), physical impairments (16.0%) and autism (12.7%) (Ministry of Education, 2016a).

Historical and contemporary approach towards disability

Facts – leading representatives

In 1891, the first special education institution was established in Taiwan. The founder was Dr. William Campbell who was the pastor of the British Presbyterian Church. This institution was founded for the persons with visual impairment to teach them Braille to read the Bible and other prints. They also were taught the skills of handicrafts for their independent living. In 1915, this institution was transformed to become a private school and enrolled students with hearing impairment (Ministry of Education, 2008a; National Taichung Special Education School for the visually impaired, 2016; Sheu, 1982). In those beginning years, the special education was developed by the Catholic and Christian church and private institutions in Taiwan. In 1922, during the Japanese colonial period, the government took over this school and it became the first public special education school in Taiwan. From that time on, the government has been responsible for special education for students with disabilities. Generally speaking, the church was the main institution for Taiwan's special education development. These special education pioneers were pastors, priests, and other church-related personnel who dedicated their whole life to the disability education in this land of Taiwan. They came from the oversea such as Scotland, Hungary, Holland, Italy, and the United States (Ministry of Education, 2008b; Ministry of Education, 2016b; Sheu, 1982).

Gradually, the government was responsible for the special education system established in the Japanese colonial period. The *Self-contained Class* was first founded in the public primary school for the students with intellectual disability in 1962. The self-contained class for the students with physical impairment was established in 1963. Afterwards, many primary schools and junior high schools started to receive the students with different categories of disability. To develop a better understanding of these children's educational needs, the government held the first *National Census for Children with Special Educational Needs* aged 6 to

12 years old in 1974. This survey reported that there were 31,053 students needing special education and they were grouped under six different categories: mental retardation, visual impairment, hearing impairment, physical impairment, health impairment, and multiple impairments. This educational population survey also facilitated the Taiwan first version of the *Special Education Act* in the 1984. The second national census for children with special educational needs was held in the 1990. This time children's age was extended up to 15 years old. This survey found there were 75,562 students with special educational needs. Five categories were also added in this national census: communication disorders, severe emotional disorders, learning disabilities, facial disability, and autism. The number of students classified as special education students, doubled during 16 years.. This phenomenon caught government's attention and people started to realize the importance of special education and how special education is related to the equal education and civil rights (Ministry of Education, 2008a). This concern became an important social issue in the following days. It also influenced the second amendment of Special education Act in 1997(Ministry of Education, 2008b).

General current trends – formulating paradigms

Currently, according to the *Special Education Law* of 2009, the implementation authority in the central government is the *Department of Student Affairs and Special Education within the Ministry of Education*. The local authorities are the *Special Education Division* in each city's or county's Education Bureau. Our special education service of the school system presents as shown in Table 1.

Following an identification protocol, students with disabilities qualified for special education will be given an appropriate placement and related service. The schools will provide the proper education based on Individual Education Plans (IEP) for each student. The educational placement and arrangement of each student can be reassessed annually by competent authority (Ministry of Education, 2016b).

At the higher education level, the government has improved the university admission system for students with disabilities in the past decades. Through multiple admissions and separate entrance exams for students with disabilities, around 12,376 students with disabilities entered the higher education system in 2016. So far, 10.16% of higher education students were students with disabilities. There are a total of 157 universities and colleges in Taiwan. Almost every school has a Resource Room program to support their students with disabilities. When the university/college has at least 8 students with disabilities, the special education budget assumes the cost of hiring counselors working with students on campus. In addition, 13 universities with special education departments and centers have been providing professional consultancy, learning support and related service for students from all universities.

Table 1. Taiwan's Special Education System

Level	Age	Special Ed. Schools		Regular Schools
Higher Education	19–22	Universities and Colleges		Five-year colleges
Senior High Education	16–18	Senior High	Senior High/ Vocational [resource room program, Regular Classes]	
Civil Education	13–15	Junior High	Junior High Schools [resource room program, Regular Classes]	
	6–12	Elementary	Elementary Schools [resource room program, Regular Classes]	
Early Childhood	2–5	Kindergarten	Kindergarten [resource room program Regular Classes]	

At the preschool level, the government encourages both public and private kindergartens to increase the number of special education teachers. It also provides additional special educational training and workshops for all preschool teachers in order to provide quality special educational service for students of preschool age with disabilities. The significant achievement is that the number of children with disabilities accepted in early intervention service rose from 9,612 in 2006 to 15,559 in 2016 (Ministry of Education, 2016a; Ministry of Education, 2016b).

Since 1997, the *Ministry of Education* biennially monitors the implementation of local governments with a focus on the special education process and products for each two years. In 2009, it extended to a three-year interval between required re-evaluations based on the law amendment.

From 1983 onward, the national curricula for students with disabilities (such as intellectual disabilities, visual impairments, hearing impairments and physical impairments) were developed as separate from the general education curriculum. Students with other categories of disabilities have been taught the general education curriculum with some adaptation for their special educational needs. This dual-track of the national curriculum, from elementary to high school level, existed in Taiwan until recently. Following the movement toward inclusive education, the dual-track curriculum became a problem, since most students with disabilities were receiving services in general education classrooms. The *Ministry of Education* was engaged in curriculum reform efforts through the amendments of the *Special Education Act* of 2009. The new national curriculum for special education is infused in the national twelve-year basic education curriculum and focuses cross-categories and access to the general curriculum. In addition to the general curriculum, a range of specific subjects are also offered as an alternative to formal curriculum for students with disabilities. These alternative curricula include life skills, social skills, communication training, learning strategies, orientation mobility training, and assistive technology among other areas. Instruction using alternative curriculum become the duty of special education teachers. Meanwhile, the abilities to perform core academic curriculum adaptation and differentiated instruction are required competencies for both special and general teachers.

Special education teacher training is under the same regulations as for general education in the *Teacher Education Act* in Taiwan. Basically, pre-service special education teacher training is treated as a specific academic program in our teacher education system. Currently, 13 universities have special education departments running special education teachers training programs to meet the needs of various school levels. To assure special education teacher quality, the Ministry of Education sets a minimum of 40 credits and credits references for courses designed in different universities. These 40 credits include four types of courses: educational foundations, common courses, specific requirement courses, and optional courses in disability topics. All 13 special education departments also offer 40 course credits that are similar and in accord with the requirements of the *Ministry of Education*. Actually, there are about totally 70–80 credits of special education related courses required for the special education major in the different universities. In addition to majors in special education, special education departments also offer minors in special education for students pursuing a general education major. Based on the 2016 special education statistics, of all teachers teaching students with special educational needs at various grade levels, 89% are qualified special education teachers, 4% are qualified general education teachers, and 7 % are without the teacher certification (Ministry of Education, 2016a).

The related services and interdisciplinary collaboration are identified in Article 24 of the *Special Education Act.* It requires combining services in the fields of health and medical treatment, education, social work, independent living, and vocational rehabilitation. As such, speech therapists, physical therapists, occupational therapists, and psychologists all could be involved in the program of a student with special educational needs in the school settings. This support services regulation was enacted in 1999 and re-enacted in 2012 with more comprehensive contents.

Disability studies – scientific discipline, field of study

As mentioned before, the education is the main force in the field of *Disability Studies* in Taiwan. Taiwan has been focusing on the scientific discipline in the special education for a long time. The research findings mostly came from the grant research and the graduate thesis and the dissertation. Most of the grant research applicants are university professors. Those professors could apply for research grant from the *Ministry of Science and Technology, Ministry of Education*, and the local governments to study any issues related to special education. The grant applicants are required to undergo a peer review process by reviewers from the *Ministry of Science and Technology* and the *Ministry of Education*. The *Ministry of Education* and the local government also commission research projects to support evidence-based policy making.

The most research grants of the special education are from the *Ministry of Science and Technology*. The predecessor to the *Ministry of Science and Technology*, the *National Science Council of the Executive Yuan*, traces its history back to the 1959. Currently, the *Ministry of Science and Technology* (MOST) has established 7 goals, 27 strategies and 58 important measures, all of which are jointly implemented by 22 government agencies, including the *MOST*, *Ministry of Economic Affairs*, *Ministry of Education, Ministry of Health and Welfare*, etc. (Ministry of Science and Technology2016). The study of the disability is benefited from its issues related to the *Ministry of Education* and the *Ministry of Health and Welfare.*

The special education studies focus on the empirical research for more than 30 years especially in teaching children with disabilities. The approved research mostly follows the social science methodology. The doctoral dissertations and master theses also produce much scientific research findings to improve the development of special education field. The field of special education in Taiwan also has more than 4 academic journals, 2 quarterlies, and others to publish these research results Three of them were recognized on the Taiwan Social Sciences Citation Index (TSSCI) list.

Meanwhile, we introduce alternative approaches to the above medical understanding of disability in Taiwan. To achieve this goal, we researched in articles and essays published in a major, possibly the largest, academic database in Taiwan, Airiti, and other online sources. The keywords we used for the search were, in Chinese, medical model of disability, social model of disability, or disability study. This search yielded 20 research studies and conceptual papers published between 2003 and 2015. We also found two books related to *Disability Studies*. The great majority of these publications were works of sociologists. These scholars have been problematizing the concepts of disability and questioning how historical, cultural, and societal contexts “produce” people with disabilities. Most of their works were introductory essays to bring disability study concepts into their professional fields which were mostly dominated by biomedical views of disability (Chang, 2007; Chiu, 2011; Wang, Lin, and Chang, 2012; Wang, 2011). They remained a minority in their own field of sociology and were almost unheard of to the special education professionals and researchers from the authors understanding.

Chiu (2011) traced the historical trajectory of how at different times, different people were categorized as having disabilities in Taiwan. He attempted to organize a localized historical frame to tackle questions such as what is disability, who are people with disabilities, what are the categories of disability, and how the identification process reflects what the society think of disability. Especially when the Taiwanese government decided to adopt the International Classification of Function, Disability, and Health (ICF) by the *World Health Organization* (WHO) for disability classification in 2012. Although ICF is a result of multinational discussions, this system remained a borrowed one for Taiwan. How the Taiwanese government utilized this system also reflected how disabilities were imagined in the local historical frame.

A textbook of *Disability Studies: Theories and Applications for Policies* edited by Wang, Lin, and Chang (2012) turned to a very different aspect of *Disability Studies* – universal design. The ideas of special education and *Disability Studies* came from the western societies. While promoting these ideas, Taiwanese scholars do not usually question the foundation and philosophical underpinnings of these theories and practices. Universal design is also one of these concepts.

From the policy aspects of *Disability Studies*, Wang, Lin, and Chang (2012) attributed the discrimination, prejudice, charity-based practices, and the violation of students' rights in special education schools to the lack of reflections and critical examinations of the meaning of disability. Even when there were articles about *Disability Studies* by Taiwanese scholars, they were meant for publications in overseas journals with a non-Taiwanese audience in mind. This tendency to produce works that matched the viewpoints of a western readership distracted Taiwanese scholars from local social phenomena and prevented them from forming a more systematic understanding of and reflections on disability based on our own local history and social contexts.

Wang (2011) concentrated on the application and contribution of ICF and ICF for Children and Youth (ICF-CY) to special education. Taiwan's adoption of ICF in its identification and classification of people with disabilities as mentioned previously demonstrated a paradigm shift in how disability was being understood. Wang stressed that the underpinning philosophy behind these ICF and ICF-CY tools was universal in nature and when these principles were making their way to Taiwan, they were not practices transplanted from the West. Wang also introduced how ICF-CY could be applied in special education.

Interdisciplinary empirical analysis of the phenomenon of disability

Research analysis in the positivist orientation

The purpose of educational research is looking for the new findings that help educators become better informed about teaching practices for learning, classroom management, and human development. At the same time educational research also could focus on the administration and the policy making to support the high quality of education service. In 1974, the Taiwan government held the first *National Census for Child with Special Education Needs*. The findings were used to define the categories of disabilities and appropriate educational placement. Following this research-based model, Taiwan's many important special education policies always had the research first to guide the practices.

The teaching and related issues in the special education have been encouraged with research orientated by the government. Most of researchers (professors) will apply their grant research from the *National Science Council* and now named *Ministry of Science and Technology*. Chiu (2005) analyzed 2000 to 2005 grant researches in the special education field. She pointed that the research topics included the different teaching approaches, positive behavior support, early intervention, curriculum adaptation, and transition. Ko (2005) also found out that reading and writing research were focus on the diagnosis, characteristics, intervention, and materials accommodation for the students with special educational needs during 2000–2005. Chang (2005) reported the different positive findings with different learning strategies for the students with disabilities at different levels. Those research reports guided the orientation for the pre-service teachers' training and related policy making. Pan et al. (2007) also analyzed the 2005 to 2006 popular grant researches in the special education field from the *National Science Council*. They found the research topics mostly focused on the curriculum and instruction for the students with autism, hearing impairments and intellectual disability. However, the appropriate process of identification and student's schooling with disabilities also got some attention from the researchers. The environment or the society issue also was explored by the researchers, such as general curriculum accommodation in the inclusive education, family support for students with disabilities, universal design of learning, supportive society in the early intervention, accessibility environment, and the support to the immigrant family with the disabilities child.

Chiu (2011) investigated how people with disabilities were categorized from 1905 when the first island-wide census was taken during the Japanese occupation. Five categories were noted and they were: blindness, deafness, muteness, craziness, and idiocy. The purpose of this census was related to the development of public health and medical policies. In 1931 and till 1953, to formulate criteria including and excluding candidates for positions in public services, people with contagious diseases, sensory and physical disabilities (loss of sight, language, hearing, or movement), and psychiatric illness were forbidden to serve in the government offices. Even in 1969, candidates who lost two feet were not eligible to run for legislator at the central level.

The earliest identification of disability for social welfare purpose was in 1957 when the government stipulated that people who *had corrected vision of 0.08 and below, were deaf in both ears, were mute, had lost two upper limbs or one lower limb, or had other obvious physical impairment with loss of functions* could use public transportation at a discount fare.

With the first *Taiwan Welfare Law for the Disabled* in 1980, the identification of people with disabilities was aimed for distributing social welfare resources and assistance. Finally in 1991, all restrictions on people with disabilities who ran for government offices were abolished. Also according to the law, employers in private sectors were not allowed to discriminate people with disabilities. In 2012, the government started to adapt ICF principles in identifying people with disabilities for their civil rights. However, the ICF-based classification process continued to be controlled by the medical professionals and people had to meet the medical requirement of the "loss or impaired body functions and structures" to be classified as people with disabilities. These different historical stages of disability identification reflected how the Taiwanese society viewed the civil rights of their citizens with disability.

Research analysis in the humanistic orientation

Chiu (2014) examined a wide range of church and government documents and records, reviewed government statistics, and interviewed persons with visual impairment to study how the education for the blind in Taiwan emerged and developed along with the political, social, and economic changes from 1870's to 1970's. Chiu first pointed out that different from how special education rose with industrialization and mass education in the West, Taiwan's special education followed a distinct trajectory as a result of colonialism, proselytization of Christian church, and internationalization. The special education in the case of the persons with visual impairment is not necessarily a sign of progress or beneficial to their livelihood.

Methodological pluralism

In Taiwan, the disability research could be separated into two different fields: pedagogy and sociology. Therefore, the research methodology also showed the difference in the different professions and focuses. This article will use the quantitative, qualitative, and mixed research to present the diversity of the research methodology.

In pedagogy-focused *Disability Studies*, the above three paradigms were included but quantitative research was most popular (Pan et al., 2007). The main reason is the educational researchers are mostly from psychology and education background. When the research topics were related to the educational policy or the reality phenomena, then the survey, interview, focus group method and other types of qualitative research methods are used. When the topics were about the curriculum and instruction for the students with special educational needs, then the most popular methods were quasi-experimental designs, experimental designs and the single subject design. Some researchers also liked to conduct an experiment (quantitative) and followed by interview study with the participants (qualitative) to conclude the results (Chiu, 2005; Tjeng, 2005). The characteristics of people with disabilities also receive a great attention and, on those cases, the survey or the case study methods are used.

Scholars from rehabilitation medicine, public health, social work, teacher training, and special education also contributed to the area of disability study from their own professional perspectives. In sociology-focused *Disability studies*, researchers applied ethnography, historical archival search, and many other qualitative research methods to develop deeper insight to the contexts of special education and disability issues.

Selected constructs of recognition of the phenomenon of disability

Personalistic perspective

The chapter of the *Great Harmony* was written by Confucius and has been spread for more than two thousand years in the Chinese societies. Confucius tried to build an ideal world and it should be pursued by the human beings. This peaceful world should take care of the *Helpless widows and widowers, orphans and the lonely, as well as the sick and the disable people*. Confucius was respected as the greatest teacher in the Chinese society and also the mentor of the virtue for everyone. Confucius wished that the society should take care of the people with disabilities and it became the duty of the government and educators (Zukeran, 2016).

The people with disabilities are the disadvantaged group in the society. It has been viewed as a virtue to care for people who need the support in our society. However, our attitude has been transformed from the negative pity to the positive "equality rights". The perspective of disabilities has been changing from a lack of the abilities to the lack of the opportunities for learning. Everyone has potential to learn even when they have significant disabilities. We believe that independent life skills could be taught successfully to people with severe disabilities. That is the reason why we need to invest in the national budget in the special education from early intervention when children are two years old. This basic value helps the parents' groups of children with disabilities and other advocates to push the society to gradually alter its perspectives. If we do not invest in the education today and tomorrow we will need to use more national resources in the welfare. Education is the best way to change the destiny of human beings, including people with disabilities.

Confucius was respected as the greatest teacher in the Chinese history. His birthday, September 28th, is a national holiday, the "Teacher's Day". The disciples of Confucius recorded his wise speech and talk in the Confucian Analects. Confucius proposed a very powerful teaching principle that becomes the highest guideline for the education and special education. The principle, says that *in teaching should be no distinction of classes*. The "classed" also could be interpreted in terms of intellectual capacities and learning abilities. Based on this highest education guideline, there is no excuse for schools for not implementing the zero rejection and differentiated instruction for the students. The disabilities are caused by the physical and mental difference. These differences can be improved by the education, training and support. People could not change the existing differences or the disabilities but people could change their perspectives toward the disabilities. This is the focus and goal that the special education advocates have worked on.

Chiu (2014) also explained why the Taiwanese society was slow in applying universal design principles to enable people with disabilities to be more independent. Family has been traditionally supporting members of disabilities, relegating people with disabilities to recipients of assistance. The notion of an independent child hardly occurred to parents who believed they were responsible for their children's livelihood. This notion was extended to social welfare policies. Rather than encouraging people with disabilities to become independent, the support offered by the government often came in the form of a hired helper who oversaw the daily routines and activities of the person with a disability. With this type of manpower support, the society was relinquished of the responsibility to become more accessible to people with disabilities.

About the disability, rights, and the state, Chang (2007) introduced the social model of disability into the special education field. Reviewing studies and articles by mainly western scholars, Chang applied this social model of disability to the examination of the historical development of special education, criticized the inequality created by special education practices, and brought to fore the impact of labeling and stigma as the byproducts of special education.

Perspective of normalization of life of people with disabilities

The mission of the *Special Education Act* states that special education in Taiwan is to *fully develop their (students with disabilities) potential, develop a sound personality, and be empowered to provide social services to others*. The education is part of life for everyone. The *People with Disabilities Rights Protection Act* continues to support the people with disabilities after they have graduated from the schools. This act was amended from the title of *Physically and Mentally Disabled Citizens Protection Act* in the 2007 to its current title. The *Physically and Mentally Disabled Citizens Protection Act* was first enacted in 1980. This act aims to protect the legal rights and interests of people with disabilities, secure their equal opportunity to participate in social, political, economic, and cultural activities fairly, while contributing to their independence and development. In short, The *People with Disabilities Rights Protection Act* is the uppermost level of legislation to ensure that people with disabilities could have the equal opportunity to be independent regardless their disabilities. The central authority is the *Ministry of Health and Welfare*, and the county (city) governments are authorities at the local level. The *People with Disabilities Rights Protection Act* requires that any given government department (agency/organization) of individual levels, public school, or public business agency/organization/institution whose total number of employees is no less than 34 shall employ people with disabilities with capability to work and the number of employees with disabilities shall be no less than 3 percent of the total number of the employees.

Any given private school, association, or private business agency /organization/ institution whose total number of employees is no less than 67 shall employ people with disabilities with capability to work and the number of employees with disabilities shall be no less than 1 percent of the total number of the employees, and no less than1 person (The Legislative Yuan, 2015)

In addition, employers can receive monthly reimbursements of NT$12,000 (US$380) for each person with disability employed and who was referred by a public job placement center. Persons with disabilities participating in state-run or government-commissioned vocational training programs can receive allowances equal to 60 percent of the nation's minimum monthly wage for up to one year. (The Executive Yuan, 2016)

Based on the *Ministry of Labor* statistic report in 2016, The *Ministry of Health and Welfare* statistics showed that by 2014, there were 1.14 million people with disabilities (people who held disability certificates) in Taiwan. It was the 4.9% of the total population. The number of people with disabilities increased a 0.9% compared to 2004, and the 70% of the people with disabilities were in the mild and moderate ranges of disability. Among people with disabilities, 440,000 of them had a mild disability and 369,000 had a moderate disability (Ministry of Labor, 2016).

About the participation of people with disabilities in the labor forces, the *Ministry of Labor* conducted a survey on the participation of people with disabilities in the labor forces in June, 2014. They found that the percentage of people with disabilities who were in the labor forces was 19.7%, much lower than the national participation of labor forces (58.4%). Also in June, 2014, the unemployment rate of people with disabilities was 11%, much higher than the national unemployment rate of 3.9%, indicating that people with disabilities had great difficulty in finding jobs.

In 2014, the number of people with disabilities hired (74,000) was more than the quota set by the government for employers to hire people with disabilities and it was an increase of 23.8% since 2009. In 2009, the number of people with disabilities was 125.7% more than the government quota, and in 2014 it was 137.7%. The increase in the number of employed people with disabilities showed that the government's quota system was conducive to protecting the employment rights of people with disabilities (Ministry of Labor, 2016).

Chang (2015) published a more locally based study on the civil right movement initiated by people with disabilities in Taiwan. He followed two major disability groups in their campaigns and analyzed their strategies, rhetoric, and discourses using civil rights as the frame for their movements. He found that globalization and information from overseas via online social media served as mobilizing forces and motivated people with disabilities to push the government to act more carefully in its response to the demands of people with disabilities. For example, a local airlines company claimed that wheelchair users were not allowed to board the plane because the airport was not equipped with a jet bridge. The disability groups then demanded the government to provide jet bridges or any types of boarding ramps at domestic airports but were met with a bureaucratic reply that they could not find any appropriate jet bridges for that particular airport. A member from the disability group was studying in the US and found many kinds of boarding ramps and procurement information online. She posted the information and it was quickly re-posted by others online. Before long, the lawmakers were involved. Within one year, the *Ministry of Transportation* purchased suitable boarding ramps for all domestic airports and the year after, the law governing the welfare of people with disabilities stipulated that no airlines are allowed to refuse to serve people with disabilities.

Globalization and fast transmission of information on the internet helped Taiwanese disability groups more effectively spread their rights discourses while most people in Taiwan continued to regard the special treatment provided for people with disabilities were welfare benefits. Young people with disabilities especially rejected the welfare discourse and initiated campaigns to disrupt the conventional ideas about accessibility right to the public buildings. For example, a group of wheelchair users decided to "take a walk" in a park at the same time to protest against the barred entrance to that particular scenic park. The entrances to the park was barred and only allowed one able-bodied person to enter at a time. To enter the park in a wheelchair, the user had to nudge and adjust the angle of the wheelchair to get in. On the day of the protest, 10 wheelchairs lined up to enter the 10 barred entrances. Each person spent about 10 minutes to get through and entered the park ground. Many people who waited to get in took photos and wrote in their blogs to share their observations. Three weeks later, the park administration removed the bars and opened up the entrances.

Cultural construct

The most common view of disability in Taiwan continues to be medically-based. Disability is regarded as an individual's impairment that requires similar medical diagnosis and intervention. It is expected that with medical identification and treatment, people with disabilities probably could closer to the performance like the people without disabilities. In the past, some people believed that disability is a personal tragedy that although is unfortunate to this particular person, this person is responsible for the consequences his/her disability incurs. The purpose of special education corresponds to this medical view of disability. Special education teachers are entrusted with the tasks of identifying and providing services to students with disabilities in academic, social, emotional, and physical areas so the achievement gaps between students with disabilities and students without disabilities can be reduced as much as possible (Chang 2007; Cheng, 2010; Chang & Lin, 2009; Tseng, 2015).

Chiu (2014) summarized the meanings of disability in the Taiwanese society. First people with disabilities were regarded as a group of people whose social role was deemed as deviant and needed to be contained so the societal system would not be affected. Public health and medical professionals were entrusted with the responsibility for containing the negative impact that people of disabilities brought about and providing them with treatment so people with disabilities could return to the society as a productive member. Disability identification also was used as an administrative category for distribution of social welfare benefits. To manage limited social resources, the identification of people with disabilities could be manipulated according to the financial situations of the state. Identification of people with disabilities also meant needs assessment. In Taiwan, the government assumed that people with disabilities must have needs that were to be fulfilled. However, the government tended to lump all people with disabilities together and managed to conclude that people with disabilities shared the same *characteristics, living situations, medical needs, and social service needs* (Chiu, 2014, p. 201). This needs identification process inadvertently proclaimed that the needs of people with disabilities were different from needs of people without disabilities, further widening the divide between people with and without disabilities. At present, although ICF regarded disability as a dynamic and universal experience and in adopting ICF as the guiding principle of disability identification, the government recognized that the needs of people with and without disabilities were not that different. However, Chiu concluded that the line between people with and without disabilities should be maintained due to people with disabilities did face some unique political and social issues.

In general, the traditional values and educational influence make sure a smooth and successful implementation of inclusive education in the past 20 years. We did overcome discrimination, rejection, and isolation. Fortunately, today's society has the common understanding with a positive attitude toward the people with disabilities. In the Taiwanese culture, we have a strong family relationship like the most of the Chinese cultures. The family is the main decision maker for their children or siblings with disabilities (Lin, 2016). In addition, it seems that everyone agrees with the government and the family should take good care of the people with disabilities. On the other hand, people with disabilities become dependent on their family members to make decisions for them. Therefore, the overprotection from the parents sometimes is the big challenge for the educators and the employers. The self-determination and the self-advocacy are not the main focuses in the education like other western countries. When the government takes the responsibilities for education, social welfare and the medical care for the people with disabilities, the motivation of employment becomes a challenge for the educators and advocates in the special education field.

Conclusion

This article stresses the inclusive development in Taiwan with the placement and pedagogy of people with disabilities in the society. The idea of inclusion is meant for pursuing equity and fairness for people with disabilities. People with disabilities always have barriers for participation in the learning and living environments. Therefore, the society should create access to the same opportunities for the people with disabilities.

Education is one of the social phenomena. Today's class or school is the tomorrow society. Special education is a social evolution with gradual changes and progress was made on the way. Taiwanese people with disabilities were excluded from the school for the past 125 years. We did have a dark and difficult time on the road toward the inclusive education. After 1984, no school could reject the enrollment of the students with disabilities. After 2010, the teachers, including the special and general education teachers, must adapt the general education curriculum for their students with special educational needs. This change presents the shift of the power of decision making from the school and teachers to the parents and students themselves. For the parents and students, they had no choice in the past but now they could have many choices among general education school, special education school, and other special education services.

The parents' organizations, scholars and advocators stimulate the movement of the governments and the schools on their policy and attitudes. The legislation did produce a powerful guidance to ensure the equity for the people with disabilities in Taiwan. The Taiwan governments play a responsible role to implement the requirements of the special education regulations. Generally speaking, with efforts accumulated over the hundreds years, our law and the administration have arrived at the intended location for the special education. We could see it from the quantity perspective that we have achieved adequate number of laws, regulations, and special education service. We still need to make effort on the quality aspects of the pedagogy and social attitude toward the disabilities issues. We still have many tasks to accomplish such as teacher training, education studies, teacher professionalism, and civic literacy. These are the most difficult challenge on our way to the top of the equity mountain.

In this article, we only introduced a few sociological studies of disability in Taiwan. Their works represented various aspects and possibilities of studying disability. Our only wish is to see a dialogue happening between scholars of *Disability Studies* and special education.As there is a productive tension between medical and social models of disability and despite the strategic need to polarize these two models or choose one over the other for different agendas and purposes (Huang, 2014), professionals and scholars can make good use the contradictions and drastically different worldviews to reflect on the theories we subscribed to and question the daily practices we usually take for granted. It was about time to conduct the local *Disability Studies* issues to raise the awareness of *Disability Studies* and offer alternative views about disability in Taiwan.

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UKRAINE

Ukraine: an ongoing effort for achieving the educational and social inclusion of people with disability

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Keywords: Ukraine, disability study, person with disability, education of persons with disabilities, humanistic approach, inclusive education, ICT-support

Introduction

Basic information about the country. Ukraine is a country with over a thousand years of history. Ukraine is located in Eastern Europe and partly in Central Europe. Ukrainian administrative area is 603,628 km, if the temporarily occupied territory of the Crimea is taken into account (1st place in Europe and 46th place in the world). The population density in Ukraine is 75,4 people per km^2 (as of 2001). The estimated population in 2001 was over 48,4 million if we take into account the population of the temporarily occupied territory of the Crimea (8th in Europe and 31st in the world as of 2015).

The mention of the first university in Ukraine was fixed in documents of 1576, though the exact year of its foundation is still unknown. *Ostroh Academy* is considered to be the first institution of higher education in Ukraine, it is situated in Ostroh city (currently Rivne region) and has become a stronghold of enlightenment for young people. In the year 2014/2015 there were 769 higher educational institutions (universities, academies, institutes, conservatories, colleges and technical schools) in Ukraine according to the *Unified State Electronic Database on Education.*

Strategy for the development of education. According to *the National Strategy of Development of Education in Ukraine for 2012–2021 years* (approved in 2013), the priority areas of education are the following: updating the regulatory framework of the educational system according to the requirements of modernity; reformation based on the philosophy of “Human-centrism”; modernization of educational content on the basis of competence approach; provision of opportunities for the implementation of alternative educational models, forms and tools;

development of health-saving environment; ensuring the availability and continuity of lifelong learning; improvement of teachers' social status; informatization and maintaining relevant material and technical base; and development of research and innovation in education.

In Ukraine, the European vector of *higher education* reforming is defined, that was marked in signing of the *Bologna Agreement* (2005) and the development of the new *Law on Higher Education* (2014). The active work on the introduction of new educational levels and degrees, the implementation of the new list of majors, updating of higher education standards, the introduction of quality assurance system, and creating conditions for fair competition in the education market is conducted.

The activity aimed at the reforming of pre-school, secondary, vocational and non-formal education in accordance with modern requirements, is held. According to the renovated *Law on Education* regarding the accessibility of persons with special educational needs to educational services (adopted in May, 2017)[1], the following strategic areas of education development are defined: in *pre-school education,* introduction of new models such as inclusive education; in *secondary education* optimizing the network of schools in rural areas through the creation of basic schools; taking measures for training managers of schools and teaching staff working with students with special educational needs; ensuring the integration of children with disabilities in secondary education space by creating inclusive and special classes, etc.; strengthening and diversifying forms and methods of national-patriotic education of children and youth; providing services of psychological and social support for children affected by military action; in *vocational education,* – taking action to solve the problems of funding institutions; approving regional plans for development of vocational education; and, in *non-formal education,* ensuring the conditions for the development of creative abilities of children and their skills of independent scientific knowledge, self-education and self-realization.

Forming and implementation of state policy for persons with disabilities is based on: the provisions of the *Constitution of Ukraine*; the Laws of Ukraine: *On the basis of social protection of disabled persons in Ukraine* (1991), *On social services* (2003), *On the rehabilitation of the disabled persons in Ukraine* (2005); the concept of the development of inclusive education (2010); the State target program *National action plan to implement the Convention on the rights of disabled persons* until 2020, and renovated *Law on Education* regarding the accessibility of persons with special educational needs to educational services, adopted in May, 2017) and others regulating acts, which total amount is more than 2,000. Although the legal

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[1] http://loippo.lviv.ua/news/Pedagogichna-konferentsiia-shchodo-pidsumkiv-rozvytku-doshkilnoi--zagalnoi-serednoi--pozashkilnoi-ta-profesiino-tekhnichnoi-osvity-u-2015-2016-navchalnomu-rotsi-ta-zavdannia-na-2016-2017-navchalnyi-rik-publication/.

framework of Ukraine contains many positive steps towards solving the numerous problems of the people with disabilities, they are still mainly declarative, not provided with material resources and mechanisms of implementation and management (Kravchenko, 2010).

The national reports documenting the phenomenon of disability. If relatively recently the established term used in the legal field of Ukraine was "invalid" (in documents of the *Ministry of Social Policy* of Ukraine, the *Verkhovna Rada* of Ukraine, the *State Statistics Service* of Ukraine and others), now there is a shift to a more humanistic term "person with disabilities"[2]. Among the terms most frequently used by scientific community should be mentioned: "person with special needs", "person with functional limitations", "person with limited capacity", "person with developmental disabilities", "disabled person", etc. It should be noted that the scientific sphere of Ukraine still has no commonly accepted term people with disabilities.

Statistical information on the situation of persons with disabilities is collected and processed each year using annual indicators (statistical editions: "Labor of Ukraine", "The population of Ukraine", "Children, women and the family in Ukraine", "Protection of children who need special attention of the society", "Social protection of population in Ukraine", etc.). According to *reports of the State Statistics Service of Ukraine*[3] and *statistics of the Ministry of Health of Ukraine*[4], the number of persons with disabilities has increased significantly in recent years. If at the beginning of 1990 the total number of persons with disabilities was 1.5 million people (3% of the total population), as of 2015 their number increased to 2,568,532 people (5.98% of total population).

The *National Report of the Ministry of Social Policy of Ukraine* (2013)[5] highlighted the main positive features and weaknesses of social policy in relation to people with disabilities. As it was indicated in the report, improving the situation of these people requires the following aspects: the introduction of universal design measures to enhance employment of disabled persons, providing material aid, social and rehabilitation services and health care.

A positive improvement should be considered the *Convention on the Rights of Persons with Disabilities* signed by Ukraine in 2008, which was ratified in 2009. During the 14th session of the *UN Committee on Rights of the Disabled* (19–20 August 2015) Ukraine introduced the first periodic report on the implementation of the provisions of *the Convention on the Rights of Persons with Disabilities* which marked the transition from a medical approach to disability to a rights-based

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[2] http://zakon5.rada.gov.ua/laws/show/1490-viii.

[3] http://www.ukrstat.gov.ua.

[4] http://medstat.gov.ua/ukr/statreports.html.

[5] http://mlsp.kmu.gov.ua/document/174635/1.doc.

approach, in accordance with the requirements of the *Convention*[6]. Despite some improvements (especially in terms of harmonization of Ukrainian legislation with the *Convention*), the *UN Committee* noted a number of issues that need completion and revision, including the emphasis on the need to improve the regulatory framework, provision of humanitarian aid, evacuation and protection of persons with disabilities affected by the armed conflict in eastern Ukraine.

An important role in solving the problems of persons with disabilities was played by international and local civil society initiatives. Among the most significant are worth to be noted:

- Project *Second Social Safety Net Modernization* on development of regional action plan for transforming residential care for children with disabilities, creation of adequate conditions for the development of alternative care, and modernization of the system of social services for children with disabilities" (2014, Funded by *World Bank*)[7];
- A range of initiatives aimed at improvement of the quality of life of persons with disability through changes of policy and legislation, supporting non-governmental service providers as well as stimulating the involvement of civil society in the field of care and education (since 2006, joined *SOFT Tulip and Socires international foundation*, Netherlands)[8];
- Project *Inclusive Education for Children with Disabilities in Ukraine* aimed at strengthening of civil society and improving policies to establish, support and advance inclusive education for children with disabilities and their families (2008–2013, joined Canada-Ukraine project)[9];
- All-Ukrainian scientific-pedagogical project *Social adaptation and integration of children with special needs into society through the organization of their education in secondary schools*, aimed at forming a new philosophy of public policy for children with special needs, implementation and dissemination of integrated education model in secondary schools, provision of regulatory and educational framework in accordance with the *Convention on the rights of the child* (2001–2007, joined project of the All-Ukrainian Foundation *Step by Step*, *MES* of Ukraine, *Institute of special pedagogy of NAES* of Ukraine)[10].

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[6] http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FUKR%2FQ%2F1%2FAdd.1&Lang=ru.

[7] http://documents.worldbank.org/curated/en/754601468314069899/text/846720PAD0P128010Box385226B00OUO090.txt.

[8] http://www.softtulip.nl/Archive/ST2014/AnnualReport2014.pdf.

[9] http://disabilitystudies.ca/wp-content/uploads/2010/08/Inclusive-Education-Direction.pdf.

[10] http://www.ussf.kiev.ua/ie_scientific_pedagogical_experiment/.

The notable is the work of the *National Assembly of People with Disabilities of Ukraine* (2002), a nationwide voluntary non-profit association, which aims to unite civic organizations which members are people with disabilities; coordinate and consolidate the efforts to improve the situation of people with disabilities in Ukraine; protect their constitutional rights; improve their social status and role in society, and safeguard the common interests of its members[11].

Today the main task of Ukrainian society in the aspect of improving lives of people with disabilities is to create mechanisms of interaction between government, public sector and society, development of the holistic and integrated state policy on improving living conditions of people with disabilities.

Historical and contemporary approach towards disability

Facts – leading representatives

Training and education of people with disabilities in Ukraine has a long history and includes 5 basic periods:

- church charity (till the X century);
- monastic (X century – middle of the XVIII century);
- medical (XVIII–XIX centuries);
- medical-educational (XX century);
- modern stage (90s of the XX–XXI centuries) (Sachok, 2011).

Period of church charity (till the X century). The very first official document which stated on the assistance for indigent people is dated from the late X century, when Kyiv Prince (knyaz') Volodymyr Svyatoslavovych with the *Decree* of 996 ordered the church to take care of persons with disabilities, as well as orphans and the poor. At this time, it was mostly about the care and humane treatment. The state and the community showed tolerance and care for those ones in need in general, without singling out certain categories (Sachok, 2011).

Monastic period (X century – middle of the XVIII century). The period is characterized by intense opening of special institutions that not only took care of children with special needs, but also were engaged in their learning and socialization, including teaching the elements of literacy, painting, singing and various crafts. Such the first shelter was opened in the beginning of the XI century in the *Kiev-Pechersk Lavra* (founded in 1051 by monk Antony and his disciple Theodosius (Theodosius) near Kyiv). In the XV–XVII centuries the "almshouse hospitals" became widespread in Ukraine that represented specific forms of assistance to the

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[11] http://naiu.org.ua/.

sick and disabled citizens (Massi, 2015). Ukrainian charity could impress by its spread. Contemporaries noted that such a scale was not seen even in the homes of the richest Europeans and Americans (Kovalenko, 2003). Such generosity was due to religious and cultural factors. For example, noting the ascetic life of Ivan Mazepa, A. Makarov said that he measured his own achievements through the things he made for the society, but not through the value of his personal property (Makarov, 1991).

Medical period (XVIII–XIX centuries). In the second half of the XVIII century state support for people with disabilities became much more activated, mainly due to the initiatives of the Russian Empress Catherine the Great (1729–1796). Among them – the creation of *Ordinance of Public Contempt* (1775), which was a hybrid of state agency and public organization, and guided by charitable institutions and humility houses (Mashtakova, 2010).

It should be mentioned a significant work of Victor Fleury, who was the author of the first work in Surdo-Pedagogy (*The deaf, viewed in relation to their status and methods of education, that are the most inherent of their nature*, 1835). Among others, he proved that deafness does not deprive a person of the mental abilities and is not an obstacle to moral development (Taranchenko, 2006).

In Chernihiv province in 1893, a meaningful event was the creation of special education institution for training people with visual impairment. The initiative was promoted by the Empress Maria Alexandrovna (1853–1920), who paid great attention to the *House of the Blind*, took care of material resources. In 1897 the first tests were conducted, according to which students of the school showed excellent learning outcomes (Rudenyuk, 2002).

Medical-educational period (XX century). In the early twentieth century the first medical educational institutions and auxiliary classes for disabled children were founded. In 1904 in Kyiv with the participation of professor, psychiatrist, and social activist Ivan Sikorski the private *Medical-educational institute for mentally underdeveloped, backward and nervous children* was created. Activities of the institution were targeted at training, education, treatment of children, consulting parents and studying the causes of developmental impairments (Seletsky, 1987).

In 1921 professor M. Tarasevich proposed the concept of psychophysical development of a child with disability and one of the first scientific classifications of children with mental and physical disorders (Taranchenko, 2006).

Adoption of *Law on Compulsory Education* ("Vseobuch") (1927–1935) determined the path of Soviet and Ukrainian special pedagogy, marked the creation of differentiated network of special schools, intensive development of methodology and content of special education for various categories of children, setting up staff training (defectologists).

In 1930 at the initiative of I. Sokolyansky in Kharkiv the *Institute of Physical Defectiveness* was founded, whose task consisted in conducting research and methodological activities, and cultivation of education content for students considering the peculiarities of their psychophysical development (Taranchenko, 2006).

In 1940 in Ukraine the first school for students with hearing impairment was opened. And as of 1941, there were already 128 special schools operating in the country, which enrolled 14,100 children. Among them: 84 special schools for deaf children (10,000 students) (Yarmachenko, 1975), 25 auxiliary schools (3,019 students) (Yeremenko, 1973), 17 schools for blind children (967 students) and 2 schools for the visually impaired children (115 students) (Svyrydyuk, Groza, & Rans'ka, 1999).

In 1968 the Minister of Education of the USSR issued Order *On measures to further improvement of the work of special schools in Ukrainian SSR* which identified successes and weaknesses of special education in Ukraine (Shypitsyna & Nazarova, 2001).

In the early 80s of the XX century in Ukraine a new phase of political and socio-economic development began, conditioned by spread of the ideas of society democratization. It should be noted that the educational reform *Main directions of the reform of secondary and vocational schools* (1984), aimed at improving the quality of education for children and youth, and at a better training for life and professional activity (Taranchenko, 2006).

Modern stage (90s of the XX–XXI centuries). After gaining independence since the early 90s the necessity in the development of the national education system, reforming, updating content and national standards appeared. This led to the creation of appropriate academic institutions and departments, including the *Institute of Defectology of Academy of Pedagogical Science*s of Ukraine in 1993 (since 2001 – *the Institute of Special Pedagogy of National Academy of Educational Sciences of Ukraine*). Under the guidance of Academician V. Bondar (the first director of the *Institute of Special Education of NAES* of Ukraine) since 1990s a scientific school called *Theory and history of special education* was founded. Studies of V. Bondar and his followers contributed to overcoming stereotypes in understanding the problems of education and development of children with mental and physical disabilities, departing from the focus on the disorders. Currently the *Institute of Special Education of NAES* of Ukraine is the leading national scientific institution that defines the strategic directions of development of special education and psychology, and carries out fundamental and applied researches on the issues of education of children with special needs.

In the structure of the *National Academy of Educational Sciences of Ukraine* (NAES of Ukraine) the range of other research institutions exist, and each of them has contributed to the development of the theory and practice of education, including in terms of disability issues.

It is necessary to mention the activity of the *Institute of Information Technologies and Learning Tools of NAES of Ukraine* (founded in 1999). The use of ICT offers great opportunities to improve the quality of education and its accessibility for children with disabilities, promoting equal access to information and educational services, fulfill social integration. At the *Institute* the relevant studies are conducted. Thus, M.P. Leshchenko and her scientific school developed theoretical and methodological principles of digital humanistic pedagogy – the science about creating a positive integrated educational reality as a result of the convergence of physical and virtual (created by using ICT) training environments. The current areas of studies in the field of digital humanistic pedagogy cover problems of realizing educational and didactic, organizational and creative functions of ICT: the expansion of channels of transmission and reception of information; the promotion and development of cognitive processes; the achievement of democratization, transparency, personalization, interactivity, flexibility and access to learning, creative self-realization, and self-identity (Bykov & Leshchenko, 2016; Tymchuk, 2014). Studying the peculiaritis of the use of ICT for health keeping education does not lose its relevance. The scientific research is intended to identify the effective ways to resolve the issues outlined: the use of ICT to enhance cognitive processes; the development of creative skills and coordination of all subjects of health keeping education (teachers, students, parents, and professionals); and the use of ICT in teaching children with special needs (Leshchenko & Yastrebov, 2016). In some experimental schools, a model of inclusive education has been implemented (in private school *Charivny Sweet* (“Magic World”) in Poltava since 2001). Achieved results will become the basis for the realization of inclusive education throughout the country.

Theoretical and methodological foundations of computer-oriented support of inclusive education in secondary school are developed by Yu.H. Nosenko (Yu. H. Zaporoshchenko) and are aimed at: defining didactic and psychological peculiarities of ICT use in teaching children with special needs; the identification of the ways and opportunities of ICT used by teachers in inclusive education (Zaporozhchenko, 2013; Nosenko & Yatsyshyn, 2015). Issues of multimedia technology implementation in inclusive preschool education are studied by Yu.H. Nosenko and Zh.V. Matyukh and are aimed at the development of appropriate methodical bases; the creation of the Bank of multimedia resources that would integrate free on-line sources (multimedia presentations, computer games, cartoons) for preschool educators (Nosenko & Matyukh, 2015; Nosenko, Bogdan, & Matyukh, 2016; Matyukh, 2016).

General current trends – formulating paradigms

The historical development of society and social attitude to disability in Ukraine took stages associated with the prevalence of the three paradigms: *care* (as providing basic assistance to support elementary life functions), *social exclusion* (segregation of individuals with disabilities, their isolation within specific establishments), *social inclusion* (integration of persons with disabilities in society as its equal members) (Fudorova, 2012, p. 116). Nowadays the system of special education of Ukraine faces a crisis associated with critical rethinking of its traditional value foundations, financial support difficulties, and the formation of special educational assistance which is currently behind the new social needs. A national system of special education built on the trends of segregation of children with disability, cannot fully meet the needs of society, and needs the paradigmatic updating.

Researcher L.F. Obukhova (1996) based on Vygotsky's position on the fundamental differences between biologizing and cultural-historical approaches to development, stresses the need of separation and the co-existence of two paradigms in terms of studying child's development: natural-scientific and cultural-historical paradigm. 1) *Natural-scientific paradigm* reflects naturalistic approach to human development. Its main characteristics are: understanding of the development as a process of socialization; underlining the role of hereditary factors in the development (i.e., talent, inclinations, and abilities appear as given by nature); considering the environment as a condition of development; interpreting development as child's adaptation to the environment. The famous soviet scholar L.S. Vygotsky criticized the natural-scientific paradigm, noting that apart from all its undoubted advantages, yet it showed failure in matters of research of "top" (highest) psychological phenomena, such as a value, sense, experience and so on. 2) *Cultural-historical paradigm* founded in studies of L.S. Vygotsky and continued by his followers (L.A. Venher, D.B. El'konin, O. Leont'yev, A. Zaporozhets, P. Zinchenko, P.Ya. Hal'perin et al.). L.S. Vygotsky was one of the first who introduced historical method in the field of child psychology. The researcher examined the historical method as the use of the category of development in studying phenomena. In his opinion, studying something historically, meant the study in motion, dynamics (Vygotsky, 1983). L.S. Vygotsky and his followers departed from the established understanding of child development from the perspective of the natural paradigm (i.e. departure from the understanding of development as a transition from the individual state to the social existence, socialization). The researcher was strongly against such an interpretation and stressed the need to consider the development as a transition from social-level to the individual one: the highest psychical functions arise initially as a form of collective behavior, as a form of cooperation with other people and only later they become the individual functions of the child. Thus, according to the cultural-historical paradigm, social environment and surrounding people naturally create a necessary condition for human development. The child is initially included in public relations; and the younger the child is, the more social creature he/she is. For L.S. Vygotsky and his followers, adult acted as an intermediary between the child and the culture, as an abstract "carrier" of symbols, norms, and ways of life. Despite the general recognition of the role of communication with an adult in the mental development of children, the process of communication is not investigated in the framework of cultural-historical approach.

Besides natural-scientific and cultural-historical paradigms, modern researchers emphasize the need for the introduction of humanistic, person-oriented, humanitarian approaches in education, particularly towards children with disability. As noted by the famous Ukrainian researcher, the pedagogue V.O. Sukhomlyns'kyy, the child who is underprivileged by nature should not know that his/her mind and force are weak. The education of such a child should be in a hundred times tenderer, more sensitive, and more careful. A. Kolupayeva (2009) underlines the need to develop a new paradigm of special education, which would include the following areas: humanization (inclusion of a person in broad social relationship with taking into account his/her personal development and individual needs); fundamentalization (rethinking and clarifying key provisions regarding problems, differences, and anomalies in human development; philosophical and categorical analysis of norm and pathology, that would set the general parameters of distinction between them); integration (expression in various forms of joint training and education of children with disability and their peers; presence of integration trends in the system of educational institutions for children with disability and in content of special education).

Researcher O. Stavyts'kyy (2011) notes that for assurance of psychological and physical well-being of persons with disability it is necessary to introduce concepts and paradigms of deinstitutionalisation, integration and normalization. Deinstitutionalisation provides "transition" of people with disabilities from segregated institutional environment into a healthy environment to meet their specific needs in an open society. This involves the integration of persons with disabilities in the least restrictive environment, which increases the possibility of their optimum, and normalized development (2011).

Modern education in Ukraine is in a transitional stage of installation of humanistic educational paradigm, whose theoretical foundations were laid by national researchers and educators (H. Skovoroda, K. Ushyns'kyy, S. Rusova, I. Bekh, S. Honcharenko, I. Zyazyun, Yu. Mal'vanyy et al.). Soviet scholar Sh. Amonashvili determines formula of humanistic paradigm as follows: accept – understand – help – love – compassion – enjoy the success of a child – inspire (Amonashvili, 2002). An outstanding Ukrainian researcher, S. Honcharenko, noted that the humanization of education is a central element of the new pedagogical thinking, which involves review, and the re-evaluation of all components of the educational process in the light of human-creating function. Humanization of education means the respect for the personality, credibility, acceptance of personal goals, needs and interests; and the creation of favorable conditions for the discovery and development of one's abilities and talents, for full life and self-determination at any age. The essence of the educational humanized process is personal development. The means of humanization include: forming cooperative relationships between participants of educational process; education of the younger generation in moral and emotional culture of human relations; forming emotionally valuable experience of human mutual understanding – sincere, benevolent, compassionate, with a developed sense of dignity and respect for the dignity of another person (Honcharenko, 1997). Humanistic paradigm determines the implementation of such activities, that are occupied by educational support and teaching assistance in the field of self-assertion and self-identity. Important place belongs to diagnosis of students' life situation as a mean of understanding of the child. Joint children and adult community is among the top priorities that builds the initial experience, makes development of students' reflection, and makes them gain independence (Melnyk, 2012). Modern humanistic paradigm of education is based on the ideas of personal-oriented education, organization of individual creativeness and value activities. According to this approach, the society is obliged to enable each child in realization of his/her potential, to benefit to society, to become its full member regardless of individual limitations.

Implementation of humanistic paradigm involves the implementation of inclusive education, which is an evolutionary step after medical (segregation) and integration models of special education. Today in Ukraine implementation of an inclusive approach to education of persons with disability is considered in the context of prospects and opportunities for further development of special education, renewal of forms and methods, and the implementation of the model of "education for all, school for all", which has already begun to be implemented at national level (developing an appropriate regulatory framework) and local levels (launching inclusive groups and classes in preschools, schools and higher educational institutions).

Disability studies – scientific discipline, field of study

Disability Studies in Ukraine can be viewed from several positions: as a scientific specialty, as a direction of research, as a profession for which applicants are trained in higher education, and as a direction of advanced training (updater training) of teachers.

As a scientific specialty*, Disability Studies* are reflected in two directions: "13.00.03 – Correctional Pedagogy" and "19.00.08 – Special Psychology". Both scientific specialties involve researches for the degree of PhD and Doctor of Science. Studies in the field of correctional education in Ukraine are aimed at researching the patterns and characteristics of education, training, and preparation for independent living as a condition for successful integration into society of persons with impairments of mental and physical development.

Studies in the field of special psychology address the psychological characteristics of children and adults with disabilities, whose impairments are caused by organic brain damage (mentally retarded); analyze the violation and severe speech disorders while maintaining the hearing (of deaf, hearing impaired, visually impaired, and deaf and blind); clarifies the changes in mental processes compared to the norm, their causes and mechanism and also develop special methods of correcting anomalies.

As a direction of research, disability studies in Ukraine are implemented within the framework of collective researches at the *National Academy of Educational Sciences* of Ukraine, research units of the universities, and research units of the *MES* of Ukraine. Flagship in this area is the *Institute of Special Education of NAES* of Ukraine, whose experts carry out fundamental and applied researches on the education of children with disability; and develop scientific and theoretical foundations, innovative technologies, and models of remedial education for children with disability.

As *a* profession, for which applicants are trained in higher education, *Disability Studies* are implemented at the universities of Ukraine, which are licensed to implement training in this area. The total number of such institutions is 18 (as of 2016). According to the new list of disciplines and specialties of *MES* of Ukraine (2015), disability studies correspond to branch of knowledge "Education" (code 01), specialty "Special education" (code 016). Training on Bachelor and Master Degree for a number of educational programs (specializations) is held: Speech Therapy, Special Psychology, Oligophrenia Pedagogy, ASL pedagogy, and Typhlopedagogy (methods of teaching the blind). In addition, since 2013, all educational institutions of higher education introduce range of relevant subjects (courses): Fundamentals of Inclusive Education, Fundamentals of Correctional Pedagogy, Inclusive Education, or Didactics of Inclusive Education.

For teachers it is possible to enhance their own skills and enrich experience through passing advanced training (refresher courses*)* at the *Regional Institutes of Postgraduate Pedagogical Education*. Each teacher of Ukraine must pass these courses every 5 years. Since 2013 the curricula of update courses include discipline "Fundamentals of inclusive education". It should be noted that number of hours and specific disciplines differ in each institution, and therefore we can conclude the absence of common approaches and consistency in terms of training teachers, and the development of their competence and readiness to work in an inclusive learning environment. Along with the implementation of advanced training for teachers, institutions of postgraduate pedagogical education also act as regional research centers engaged in scientific and experimental work, and implement the results in practice of local schools. Today, almost every postgraduate institution has a department responsible for studying the problems of inclusive education, and disseminates information on the results obtained in the region.

Established practice in Ukraine is to disseminate knowledge by conducting specialized training on inclusive education for teachers. These trainings are conducted free of charge, including the initiative of the *Institute of Special Education of*

NAES of Ukraine (in stationary form and via webinars), and the *Regional Institutes of Postgraduate Pedagogical Education*. In 2016 by the initiative of Marina Poroshenko (wife of the President of Ukraine Petro Poroshenko) launched a social program called *Inclusive education – the level of consciousness of the nation. Experience. Perspectives. Result*, which includes a series of trainings. Currently heads of educational institutions from 5 regions (Vinnytsia, Kyiv, Zaporizhia, Kharkiv and Zhytomyr regions) are involved in studying the inclusion implementation. The next step will be the conducting training sessions for teachers who work directly within inclusive classes.

Interdisciplinary empirical analysis of the phenomenon of disability

Research analysis in the positivist orientation

The study of different aspects of the problems of people with disability, and determining practical ways of solving them requires a multidisciplinary approach, involving theoretical and empirical knowledge from different fields of science. In Ukraine, the problems of rehabilitation, training and development, full integration into society, and improving the quality of life of people with disability are studied by experts in philosophy, psychology, sociology, pedagogy, medicine and other scientific fields.

As noted by O.M. Dikova-Favors’ka, sociological approach is based on currently-known postulate that individual physiological processes are in close relationship with social processes – way of life and its level, opportunities for health, social and other services, environmental situation, nature of the relationship in the close social environment, etc. In sociology, there is a wide range of methodological approaches and techniques that allow studying health and social problems of disability, thanks to a set of research techniques ranging from quantitative to qualitative. Thus, the researcher emphasizes the feasibility of combining traditional sociological approaches (i.e., structural functionalism, symbolic interactionism, conflict theory, post-structuralism, postmodernism, and gender theory) that let to study comprehensively, and to identify and differentiate more fully the peculiarities of life of persons with disability in the aspects of self-reflection (the inner world of a person, self-concept), their reflections on social environment, and the main problem factors of society’s reaction to the phenomenon of disability. O.M. Dikova-Favors’ka substantiates the idea that making the array of correctly received and correctly interpreted information will actually approach the proper protection of rights of persons with disability in all areas and sectors of political, social, economic, and cultural life of the country, including areas of productive employment to obtain a decent income; will lead to free access to integrated education, treatment and rehabilitation, social and other services, and infrastructure objects; will lead to active participation in third sector organizations that gradually lead to the minimization of problem of social exclusion, narrowing it to a non-system individual cases (Dikova-Favors'ka, 2011).

V.V. Moskalenko considers the problem of disability, as a combination of macro-, meso, and microsystem, and explores the relationship between different sectors of life, the environment of persons with disability, and the impact of political, economic and legal environment for their vital activity (Moskalenko, 2005). A number of papers of Ukrainian researchers show data of sociological surveys on a wide range of disability issues, including the practice of social work with children with disabity (Levin, 2003), professional employment of young people with disability (Yaremenko, Bondarchuk, & Komarova, 2003) etc.

The field of sociology includes studies of the problem of social integration of people with disability, which is a process of social identity formation and enables further socialization and self-affirmation. The researcher O.M. Fudorova notes that socialization (both initial and secondary) is to provide continuous personal growth. This integration can be considered as successful if the individual develops the necessary social role, learns values, social norms, and patterns of behavior approved in the society and social community. This is a complex, contradictory, and dynamic process, which is accompanied by crises, acting as a crisis of personal growth, and dissatisfaction with one's social or personal status, especially in the case of persons with disability. It appears the inaccessibility of desired identity, and the unsustainability to be as required by a society or social group. Unreachable level of self-identity of people with disability can generate profound disappointment and a conflict with society, social group, and with oneself. Often, functions and roles actually performed by a person with disability in society, do not match, and that requires scientific study to further settlement (Fudorova, 2012).

Disability issues are also studied by Ukrainian scholars within perspective of psychology. As remarked by M.I. Mushkovych, the task of psychologists who work with people with disabilities, is the development of personality of a person with disability who is able, despite physical impairments, to take a full place in society (Mushkevytch, 2009). In the context of study of psychological conditions of self-realization of persons with disability modern researchers (Barna, 2009; Serdyuk, 2007; Tytarenko, 2003; Khoroshaylo, 2005) emphasize self-becoming.

More accurately, the emphasis is on the positive self-becoming, that is one of the prerequisites for a successful self-identity, as the specifics of individual attitude to oneself plays a regulating influence on almost all aspects of human life. This is reflected in the establishment of interpersonal relations, in the way that people set up and achieve goals, in the methods of forming and solving situation of crisis, and in the appropriate inclusion of the subject in various activities promoting the disclosure of internal capacity and capability. Depending on valence of self-attitude (positive or negative), not only the image of the world but also the dominant strategy of fulfillment is built. The foundation for creating a positive self-attitude of the person with disability, above all, consist in adequate self-esteem and self-acceptance that emanate from an understanding of one's own advantages as well as imperfections, flaws, limitations, and awareness of personal value, dignity, and worth of human life.

For people with disability, which by their nature are unique, a psychological condition necessary for effective self-realization is individualization as a foundation to build a personal strategy. In this regard it is worth to mention the research of T.M. Titarenko, who considers any deviation from the norm as a platform for establishing identity. The researcher notes that consideration of the individual as a complex open system, which is self-developing, provides attitude to any disruption of its development, deviations, and pathological abnormalities as the basis for the nascence of something fundamentally new in the individual and human history. Personal disharmony can be seen as a mechanism to generate uncertainty, reserves for variability, without which further development of the living world would not be possible (Tytarenko, 2003).

Modern Ukrainian scholars, including M.V. Barna, pay special attention to freedom that provides people with disabilities with the opportunity to independently and freely disclose of their inner potential. The ability to choose one's own solution and take responsibility for it, which are given by freedom to a large extent, influences the process of self-realization and determines the line of individual strategy development. This is a responsible freedom of a person with disability that would enable him/her to form an effective strategy of self-realization not only through self-reliance on someone, but also by considering the personal potential, and would allow the individual to feel as a complete person. The concept of freedom necessarily implies a reflection, as one of the mechanisms of development and organization of the cognitive, intellectual and creative individual development, forming with it an indissoluble functional unity (Barna, 2009).

The issue of activity/inactivity in the context of self-realization of people with disability becomes of current importance. It is known that passive behaviors cause problems in the process of self-realization (i.e., difficulty in communication, expression of one's own thoughts, emotions, negative feelings of loneliness, anxiety, depression, etc.). On the contrary, having an active personality involves individual resources to realize his/her capabilities and potential, making efforts for the disclosure of his/her inner self, and overcomes obstacles to self-realization. The scientists (Horak, Berezko, & Nikolayenko, 2001) state that the active life and the ability to direct one's efforts in the right channel are the necessary psychological conditions for personal development, the sources, and the driving forces behind effective self-realization of a person with disability.

It is worth noting the fact that the family plays very important social and psychological roles in the development of strategies of self-realization of people with disability, because it is an institution of learning, education and personal development, and also a set of dominant factors influencing the person. It is grounded in the study of I.B. Ivanova that structural adjustment of parents to child's disability, above all, means that following such a situation, you need to create favorable conditions for the child to normalize his/her life and socialization. Therefore, a favorable psychological climate in the family is the basis for a positive development. Instead, disruption of family life affects negatively the development of the child with disability, and increases the risk of secondary symptoms of disability (both mental and emotional disorders) (Ivanova, 2000, p. 39).

Among other social-psychological conditions for successful self-identity of people with disability, Ukrainian scientists distinguish: social adaptability (Hrebenyuk, 2001; Komar, 2004; Polyovyk, 2011; Skrypnyk, 2006); identifying the ways of self-identity, and its humanistic orientation (Nesterenko, 2004); and dynamic, functional unity where the image of the world and the image of one's self are balanced by an adequate understanding of their place (Losyeva, 2004). Availability of the necessary psychological conditions provides a solid foundation for building an effective strategy for personal fulfillment of the individual with disability.

Self-realization of people with disability is largely conditioned by the educational aspect. As noted by M.V. Barna (2009), being developed in conditions and under the influence of the educational environment, personality goes beyond his/her own self and fulfills in different directions offered by educational establishment, including the context of cooperation with the microenvironment, which acts as a catalyst for self-realization process. The degree of integration of the educational environment is important for people with disability. According to I.B. Ivanova (2007, p. 188–189), the integrated educational environment is the most adapted one to the special needs of persons with disability. Ukrainian researchers (Talanchuk, Kol'chenko, & Nikulina, 2004) consider the integrated educational environment as a micro-model of social environment, and declare that such form of learning would contribute to the fullest realization of equal rights for education for students with disability alongside healthy peers, and also requires policies of maintenance of equal opportunities. According to L.Z. Serdyuk (2007, p. 357), learning and the specifics of communication in the integrated environment, activate restructuring of the consciousness of people with disability closer to the consciousness of healthy peers adapted to life, who are striving for self-realization. And this is the favorable situation for correction of deformities of a subjective picture of a person's life.

According to N.I. Ashitok (2012) the introduction of new educational models that would provide an opportunity to "special" children to study together with "ordinary" ones is rather current for persons with disabilities who could become active participants of social life. The model of inclusive education is one of the ways.

This model aims to create conditions for active participation in the educational environment and proper training for self-realization in various spheres of any and all, including persons with disability. In recent years in Ukraine, the active study of various aspects of implementation of inclusive education are conducted, among which: strategies on planning, organization and implementation of the educational process in inclusive class (Danilavichyutye & Lytovchenko, 2012); implementing a differentiated approach in inclusive class (Taranchenko & Nayda, 2012); monitoring and assessing students' achievements in inclusive class (Sak, 2011); developing recommendations of inclusive tools for teachers (Dyatlenko, Sofiy, Martynchuk & Nayda, 2015; Kolupayeva, Danilavichyutye & Lytovchenko, 2012; Kolupayeva & Taranchenko, 2010; Kolupayeva, 2007; Sophiy, 2015); and developing recommendations for parents of children with special needs (Zayerkova &Treytiak, 2016; Support Yourself – Support the Child, 2015; Kolupayeva, 2010).

Research analysis in the humanistic orientation

Humanistic values are fundamental ones and should be considered as the primary social structure of a modern democratic society. The level of their development depends on the accumulated human experience on the implementation of the trans-cultural norms of joint living, respect for the law, honesty, cooperation, charity, and tolerance for others. The leading trend of modern pedagogy in Ukraine is its shift to the human personality and personal development, revival of humanistic tradition, humanistic educational philosophy, and methodology of humanistic pedagogy.

V.L. Ortyns'kyy in his study notes that the essence of the methodology of humanistic pedagogy consists in unity of dialogue, personality, and activity-based approaches. Implementation of these approaches requires the development of educational paradigm, focused primarily on the development of spiritual and creative nature of a person. The main objective of educational practice becomes not only learning the laws of nature and society, but also activity-mastering humanistic methodology of creative transformation of the world, harmonization of relations in the system "man – nature – society" (Ortyns'kyy, 2009).

As noted by V. Astakhova (Astakhova, 1998), the main humanistic line of all educational work is the formation of intelligence that is not determined by the level of knowledge and skills, but by the level of general culture that accommodates a culture of communication and way of life, behavior and coexistence, and the fidelity to the "high idea" of serving the society, that must be above all. The humanistic approach to education is seen as necessity and possibility of overcoming the prejudice of educational institutions to the participants of learning process and, most importantly, a fundamental change in goal-setting activities of the school in general, creating conditions for the satisfaction of human needs in cultivation, nurturing of their knowledge and culture. On the other hand, the humanistic approach is seen as fundamental changes in the content of education, rejection of the technocracy and environmental ignorance, and the recognition of humanitarian culture priority.

By definition of I. Zyazyun (Zyazyun, 1995), humanitarization is a phenomenon of basic direction that causes the formation of individuality. Humanistic values of education involve changes in the authoritarian education model for the personality-oriented one. The purpose of personal-oriented education is the formation and development of the child's personal values. They are the ones that due to their essential indicators are able to conduct function of the highest criterion for targeting individual education and support aimed at personal self-determination (Bekh, 1998).

O. Stolyarenko in a research aimed at studying the methodology of transformation of education on the basis of evolution of the humanism ideas (Stolyarenko, 2014), notes that humanistic path for education upgrading is to play a decisive role in its reformation, so it would be able to free society from the archaic and conservatism. The researcher justifies the need for special pedagogical conditions aimed at upbringing the spiritual-moral attitudes on the basis of common values, development of students' need to self-determination and self-identity, and the recognition of value attitude to every person as a leading factor in the formation of a human personality.

In the study of I.V. Tomarzhevs'ka (2007) the psychological humanization principles of training of students with disability are studied. The researcher determines the specificity of personal problems of students with disability, that appear in their typical restraint in interpersonal contacts, complications in interacting with other people, propensity to self-blaming and feeling guilty, high level of anxiety, insecurity, isolation, dependence on the mood, weak emotion, and behavior control. All these factors adversely affects their training and personal development. The study substantiates that humanistic attitude is the one that enables young people with disability to develop their skills, to feel no just an observer but the real author of their lives and the entity responsible for his/her actions, as the purpose of humanizing of vocational education is to support a person and lay the mechanism of self-development and self-realization, *to destroy and to compensate the defect*. I.V. Tomarzhevs'ka uses a person-oriented approach as a methodological one, based on the principles of holistic understanding of the person with disability, a comprehensive study of individual psychological characteristics and problems (one's ability to communication, orientation, self-awareness, experience, intelligence, personality traits and physiological characteristics of the individual), and the harmonization in the process of humanistic-oriented psychological support. Education facilitation, psychological assistance and support of students with disability provide harmonization and activation of their individual development, psychological strengthening of their personality, correction of disharmony, and contribute to the development of professionally important qualities: communication skills, tolerance, empathy, ability to solve psychological problems, optimization of mental behavior and emotional states, enhancing personal development, as well as team integration.

I. Ya. Ivanyuk (2009) stresses that working with students with disability needs to implement a number of approaches, including individual and personal-humanistic ones. The researcher proves that the organization of integrated education for persons with disability should take into account the general and specific principles of humanistic pedagogy and psychology, the most important of which are: social orientation; personal development in activities and communication; stimulation of internal activity of the individual; humanism combined with high standards; taking into account the individual features of age; training in a team; unity and coordination of requirements, efforts and actions of teachers, families and the public; legality of education and inclusion of people with disability and guarantee of human rights; accessibility; reliance on human potential and maximization of social resources; combination of assistance and self-assistance; voluntariness in help acceptance; and responsibility of social officers for the preservation of ethnic and legal norms.

In the study of E.A. Danilavichyutye and S.V. Lytovchenko (2012) the concept of humanistic pedagogical interaction as the basis of teaching strategies in inclusive classrooms is revealed. The scientists substantiate that for humanistic pedagogical interactions such properties are inherent as dialogicality, focus on personality, and creativity that makes this interaction unique. Its basis is the paradigm of humanism, based on the ideal of limitless creative possibilities of identity and its freedom that allows people to live up to fundamental values. Humanistic paradigm helps to understand the meaning of one's own existence, creates an internal feeling that makes correlation between behavior and the duty to humanity, and leads people to altruism. Accordingly, humanistic pedagogical interaction, based on the best humanistic ideas, is the perfect basis for successful organization of inclusion.

A.A. Kolupayeva notes that during the process of democratization of Ukrainian society, the ideas of humanizing education and individual priorities acquire a sizeable spread. In their study (Kolupayeva, 2010) the researchers substantiate the importance and priority of establishing partnerships among parents and all professionals who work at school and assist children with disability. The relationships between parents of healthy children and parents of children with disability should be equal, as the recent studies show that inclusive environment offers the opportunities for personal improvement to ordinary students above all. Thus, they start a better understanding of people who are unlike others; they have an opportunity to help those in need; they learn to empathize and evaluate things from the standpoint of humanity.

Methodological pluralism

Disability studies due to their complexity and multidimensionality require various forms of scientific knowledge. Using modern methodology as a set of theoretical principles, logical and specific methods of scientific cognition allows studying complex and multifaceted phenomenon of disability systematically and comprehensively. Thus, methodological pluralism makes it possible to understand the deep nature of these problems, consider them under interdisciplinary approach, and allows to create a flexible program of methodological strategies, whose main characteristic is the complementarity of situational and perspective methods. However, as I. Omelchuk says (2012), we must first consider that the potential of pluralism methodology appears in the "care" about quality, not quantity of its views, opinions or principles postulated. In other words, the methodological pluralism has to result to programs that would be able to optimize the proposed alternatives, but not multiply them artificially and infinitely (qualitative characteristics, as opposed to quantitative ones).

The current stage of development of scientific thought in Ukraine shows examples of theoretical and empirical research and practical implementation of their results in different areas of working with people with disability, based on the medical, social, political and legal models and models of cultural pluralism. As I.D. Zvereva and I.B. Ivanova notice (Zvereva & Ivanova, 1995), today, within the medical model, the work with children with disability includes: home nursing; health care; provision of medicines; sanatorium treatment; and implementation of benefits guaranteed by the state. As it is said in the study of O.V. Bezpalko (2003, p. 91), the core of social model is the relationship between a person with a disability and society, rather than deviations in health and development. Limited opportunities are understood as a consequence of social conditions that narrow the possibilities of self-realization of children with disability (i.e. such children are considered more as a discriminated group than abnormal). To overcome this, it is necessary to organize the integration of people with disability in society through the creation of conditions for their maximum self-fulfillment, not by their adaptation to the norms and rules of healthy people life. The task of political-legal model is to protect the rights of children with disability that should be enshrined in law and implemented through the standardization of regulations and rules in all spheres of child's activity. A task of model of cultural pluralism consists in training society in tolerance towards children with disability.

In her study, O.M. Dikova-Favors'ka (2009) based on the methodology of social sciences, studies sociological conceptualization of integrated education of persons with disabilities. By using heuristic potential of sociological approaches to the study of people with disability, the researcher reveals the essence of the limited health in sociological terms; reveals the functions of social constraints; analyzes the social limitation as a set of social and cultural rules and behavior models; reveals substantial aspects of the new sociological direction – sociology of disability, and offers authorial integrated model of inclusive education for young people with disability; and describes the components of a comprehensive program of social support for training and education in integrated environment (medical, psychological, informational, social, pedagogical, communication).

V.V. Onikiyenko (2013), exploring disability issues from the perspective of demographic science, determines the socio-economic problems of persons with disability, and justifies the social orientation of the labor market and social protection as a necessary condition and key attributes of a socially-oriented market economy. The researcher identifies factors and preconditions of socialization of the labor market, methodologically justifies its essence and performance evaluation; analyzes the dynamics and quality of economic development at the stage of reforming the social-economic system of Ukraine in terms of impact on the labor market, employment, living standards, and social protection, including the economic situation of persons with disability; justifies the concept of modernizing of social protection, based on a comprehensive target-oriented approach; and determines the system of the necessary measures to ensure full and effective involvement of persons with disability in the political, economic and social life to expand their individual capabilities, and realize their potential and life-long well-being.

In H.V. Davydenko study, (2015) a retrospective and comparative analysis of inclusive education in Ukraine and the European Union is conducted. The researcher theoretically grounded and developed a model of effective transfer of the main achievements of inclusive education systems of the European Union universities in the area of Ukrainian realities. It is established that one of the major theoretical and practical issues of inclusion is to determine the effectiveness of inclusive education, which involves multifaceted (i.e., didactic, educational, financial, social) statistical measurements. And through application of integral-differential equations, it is possible to conduct mathematical forecasting and measurement of interplay among healthy students and students with special educational needs.

L.Z. Serdyuk's papers present (2007, 2013, 2014) the psychological study on personality of students with disability, who are studying at the *Open University of Human Development "Ukraine"* in conditions of integrated education. The work conducted made it possible to accumulate considerable empirical material, whose analysis allows to draw conclusions regarding personal organization of this category of people, their adaptation to life, behaviors in everyday situations, and orientations for the future. The value of psychological researches carried out with the participation of people with disability, is to analyze from the standpoint of modern psychology how their system of self-regulation and self-determination is organized, what are reserves and tools of transferring of defect in the advantage, and explore opportunities to assist both people with disability and people who are considered to be "healthy" for optimizing their fulfillment in the personal sphere and professional work.

Selected constructs of recognition of the phenomenon of disability

Personalistic perspective

The basis of development of subject category in Ukraine was S.L. Rubinstein's concept of human, who formulated the classical definition of the subject as the initiator of activity and added it with definition of self-determination, self-development, and self-improvement (Rubinstein, 2007). The *principle of subjectivity* supposes considering a person not as a set of separate mental functions, cognitive parameters and behavior characteristics, but as a coherent whole with all his/her individual differences and expressions, when he/she (as a subject) develops, organizes, and supervises his/her own activity. Subjectivity assumes the position of the creator of one's own life path, initiates all kinds of human activities and contributes to its effectiveness, regardless of individual characteristics and physical abilities. While this is not an innate human characteristic and not characteristic only of outstanding individuals, it may develop in every person. The latter provision was the starting point when considering the possibility of forming the subject of self-development (Kuzikova, 2011). Subjective activity is expressed in forms of life activity, where the person is free and demonstrates the will. The will expression is determined through subjective experience, variety of personally meaningful goals, values and constructed picture of the world in which the person lives. Subjectivity is a special quality of life, which provides the ability for independent life creativity, ability to change the world and, most importantly, to change oneself.

Ukrainian researchers consider subjectivity as a central formation of human reality that appears in a certain level of personality development and integrates its characteristics such as activity, reflexivity, initiative, creativity, moral maturity, self-determination, self-regulation, mindfulness, independence, and others. Personality can be characterized as the subject in the extent to which it uses its intelligence, abilities, subordinates lower needs to higher ones, and builds its life according to its values and principles. A higher level and quality of life of the subject can be indicated through the ability of the individual to organize and regulate his/her life path as a whole, to subordinate it to his/her goals and values (Kuzikova, 2013; Tatenko, 1995; Chayka, 2011). Subjectivity as personal property acts as a functional entity that, according to S. Kuzikova, provides solving three basic life tasks that are constantly updated: a) agreeing personal needs, abilities, expectations with the requirements and conditions of the activity; b) building a life in accordance with one's goals and values; c) the constant pursuit of excellence through resolving contradictions (Kuzikova, 2013).

The development of the individual as the subject is minor relatively self-movement of one's activities in the social relations (Tatenko, 1995). As noticed by the famous Soviet and Ukrainian researcher, psychologist S.L. Rubinstein, the original specificity of the person and human existence is that the overall determination of being includes not by consciousness itself, but a human as such, who is conscious of the world and is the subject not only of awareness, but also of action (Rubinstein, 2007). For the development of subjective properties a certain role is played by the environment in which a person is growing and educated. V.A. Tatenko notes that the problem of "authorship" in mental development that goes into the problem of mental development of the "author" cannot be resolved without consideration of the social nature of the human individual, and without significance for his development of interaction with the social environment, system of social relations, and institutions of socialization. But these factors are not decisive in the development of the psychics; they are the background, the condition of the individual's development as the subject of mental activity. V.A. Tatenko offers the paradigm of subjective mental activity: from the beginning the child is recognized as a subject of his/her own mental development determined "from the inside" that enters into an active, initiative interaction with the social environment from the perspective of actual and potential levels of development (Tatenko, 1995). Thus, the formation of subjectivity is conducted only through self-development. During the self-development the "Self-Developmental" manages the development (i.e. quality, directed, irreversible change) of "Self-Object". And personal self-development is seen as a conscious, purposeful and self-governing activity of the individual, whose goal consists in self-transformation in a positive direction that provides personal growth and self-improvement.

Complete self-actualization and self-realization in the educational process are the reliable prerequisites for the formation of a fully developed, confident personality. As subjectivity is a system-creative feature of a person, the educational process that maximum promotes subjectivity can be called personality oriented (Podmazin, 1997). According to the academician A. Savchenko (1997), the most important features of the personal-oriented education are poly-variability techniques and technologies, ability to organize training simultaneously at different levels of complexity, strengthening by all means the value of emotional well-being, and positive attitude to the world (i.e. intrinsic motivation). With the realization of person-oriented approach the functions of the educational process are changing radically: instead the priority positions of learning the developmental and self-developmental ones are put forward. In this sense, education really becomes humanized as it comprehensively promotes human protection and development, promotes the intellectual, spiritual, and physical enrichment, non-violent socialization in terms of teaching and learning activities. Within person-oriented approach, humanistic attitude is formed that allows a person with disability to develop his/her skills, to feel no an observer but the real author of his/her live, a life-creative entity responsible for own actions, as the goal of humanization of education is to develop "a human in a human", to support his/her and lay a mechanism of self-realization, to destroy and to compensate the defect (Tomarzhevs'ka, 2007).

In a process of person-oriented learning the subjective experience of each individual, his/her socialization in terms of education and the educational system is acquired. The prominent Ukrainian psychologist and educator H. Vaschenko, who incorporates the centuries-old Ukrainian pedagogy, said that the main in man consists not in knowledge as it is, not even in its regularity and depth, but in character and good will that determine the direction of human's forces to high goals (Vaschenko, 2000). Thus, activities within the person-oriented education are the tool of development based on an active dialogue, mutual understanding, and self-management that implies subject-subject relationship between participants of educational interaction. Among the main objectives of such learning, Ukrainian researchers distinguish the following ones: 1) to develop individual cognitive abilities of each person; 2) to identify, initiate, use, and "ameliorate" individual (i.e., subjective) experience of the individual as much as possible; 3) to help a person to cognize his(her)-self, to self-determinate and self-realize, not to form a predetermined features; 4) to form a culture of life activity that will help to build productive everyday life, to determine the life line (Husak, 2008).

The implementation of person-oriented approach to teaching children with special needs requires appeal of psychological and pedagogical science and practice to a certain idea of personified (individualized) and differentiated learning, and the development of new methods of its organization. In order to define the right of every person to be individuality, education should provide the students with an opportunity to move their own way in the learning process. The solution of this problem depends primarily on the prioritization in the selection of forms and means of implementing of learning personalization and differentiation. H. Vaschenko (2000) noted that as each of the students has natural properties, it is necessary for effective school education to investigate individual inclinations and abilities of each student and assure both their overall development and the individual specific skills. At the same time, well-known Ukrainian psychologist G.S. Kostyuk, argues that individual approach is not only adaptation of learning to existing individual children's characteristics, but the direction and the provision of further development of their mental powers in the most favorable direction for students (Kostyuk, 1989).

The psychological researches of V.E. Chudnovsky are important as the issue of individual approach to personality. Among others, the author notes that this approach is embodied the most effectively in the concept of individual style of activity, based on the typological properties of the nervous system. V.E. Chudnovsky expresses an important idea: the study of children's individual style of activity allows setting specific tasks to individual approach to a child (Chudnovsky, 1988). S.U. Honcharenko (1997) determines individualized learning as a process in which the choice of methods, techniques, and tempo of learning, take into account the individual differences of students, the level of their ability to learn. The researcher points out that individualization of the learning process should be based on a thorough knowledge of the teacher aptitudes and interests of students, their attitude to learning, and individual characteristics.

Thus, learning of people with disability should be based on the subjectivity of the individual as the subject of learning, recognition of his/her right to self-determination, and self-realization in the learning activity that involves adapting the learning environment to his/her and not vice versa. This requires fundamental changes in the purpose and value orientations of the educational process, updating the semantic component, its humanization, modernization of educational technologies and their humanization, democratization, changing teachers' methods, the introduction of cooperation technology, and adjusting character of educational activity of the individual as the subject of the educational process. The purpose of such learning consists in harmonious formation and comprehensive development of the individuals, acquiring their own unique "Self", full disclosure of the creative forces regardless of individual characteristics.

Perspective of normalization of life of people with disabilities

Since the 60s till the 90s of the XX century in Ukraine, as in many countries, normalization (integration) concept is becoming widely spread, that defines the policy in relation to people with disability. During this period integration of children with special needs in the environment of common peers is becoming the norm. Integration in this context is seen as a process of assimilation, which requires adoption by individuals of rules specific to the dominant culture. The concept of normalization is based on the idea that: a) everyday life of people with disability should be close as much as possible to conditions and lifestyle of the society in which they live; b) society must change its attitude towards persons with disability, to ensure the protection of their rights and interests; c) society must determine the ability of persons with disability to the development of different activities; and d) persons with disability must accept conditions and lifestyle of the society in which they live and adapt to them. The concept of normalization also means that 1) a child with special needs has common to all children needs, most important of which is the need for love and an atmosphere that encourages the development; 2) the child should lead a life as close to normal as possible; 3) all children can learn, no matter how severe their developmental disorders are, that's why everyone should have equal access to educational services.

The theory of normalization (social relatedness) is consonant with the teachings of L. Vygotsky, who promoted awareness of the compensatory nature of human capabilities, its social orientation and laid the basis for determining the theory of social relatedness. Back in the 30's the scientist noted that the general idea of child defectiveness in the scientific literature and in practice was primarily associated with biological causes, and social aspects were minor considered, though they are the primary and main ones (Vygotsky, 2003, p. 101). Singling out the social aspect of compensatory ability, L. Vygotsky observed that a physical defect causes social dislocation, quite similar to bodily dislocation when human's body (arm or leg) is damaged and out of joint, when usual ties break roughly and functioning of the organ is accompanied by inflammation. If bodily defect psychologically means social dislocation, the educationally raise child means to direct him/her to life as if it was reduce of dislocated body of a patient (Vygotsky, 2003, p. 100–101).

Normalization consisted of new ideas, opening up broad prospects for the child with disability, based on educating according to cultural norms of the society in which he/she lived (Kolupayeva, 2009). This normalization of life did not mean that a person with impairments became normal (i.e., a person without disabilities). It meant that life of such person became normal, the same as life of other members of society. Normalization of life as a principle of correctional and educational work, is not intended to change the child, but corrects the effect of environment on child's behavior and life. One of the main objectives of normalization is to teach the child to use the tools of interaction and communication that meet his/her individual needs.

In addition to the concept of normalization, during the past 20 years in Ukraine, the concept of inclusion or social model is developing that aims to change society so it could ensure equal participation of all citizens in the fulfillment of their rights and give them the opportunity for this (Sophiy & Nayda, 2007). Unlike normalization, inclusion is based on recognition and respect for individual human differences. Fundamental to this concept is that no person has to adapt to social and economic relations, but vice versa – the society must create conditions to meet the specific needs of each individual (Martynchuk, 2011). According to A.A. Kolupayeva, inclusion is based on recognition and respect for individual human differences and provides the preservation of the relative autonomy of every social group. Along with this, ideas and behavior style typical for traditionally dominant group should be modified on the basis of pluralism of opinions and customs (Kolupayeva, 2009). At the same time individual characteristics should not be perceived as something extraordinary, doomed, and the existence of impairment should not result marginality of human life course. The focuses of this model of social behavior, according to scientists, are: 1) autonomy; 2) participation in social activities; creating a system of social relations; 3) adoption of each individual by the society (Kolupayeva, 2009).

It is worth noting that modern society (in the broad sense) came to recognizing and upholding the rights of persons with disability to fully participation in public life and is trying to realize the need to create conditions for full implementation of these rights. Obviously, today the emphasis is shifted from the human adaptation to the environment towards adapting the environment to meet human needs.

Theoretical and practical concept of inclusion has become fundamental in the development of modern models of education of children with disability based on their complete socialization. Ukrainian scientists consider individual diversity not as a source of difficulties, but rather as an attribute of reality that is necessary to be accepted and, moreover, appreciated. With this approach we object definition of norm, as something homogeneous and stable. Instead we see a norm in variety. The existence of different categories of students, each with unique educational needs, is the basis on which modern pedagogy should be built (Danilavichyutye & Lytovchenko, 2012; Kolupayeva, 2009; Taranchenko & Nayda, 2012, et. al).

Thus, inclusion aims to provide a framework for the social integration of persons with disability. It takes into account the characteristics and needs of different age groups of people with disability resulting their inclusion in all social systems, social relationships, preparation for complete self-realization, professional self-fulfillment, and disclosure them as individuals. At the same time, the effectiveness of social inclusion depends on the normalization and quality of life. Normalization guarantees social benefits to people with disability on an equal basis with others. Quality of life emphasizes the needs of the individual with the disability and his/her right to be provided with the conditions for full satisfaction of those needs. Quality of life is measured not only in terms of meeting the needs of individuals, but also in the quality of life of their families: the smaller the family feels the consequences of disability, the higher the level of life quality is.

Cultural construct

Socio-cultural progress, as the process of humanization of relations between the individual and the society, aims to preserve the spiritual inheritance of human relationships, requires a special focus to the least socially protected segments of the population, including people with disability. Modern Ukrainian scientific community considers a person with disability not only as an object of social and educational assistance and care, but also as an active subject of the society, which should create conditions for his/her maximum possible self-fulfillment and social integration. To O. Khoroshaylo's opinion (2006), a fundamentally new approach to the problem of people with disability is related with: 1) the transition of society to post-industrial stage of development; 2) the turn of social consciousness from utility culture to dignity culture. Given this, the search for optimal ways of learning, cultural, and social integration of people with disability is one of the priorities of pedagogical (educational) science and subject of interdisciplinary studies and practical researches.

Today a human with disability is often seen as a cultural group in various spheres of society. Culture of disability can recognize and welcome the lives of people with disabilities, arguing that this is not necessarily related to something tragic, and they should not be considered as less-valuable. Groups of people with disability within the community can have a common social and cultural history. Some groups have a common language, such as sign language, Braille, or even some special terms that they use to talk about disability or about themselves. They often share customs and traditions, such as the celebration of the Enlightenment in issues of disability and dignity.

Young people with disability do not always have the opportunity to participate actively in the cultural life of society at the local or national level due to physical and psychological barriers. Among the physical barriers there are the absence of universal design (no special transport or physical access to the various buildings) or the lack of information in an accessible format. Among the psychological barriers there is a fear of a potential unavailability of desirable objects which are difficult or impossible to reach on their own. A significant psychological barrier is identity that means that people perceive themselves as disabled or as members of minority. Some people with disabilities do not want to see themselves as a minority, as this has a negative hidden meaning to them. Others do not consider themselves persons with disabilities and see themselves as members of specific linguistic and cultural minorities..

Disability in Ukraine often creates handicap complex, which is the attribute of the individual influenced by awareness of disability that destroys life, making no sense, and accompanied by negative emotions, destructive estimations of oneself and society (Stavyts'kyy, 2014). From the psychological point of view this concept is explained as a condition where a combination of physical, mental, psychological, and social qualities complicates the process of adaptation, not allowing people with disability to achieve an optimum level of development and operation. L.S. Vygotsky (1995, p. 73) called this phenomenon *complete imperfection or social disabilities*. The handicap complex is a personal, internal self-rejection of a person with disability, a deformed image of Self as a result of negative influences of social attitudes. The basis for the development of persons' with disability handicap complex is "handicapism", which is a social phenomenon that is updated by the negative perceptions of people with disabilities (linked to the concepts of discrimination, xenophobia, and stigmatization). Such views are in the public consciousness and are at the unconscious level as the collective unconscious (archaic stereotypes) (Stavyts'kyy, 2011, 2014). Today the handicap problem in Ukraine is in the initial phase of scientific reasoning (Stavyts'kyy, 2011, 2012, 2013, 2014).

The scientific community of Ukraine is converging on the opinion that people with disabilities are entitled to social assistance, regardless of their potential contribution to society. The inclusion of people with disabilities also requires the introduction of policies and programs that would remove barriers and could guarantee the fulfillment of civil, cultural, economic, political, and social rights. An important role in shaping public attitude to people with disability is played by mass-media.

As noticed by A. Stavitskiy (2012), the public awareness about disability, about its different states has been increasing steadily due to mass-media that contribute to see how much perseverance and determination are exerted by people with disabilities to live a full life. In Ukraine the social and media project "Strong spirit" ("Syl'ni dukhom") has been held almost for 10 years, which aims at informing the public about authentic life of people with disability, strengthening tolerance towards these groups of citizens. The main strategies towards this objective achievement are defined as follows: forming the image of a person with disability and his/her environment, as successful, optimistic, strong spirit personalities; social integration of people with disability; forming the society tolerant attitude towards people with disability, neutralization of social incomprehension, indifference and phobias; and drawing the attention of state and civil organizations to disability issues (Bondarenko, 2014). Such projects have great potential and are edge of importance because, the society of Ukraine still faces severely the problem of intolerance to ethnic, religious groups, hatred and violence towards social minorities, including people with disability. Ukrainian researchers emphasize the need for changes to the public relations to phenomenon of disability, forming public tolerance to persons with disability (Hryva, 2008; Dobrovitska, 2010; Rudenko, 2014; Sokolov, 2007; Stavyts'kyy, 2012). Along with this, it is helpful to avoid extremes when people with disability are represented as very poor or in need of pity or honor as heroes who dare to live. This image only contributes to unconstructive attitudes. Instead, it is advisable understand that people with disability form a group that is such interesting and diverse as any other group in society.

An important link between society culture and the inner world of the individual, including persons with disability, is the development of spiritual and moral values, which are internal philosophical beliefs, form opinions and principles, vital position, and human behavior. Ukrainian researchers (Bekh, 1997, 2006, 2012; Khoroshaylo, 2005; Shevchenko, 2004) argue that development of spiritual and moral values will form understanding of the absolute value of every person, the priority of his/her rights to full realization of individual abilities and interests, regardless of individual characteristics. This will allow, on the one hand, to develop a tolerant attitude of the society towards people with a disability, and, on the other hand, people with disability to get rid of the destructive self-concept, to overcome handicap complex, to direct sphere of values towards self-development and social integration.

People with disability, as a particular social group, which has its social and cultural characteristics, require special conditions of life and integration into society. Thus, the appropriate use of modern methods of social adaptation, such as art-therapy, is advisable. The method of art-therapy has recently acquired a favor of Ukrainian teachers and psychologists, researchers and practitioners. Possibilities of using different forms of art-therapy (literature therapy, kinesiotherapy, music therapy, vocals therapy, imago-therapy, drawing therapy, tale therapy, sand therapy, etc.) in education, rehabilitation, social work, and its healing properties are studied today by many Ukrainian researchers (Voznesenska, 2005; Kondrytska, 2005; Korotchuk, 2006; Omelchenko & Fediy, 2005; Pidlypyshyna, 2009; Rosik, 2007; Soroka, 2008). The researchers argue that the use of different forms of art-therapy contributes to improving social adaptation, overcoming psychological barriers, fears and emotional traumas, development of creativity, consciousness expansion, improvement of interactions with the environment, the successful integration of the individual in the cultural and social space.

Conclusion

This article presents the phenomenon of disability in the context of historical, contemporary, and interdisciplinary analysis. Multi-directional theoretical and empirical recognition of different aspects of life of people with reduced abilities reflected in studies of Ukrainian scientists and practitioners were presented.

Evolutional moving forward from medical (segregation) model of organization of life of people with disability to integrated one demonstrates the progress of Ukrainian society on democratic, humanistic, and man-centrist basis. Currently in Ukraine the implementation of inclusive approach to education of persons with disability is considered in the context of the prospects and opportunities for further development of special education, renewal forms and methods, and the implementation of the model of “education for all”, which has already begun to be implemented at national level (developing an appropriate regulatory framework) and local levels (launching of inclusive groups and classes in preschools, secondary schools and higher education institutions). Representatives of various scientific fields in Ukraine are common in belief that the education of persons with disability should be based on the subjectivity of the individual as the subject of learning, recognition of his/her right to self-determination and self-realization, forming a harmonious and comprehensive development, acquisition of unique personality, and full disclosure of the creative forces regardless of individual limitations.

However, today the problem and the important task of Ukrainian society in terms of improving the lives of people with reduced abilities is to develop mechanisms of interaction between government, civil society, and the public; development of integrated public policies to improve the living conditions of persons with disabilities; public awareness and its readiness to adoption of social inclusion; involvement of the potential of new technologies and tools (including ICT) to diversify methods of communication, and to support the educational process. A key foundation of these processes should become studies on disability conducted by Ukrainian scientific community in different research areas.

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PART 3

Didactics

IRELAND

Disability Studies at St. Angela's College: tracing the pathways leading to the current understanding and response to disability

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Keywords: Ireland, disability, disability studies, disabled people, social model, education, equality

A note on terminology

In this chapter we will use the term 'disabled people' instead of 'people with disabilities' this is because, within the social model of disability – on which the whole field of *Disability Studies* is based – people with impairments are considered to be disabled by prejudice, inaccessible environments and social barriers. They are not people 'with disabilities' but people with impairments who are disabled by society.

PART 1

Introduction

The Republic of Ireland, lying at the westernmost part of Europe, has a population of 4,757,976 (CSO, 2016). While a distinct cultural identity has existed in Ireland since 3,000 B.C. (BCE), the country has of course been influenced by the invasions and colonisations that have occurred over the centuries. The Irish Free State was established in 1922 on the conclusion of the Anglo-Irish Treaty negotiations. The *Constitution of Ireland* was adopted in 1937, this renamed the state 'Ireland' and the country effectively became a republic. It was not declared a republic until 1949 however, by the *Republic of Ireland Act 1948*. Ireland joined the *United Nations* in 1955 and joined the *European Economic Community EEC* (now the EU) in 1973.

An historical introduction

To appreciate fully the extent of discrimination experienced by disabled people in modern Ireland, specifically in the Republic of Ireland (RoI), an understanding of European disability cultural history is critical.

Some non-disabled writers have suggested that cultural intolerance of impairments and disabled people, can be explained by reference to economic and post-colonial factors experienced in the RoI since the early days of the new state – from 1922 onwards. These were the years following a bloody war of independence and bitter civil war (1916 to 1923). That is, if disabled people had access to jobs then they would be treated the same as everyone else, but with Irish women having equal access to employment, is there gender equality in the RoI? Irish feminists would argue that we are still some way from gender equality and most Irish disabled activists would argue against a purely economic and employment-led solution to equality for disabled people in Ireland.

British disabled activist and academic Colin Barnes (1991) suggests that *explanations which rely solely on the economy are untenable; cultural factors must also be considered* (p. 11). Yet, 'culturally' there is evidence of a consistent bias against impairment(s) and disabled people in this country, prior to its being an independent state, that has only recently been effectively challenged by Irish disabled activists. Examples of such bias can be found in the Irish experience of Roman-led Christianity, which overpowered native Irish Christian sects and instilled a fear of impairment, a fear which was itself influenced by the Old Testament, Greek philosophy, European drama & art since well before the Renaissance.

Unlike much of European Christianity, in which power devolved from the emperor or pope at the top, through to king or queen, and on down through court structure to be finally enforced by the bishop and his regional priests; Irish Christianity was mostly lived through various sects and independent local chieftains financed monasteries.

Early Irish law, practiced by Irish Clans across the Island – called *Brehon law* – comprised the statutes which governed everyday life in early medieval Ireland. Under *Brehon Law* it was illegal to satirise, or mock or belittle anyone who was born with an impairment. The various Irish Christian sects transcribed the original oral *Brehon Laws* and adapted them in many of their daily practices. The Greco-Roman negative approach to impairments accompanied British rule to this island and local *Brehon Laws* were outlawed as 'barbarous'. The central Greco-Roman narrative of 'disability/impairment' was transmitted from pope to priest and truly impacted on Ireland, after England's Henry VIII outlawed all the Irish monasteries. This narrative of 'impairment' began to take hold with the Dissolution of the Monasteries and their various sects. Between 1536 and 1541, Henry VIII disposed of their assets, and reassigned their former members and functions under one church, in the traditional Christian structure.

The generic fear of impairment throughout the European Middle-Ages progressed to disabled people being the subject of superstition, persecution and rejection. In medieval Europe, impairment was associated with evil and witchcraft. The *Malleus Maleficarum* of 1487 declared that children with impairments were the product of the mothers' intercourse with Satan (Barnes, 1991). The idea that any form of physical or mental impairment was the result of divine judgement for wrongdoing was pervasive throughout Irish and British islands in this period.

In eighteenth-century London, visits to *Bedlam*, an institution for those with broadly defined mental and physical illness, were a common form of amusement for the socially well-placed. Many of *Bedlam's* inmates had emigrated from Ireland to escape from poverty and famine. According to Fitzpatrick (2013), to be

> *mentally ill in Ireland in the 19th century was tough. According to testimony to a committee in the House of Commons, about the Irish, in 1817: When a strong man or woman gets the complaint [madness], the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to prevent his getting up.*

The practice of keeping "idiots" as objects of entertainment was prevalent among the colonial aristocracy.

Until the seventeenth century, disabled people relied almost exclusively on the haphazard and often ineffectual tradition of Christian charity and alms-giving for subsistence. The *English Poor Law* of 1601 marked the first official recognition of the need for the state intervention in the lives of disabled people. This era also saw England established as the first European state.

For an interesting description of early 17th century English law makers segregating disabled people from local industrialising English towns, read ex-IRA prisoner Ronan Bennett's 2004 novel entitled *Havoc, In Its Third Year.*

As Britain industrialised through the eighteenth and nineteenth centuries, Ireland became the food basket for British industry and its imperial army. Britain still imports 60% of its agricultural produce and the UK was the main destination for Irish agri-food and drink exports in 2015 accounting for 41% of all RoI exports[1]. Irish farm produce became the formal property of the new UK, after the failure of the Irish 1798 revolution, which proclaimed similar republican ideals to those of Paris and Naples. The *Act of Union* of 1801 subsumed Ireland into the UK and London imposed state policies seeking to segregate severely disabled people into institutional settings such as hospitals, asylums and workhouses to free up

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[1] Bord-Bia, the Irish Food Board: *www.bordbia.ie*.

'carers' for industry and agricultural work that was routine and focussed on the physically 'able-bodied'.

Only recently have critiques of Irish institutional care under, and after, British rule accepted that segregation of Irish disabled people reflected a broader society viewpoint. Some medical historians rightly point out that Irish disability institutions and day-centres were not just the creation of medical and religious managers. Dr Brendan Kelly, a psychiatrist at Dublin's Mater Hospital, wrote in 2012;

> *They served a very real social purpose at a time of great change in Ireland. Family structure changed with industrialisation. There were fewer families living off the land, where an individual with a disability, or possibly a mental illness, might find a role, for example spending their life working on a farm.* (Prior, 2012, pp. 205–220)

Until the 1871 *British Poor Law,* officials had no right to detain citizens in an institution against their will, although this did not apply to people under the catch-all term of 'insane'. Following the enactment of the *Poor Law*, confirmation of mental and physical impairment was recognised only if a doctor was involved. Unlike the generic 'insane' label, people who had been given an Irish doctor's impairment label, with its attendant 'cure or stabilising' narrative, could be assigned to "private and public institutions" (Barnes, 1991). This reflects the beginning of a process whereby the medical profession came to dominate all aspects of impairment or 'disability' identification, and safely separated from a 'norm', they built rehabilitation and research institutes specialising in 'cures' or 'stabilising' treatments.

The UK Industrial Revolution and the mapping of Ireland, the first western country to be mapped for optimum agricultural production, marks the most fundamental transformation of human life in the history of the world recorded in written documents. An entire world economy was thus built on, or rather around, the UK, which rose to a position of global influence and power unparalleled by any state of its relative size before or since. Towards the end of nineteenth century, the pressure to incarcerate people classified as belonging to impairment-specific categories increased dramatically. This was later mirrored throughout an industrialising Europe, which needed to organise workers and social systems. Those that did not fit into the new economic and social constructs had to be put aside, 'disabled' from a 'norm', separated to somewhere not 'normal'. Industry required a pool of 'able' workers and 'able'-unemployed to respond to global markets; in Ireland and the wider UK there was no room for stay-at-home carers.

The transition from relatively light industries such as textiles, to the much heavier capital goods industries like iron, steel and railways, in what has been called the 'second phase of industrialisation' (Hobsbawm, 1968) was also evident in the need to enlarge and industrialise Irish agricultural produce for the British mainland market. UK law and practice ensured large farms were encouraged, over smaller self-sufficient Irish traditional farming and this led to thousands of evictions and starvation, followed by mass Irish emigration. Large Irish farms further emphasised the importance of 'able-bodied' physical fitness as a criterion for finding work. Welfare policies, particularly with regard to outdoor relief, were severely tightened during the 1870s and 1880s in Britain and Ireland due to the escalating costs of rising unemployment. In this era Ireland continued to be the market garden to feed Britain's industrial workforce. The number of disabled people consigned to establishments such as workhouses, rose accordingly. Notwithstanding our recent agricultural significance for the UK, Ireland, at that time, was only at the early stages of industrialisation, and state-funded religious and private-sector institutionalisation was in its infancy.

Following WWII, when RoI remained neutral, Britain and Europe, recognising a duty of care towards disabled ex-servicemen and after the war, facilitated a number of welfare and training schemes. American soldiers returning from Vietnam, with mainly acquired impairments, began leading civil liberty groups in the 1970s. Disability civil rights groups have lobbied to 'integrate' disabled people into the developed western world, but as the RoI had not been directly involved in WWII, and catholic and protestant institutions had absorbed many of the State's disabled civilians, the Irish movement took a somewhat longer time to ignite.

Up to the 1960s, the RoI was very much seen as a behind-the-times Roman Catholic led state, tottering on the far western edge of Europe. Irish Christian service-providers heavily influenced residential and day-care institutions and they were very much left to their own devices, to look after the 'handicapped' with state funding. It was under the influence of various social and civil upheavals such as the Northern Ireland Civil Rights movement, the war in the north of the Island, 1970/80s women's movement, 1980/90s gay rights movement, that Irish disabled people began to get organised in late 1980s. The *Irish Wheelchair Association* was formed in the 1970s, mainly by people with acquired impairments, and a few relatively small and short-lived disability actions groups came into being in the 1980s. It was not until 1990 that the *Forum of People with Disabilities*, the first disabled people's rights movement, run exclusively by disabled people, began to impact on RoI state policy and legislation.

Despite this, in the 21st Century, even though Irish governments have produced policies, which seek to close residential institutions, some institutions are proving slow to hand over their power and position in society. According to Pauline Prior, Senior Lecturer in Social Policy at *Queen's University Belfast*, nobody wanted these

> *hospitals to close – they were big contributors to the local economy, supporting a huge organisation of doctors, nurses, social workers and local trade. It's very little to do with mental illness. Did we have nobody mentally ill in 1800, but 20,000 in the 1950s, and 3,000 now?* (Prior, 2012)

Irish institutions and day-centres are still a source of local economic activity and are threatened by the thought of state money moving into community-based inclusion supports, there are many vested interests in the disability service industry.

Disability Welfare Support in the Republic of Ireland

In terms of the Irish state response to supporting her citizens, things did not really start to happen until the industrialisation of the 1950s. As mentioned above, according to McManus (2003), the earliest form of UK State social welfare in Ireland was P*oor Relief (Ireland) Act* of 1838; the system was commonly known as the '*poor law*' (McManus, 2003). Disabled people who had never worked had to rely on the *Poor Law* and its successor – *Public Assistance* – until the *Health Act* 1953, which introduced a means-tested *Disabled Person's Maintenance Allowance* (DPMA) for disabled people over 16 who were unable to provide for their own maintenance. This payment continued to be paid by the *Health Boards* until 1995, when responsibility for its administration was transferred to the then *Department of Social Welfare*

The payment was renamed *Disability Allowance* (€188 per week, as of date of publishing) and integrated into the existing system of social insurance and social assistance benefits for non-disabled unemployed adults, such as *Employment-Assistance* (also €188). In the year 2000, responsibility for the administration of the *Disability Allowance* (DA) moved from the *Department of Health* into the *Department of Social Welfare*, but was only granted to adult applicants after rigorous health and impairment-based medical criteria had been deemed to be met.

A *Blind Pension* was introduced in 1920, though initially paid only to blind and some visually impaired people over the age of 50 years old. A separate *Blind Pension* exists to this day, the only social welfare payment linked to a specific form of impairment (McManus, 2003). In 1970 a separate *Invalidity Pension*, modelled on *Disability Benefit*, was introduced, and over the years it and the *DA* have been adjusted to give additional non-cash benefits to disabled people. Under the *DA*, disabled people can earn a capped weekly amount of money from limited paid work (approximately €125, but only after rigorous clarification by the Revenue/Tax office) and keep benefits such as the medical card and free public transport travel-pass.

Along with the establishment of state benefits, medical-model based voluntary and charity organisations, which were often impairment-specific, began to provide services to disabled people as the twentieth century progressed. Most major Irish service providers have a history parallel to the developing industrial and services landscape of the second half of the twentieth century. There was an increase in Irish state provision, directly and indirectly, to charitable bodies that provided services to people with learning, physical or mental health impairments. Disabled people were also being incarcerated in a diversity of institutions. This continues today with young disabled adults being housed in homes for elderly people.

Policy Development

In the 1990s a process, mirroring that in other parts of Europe, saw the government (in the shape of the *Commission on the Status of People with Disabilities*) consult with the fully disabled-run representative organisation, the *Forum of People with Disabilities*. This led to the publication in 1996 of the historic *Strategy for Equality* document, which clearly established the need to move to a rights-based mode of addressing disability as social, cultural and economic barriers. In all, it made 402 wide-ranging recommendations. This was followed by the 2000 progress report *Towards equal citizenship: Progress report on the implementation of the recommendations of the Commission on the Status of People with Disabilities,* which made an attempt at measuring and explaining the progress – or lack of it – on the various recommendations.

According to disabled activist and broadcaster Donal Toolan, in the 1960s and early 1970s, groups of disabled people became involved with an *increased self-representation model, focused upon rights* (McManus, 2003). Liam McGuire, a disabled activist and trade unionist, was involved with the politicisation of the *Irish Wheelchair Association*. Disillusioned with the slow pace of change, organisations of disabled people such as DAM (*Disability Awareness Movement*) began advocating access to the same rights and opportunities as other citizens in the 1980s and 1990s in Ireland. The focus was more on collectivism than impairment.

Before representative groups of disabled people in Ireland were established, non-disabled-led organisations of parents, religious orders or medical professionals, which tended to be impairment-specific, had claimed to represent the interests of disabled people. But the rights-based movement, led by disabled people, came to include a number of established organisations:

> *…the Irish Deaf Society promoted deaf culture to challenge those who historically spoke on their behalf. Similarly, survivors of mental health services worked to repeal the antiquated laws of containment which assisted in developing the Mental Health Act, 2001. The National League of the Blind is but a rare example of a disabled group in Ireland who organised themselves into a union early in the last century.* (Toolan, 2003, p. 177)

The main players regarding the provision of services to disabled people at local level have traditionally been within the ‘disability service sector’. This is made up of some very large voluntary and charitable organisations, which in fact receive most of their multi-million euro funding from the State. They have traditionally delivered specialised services to disabled people, although disabled consumers would usually have very little say in the content or aim of such resources. In the wake of the document *A strategy for Equality* a policy of mainstreaming of state services was developed and came into effect in June 2000.

Mainstreaming is supposed to deliver services for disabled people through the same organisations that deliver services for everybody else. It also challenges disability service providers to deliver quality services at a standard equivalent to their mainstream contemporaries The mainstreaming ideal should have lead us towards the disappearance or shrinking of facilities within the disability sector. In reality, the opposite has been the case, with the 'disability service sector' continuing to be the main service providers for disabled people.

The year 2000 saw the introduction of the *Equal Status Act*. Structures for the delivery of Disability Services in the Mainstream and employment were formed. A major *Disability Bill* was in process and in 2001, the proposed *Bill* was eventually defeated by activists who perceived it to be inadequate. This was the first *State Bill* to be stopped by public protest. In 2004 the *National Disability Strategy* was launched. And in 2005 the *Disability Act* came into effect.

The *Irish State's National Action Plan for Social Inclusion 2007–2016* defines the life-cycle approach as *placing the individual at the centre of policy development and delivery by assessing the risks facing him or her and the supports available at key stages of the lifecycle* (Government of Ireland, 2007, p. 21). It identifies the key lifecycle groups as: Children, People of Working Age, Older People and disabled people. This approach was adopted in the current *Irish State social partnership agreement Towards 2016,* which claims that it places the person at the centre of building a new social policy approach (Department of Taoiseach, 2006).

The extent to which governments and the State apparatus considers employment as the pinnacle of social inclusion can be elucidated from the 2015 Irish *Minister for Justice and Equality* in his introduction to a new strategy for employment where he states;

> *We have an opportunity now for the first time in many years to address the issues of concern to people with disabilities in a sustained way. This Employment Strategy is one of the key building blocks in that process.* (Department for New Communities, Culture, Equality and Drug Strategy, 2015)

The *Department of Social and Family Affairs* Sectoral Plan (2006) also stated that the objective of its *Social and Economic Participation Programme*, is to promote participation and social inclusion primarily through measures aimed at people of working age. While this is its primary focus, the State aims to achieve other non-employment related outcomes such as enhanced quality of life, educational advancement and increased social and foundation skills. Before 2008, in pre-financial-crisis Ireland, the government even planned to "activate" 7,000 disabled people into the labour market by 2010. Yet, unemployment among disabled adults has increased per year from an annual increase of 8% in 2004 to 22% in 2010. (McGinnity et al, 2014)

"ACTIVATION" and Disabled People

Irish State Activation Policies have been driven by measures taken at a *European Union* level in relation to the social and labour market inclusion of disadvantaged groups, including disabled people. Labour market activation policies, introduced across the *European Union* over the last two decades, have resulted in disabled people being considered, somewhat, a source of potential labour.

Mainstreaming of Irish disabled people has being promoted by every government since 1996, as a model of participation based mainly on employment activation. It is considered that the best way to tackle social exclusion is access to open-employment, a job.

Although open employment is by far, a main priority, the *Departments of Social Welfare* also aim to achieve other non-employment related outcomes, such as enhanced quality of life, educational advancement and increased social and foundation skills.

The Irish disability sector

Broadly speaking, the *Irish Disability Sector* can be broken into two unequally sized categories: the large multi-funded disability service sector and the near non-existent disability representative sector. The service sector's primary function is to provide services for disabled people, but not necessarily with inputs or ideas from disabled people. Examples of state funded institutions and day-services, such as the Rehab-Group, Central Remedial Clinic, the Spina Bifida Association, Brothers of Charity and so on. These operate in many ways like "private" companies.

The representative sector is – or was – made up of disabled people in the main, and worked with all impairment labels, with and on behalf of disabled people. The sector included such bodies as the *Forum of People with Disabilities*, *Centre for Independent Living* (CIL) and *People with Disabilities in Ireland* (PWDI). In practice, however, organisations do not always fit neatly into either sector. Many organisations provide services and display the optics of operating as a representative and lobbying body – for example, *The Irish Wheelchair Association* and most of the autonomous *CILs*. As is the case in the disability sector generally, many organisations that are now predominantly service-oriented started off primarily as representatives and lobbyists. Through identification of major gaps in provision to disabled people, they found themselves being approached by the State to take on the role of service providers, each competing against one another for annual state funding.

Centres for Independent Living [CIL]

In 1960s America, discrimination against disabled people became an issue of concern for the civil rights movement. As a consequence the first *CIL* was set up in Berkeley, California in 1972. Its establishment was underpinned by people's attempts to leave residential care and live independently in the community. Founding members of the *Independent Living Movement* [ILM] recalled that the setting up of the movement was to:

> *…develop a new perspective on disability – one which gave empowerment and civil rights to a person with disabilities. … We were trying to give people the will and determination to move out of hospitals and institutions.* (Draper, 1991)

The *ILM* is a logical extension of social model thinking, in which the disabled person is being supported and prepared to take back responsibility for themselves and recognised as an "expert-by-experience". Challenging the Greco-Roman impairment narratives mentioned above, the expert-by-experience makes decisions and takes control over his/her life, rather than accepting the professionally prescribed impairment-led solutions.

Although the first *CIL* was established in Berkeley, California in 1972 it was not until 1992 that the *ILM* finally reached Ireland with the "launch of the first *CIL* in Dublin" (McGettrick, 2003). Central to the development of the *ILM* in Ireland were Dublin based members of *Muscular Dystrophy Ireland* (MDI), an impairment-specific organisation that was unusual in being lead and administered by disabled people, many who were still living in residential institutions in the early 1990s. Founding *CIL Board* member, Catherine Hickey, writes on the history web-page of *CIL* Ireland that *Several of my colleagues with whom I worked in MDI were living in residential care. This was the only option available to them....I saw the advent of the CIL movement and its philosophy as providing an opportunity to leave residential care and live independently in the community.* (*www.dublincil.org/history.asp)*

Paralleling the beginnings of representative groups such as *Forum of People with Disabilities*[2] in 1990, *CIL's* Irish roots began with disabled people having lots of

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[2] FPWDI voted to cease as an organisation in 2007 after 17 years, they felt that more recent disability representative organisations were better placed to carry on specific work, rather than one catch-all organization.

great ideas, but with no outlet to express them. Disabled people primarily developed Ireland's *CIL* movement. Former institutional residents who became activists, such as Martin Naughton were also key players in instigating the movement in Ireland.

The first *CIL* programme – *INCARE* – was launched in August 1992 and there are now around 22 *CILs* throughout RoI. Yet, each *CIL* is a separate entity and a separate company usually funded by the *State's Department of Health*. This hybrid of being a health board service provider sometimes challenges the original lobbying philosophy of *CILs* in Ireland and worldwide, which is supposed to be based on promoting independent living movements that recognise four values and principles:

- all human life is of value
- anyone, whatever their impairment, is capable of exerting choices
- people who are disabled by society's reaction to physical, intellectual or sensory impairment have the right to assert control over their lives
- disabled people have the right to fully participate in society

Though Irish *CILs* continue to use the slogan *nothing about us, without us*, there are criticisms of the movement nationally and internationally. Some disabled activists point out that it has almost exclusively remained in the domain of those with significant physical impairments. Its lack of a cross-impairment focus has meant that people with learning disabilities and mental health problems have not chosen to effectively use its supports. With service providers such as the *Irish Wheelchair Association* also providing carer and PA supports, *CILs* have had to explore and re-examine what was, or could be, their effective role.

Conclusion

We have seen something of the long and arduous path that has been travelled over the ages by Irish disabled people. Knowing the challenges to the gains that have been made in recent decades by disabled activists, helps to put into perspective the huge advances that have been made. Again, 'advances' mainly led by Irish disabled activists. But much remains to be done. Advocacy workers should be conscious of facilitating disabled people to become active and own their disability history, present and future.

PART 2

Context of higher education in the Irish Republic

Harkin and Hazelkorn (2015) give a succinct history of higher education in their article *Restructuring Irish Higher Education through Collaboration and Merger.*

They outline the economic and political drivers for change and the policies which influenced the establishment of the sector. The first University in the country was *Trinity College* in Dublin which was established in 1592. It was in the mid nineteenth century before four other colleges were established (later to become part of the *National University of Ireland* group). A move from an economy largely based on agriculture to a more technologically dependent one in the 1960s drove changes in education in Ireland. *Regional Technical Colleges* were established in the 1970s and 80s and two *National Institutes of Higher Education* (NIHE) were established in the 1970s. These gained University status in the late 1980s.

Currently, there are 26 *higher education institutions* (HEI) in Ireland. 7 Universities, 14 Institutes of Technology and 5 Teacher Training College. The trend of increasing numbers of students continues in Ireland. In 2014/2015 there were more than 214,000 enrolments, in full time, part time and remote modes of study (HEA, 2015). In this year, there was an equal percentage of female to male students. There were over 42,000 new entrants to *HEIs,* 6% of these new entrants are disabled. 12% of new full time entrants were mature students and almost 20% were from target group of non-manual, semi and unskilled cohort. In 2014, there were almost 67,000 graduates.

The *National Strategy for Higher Education to 2030* (also known as the Hunt Report) was published by the *Higher Education Authority* in Ireland in 2011. This report confirms that the number of students entering the system is growing and the profile of students is changing. It also suggests that the recent economic situation in Ireland – with growing unemployment and continuing changes in employment growth areas such as information technology – has resulted in more demand for further education.

26 recommendations were made in this report in order to

> *…transform the Irish higher education landscape, to widen participation to include those previously excluded, to leverage the traditionally high value we place on education, to get ready for the job opportunities that will come with economic recovery, and to deliver knowledge and learning of lasting cultural and social significance.* (p. 4)

The recommendations were far-reaching and concerned, among other things, the student experience, staff development, institutional reform – including the consolidation of smaller institutions with larger ones – and an emphasis on links with the workplace, both in terms of graduate preparedness and responsiveness to changing workplace needs.

In 2012, the *HEA* produced *Towards a Future Higher Education Landscape* which aimed to describe in practice, how the recommendations of the strategy could be achieved, particularly those relating to changes in the broader structure of education – it sought to map out the "landscape" of higher education in Ireland in the future. For example it discussed the formation of regional clusters of *HEIs* in order to reduce duplication and increase efficiency.

The *Strategy* and the *Landscape* document gave rise to several commentaries at the time of publication and up to the present. Professor Ferdinand von Prondzynski (former President of *Dublin City University*) questioned the underlying assumptions of the strategy and the plan for reform. He suggested that there was no evidence that the existing sector was in need of, or would benefit from such structural reform. Indeed he indicated the risks inherent in the proposed changes

> *It is easy to see how such a nationally directed system could look neat in a bureaucratic sense, but the HEA paper makes little attempt to explain in what way the system will deliver something better once reconfigured, and how those using it (students, industry, communities) will benefit. It acknowledges that the world's best universities are highly autonomous, and it accepts that the plan will affect autonomy; but it does not say in any specific way what compensating benefits will emerge. It does not address at all the impact of these changes on basic principles such as academic freedom.* (Prondzynski, 2012)

Supporting these ideas, the President of Ireland, Micheal D. Higgins spoke in April of 2016 at the conference of the *European Universities Association* in the *National University of Ireland*, Galway (Higgins, 2016). In his address, Mr Higgins outlined his beliefs that Universities must be places where dominant ideologies can be challenged and where dissent is not only tolerated, but encouraged. He added that a concentration on producing graduates for the existing workplace would carry the risk of perpetuate systems rather than challenge them.

Current professional preparation for roles in the disability sector and the challenges this presents for disabled people

Traditionally, professional preparation for working in the disability sector was confined to the Health and Education spheres. In the Health sector, Doctors, Nurses and the Allied Health Professions would have offered services to disabled people. Their educational preparation would have comprised the study of impairment, its causes and treatment and would therefore have been at risk of perpetuating a medical model response to disability. Doctors, nurses and allied health professions undertook a generalist training, a component of which would have been concerned with impairment/disability (viewed as an aberration from the supposed norm of good health).

The first profession dedicated to preparing practitioners for a specific service to disabled people, was a branch of nursing, focussing on the care of people with cognitive impairment (called mental handicap, and renamed later as intellectual disability). This commenced in 1959 in Ireland.

The analysis of disability-related courses currently available in the *Republic of Ireland*, yields interesting results:

There are almost 50 Quality and Qualifications Ireland (QQI) level[3] 5 and 6 programmes of study available in Ireland, which have a component of study related to the disability sector. These courses prepare people for work in the early-years child care and education sector, and the health and social care sector. There are in excess of 20 level 5 and 6 programmes of study available to prepare people for work as Special Needs Assistants (a role in primary and secondary education classroom settings).

Disability related education at level 7, tends to be in the field of Social Care. With some modules included in a general programme preparing students for social care work in several sectors. 8 *HEIs* offer the Bachelor of Nursing Science (Intellectual Disability), this is a level 8 undergraduate degree.

There are 4 non-nursing level 8 programmes related to the disability sector. One of these is a Professional Social Care degree which is aimed at people working in the sector – social care workers for example. The three remaining courses can be said to be *Disability Studies Programmes* in that they are founded on the social model of disability. Two of these are in *St Angelas College* and one is in *University College Cork* in the south of Ireland.

Post graduate education in this sector exists in such diverse areas as *Disability Studies*, Nursing Practice, Health Care Practice, Education (Special Education Needs), Law (Comparative Disability Law and Policy), Rehabilitation and Disability Studies.

The analysis above shows a bias in preparation to work in the disability sector in favour of the lower level qualifications. This may reflect poor levels of pay and the lower levels of prestige for working in the sector. It also highlights a certain urgency in disseminating the message that changes need to occur in the higher education sector in relation to *Disability Studies.*

Context of education for disabled people in the Irish Republic

Mc Donnell (2003) writes persuasively about the two different structural levels at which educational systems work. He refers to the *deep structure of theories, concepts, assumptions and beliefs, and a surface structure of day to day practices in the organisation and operation of schools* (page 35) and suggests that while the surface level is attended to, the deep structures have not been challenged or changed over the years. As long as we resist moving definitively from a medical model, to a social model response to disability, the issues of power, "expert" dominance and

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[3] QQI promote and maintain the Irish National Framework of Qualifications.

lack of meaningful participation of disabled people in the arena, will continue to inhibit the development of good public policy and practice in Ireland.

O'Brien at al (2009) characterise the development of education for disabled people (commonly referred to as Special Education) as being influenced by international trends in rights-based principles. The *Education for Persons with Special Needs* (EPSEN) *Act* 2004, required that disabled students should be educated alongside their non-disabled peers. Ireland signed the *United Nations Convention on the Rights of Persons with Disabilities* on 30 March 2007, but we have yet to ratify the convention. This ratification will require Ireland to comply with Article 24 on education, which should further strengthen the position of disabled students within the system (O'Brien at al., 2009).

So while disabled people have the same right to avail of education, including third-level education, as non-disabled people, in practice disabled people are much less likely to complete third level education (CSO, 2011). This is because of issues of poor secondary school preparation, low expectation and most of all, barriers to access, which may be physical financial or attitudinal.

Trinity College, Dublin was a pioneer in the field of third level education for people with intellectual disability in Ireland. Their two year programme – The Certificate in Arts, Science and Inclusive Applied Practice (originally the Certificate in Contemporary Living) started in 2006. *Trinity Centre for People with Intellectual Disabilities* (formerly the *National Institute for Intellectual Disability*) was instrumental in the initial rollout of similar programmes around the country. Currently there are generally similar certificate programmes in 8 *HEIs* in Ireland. *St Angela's College* provides the *Certificate in Life-skills Studies* which is a three year part time programme for students with intellectual disability.

PART 3

Disability Studies

Given the current experience of disabled people in Ireland cited above, we could surmise that whatever we, as a society, are doing or thinking about 'disability', it is not working very well for disabled people. Indeed Slorach (2016) warns that a recent narrative of disability has arisen in the UK and US since the worldwide economic recession. He asserts that Government and media depictions of disabled people as "benefits scroungers" is creating an excuse to cut entitlements for disabled people, as scarce resources are redistributed in an increasingly questionable way. This trend should be of great concern to us as citizens interested in equality. Disability Scholars, who understand the impact of economic and political forces on the lived experience of disabled people, are in good position to influence the public and the elected representatives on this issue.

Disability Studies provides an opportunity to explore how we have come to this position and what to do about it. Sociology is among other things, the study of the social world – the individual and society and the relationships between the two. Barton (cited in Shakespeare, 1998) discusses the strong historical interest within sociology over the questions of inequality and power (page 54). This makes sociology one of the natural homes of *Disability Studies*. In addition, as alluded to above, the study of politics and economics are essential to understand the lived experience of disabled people in any society.

Cameron (2014) writes:

> *Grounded in the thinking of the Disabled People's Movement, Disability Studies offers a critical perspective with which to think differently about the way disability is constructed, created and related to in everyday life. Still a young academic discipline, Disability Studies is part of a movement for change which looks for new answers to old questions, in insights developed by disabled people themselves. It is not about the study of individual conditions, but about the study of the social relations which exclude people with impairments from full participation as equal citizens in ordinary community life.* (page XVI)

Disability Studies creates the space for the critical exploration of the conception of disability as a personal tragedy or an individual deficit (Goodley, 2011). It allows the dominant narratives about disability to be challenged and most importantly, it is led by disabled scholars and academics themselves (Barnes et al., 2002; Berger, 2013; Garland-Thompson, 2010; Mallett & Runswick-Cole, 2014).

Approximately 600,000 (13%) people in Ireland are disabled. When we apply this statistic to the lived experience of people in Ireland, can it be said that 13% of the people in schools, in work, in social spaces, in parliament, or in the public or professional spheres are disabled? The answer is no.

The level of education completed by disabled people is substantially lower than that achieved in the general population. Disabled people are much less likely to have completed third level education. The unemployment rate amongst disabled people is higher (30.8%, compared with 19%) than in the overall population. Disabled people have poorer general health than the overall population (CSO, 2011).

Disability Studies allow us to understand that these poorer outcomes arise, not because of the impairment or condition – which is a fact of life for the individual – but because society has been constructed by non-disabled people, with non-disabled people in mind. We need to understand disability in a different way, not as a health issue nor as something to arouse sympathy, but as a political and social issue. Studying disability as a form of social oppression has resulted in social change in the UK and the US and it can do so here. *Disability Studies* should be considered as imperative in a jurisdiction where high levels of inequality exist for disabled people.

PART 4

Disability Studies at St Angela's College

The programmes in *St Angela's College* are Bachelor of Arts degrees. Arts education prepares the graduate to formulate and defend an argument, use high-quality evidence, think critically and to write and speak clearly and persuasively. The aim of these programmes is to produce graduates who have the ability to recognise and address the inequalities experienced by disabled people in Ireland; who will work towards shaping an Ireland where disabled people will be visible, empowered and participating in all spheres of public and private life.

We expect graduates to be well versed in the sources of and solutions to inequality for disabled people we therefore have constructed a programme with several interlinking themes. Foundation studies in the humanities and social sciences allow students to be introduced to the disciplines of philosophy, sociology and politics among others, which provides a context and perspective for their studies.

Disability Studies modules, allow the students to explore the meaning we have given to "disability" in the 21st century and how that meaning can be transformed. Students have an opportunity to consider the lived experience of disability, Disability Arts and Culture, the representation of disabled people in the media and to look at options for moving to a more equal status for disabled people in Ireland.

Personal and professional development for students is addressed by the opportunity to develop skills in communication, research and project work. Community development and working in communities are explored alongside advocacy, social inclusion and community practice. The context of the work environment is addressed in subjects such as economics, leadership, law, governance and policy-making.

As mentioned above, *St Angela's College* currently provides two level 8 Bachelor of Arts programmes in *Disability Studies*. The Bachelor of Arts (*Disability Equality Studies*) and the Bachelor of Arts (*Health and Disability Studies*) are both founded on the social model of disability.

The Bachelor of Arts (Health and Disability Studies)

The Bachelor of Arts (*Health and Disability Studies*) commenced in September 2011. This programme is designed to explore the concepts and principles of Health, Wellness and Disability in the 21st century. The programme gives the student a critical understanding of the issues that people encounter in relation to health and wellness and disability. Students examine the opportunities and challenges involved in developing and delivering services that are appropriate, accessible and equitable. Students explore the evolution and development of theory, policy and practice in these areas. This degree informs the student about the wider issues in Health, Wellness and Disability and offers them an array of options once they have completed the programme of study.

The BA (*Health and Disability Studies*) is a full time, three year modular programme comprising 33 modules. Approximately one third of the programme is devoted to Health Studies, one third to *Disability Studies* and the remainder is comprised of studies in the fields of; Social Science, Personal/Professional Development, Community Development and Organisation & Management.

The Bachelor of Arts (Disability Equality Studies)

Commenced in 2015, this prgramme is designed to explore the concepts and principles of Disability Equality in Ireland in the 21st century. The programme gives the student an opportunity to study the status of disabled people in Ireland, and to gain a critical understanding of the political, philosophical, ecomomic and social structures which contribute to this status. Students explore the evolution and development of theory, policy and practice in the disability sector. This degree informs the student about the wider issues of Disability and also offers them an array of options once they have completed the programme of study.

The BA (*Disability Equality Studies*) is a four year part time online modular programme comprising 24 modules. It was designed to be accessible to people who cannot attend college on a regular basis by virtue of distance, family or work commitments, or inaccessibility, for example. Lectures are broadcast and students, if they are in a postion to log-in the live broadcast, can interact with the lecturer via microphone or text messages. Otherwise students can watch a recording at a time that suits them. Approximately half of the programme is devoted to *Disability Studies* and subjects related to disability equality. The remainder is comprised of foundation studies in the humanities and in the fields of; Social Science, Personal/Professional Development, Community Development and Organisation and Management.

Subjects suitable for inclusion in Disability Studies programmes

Disability Studies need to identify as being founded on the social model of disability. Core subjects in *Disability Studies* should cover historical and sociological perspectives on disability, the lived experience (of disability, rather than impairment) the representation of disability in the media, Disability Arts and Culture and the possible responses to inequality. Social Sciences are required at foundation level in order to equip the student with an understanding of the context in which they study, live and work. Community development studies will also be useful and may include advocacy and social inclusion. Personal and professional development should form part of the course and the evolving contexts of work, such as law, policy development and governance should be included also.

The Foundation Subjects

The foundation modules introduce the student to the changing concepts and paradigms of disability. Initial *Disability Studies* modules introduce the key concepts of the definition of disability from a social model of disability point of view. Tracing the pathways leading to the current understanding and response to disability is important for students, so that they can examine the embeddedness of attitudes and assumptions in this phenomenon and appreciate their influence on western society.

In order to appreciate the context of these studies, foundation level social sciences should also be available to students. Sociology, philosophy, political science, economics and human rights are examples of appropriate subjects. Introductory level Sociology will allow the student gain an understanding of the "social world" and encourage students to start thinking sociologically. The study of Philosophy will introduce students to key concepts in western thinking. An approach that takes the student on a journey from the ancient Greek philosophers, to aspects of medieval philosophy, to the rationalist and empiricist philosophers and on to the modern thinkers helps students to understand the development of thought and how this shapes beliefs, assumptions and actions. An introduction to Politics provides students with a critical approach to the study of political parties and governing institutions. Likewise, the introduction to economics can facilitate the understanding of role of the government and the market, in the provision and finance of health and disability services and the role of economics in decision making.

Finally the study of Human Rights and Equality set the scene for students on the national and international consensus on Human Rights and how rights are protected, monitored and transgressed. Students gain an understanding the principles of equality and non-discrimination as they apply to various groups within society.

Further Disability Studies

The lived experience of disability is an important area for discussion with *Disability Studies* students – this must take the form of the lived experience of disability (oppression) rather than the lived experience of impairment. Studies in this area should provide a systematic and effective understanding of the lived experience of disabled individuals in terms of disability equality. Studying the representation of disability and disabled people in the media, creates a space for the development of critical thinking in this subject. Deconstructing the representation of disability in the media and exploring the influence of the media on cultural perceptions and responses is illuminating.

Examining Disability Arts and Disability Culture is a useful exercise for students. Exploring Disability Arts as an expression of the experience of living in a disabling world, as well as art, by disabled people for disabled people, provides yet another clarifying lens through which to expand our understanding of 'disability' as a society. An exploration disability culture as a means of forging or strengthening a chosen identity adds to this perspective.

As the student progresses through their studies, the goal of improved Disability Equality and the means to attain it – mainstreaming, need to be explored. Students should have an opportunity to critically examine the development and evaluation of policy processes which will ensure that a disability-equality perspective is incorporated in all policies, at all levels and at all stages.

A Growing role for Intersectionality Analysis & Disability Arts within the Irish experience of rights-based practice.

It is important to recognise that Irish disabled people are not just labelled by their impairment category, we come from all sections of society – all age ranges, all ethnic groups (including Travellers, Hindu, Catholic, Protestant, Muslim, atheist, etc), both genders, all sexual orientations and married or single people with children. This diversity, or as it is sometimes termed in academia '*Intersectionality*', will have practical implications for any strategy which seeks to identify effective rights-based approaches to attract and accommodate disabled people in their chosen communities. The theory of *Intersectionality* was introduced in 1989 by Crenshaw, as a feminist theory to explain the oppression of women, especially African-American women; it has since expanded to be very much embraced by disabled activists and academics.

While Irish disability activists have long recognised the role of class, gender, ethnicity, etc in addressing inequalities for & with disabled people, Irish academia has only relatively recently sought to uncover the ways in which multiple identities can create and extenuate oppression of disabled people in Ireland. History has shown that that the intolerance, or 'special care' of disabled people cannot simply be explained by reference to the economic factors of access to mainstream jobs, or mainstream education. Intersectionality-informed processes are inevitably political: they show the means of carrying out rights-based expressions with social and cultural transformation.

Disability arts for and with disabled people call for cultural & social processes that present a vision of the world in transformation and not just a world of therapeutic, or medical model-led intersectionality outcomes, which are impairment-led and do not recognise class, gender, ethnicity, etc.

Irish social model reflection and interpretation is vital to creative thought in emancipatory led intersectionality processes. Another primary objective of such processes with disabled people is to encourage ambiguity. Unlike case work in litigation, or health or social care realms, there is no one clear interpretation of most emancipatory artwork or process. This can often engender a useful ambiguity, challenging the homogenous identity of ‘the disabled’ and refute the interpretation of ‘disability’-expert narratives.

According to community artist & weaver Carol Becker in her 2009 collection of essays: *Thinking in Place: Art, Action, and Cultural Production*; Creativity relies on the cultivation of the individual’s imaginative resources, even when groups, collectives, or collaborators are involved. It also depends completely on the courage of each person to live in the hard-to-articulate space of *flow*, or the *zone*, where multiple consciousnesses–often hidden and unknown to the conscious mind–are manifested and given shape. What emerges often surprises even the artist, or artists, that imagined the work into being. The emancipatory art / intersectionality work facilitates the participating disabled person to discover that which they carry within them, both individually and, more importantly, as a collective. The cultivation of the disabled person’s individual imaginative resources, manifested and given artistic shape through thinking as a collective artistic action.

Art also encourages us to cherish intuition, uncertainty, and creativity and to search constantly for new ideas; artists aim to break rules and find unorthodox ways of approaching contemporary issues. Engaging disability equality-led intersectionality with disability arts takes us beyond a rule-of-law mentality to a broader idea of what constitutes *effective* human rights. This is one way that art can engage intersectionality with the world of law-makers to transform the stories of disabled people within the realms of law.

Community development studies

Understanding the context in which current government policy is delivered is crucial for students who are expected to contribute to social change. Modules of study which provide an understanding of the main themes and initiatives that characterise community development will be essential. A sound knowledge of the key principles of community development theory and their application to various types of community settings prepare students to work effectively with communities. Associated subjects like advocacy and social inclusion will enhance the students’ skills and knowledge.

Personal and Professional Development

In order to prepare the graduate for the roles that the will play in contributing to the changes needed in society – consideration should be given to their personal and professional development. Studies in Communication, Research, Policy-Making and Law alongside an exploration of principles of Leadership and Governance can be threaded through their programme of study in order to equip them with the knowledge and skills necessary to work effectively in the sector.

In particular reference to research modules included in *Disability Studies* programmes, Cameron (2014, p. 34) cites Priestley's 1997 work on the core principles of emancipatory disability research;

- The surrender of falsely premised claims to objectivity through overt political commitment to the struggles of disabled people for self-emancipation
- The willingness only to undertake research where it will be of some practical benefit to the self-empowerment of disabled people and/or the removal of disabling barriers
- The devolution of control over research production to ensure full accountability to disabled people and their organisations.
- The ability to give voice to the personal while endeavouring to collectivise the commonality of disabling experiences and barriers.
- The willingness to adopt a plurality of methods for data collection and analysis in response to the changing needs of disabled people.

Conclusion

By any measures, the status of disabled people in Ireland in 2016 is considerably poorer than it could be. Improving equality of status of disabled people requires several stands of development. In order to "open up opportunities to all on an equal basis" Quinn and Bruce (2003), suggest that *a comprehensive equal opportunities programme does not rest exclusively on formal law....[but]...requires extensive economic and social supports in order to prime people to become productive citizens and assume control over their own lives*. (Quinn & Bruce, 2003, p. 185).

The issue of physical, social and attitudinal barriers needs to be kept in the public consciousness. Education and awareness-raising about disability equality is required, as is the civic participation of disabled people and non-disabled people so that effective mainstreaming can occur.

Disability Studies provide an essential forum for the development of knowledge in this area. It is crucial that they are based firmly in, and identify with, the Social Model of disability. This is especially so in Ireland, where despite the efforts made in the 1990s, progress in disability equality has slowed to a virtual stop. The social and cultural norms in Irish society have been constructed in step with the development of the republic. Our struggle to be recognised internationally as an independent and viable state over the last 90 years, has meant that we have on occasion, borrowed the standards of other cultures and replicated them here. As a society, those to whom we give power and those on whom we confer respect, have remained for the most part, to be members of a small and privileged elite in Irish society. Creating real change in the equality of disabled people profoundly challenges the acquisition and retention of this power.

Disabled people are now on such uncertain ground economically and socially that there is much work to be done to provide the security and freedom from daily concerns, so as to allow the resurgence of a thriving Disabled People's movement in Ireland once again.

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2. Equal Status Acts 2000–2015 (Available from http://www.lawreform.ie/_fileupload/RevisedActs/WithAnnotations/EN_ACT_2000_0008.PDF) [Accessed 3.11.16].
3. The Education for Persons with Special Needs (EPSEN) Act 2004 (Available from https://www.oireachtas.ie/documents/bills28/acts/2004/A3004.pdf) [Accessed 3.11.16].
4. The Disability Act 2005 (Available from https://www.oireachtas.ie/documents/bills28/acts/2005/a1405.pdf) [Accessed 3.11.16].
5. Citizens Information Act 2007 (Available from https://www.oireachtas.ie/documents/bills28/acts/2007/a207.pdf) [Accessed 3.11.16].
6. Assisted Decision-Making (Capacity) Act 2015 (available from http://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html [Acccessed 24.7.17].
7. National Disability Inclusion Strategy 2017–2021(Available from http://www.justice.ie/en/JELR/Pages/WP17000244) [Accessed 24.7.17].
8. The Equality Division of the Department of Justice and Equality coordinates the development of Government policy on disability. Its main functions in relation to Disability include:

- Developing a new National Disability Inclusion Strategy.
- Coordinating the implementation of the Comprehensive Employment Strategy for People with Disabilities (2015–2024).
- Engaging with the European Commission and Council of Europe on the development of disability policy and sharing of good practices.
- Providing grant aid and corporate governance to the National Disability Authority.
- Acting as a central point of information for queries relating to Disability Policy.

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The list of selected national institutions working for disabled people

1990 – The Forum of People With Disabilities was established.

2001 – People with Disabilities Ireland (PWDI) is formally established as a nationwide Disabled People's Representative Organisation.

2001 – The Disability Equality and Specialist Services Agency (DESSA) is established.

2007 – Forum of People with Disabilities wound down.

2012 – PWDI is wound down.

2012 to 2017, very little action or progress in RoI Disability Movement or Organisations. Although in June 2015 an event took place *A Declaration of Independence: The First Assembly* in the geographic centre of the country, with the purpose of holding an enlivening event to explore our rights and to reawaken a collective energy in the disability community (The AT Network, 2016).

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JAMAICA

UWI Mona: Empowering persons with disabilities through tertiary education

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Keywords: Floyd Morris; UWI Mona; persons with disabilities; tertiary education and empowerment

Introduction

This paper is about the *University of the West Indies* (UWI) and its efforts to empower persons with disabilities through education. The *UWI* is located in the Caribbean and has three main campuses located at: St. Augustine in Trinidad and Tobago; Cave Hill located in Barbados and Mona which is situated in Jamaica. For this paper, the focus is on Mona in Jamaica.

- Jamaica

Jamaica refers to that body of land located in the Caribbean Sea to the South of Cuba and to the South-East of Mexico. It has a population of approximately 2.7 million inhabitants of which the dominant language is English. Patois is often spoken by approximately 95% of the population as a substitute for the officially recognized language English. Ever since the country gained independence in 1962, Parliamentary Democracy has been the form of government practiced and has been dominated by the two (2) major political parties: the Jamaica Labour Party (JLP) and the People's National Party (PNP).

The country has a codified constitution in which the basic civil liberties are enshrined. In this regard, it is important to note that the right to dissent and freedom of expression; is deeply entrenched in the political culture of the country.

- Current Status of Higher Education

As a country, Jamaica places a high premium on education. There a plethora of higher level educational institutions. Higher level educational institutions refer to those institutions that are post-secondary. In this context, there are approximately 20 such institutions and this includes approximately 10-degree granting institutions. *UWI Mona* is the premier tertiary institution in Jamaica and the broader English-Speaking Caribbean. In 2016, there were 43,731 students registered at tertiary institutions in Jamaica.

- Strategy for the Development of Higher Education

The *Government of Jamaica* (GOJ) through the *Ministry of Education* has been making moves to expand tertiary education. In this context, a number of institutions have been upgraded to university status and the necessary legislation has been put in place to facilitate this. In other instances, different higher level educational institutions have been granting degrees and diplomas in specific disciplines. Take, for example, the *Human, Employment and Resource Training* (HEART-NTA) have been granting degrees in specific skill areas. As a part of the strategy to promote higher education, the *Government* has created the *Students Loan Bureau* (SLB) and have been reducing the interest rate so that more students can borrow from the institution.

- Education and Rehabilitation of Persons with Disabilities

One of the major challenges confronting persons with disabilities in Jamaica is that of education and training. A 2015 socio-economic study conducted by the *Ministry of Labour and Social Security* in Jamaica has revealed that over 75% of the respondents who were purely persons with disabilities; do not have any form of academic certification (MLSS, 2015). The *Jamaican Education System* is also inaccessible to persons with disabilities and this explains the magnitude of non-certification of persons with disabilities in the country. A 2010 study on access and inclusion of persons with disabilities in the *Jamaican Education System* by this author, revealed over 77% of the schools not being accessible to persons with disabilities (Morris, 2010).

Notwithstanding the dismal state of education and training for persons with disabilities in Jamaica, efforts are being made to improve the situation. There currently exist a plethora of special education institutions on the island, providing education to persons with disabilities at the pre-primary, primary, secondary and tertiary levels.

At the pre-primary level, there is the *Early Stimulation Programme* (ESP) that provides rehabilitation and early stimulation support to children with disabilities from 0–6 years. At the primary level, there are a number of institutions providing support to children with disabilities who are deaf, blind, physically disabled and intellectually disabled. At the secondary level, there is a special educational institution for children with disabilities who are deaf, blind and physically disabled. There is one post-secondary institution that provides skills training for persons with disabilities in Jamaica. At the tertiary level, there is no specific educational institution for persons with disabilities. However, all of these tertiary institutions accept persons with disabilities in their training. It must be noted that educational institutions at every level of the *Jamaican Education System*, do accept individuals with different disabilities. In the context of this paper, special attention is given to the *UWI* and the effort it has made to empower persons with disabilities through education.

▪ Historical Overview

Historically, persons with disabilities have been seen in a negative light in Jamaica. This is a part of the general perspective that has been displayed globally towards this vulnerable group. Persons with disabilities were seen as individuals to be treated as charity cases and should be confined to their homes or in care by the state. Some individuals held the view that the disability is as a result of past wrongs that were done by family members and as such, treated persons with disabilities in a negative light.

▪ Present Day

Currently, Jamaica is seeing some changes as it relates to these negative attitudes towards this vulnerable community. More and more citizens have been embracing these individuals. Attempts are being made by the *Government* to integrate these persons into the mainstream of society. This is demonstrable by the implementation of legislation and policies for this vulnerable community. The *Government* has signed and ratified the *United Nations Convention on the Rights of Persons with Disabilit*ies (2007); created the *National Policy for Persons with Disabilities* and enacted the *Disabilities Act 2014* to protect persons with disabilities from discrimination. Programmatically, the *Government* has put in place measures to provide persons with disabilities with empowerment grants so that they can start up a small business. Persons with disabilities are also able to access grants to assist them with securing modern technologies to assist them with their educational studies or employment.

▪ Academic Training Preparing for Work with Persons with Disabilities

Various academic training has been put in place to facilitate individuals working with persons with disabilities, especially in the field of education. These can be found at the teacher training institutions and the *University of Technology* and the *UWI.*

▪ The Origins and Some Representatives

Academic training for persons working with persons with disabilities had its genesis in Jamaica in the 1970s when it was felt that specialist training was needed to prepare persons with disabilities to function more effectively in society. The initiative accelerated in the late 1980s into the 1990s until it has become a standard at these institutions for certain categories of professionals, such as, social workers and teachers, who must do particular courses that will enable them to better interact with persons with disabilities. Individuals such as Dr. Mollie Thorbourn; Dr. Cecille Jyles from the *Mico University* and Dr. Suzzanne Anderson of the *UW* have been instrumental in developing these academic programs.

- Current Professional Training

Current professional training is being done in the fields of social work and special education. Every social worker and teacher are required to do certain courses in special education or disability studies that will enhance their professional development.

- Faculties and Specialties

These academic programs are being implemented by the faculties of Social Sciences and Humanities and Education. Students from other faculties or departments are allowed to register for these courses in these faculties.

- Disability Studies as a Field of Studies or Specialization

Increasingly, various tertiary institutions are establishing disability studies as a field of study or specialization. The *University of Technology* and the *UWI* have established disability studies as a field of study. It is here that certain groups are exposed to training in different areas relating to persons with disabilities.

- Disability Studies at the University of the West Indies

Training courses in the field of disability studies can be done at the *UWI* which is one of the major universities in the English-Speaking Caribbean. The institution has a long-standing history with dealing with and training persons on how to relate to persons with disabilities.

The History of the UWI and Present Day

The *UWI* accepted its first student with a disability in the 1960s. K.D. Edwards was the first student with a disability to attend the *UWI*. Since his entrance in the 1960s, a plethora of students with disabilities has been attending the institution. However, there were no systems in place to facilitate the development of these individuals in the embryonic stages. The successes of students with disabilities were therefore hinged on the generosity of their "able-bodied" counterparts. According to Derrick Palmer, noted disability advocate and a graduate of *UWI Mona*, students with disabilities had to gather under trees to study with their able-bodied counterparts (Palmer, 2009). This was the situation up to the beginning of the 1990s.

The Transition

By the beginning of the 1990s, more and more students with disabilities were matriculating for the *UWI*. Based on this development, lecturers were having greater exposure to students with disabilities. The lecturers realized that more persons with disabilities, in particular, those with visual impairment, were performing at a level in high schools which would result in them being accepted by *UWI*. Consequently, lecturers such as Mark Figueroa and Michael Witter began to advocate for more attention to be paid to the needs of students with disabilities. According to Figueroa, it was his reflection on his own experience and that of Michael Witter's in teaching quantitative courses to blind students that led him to advocate that *UWI* creates an appropriate system to meet the needs of students with disabilities (Figueroa, 2009). In the early 1990s, Figueroa presented a proposal for the establishment of a *Committee for Students with Disabilities* to the Campus Principal Leslie Robinson who accepted the proposal and an agreement was arrived at for the initial composition of the *Committee*. Despite this agreement, it was not until Marlene Hamilton became the Deputy Principal with oversight for student services that the *Committee for Students with Disabilities* was actually brought into being based on her support. The *Committee* comprising lecturers, students with disabilities and the senior administrative staff was established with a long term vision of bringing the cohort of disabled students at *UWI Mona* in line with the proportion of disabled persons within the age cohort served by the *University*. The *Committee's* mission was to improve the accessibility of *UWI* to persons with disabilities in general and to improve the service given to those students with disabilities registered at Mona.

The establishment of the special *Committee* laid the foundation for a mushrooming of developmental activities at *UWI Mona*. Such developmental activities were anchored in the *Statement of Intent*, developed by the *Committee for Students with Special Needs* and adopted by the *University Finance and General Purposes Committee* (F&GPC) on November 22, 1995. The *Statement of Intent* which is the University's overarching policy for students with disabilities, among other things, states:

> *The UWI is consciously seeking to facilitate the efforts of persons with disabilities to acquire university education.*
>
> *The university's goal is that as far as possible the number of students with disabilities at the institution be increasingly brought in line with the number of disabled persons in the relevant age cohorts in the wider society. It is the aim that no student whose academic qualifications are good enough to qualify for competitive entry be unable to accept a place at the UWI because of a disability* (F&GPC, 1995)

In order to give effect to this policy, a number of strategies were put in place. These included:

- A building was identified for the use of students with disabilities.
- Special reading room equipped with a reading machine for the blind at the Main Library.
- Purchasing of specialized equipment for students with disabilities.
- Commencement of a process of building ramps and special parking for persons with disabilities on the Mona campus.
- Transformation of Irvine Hall, one of the halls of residence on the Mona campus, to full access for persons with disabilities.

All of these facilities contributed to the growth of the population of students with disabilities on the Mona campus. By the end of the 1990s, a minimum of 2 students with disabilities was graduating from *UWI Mona* on an annual basis. Subsequently, other campuses such as Cave Hill in Barbados and St. Augustine in Trinidad and Tobago began to put in place measures to accommodate students with disabilities. It is interesting to note that in the context of Jamaica, no other tertiary institution has installed any system to cater to the needs of students with disabilities.

Presently, the positive developments for persons with disabilities at *UWI Mona* have continued into the new millennium. By 2003, one of the major service clubs in Jamaica, the *Lions Club of Mona*, put forward a plan to develop a special facility to accommodate students with disabilities. Members of the *Lions Club* were integrally involved in the process of assisting students with disabilities on the campus through volunteering their time for reading for the blind. This invoked a passion in the members and resulted in them developing a project proposal to establish a special facility for these students. The proposal was adopted by *UWI Mona* and the *Club* went about to seek to fund the construction. Through the assistance of state agencies and private sector companies, funds were secured to construct the facility and by June 2007, a major facility was made available to students with disabilities at *UWI Mona*. The facility is equipped with the latest of technologies for students with disabilities and allows the students to conduct their research and assignments with significant ease.

Amidst the busy schedule of students at *UWI Mona*, they find time to render assistance to their colleagues with a disability. From a small cadre of volunteers in the 1980s, the list of volunteers has grown to over 200 students who make themselves available to read, write, type, scan and even take students to classes whenever necessary. According to the students with disabilities, their success on the *UWI* campus would not be possible without the tremendous efforts of the volunteers.

Characteristics of the Disability Studies at the University of the West Indies

The disability studies program at the *UWI* is characterized by both academic and non-academic activities. The academic components are currently being implemented in the faculties, in particular, the Faculties of Social Sciences and Humanities and Education.

The non-academic components and some academic components are being implemented by the *UWI Centre for Disability Studies*. These cover the areas of research, training, public education, and advocacy.

- General Information About the Programme and Characteristics of Graduate Profile

The academic program is primarily driven by a course called *Disability Studies*. This course identifies the ways in which differently-abled persons are marginalized and restricted and experience discrimination within an "un-adaptive" society. It examines the interaction of persons with disabilities within the existing political, social, cultural and legal systems. This course is taught in partnership with persons with disabilities and is grounded in the epistemological belief that the creation of knowledge about disability should be with/by people with disabilities. This course takes students on an interesting journey which begins with sensitization to the experience of disability, working along the pathways to acceptance and inclusion and arriving at the destination of policy and advocacy.

The course is largely populated by individuals who are engaged in social work and other professionals who have an interest in the subject of disability.

- University Activities Undertaken for the Benefit of People with Disabilities

Over the years, the *UWI* has engaged in several activities and initiatives to benefit people with disabilities. These can be categorized into two distinct areas: initiatives for students with disabilities studying at the institution and initiatives for persons with disabilities outside of the institution.

As seen above, the *UWI* has been actively providing services for students with disabilities. These are deeply anchored in the policy that was adopted by the institution in 1995. Consequently, a plethora of services has been put in place to enhance the learning experience of students with disabilities. From the registration of students with disabilities to the graduation of the same, measures have been executed to support students with disabilities. This has resulted in the *UWI* being the leading institution in the Caribbean to provide educational services for persons with disabilities.

In 2009, the *UWI* established the *Centre for Disability Studies*. This entity was designed to drive research, training, public education, and advocacy for persons with disabilities. Since its inception, several pieces of research have been conducted in education: sexual and reproductive health, broadband and Internet access and health care for persons with disabilities. Training has been provided to health care professionals and members of the *Jamaica Constabulary Force* (JCF) on how to relate to persons with disabilities. The *Centre for Disability Studies* has had two major regional academic conferences to examine different issues relating to persons with disabilities in Jamaica and the broader English-Speaking Caribbean. Two major documents have been prepared, documenting the outcomes of this conference. The *Centre for Disability Studies* continues to have public education seminars to highlight issues confronting persons with disabilities. Through the Coordinator/ Head of the institution, there has been a consistent advocacy in the public sphere, on issues relating to persons with disabilities. A radio program that focuses exclusively on issues relating to persons with disabilities and senior citizens is being broadcast on one of the major public radio stations on a weekly basis.

Over the past eight years, since the establishment of the *Centre for Disability Studies*, different projects have been developed to benefit persons with disabilities. A special project was developed and implemented to provide modern technologies for six special education institutions across the island. The latest in software and equipment have been given to these institutions. Simultaneously, an initiative was developed to convert six *Caribbean Secondary Education Certificate* (CSEC) into Sign Language for persons who are deaf and hard of hearing. These six subject areas have been placed on the website of the *Centre for Disability Studies* and can be accessed by any deaf or hard of hearing person.

Another initiative was developed and implemented to provide persons with disabilities who are studying at the tertiary level or is employed. Through a strategic partnership with an institution known as the *Universal Service Fund* (USF) laptop computers and modern software are being provided to different persons with disabilities. These are empowering tools that will assist these vulnerable individuals in their various spheres of life.

Conclusion

Various scholars and institutions have adumbrated the importance of education as a means of social transformation. It is through education that poor individuals get the best chance of realizing their dreams and breaking what is regarded as the "inter-generational" cycle of poverty. According to the *World Bank*, Disabled people are often excluded from school or the workplace and are forced to depend on others in the family and community for physical and economic support. In addition to being acutely vulnerable to such exclusion, disabled people are disproportionately poor, and poor people are disproportionately disabled. The *Millennium*

Development Goals, a commitment to the international community to expand the vision of development, cannot be achieved without taking into consideration the needs of people with disabilities (World Bank, 2009).

This is the case of most persons with disabilities in Jamaica. As the premier tertiary institution in Jamaica, *UWI Mona* has been leading the way in transforming the lives of persons with disabilities through quality education. Through the establishment of appropriate systems, the institution has been able to meaningfully empower its population of persons with disabilities. The institution has established systems which will interact with each other to actualize the policy adopted by *F&GPC* in 1995. For systems to work, there must be effective interactions. The model as practiced by *UWI* fits appropriately in the empowerment theory. It allows for the participation and empowerment of individuals with disabilities and clearly actualizes the international slogan for persons with disabilities which states, *Nothing about us, without us*.

The philosophy of Universal Design for Learning (UDL) is also captured in the model as practiced by *UWI*. The institution has used a range of modern technology that can be used by students in the learning environment to enhance their education. These modern technologies can be utilized by students without disabilities as well.

The experiences of *UWI Mona* can, therefore, be used as a model for transforming the lives of persons with disabilities in the Caribbean and other developing societies. It is a model that evolved out of the input of concerned lecturers, students with disabilities, responsive administrators, disability advocates and the invention of modern technologies. All of these factors have come together to form a model that can be replicated by educational institutions in developing societies.

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POLAND

Maria Grzegorzewska Academy of Special Education: the beginning of the Interdisciplinary Studies on Disability

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Keywords: The Maria Grzegorzewska University, Poland, Disability Study in Poland, special education, teachers training, higher education

Introduction

Basic information about the country. Poland is a country with over a thousand years of history. Poland (Republic of Poland – RP) is located in Central Europe. Polish administrative area is over 312 thousand km^2 (70th place in the world and 9th in Europe). Density of population in Poland is 123 people per 1 km^2 (as of 1 January 2015.). The estimated population in 2015 was over 38.5 million. The population of Poland is 34th in the world and 6th in the European Union (as of 1 January 2015.). It was in Poland where one of the oldest universities in Europe, the *Academy of Cracow* was founded (1364). In 1773 the *Commission of National Education* was appointed as a central educational authority, the first ministry of education in the world, which made a profound reform of education. In the year 2014/2015 there were 434 universities of different types. According to the data of the Central Statistical Office in the academic year 2014/2015, 1,405,133 people studied in Poland.

Current status of higher education. In 2013 a *Report on the State of Higher Education* was developed. Details of the document of the *Ministry of Science and Higher Education* were based on the statistical sources of the *Central Statistical Office* (GUS) and the *Integrated Information System for Science and Higher Education* (POL-on). The data indicate the changes that occurred in higher education system over the years 1990–2011. One of the key changes in *Polish System of Higher Education* is an exceptionally large increase in the number of students. While in the academic year of 1990/1991 there were 390,409 people (net schooling rate in higher education was 9.8), in the 2011/2012 academic year there were

1,764,060 students (coefficient of schooling was 40.6). This situation was mainly the effect of the *Higher Education Act*, introduced in 1990, which allowed the existence of non-state universities, as well as recognized them as an equal part of *Polish System of Higher Education*. At the same time the report calls the attention to demographic factors – the most rapid increase in the number of students took place between 1990 and 2005, when the rate of schooling of higher education increased from 9.8 to 38.0-. From 2005 to 2011 the increase is much less clear, and since 2009 a slight decrease (from 40.9 to 40.6) has been recorded. This situation is mainly due to demographic changes like the declining number of young people. The authors also risked exposing forecast for the total number of students for the academic year of 2035/2036. Taking into account demographic factors and relatively constant net schooling rate of individual age groups, it was assumed that the total number of students in Poland will decline steadily until the academic year of 2025/2026, followed by its slight increase.

According to statistical data, the university educating the largest number of students in 2011 was the *University of Warsaw* (52,101 people, representing 3% of the total number of students). Students preferred faculties related to social sciences, economy and law (37% of students), while the least popular were the faculties associated with agriculture (1.7% of students). At the same time trends observed since 2007 indicate a gradual decline in interest in pedagogical, social, administrative, and legal faculties, and an increasing interest in science and technical ones.

An important trend – especially in the face of endorsed by *Poland Bologna Treaty* – is an increasing number of foreigner students. From 2004 to 2011 the number of people from abroad studying in Poland almost tripled. The authors note that at the same time a number of students – foreigners of Polish origin changed very little, which indicates the increasing attractiveness of Poland as an academic centre.

In 2015 a report *Diagnosis of Higher Education* was conducted. It also includes a program for the development of higher education by the year 2020. The document describes the overall higher education in Poland, taking into account the international and legal–economic situation of schooling and higher education, also referring to demographic trends. Particular attention is devoted to the implementation of the *Bologna Process*, *Framework for Higher Education Qualifications* and analysis of the situation of Poland in *European Higher Education Area*. On the basis of the findings of the report, the *Strategy for the Development of Higher Education by 2020* was developed.

Strategy for the Development of Higher Education. Works on the development strategy of higher education were started after the publication of the 2007 report of the OECD, *Organisation for Economic Co-operation and Development*, on higher education, which found lack of development strategy of higher education. In Poland, *Strategy for the Development of Higher Education for the years 2010–2020* was formulated and adopted by a consortium of rectors of Polish universities.

As the authors state, *Strategy* is a comprehensive document of a bold but realistic character (p. 17), noticing not only the need for internal changes in the *Higher Education System,* but also taking into account changes of the external nature, concerning both the domestic situation and place of Poland in the *European Union*. Proposals for action under the *Strategy* are based on a stable foundation, which is an *academic tradition and appeal to the ethos of higher education and the university values* (p. 16).

The *Strategy for the Development of Higher Education* adopted for the years 2010–2020 as priority directions of development indicates:

1. Ensuring equal opportunities and universal access to higher education and the required quality of studies;
2. Achieving by higher education, confirmed in a measurable way, international position adequate to the potential of Poland;
3. Introduction of new system and institutional solutions to higher education to achieve these objectives (p. 9).

Implementation of these measures concerns four separate areas: (1) educational activities of universities, (2) scientific and research and development activities of universities, (3) cooperation of universities with their environment, (4) *Higher Education System*.

In each of these areas, strategic objectives have been designated defining areas of change as well as operational objectives defining the directions of actions. For each purpose, specific tasks have been developed to make real implementation of strategic objectives.

In the area of *Educational Activities of Universities* the strategic objectives are: adapting the *Educational System* to the changing needs of education and improving the quality of education in terms of its mass production. The activities planned in this area are focused on finding and implementing solutions to better adapt universities to the changing reality. In the main aim of *Scientific and Research and Development Activities of Universities* area, it was indicated to increase the effectiveness of scientific research of the scientists. In the *Cooperation of Universities with Their Environment* the strategic objectives are: to expand the menial role of universities to society and to increase the degree of internationalization of Polish higher education and improving the position of Polish universities on an international scale. Actions related to this objective include operation of universities in the surrounding reality in terms of local, national as well as international terms. They point out the actions of both a systemic (concerning the institution) and personal nature (concerning higher education staff, students, and other people not connected with the area of higher education). The only goal formulated in the field of *Higher Education System* is an indication of the need to improve the system solutions for higher education. The actions specified in this area include a variety of issues concerning the internal functioning of higher education (i.e., from legal solutions to specific budgetary and economic issues. They also define the place of autonomous universities in widely understood system of higher education.

Education and rehabilitation of people with disabilities

Historical Overview. The beginnings of education of individuals with disability on Polish lands are associated with the education of deaf and deaf-mute children. Earlier efforts towards children with disabilities or "morally neglected" were limited mostly to caring actions. Typically, these tasks were performed by institutions related to the Catholic Church – congregations and parishes, but there also were factories run by public institutions (city councils), state, and private individuals (Grochowski, 1990). In the sixteenth century on Polish lands there were three types of specialist institutions intended for taking care of children and youth. These were: orphanages for orphaned children, establishments for foundlings, and educational institutions for morally neglected youth, so called *cuchthauzy* (Grochowski, 1990, p. 10). The role of shelters for abandoned and crippled children was often performed by hospitals, sometimes appointed especially for this purpose (Grochowski, 1990, p. 15).

The origins of special education are related to the education of deaf and deaf-mute children. In 1805 priest Anselm Zygmunt, after passing the examination entitling him to work with deaf children, began to teach a deaf-mute boy. He also developed the first Polish finger alphabet. He is credited with the formulation of assumptions of a school for deaf children in Vilnius. However, the project was not realized. During this time, they tried to create a school for the deaf in Volyn, where it ended up with a short-term functioning *Institute for the Deaf* in Romanov (1808–1832) (Grochowski, 1990; Kulbaka, 2012). The most important event in the education of deaf children turned out to be the 1817 assumption of the *Institute for the Deaf* in Szczuczyn (in 1817 it was transferred to Warsaw). Its founder and first rector was Rev. Jakub Falkowski, today considered to be the precursor of education of the deaf on Polish soil. An important event in the history of the *Institute* was the start of education of blind children. Initially, they were taught in classes with deaf pupils, then in 1942 a branch for blind boys was launched at the *Institute*. Since then, the *Institute* was officially renamed the *Institute for the Deaf and Blind.*

Who is inextricably linked to the care and education of blind children in Poland is Róża Czacka. In 1910 she founded the *Warsaw Asylum for Blind Women*. In the same year she created the *Society for the Blind*. She organized shelters for children, hostels for blind old women, and summer camps for wards of the Society. She had a significant impact on the spread of Braille on Polish soil. After the First World War, she founded the *Congregation of Franciscan Sisters Servants of the Cross,* whose main priority was serving blind children.

The first *Polish School for Children with Intellectual Disability* was established in 1897 in Poznan. There attended the students with milder forms of mental retardation. Children with profound intellectual disability remained in the special isolation wards at psychiatric hospitals. Poland's first class for more deeply mentally handicapped children was established in 1907 at a psychiatric institution in Owińska, near Poznan (Gasik, 1990, p. 76–104). The formation of more schools and centres for children with disabilities in a way necessitated actions aimed at special training of teachers.

Present day. Legal basis for the education of students with disabilities are defined by the *Act on the System of Education* of September 7, 1991 (as amended) and the relevant regulations issued by the *Ministry of Education*. This means that the education of this group of students – as well as able-bodied students – lies under the *Ministry of National Education*. Detailed rules define the scope and form of the implementation of support for students with disabilities. The education system provides, among others,

- realization of the right of every citizen of the Republic of Poland to educate and the right of children and young people to education and care, appropriate to the age and development;
- adjustment of the content, methods and organization of education to the psychophysical abilities of pupils, as well as the possibility of using psychological-pedagogical and special teaching aids;
- the possibility of receiving education in all types of schools by children and youth with disabilities and socially maladjusted, according to the individual developmental educational needs and predispositions;
- care of students with disabilities by enabling the implementation of individualized education process, forms, and programs of education and revalidation activities (Dz. U. of 2004. No. 256, item. 2572, as amended.).

A child with disability may be subject to appropriate forms of assistance and support from the moment of detection of disability to starting school (in the framework of *early intervention*) and during schooling at all stages of education.

Under the regulation, education, upbringing or care cover: students with disabilities, like students with impaired hearing, hard-of- hearing, blind, visually impaired, with physical disabilities, including aphasia, with mild, moderate and severe intellectual disabilities, with autism, including Asperger syndrome, and multiple disabilities; and students socially maladjusted and under the risk of maladjustment.[1] On the basis of this document rules and forms of education of children with these disabilities are defined. According to the *Act on the System of*

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[1] Rozporządzenie Ministra Edukacji Narodowej z dn. 24 lipca 2015 r. w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży

Education, children and youth with disabilities have the right to study in each of the corresponding schools, and the decision about school choice is to be made by parents or guardians of the child. Students with disabilities, socially maladjusted or at risk of maladjustment, can implement compulsory education by the end of the school year in which they turn: 18 (primary school), 21 (middle school), and 24 (secondary school). For pupils who have a decision on special education, school has an obligation to construct the *Individual Educational-Therapeutic Program* (IPET), which should define among others: scope and method of adjustment of the educational program for psycho-physical capabilities of the child, recommended methods and forms of work, and actions supporting students' families[2]. Children with disabilities who have not started school are targeted by the range of early development support. It includes comprehensive measures aimed at *stimulating psychomotor and social development of the child*[3]. As part of the early intervention, a team composed of a special educator, psychologist, speech therapist, and other specialists, is responsible for developing and implementing an individual program of early intervention (including work with children and activities supporting the family of the child), as well as cooperation with relevant entities to provide the child with rehabilitation or therapy corresponding to its needs[4].

Separate rules govern the educational situation of children and adolescents with profound intellectual disability from 3 to 25 years of age. For them, remedial education activities are organized, which are focused in particular on: science communication, networking, implementation of self-reliance, developing interest in the environment, shaping the skills of teamwork, and learning purposeful actions[5].

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niepełnosprawnych, niedostosowanych społecznie i zagrożonych niedostosowaniem http://dziennikustaw.gov.pl/du/2015/1113/1.

[2] Rozporządzenie Ministra Edukacji Narodowej z dn. 24 lipca 2015 r. w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży niepełnosprawnych, niedostosowanych społecznie i zagrożonych niedostosowaniem http://dziennikustaw.gov.pl/du/2015/1113/1.

[3] Rozporządzenie Ministra Edukacji Narodowej z dn. 11 października 2013 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci http://www.dziennikustaw.gov.pl/du/2013/1257.

[4] Rozporządzenie Ministra Edukacji Narodowej z dn. 11 października 2013 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci http://www.dziennikustaw.gov.pl/du/2013/1257.

[5] Rozporządzenie Ministra Edukacji Narodowej z dn. 23 kwietnia 2013 r. w sprawie warunków i sposobu organizowania zajęć rewalidacyjno-wychowawczych dla dzieci i młodzieży z upośledzeniem umysłowym w stopniu głębokim http://dziennikustaw.gov.pl/du/2013/529/1.

Academic training preparing for working with people with disabilities

The origins and some representatives. The forerunner of the scientific approach to disability was Maria Grzegorzewska (1888–1967), who formulated the timeless maxim “There is human being – not cripple”. In 1922, she organized *the Institute of Special Education* in Warsaw, which took up research activities in the field of special education and preparing teachers to work with students with disabilities. Maria Grzegorzewska was the first one in Poland who created the scientific basis of disability and undertook systematic research on all subdisciplines of special education, particularly on issues relating to people with visual impairments (i.e., tyflopedagogics, tyflopsychology). Her achievements greatly fit into the global special education and international research on disability. In the years 1958–1960 she was a professor at Poland’s first university Department of Special Education at the *University of Warsaw*. The academic status of special education in Poland dates back to that time.

At this point we mention some already deceased researchers, meritorious for special education. Józefa Joteyko (1866–1928) was a psychologist, educator, and exercise physiologist, president of the *Belgian Neurological Society* and a multiple winner of the *Paris Academy of Sciences*. Janina Doroszewska (1900–1997) was a professor at the *National Institute of Special Education* and professor at the *University of Warsaw*. She dealt with the issues of therapeutic pedagogy, prevention and medical, psychological, and pedagogical treatment. Aleksander Hulek (1916–1993) was a strong supporter and promoter of social integration, proponent of Polish rehabilitation in the international arena. Władysław Dykcik (1942–2013) was a special teacher, published numerous positions in the field of special education, social education, and sociology of education. Jan Pańczyk (1937–2007) is the author of numerous scientific, theoretical, and research works. He helped to organize Polish terminology in special education. He was a significant figure in laying the foundation for the theory and practice of special education and formulating university special education in Poland.

Current professional training. Training of the teachers of educational system takes place in higher education sector (first and second degree, uniform master’s degree, post-graduate studies). According to the latest legislation, undergraduate studies prepare to work in kindergartens and primary schools, while master’s degree allows to work in all types of schools (also in middle schools and secondary schools). In addition to general and substantive education, in teacher training, pedagogical training is valid. Improving the qualifications of teachers is essential for obtaining professional achievements and to participate in the promotion which requires documented improvement activities (postgraduate studies, courses, seminars).

Successful implementation of the core curriculum for students requiring special educational services (SEN) requires providing them with the necessary conditions for teaching. One of them is to prepare competent teaching staff to organize and coordinate special education. In Poland, teachers are qualified for working with students with different disabilities in the context of: (1) specialty preparing to work with students with one kind of disability (e.g., Oligofrenopedagogy, surdopedagogy, tyflopedgaogy, teacher-therapist); and (2), specialty preparing for integrated education and inclusive education (special education teacher). Teacher education at a higher level takes place in the higher education sector in the framework of first and second degree and postgraduate studies.

Teachers who are involved in special education are the teachers of activities or subjects who have completed a master's/bachelor degree and are prepared to work with a specific group of students with disabilities. Universities also prepare teachers for integrated and inclusive education. Since 2015 a profession of special education teacher was introduced to classification of occupations[6]. Special educator is a specialist possessing the knowledge and skills to work with students with various disabilities in kindergarten and communal and integrated school (or department). Its tasks include among others: co-organization of inclusive and integrating education, coordinating the activities of the team of teachers and other professionals, and carrying out revalidation activities in accordance with their qualifications.

Teachers have various opportunities to acquire skills and training. Universities are organizing postgraduate courses, training, and offering suitable qualifications or mastering professional competence to work with students requiring special educational services. Various forms of training are addressed both to teachers of special schools, integrated schools, as well as public ones. Since 2012, *Maria Grzegorzewska Academy of Special Education*, as the first university in Poland as part of the educational offer in the second degree studies and postgraduate studies, has launched the specialty Integration and Inclusive Education, which prepares teachers of public and integration outlets to work with students requiring special educational services[7].

Faculties and specialties. Specialties usually undertaken in the faculty of Special Education are education of people with intellectual disability (also known as the education and rehabilitation of people with intellectual disability, oligophrenopedagogy) and rehabilitation (rehabilitation pedagogy, resocialisation pedagogy

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[6] http://www.mpips.gov.pl/archiwum-projekty-aktow-prawnych-/archiwum-projekty-ustaw/rynek-pracy/r2014/rozporzadzenie-ministra-pracy-i-polityki-spolecznej-w-sprawie-klasyfikacji-zawodow-i-specjalnosci-na-potrzeby-rynku-i-zakresu-jej-stosowania-/#akapit5.

[7] http://www.aps.edu.pl/rekrutacja/pedagogika-specjalna/opisy-specjalno%C5%9Bci/studia-stacjonarne-ii-stopnia.aspx.

with social prevention, judicial resocialisation, etc.). Increasingly specialties are created connected to work with people with autism, integration and inclusive education, power-assisted early childhood development, vocational counselling, and work with the elderly (gerontopedagogy), all of which are the response of higher education to public demand and changing reality. Specialties which are often created and popular are also speech therapy and pedagogical therapy, but it is worth mentioning that these two specialties are of interest to the education and special education, so it happens, that they arise in the context of studies in both directions. Specialties rarely created by universities are specialties connected with the therapy of the specific group of people with disabilities (surdopedagogy, tyflopedagogy, therapeutic and healing pedagogy). It is probably due to a very narrow specialization within the framework of these studies, making it difficult for graduates to find themselves later on the labor market (despite a common practice to combine two specialties within a single course of study).

At *Maria Grzegorzewska Academy of Special Education* all specialties related to supporting people with disabilities are carried out at the faculty of Special Education. Currently (academic year of 2016/2017) at the undergraduate level there are: education and rehabilitation of people with intellectual disability, re-socialisation pedagogy, surdopedagogy, early support of child development, pedagogical therapy, speech therapy, therapeutic and healing pedagogy, tyflopedagogy, and social prevention with re-socialisation[8]. At the second degree studies (Master complementary) can be found: education and rehabilitation of people with intellectual disability and autism, speech therapy, surdopedagogy with pedagogical therapy, integration and inclusive education, pedagogical therapy, rehabilitation of sight of the visually-impaired, rehabilitation of people with multiple disabilities, re-socialisation pedagogy with social prevention, socio-professional rehabilitation, therapeutic and curative pedagogy, and social prevention with judicial rehabilitation.

Disability studies as a field of study or specialization. *Disability studies* as interdisciplinary study of disability is the field of study of *Maria Grzegorzewska Academy of Special Education* in Warsaw. It is Poland's first such course of study, implemented since the academic year 2016/2017.

Disability studies at Maria Grzegorzewska Academy of Special Education

The history of the university and the present day. A breakthrough for educating Polish special educators in Poland was the establishment of *National*

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[8] http://www.aps.edu.pl/rekrutacja/pedagogika-specjalna/opisy-specjalno%C5%9Bci/studia-stacjonarne-i-stopnia.aspx.

Institute of Special Education (PIPS). The Institute was subject to the Ministry of Religion and Public Education. Among the lecturers of PIPS there were outstanding educators: Józefa Joteyko, Janusz Korczak, or Tytus Benni. The director of *PIPS* was Maria Grzegorzewska, who served this function until her death (up to 1967, with a break during World War II). *PIPS* trained special educators in four teacher specializations: mentally retarded, deaf-mute, blind, and morally neglected. Three groups were able to study at the *Institute*: teachers of elementary schools and secondary schools (several years of practice were required), teachers of special schools, and people with higher education (with no teaching practice). People without teaching practice or higher education were not admitted (Gasik, 1991, p. 83). Considering the fact that the students already had basic pedagogical training, the curriculum of *PIPS* was dominated by methodical subjects, focused on working with students with specific disabilities (Gasik, 2010, p. 69). Special attention was paid while the practical classes. Until the outbreak of World War II, 660 teachers completed *PIPS* (Kulbaka, 2012, p. 24), with about 75% of that number were teachers of children with mental disabilities (Gasik 1990, p. 170).

During World War II action of *PIPS* were initially suspended and then resumed in the form of several secret courses for inspectors of special education at the turn of 1943 and 1944. During the war, at least 64 people associated with the Institute, including Janusz Korczak, Halina Jankowska, Wiesław Sterling and Jakub Segal died (Kulbaka, 2012, p. 25). After the war, at the end of 1945, *PIPS* resumed its activities. A new specialty was introduced to the curriculum: the education of chronically ill and disabled children. Creation of such specialty was planned in the interwar period, however, it did not happen until after the end of World War II. We can guess that the creation of this specialization was related to the new realities of social life (i.e., a large number of crippled and sick children as a result of military actions).

In 1950, *PIPS* was transformed into the *National College of Special Education*. Its primary submission was the training of special teachers, while the research activities were limited. An important event in the history of special education teachers in Poland was issuing a script *Special Education* by Maria Grzegorzewska (1957) as the first Polish comprehensive elaboration of issues of special education.

In the post-war period, *PIPS* ceased to be the only Polish educational establishment of special educators. In 1958 they established the *Chair of Special Education* at the Department of Education at the *University of Warsaw* (initially directed by Maria Grzegorzewska). Studies training teachers of schools and special centres were also launched at: *Gdansk University*, the *University of Silesia* (Katowice), *Jagiellonian University* (Krakow), *University of Maria Skłodowska-Curie* (Lublin), *Wrocław University*, the *University of A. Mickiewcz* (Poznan) and in a number of higher education schools inter alia, in Bydgoszcz, Czestochowa, Krakow, and Szczecin (Gasik, 1990, p. 277).

In 1976, the *National Institute of Special Education* was transformed into *Maria Grzegorzewska Higher School of Special Education*. Since then, the course of study at *WSPS* lasted four years, and since 1981, five. In 1989, *WSPS* earned the right to become an institute and to conduct PhDs and confer the title of Doctor of Humanities. Responding to changing social needs, offer of specialties taught in *WSPS* was constantly widened. In 1989, they were: oligophrenopedagogy, surdopedagogy, therapeutic pedagogy, correction education, tyflopedagogy, speech therapy, re-socialisation pedagogy, educational psychology of creativity, school educator, and computer-aided learning process.

In 2000, *Higher School of Special Education* was transformed into *Maria Grzegorzewska Academy of Special Education*. Currently, *APS* is a two-faculty university (Faculty of Educational Sciences and the Faculty of Applied Social Sciences), which instructs, besides special educators, also psychologists, social workers, and sociologists.

Among the greatest strengths of the university can be mentioned: a highly qualified teaching staff, diversified curricula, and study conditions. Currently, the *APS* teaches about 7.000 students, both in stationary and non-stationary mode. At the same time, the *University* conducts a number of postgraduate courses, which may constitute a complement and extension of the students' knowledge in the field of special education.

The programs of studies conducted at the *Academy* are focused on educating teachers and therapists to work with children, youth, and adults with intellectual problems, impaired hearing, speech and vision, motor disabilities, and emotional disturbances and behaviour. Studies are designed to prepare staff for working in school (special education teacher, assistant of a teacher), as well as in other special centres (therapist, teacher, guardian). An important area of education provided at the *Academy* is also activity in the field of social pedagogy like family support, cultural activities in the community, adult education, vocational counselling or psychopedagogy of creativity.

A separate field of study is the Artistic Education in the field of visual arts. Students of this course are trained in the field of fine arts, and trained to work in educational and therapeutic institutions.

Faculty of Applied Social Sciences educates students in the field of Social Work, Sociology, and Psychology. *APS* is the first university that brought a full-time degree in Social Work. The program of study is designed for the social needs of the growing population of elderly, disabled, and chronically ill, who need professional care and support.

In the academic year of 2007/2008 at the Faculty of Applied Social Sciences opened a five-year uniform degree in Psychology. This department has two specializations: clinical psychology and applied psychology. The first, prepares students for the role of diagnostician, therapist, and clinical psychologist; while the second focuses on business consulting, training, and coaching.

Study programs available at the *APS* in the Polish language are: Psychology, Sociology, Pedagogy, Special Education, Social Work, Artistic Education, and *Interdisciplinary Disability Studies*[9].

Characteristics of the *Interdisciplinary Disability Studies*. The direction of education of *Interdisciplinary Disability Studies* is carried out in accordance with the humanist ideal of the patron of the *University* – creator of special education in Poland Maria Grzegorzewska – expressed in the message *There is human being – not cripple.*

Higher education of the *Interdisciplinary Disability Studies* is significantly incorporated in the mission of the *APS* as an university declaring its academic character and implementing research, teaching, and the idea of support to communities in need. Studies in this direction combine more than ninety years of research and teaching tradition of the *University* with contemporary apprehension of disability and the creation of social support systems.

The *Interdisciplinary Disability Studies* is an innovative (first in Poland) and independent direction of education of the second degree. Studies offer to acquire interdisciplinary knowledge, abilities, and social skills necessary to understand and explain disability and activities for people with disabilities and their families. The study program gives students the opportunity to design practical measures for disabled people and their environments. It also prepares to adopt and implement research on disability issues from an interdisciplinary perspective of the social sciences (including pedagogy, sociology, psychology, media studies, science of public policy, the science of cognition, and communication) and the humanities (including philosophy and study of family). The training program introduces students to the theoretical, methodological, and implementation recognition of disability in the individual, interpersonal, and general public dimensions. The results of research studies will help to formulate recommendations for the construction of systems of support for people with disabilities in society.

Education at MA level of *Interdisciplinary Disability Studies* passes and strengthens student's knowledge in the field of various dimensions of disability, including personal, social, cultural, legal, and economic ones. At the same time, it gives students the opportunity to take a critical discourse on the place of the Different one in society and the role of society in ensuring equal opportunities for all of its citizens.

General academic profile of education of *Interdisciplinary Disability Studies* **includes six modules (i.e., theoretical, methodological, research, language,**

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[9] http://www.aps.edu.pl/university.aspx.

teaching, and optional), whose topics are formulated against the background of current knowledge in the field of humanities, social sciences, and medicine. Specific areas of module theory include: (1) the basis for the study of disability, (2) socio-ethical and legal aspects of the discourse on disability, (3) historical-anthropological approach to disability, (4) psychological and medical aspects of disability, and (5) pedagogical and strategic contexts of disability. Studying the theoretical module is ended by classes led by tutoring which guide and inspire the development of the student, serving the development of their cognitive potential and motivation to undertake independent research in the area of the pursued subject.

The program was designed in connection with the ongoing university theoretical elaborations and research on disability. Under this faculty teachers and students jointly engage in the development of implementation projects on systems of support for disabled people and their environments, and research projects on topics related with various issues concerning disability. In this way, education in *Interdisciplinary Disability Studies* creates the possibility of individual student development, and also strengthens the relationship between teaching and learning.

The *Interdisciplinary Disability Studies* is addressed to the graduates of social, humanitarian, medical, artistic, and technical faculties, who have their career aspirations combined with broadly defined activities for people with disabilities or intend to take an academic career in research on disability and are interested in continuing studies in stage III.

Studies of II-degree in *Interdisciplinary Disability Studies* end with writing and defending a thesis. At the same, time during the two years of learning, students create their portfolio (electronic and paper one) – as a condition of graduation – which is a collection of gathered papers during the study term. Portfolio documents student’s achievements, is the source of their knowledge and reflection, and a tool for systematizing, enriching, and creating their own professional skills and acquiring professionalism.

General information about the program and the characteristics of the graduate profile. A significant increase in the social movement of people with disabilities and the intensifying of the need to initiate, design, and implement integrated support systems, require the preparation of professionals (i.e., leaders, professionals, and researchers). Competences gained in the course of *Interdisciplinary Disability Studies* will effectively lead a multi-faceted activities directed to people with disabilities and their communities. Among other activities, this competences will lead to act as a spokesperson defending the rights of disabled people, a leader fighting for their place in society and the change of social attitudes, a person involved in the preparation of media to promote people with disabilities, or a specialist working in local communities. Education in *Interdisciplinary Disability Studies* will also allow to acquire the knowledge and skills to undertake and carry out research on personal, social, political, economic, and cultural situation of the disabled.

The *Interdisciplinary Disability Studies* gives the opportunity to study for those graduates of 1st degree studies in the area of social sciences, humanities, medicine, and art and who are interested in exploring disability issues.

Detailed objectives include:

1. preparation for professional tasks in public service related to disability;
2. acquisition of broader and deeper knowledge, skills, and social competence in the design and conduct of research on disability issues in its connection with the humanities, social, and medical sciences;
3. preparation for further education at the third level of study;
4. manufacturing abilities to improve knowledge and acquire new skills using modern methods and means of gathering, organizing, and analyzing data;
5. improvement of competence for lifelong learning;
6. deepening ethical sensitivity and improvement of reflective and responsible attitude in the making and implementation of measures for the disabled and research projects on disability.

Social demand gives graduates of *Interdisciplinary Disability Studies* broad and attractive opportunities for the development of their careers. Studying in this department provides students with substantive, methodical, and methodological tools for the design and implementation of complex and multi-range activities for people with disabilities. It provides students with the competencies needed to perform the expert opinion-forming activities in the field of disability issues, as well as to act as a leader in managing the implementation of projects, to actively participate in social marketing to people with disabilities, and to the role of researcher of socio-cultural and politico-legal issues of disability.

Graduates of the second degree *Interdisciplinary Disability Studies* have a broader and deeper knowledge of disability in the context of interdisciplinary explanation of the humanities as well as of social and medical sciences. Studying in this department enables students to get familiar with tradition and contemporary social movements for people with disabilities, socio-demographic situation of disabled people in Poland and in the world, the historical conditions of research on disability, their most important trends, current trends, and leading representatives. The graduates have a rich and extensive knowledge about the processes of interpersonal and social communication, they know their accuracy and disorders, and ways to communicate with people with various disabilities.

Key concepts of man and its development (including the philosophical, psychological, sociological, educational, and medical ones), explored while studying *Interdisciplinary Disability Studies*, provide theoretical constructs for designing support systems for people with disabilities and their communities and for initiating studies on specific issues of disability. Studying introduces issues of creativity of people with disabilities, quality and style of life and welfare of the disabled, as well as achieving the objectives of standardization in the perspective of social inclusion.

Graduates know the traditional and modern trends of research on disability and present advanced knowledge and skills to conduct research on the issue. They can design their own path of development, are able to work in a team performing different roles, and have organizational skills to carry out the purposes of planning and implementation of professional activities or management.

Graduates also have an established knowledge of the principles and ethical standards, and are able to follow them in performing professional activities, perceive and analyze the ethical dilemmas associated with activities for people with disabilities and their environment. They are aware of the ethical dimension of research and are able to apply the principles and ethical standards in the research procedure.

Studying at *Interdisciplinary Disability Studies* allows to educate graduates who are reflective, competent spokesmen of the disabled, professionals in the field of designing support systems, and scientists interested in the topic of studying the phenomenon of disability. Graduates have the necessary knowledge and abilities to work, to study, to speak, and write about disability in individual and social dimension.

Apart from the competences and skills aforementioned, graduates of *Interdisciplinary Disability Studies* have the competence to perform professional tasks in governmental and non-governmental mass media. They are also prepared for careers in science and academic. A graduate obtains a master's degree and is prepared to act as spokesman for the disabled, a specialist in the field of designing support systems, a scientist interested in the topic of research on disability, and is also prepared to undertake doctoral studies in the field of humanities and social sciences, as far as the specific conditions of recruitment do not contain any limiting clauses.

Previous academic experience and prognosis. The department was created by decision of the Senate of *Maria Grzegorzewska Academy of Special Education* on the January the 20th, 2016. Since the academic year of 2016/2017, begins the first year of a two-year studies program in this department. What is the current orientation of the university, what concept of *Interdisciplinary Disability Studies* to start at the Academy?

Here are a few justifications. The tradition of the *Academy* and the continuity of the idea of Maria Grzegorzewska build the mission of the *University* in a scientific exploration of people with disabilities and the looking for opportunities to provide them with appropriate rights as the ones held by other members of society. *Academy* undertakes more intensive cooperation with foreign research centers and universities, whose focus is to recognize the phenomenon of disability and prepare professionals to work with people with disabilities. For many years, the *Institute of Special Education* of the university takes the initiative of personalistic and interdisciplinary recognition of disability. Since 2003 there have regularly been organized international conferences called *PERSON*. Conferences are scientific meetings whose purpose is multifaceted discussion and the exchanging of experience in the field of studying the phenomenon of disability. In the conference of 2016, participants discussed the issue of early intervention and early support for the development of children with various disorders. Researchers are focused on personalistic recognition of the phenomenon of disability (Głodkowska, 2015). In 2005, the *Academy* established a scientific journal *Man – Disability – Society* which tackles the issue of disability from an interdisciplinary perspective. In 2013 a portal *Forum of Special Education* was created as a tool to document and spread the knowledge in the area of disability[10]. The university promotes the idea of integration and social inclusion of people with disabilities, by both, expanding the choice of education, as well as carrying out numerous research projects under an interdisciplinary perspective. There are analyses of the subjectivity, identity, normalization, integration, social support, family life, rights of people with disabilities, and the dignity of persons with disabilities or social exclusion.

We believe that *Interdisciplinary Disability Studies* in our university is a development venture, giving ample opportunities of research and teaching. What we consider to be extremely important is the ability to conduct interdisciplinary and collaborative research on the phenomenon of disability with the involvement of researchers from other universities in Poland and abroad.

University activities undertaken for the benefit of people with disabilities. Implementing the mission of the university contained in the words of Maria Grzegorzewska *There is human being – not cripple* the *APS* conducts a number of activities aimed at promoting people with disabilities. These are continuous, cyclical, and incidental activities.

The continuous actions also constitute the expression of the implementation of the *Convention on the Rights of People with Disabilities*, and they are centered around three main tasks: providing students with disabilities to fully participate in didactical activities, taking action to adapt the architecture of *APS* to the possibilities of people with disabilities, and the development of appropriate attitudes towards people with disabilities[11]. In order to allow students to fully participate in didactical classes, academics were provided with documents which contain tips on working with students with disabilities of sight, hearing, and speech. At the same time, under the *Provisions of November 15, 2007 on the alternatives applied to disabled students of APS*[12]*,* there are opportunities for additional support for students

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[10] http://www.efps.pl/.

[11] http://www.aps.edu.pl/studenci/pomoc-dla-os%C3%B3b-niepe%C5%82nosprawnych/zakres-pomocy.aspx.

[12] http://www.aps.edu.pl/media/8340/rozwi%C4%85zania_alternatywne.pdf.

with disabilities. These solutions do not relate to substantive aspects of the study, and they only adjust the environment and formal requirements to meet the needs of students. Depending on the needs of students, the effect may relate to consent to the recording of activities, ensuring the presence of a sign language interpreter, increasing the possibility of allowable absences in classes, and exemption from physical education classes. Separate solutions can be applied during examinations: the duration of the test can be extended, it is possible to use the necessary technical equipment (computers, alternative forms of saving), a change of the place of examination, and if necessary, the test may allow a third party (sign language interpreter, assistant, lector[13]).

Cyclical activities are carried out in the form of various events activating and encouraging cooperation of children, youth, and adults with disabilities. Examples of such activities may be OSPAR *Festival and Knowledge Competition for Students with Disabilities*. *OSPAR* which is *National Stage of Presentation Artistic Realization* is organized since the 1996 festival of creativity, which involves children and young people with various disabilities from all over Poland. The creators of *OSPAR* do not impose a form of presentation on participants, so every year they impress the jury and the audience with their creativity and capabilities. Event of a more scientific nature is organized every three years with the *National Knowledge Competition* for young people with disabilities, in which young people with a disability may face each other in the positive competition in the field of science.

The activities happening only once are taken as needed, often as a response to public demand.

Conclusion

Scientific recognition of disability in Poland dates back to the decade of the 20's of the twentieth century. Since then, special education has been intensively developing, building an image of people with disabilities and preparing professional staff to education, rehabilitation, therapy or rehabilitation. Universities meet with their educational offer the needs of the people with disabilities and labor market demand. Evidence of these changes is the involvement of universities in creating new courses and specializations, taking on new topics of research and development of international cooperation. We believe that the newly department of *Interdisciplinary Disability Studies,* established at *Maria Grzegorzewska APS*, referring to the international mainstream *Disability Studies*, is a clear example of the process. It clearly indicates a move away from the perception of disability through the prism of limitations, defects, and abnormalities, to the perception and appreciation of the value

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[13] http://www.aps.edu.pl/media/8340/rozwi%C4%85zania_alternatywne.pdf.

of each person, the search for their potential, and the recognition of differences as inherent human traits. We hope that *Interdisciplinary Disability Studies*, built on the foundations of teaching, will be an important basis for the broadening and deepening of comprehensive, holistic research on the phenomenon of disability.

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Appendix

Some national legal acts:

1. *Rozporządzenie Ministra Edukacji Narodowej z dnia 24 lipca 2015 r. w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży*

niepełnosprawnych, niedostosowanych społecznie i zagrożonych niedostosowaniem społecznym (http://dziennikustaw.gov.pl/du/2015/1113/1).

2. *Rozporządzenie Ministra Edukacji Narodowej z dnia 23 kwietnia 2013 r. w sprawie warunków i sposobu organizowania zajęć rewalidacyjno-wychowawczych dla dzieci i młodzieży z upośledzeniem umysłowym w stopniu głębokim* (http://dziennikustaw.gov.pl/du/2013/529/1).
3. *Rozporządzenie Ministra Edukacji Narodowej z dnia 30 kwietnia 2013 r. w sprawie zasad udzielania i organizacji pomocy psychologiczno-pedagogicznej w publicznych przedszkolach, szkołach i placówkach* (http://isap.sejm.gov.pl/DetailsServlet?id=WDU20130000532).
4. *Rozporządzenie Ministra Edukacji Narodowej z dnia 11 października 2013 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci* (http://www.dziennikustaw.gov.pl/du/2013/1257).
5. *Oświata i wychowanie w roku szkolnym 2013/2014. Education in 2013/2014 school year. Warszawa: Główny Urząd Statystyczny, 2014* (http://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/oswiata-i-wychowanie-w-roku-szkolnym-20132014,1,8.html).
6. *The system of education in Poland in brief* 2015. Polish Eurydice Unit. (http://eurydice.org.pl/wp-content/uploads/2016/01/BRIEF_EN_FINAL2015.pdf).

The list of selected national institutions working for people with disabilities

- Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych – http://www.pfron.org.pl/.
- Polskie Stowarzyszenie na Rzecz Osób z Niepełnosprawnością Intelektualną PSONI – http://psoni.org.pl/.
- Stowarzyszenie INTEGRACJA – http://www.integracja.org/.
- Polski Związek Głuchych http://www.pzg.org.pl/.
- Polski Związek Niewidomych http://pzn.org.pl/.
- Stowarzyszenie Rodzin i Opiekunów Osób z Zespołem Downa „Bardziej kochani" – http://www.bardziejkochani.pl/.
- Fundacja SYNAPSIS http://synapsis.org.pl/.

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SPAIN[1]

Institute on Community Integration: 20 years researching, training, and leading changes towards inclusion

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Keywords: Disability Studies, Spain, Students with Disabilities, Inclusion, Rights, Quality of Life, Didactics

Introduction

Basic information about the country. Spain (officially Kingdom of Spain) is a parliamentary monarchy and a transcontinental country in the south of Europe with more than 500 years of history. The country's surface is over 500 thousand km^2 being the 52th biggest country in the world and the 3rd in Europe after Russia and France. According to the *National Institute on Statistics* (INE in Spanish), Spain's population in 2016 was over 46 million[2] (29th in the world and 7th in Europe) and its population density is 92 habitants/km^2 (as of 1 January 2016). The demography in Spain is characterized by elderly population and one of the highest life expectancy in the world with a mean of 82.8 years[3] (2nd in the world after Japan). Spain has one of the oldest universities in the world, the *University of Salamanca*, which has almost 800 years of history (established in 1218). Since then, the number of universities has been growing in the country with a total of

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[2] http://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176951&menu=ultiDatos&idp=1254735572981.

[3] http://apps.who.int/gho/data/node.main.688?lang=en.

82[4] (as of 31st of December 2016), of which 32 are private and 50 public. In the academic year 2015–2016, a total of 1,496,017 students were registered as university students (1,269,926 in public universities, and 226,091 in private ones[5]).

Current status of higher education. According to *Eurydice* and the *Spanish Network on Information on Education*, *Spanish Higher Education System* comprises three mainly kind of studies: university studies, professional training (FP in Spanish), and special teaching studies, such as arts, fine arts, and sports[6]. Higher education training in Spain is divided into three levels: first cycle level, which comprises the "Degree" and "Higher Professional Training" programs; "Master's Degree", which are the second cycle programs; and "PhD Programs", which compose the third cycle.

According to the *Organic Law on Education* of Spain (LOE 2/2006), the "Degree" and the "Higher Professional Training" programs, although both of them are part of the first cycle, they are not comparable, because each one offers a completely different academic and professional teaching approach. Thereby, "Degree" programs are taught at universities and their approach is mainly academic; and "Higher Professional Training" programs provide students the qualification for a given employment, and they are not taught at university (typically in High Schools). "Degree" programs provide a level 2 within the *Spanish Framework on Higher Education Qualification* (MECES in Spanish), while "Higher Professional Training" programs provide a *MECES*-level 1[7].

The second cycle level is composed by the "Master's Degree". These programs are intended for the acquisition of an advanced, specialized, and multidisciplinary training, orientated to the professional and/or academic specializing. They are also aimed at improving the research skills of students. They compose the *MECES*-level 3. Thus, taking into account the aim of the "Master's Degree", they can be: professional, academic, or research programs. The knowledge areas of these programs are: humanities and fine arts; sciences; health sciences; social and juridical sciences; engineering and architecture[8]. "Master's Degree" can be either official (recognized by the Ministry and universities) or not official (recognized only by universities).

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[4] http://www.universia.es/universidades.

[5] https://es.statista.com/estadisticas/479407/alumnos-matriculados-en-universidades-en-espana-por-tipo/.

[6] https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/index.php/Espa%C3%B1a:Educaci%C3%B3n_Superior.

[7] https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/index.php/Espa%C3%B1a:Programas_de_primer_ciclo.

[8] https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/index.php/Espa%C3%B1a:Programas_de_segundo_ciclo:_Master.

The third cycle level is where the “PhD Programs” are located, and supposes the *MECES*-level 4. In the “PhD Programs”, qualifications are aimed at providing an advanced training of students in research activities[9].

About the current status of higher education, the annual report on the *National Student Fee and Support System in European Higher Education* gives updated information on the fees and the grants that concern students within higher education system. In the case of Spain, in the academic year 2016–2017, approximately 71% of full-time students paid fees, which range from 714 € to 2,011€ (average 1,110€) in the first cycle, and from 1,298€ to 3,211€ in the second cycle programs (average 1,991€). The fees are determined by the study field, the level, the number of ECTS taken, and also the number of times a student has taken each subjects. The amount of fee also differs between Autonomous Communities (regions in Spain) as each one has a different fee range. There is no difference in fees between full-time and part-time students. Exemptions of the fees are possible depending of the needs of students (e.g., large families and people with disability have very significant discounts, and may even be exempt). About the supports given to students, in the academic year 2016–2017, the need-based grants ranged from 200€ to 6,797€ (average 2,164€). The national grant system has several components. For example, each student may receive one or more components depending on family incomes. The components are: a fixed amount of 1,500€ based on student’s family income; a fixed amount of 1,500€ for living costs for students living outside their family home; and a variable amount, based on the student’s family income and grades[10].

If we analyze the weight that the spending in higher education system has had in the Spanish GDP, we can find that regarding the general education system, the spending trend in Spain has been decreasing in the last years (data by UNESCO). In 2013, the total GDP spending on education was of the 4.3%[11], a 0.1% less than in 2012, and 0.56% less than 2011. Specifically looking at the spending on higher education (as % of the total Government’s spend on education), it comprises a total of the 22.44% of the GDP dedicated to education[12].

Finally, looking throughout the evolution in the number of total registered students in Spain, table 1 summarizes the number of students, and the kind of university where they are registered.

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[9] https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/index.php/Espa%C3%B1a:Programas_de_tercer_ciclo:_Doctorado.

[10] https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/images/5/58/EN_Fees_and_support_2016_17.pdf.

[11] http://datos.bancomundial.org/indicador/SE.XPD.TOTL.GD.ZS?locations=ES.

[12] http://datos.bancomundial.org/indicator/SE.XPD.TERT.ZS?locations=ES.

Table 1. Students registered in public and private Universities.

Academic Year	Public Universities		Private Universities		Total
	N	%	N	%	
2008/2009	1,275,143	89.16	155,004	10.84	1,430,147
2009/2010	1,302,926	88.53	168,793	11.47	1,471,719
2010/2011	1,336,517	87.36	193,345	12.64	1,529,862
2011/2012	1,371,355	87.20	201,262	12.80	1,572,617
2012/2013	1,344,695	86.84	203,839	13.16	1,548,534
2013/2014	1,325,197	86.07	214,512	13.93	1,539,709
2014/2015	1,284,772	85.30	221,407	14.70	1,506,179
2015/2016	1,269,926	84.89	226,091	15.11	1,496,017

Source: self-elaboration based on statista-Spain[13]

As can be seen, in general, the total number of students have been increasing since the last 10 years, although it seems that lately this number has slightly decreased (trend has a form of inverse U). The only significant trend is the increasing number of students registered in private universities through the years (from 10.84% in 2008/2009 to 15.11% in 2015/16).

Strategy for the development of education. Higher education in Spain has its own regulation with the *Organic Law on Universities* (LOU 6/2007), According to the *Ministry of Education, Culture and Sport* (MECD[14]) there are 8 domains regarding higher education: education; humanities and arts; social sciences and law; science and computational sciences; engineering, industry and building; agriculture and veterinary; health and social services; and services. Related to the studies on disabilities, the main focus is on the areas of humanities and arts, education, social sciences and law, health and social services, and services.

In Spain, research and development strategy and work is conducted primarily by Universities, Institutes of Research, Enterprises, and *The Spanish National Research Council* (CSIC in Spanish). Research in Spain is funded by both public and private budgets. Public funding composes approximately 50% of the total research funding[15] and is provided via "research and development projects" obtained across competitive calls where stakeholders submit their research and development projects to be assessed. The agency that funds and manages the public budget for

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[13] https://es.statista.com/estadisticas/479407/alumnos-matriculados-en-universidades-en-espana-por-tipo/.

[14] https://www.educacion.gob.es/notasdecorte/rendimientos.action.

[15] http://marcaespana.es/talento-e-innovaci%C3%B3n/investigacion-desarrollo.

research is the *State Agency of Investigation* (AEI[16] in Spanish). According to the *United Nations Institute on Statistics for the Education, Culture and Science,* summarized in a *World Bank* Report, in 2013 the expenses in Spain for research and development activities was a total of 1.26%[17] of the GDP, being in the 28th position in the world, but still far away from the 3% of the GDP that *European Union* (EU) encourages its members to reach by 2020[18]. However, due to political instability and the economic cuts in public expenses in research –among other areas-, the trend is negative, and data by the *INE* show that this amount, in the year 2015, has decreased until the 1.22%[19] of the total GDP.

Taking into consideration the data provided by *Eurostat*[20] (updated in February 2017), the number of researchers full-time in *EU* was of 1.82 million in 2015. Regarding these data, Spain is in the 4th position in *EU* after Germany, United Kingdom, and France (data still consider UK). Spanish researchers compose the 6.73% of the total number of researchers within the *EU*. According to *Scimago Journal & Country Rank*[21], Spain's research activity regarding the number of publications is excellent, occupying the 10th position in the world and the 5th in Europe. About the strategies for developing the research and innovation activities, Spain has always been a collaborative country. In the eighties, the *Ibero-American Program of Science and Technology for Development* (CYTED) established a network of scientists in Latin America and Spain and, thanks to this program, nowadays more than 28,000 researchers are connected. Other relationships regarding science diplomacy take place between (Elorza et al., 2017): USA and Spain (i.e., increasing the visibility of Spanish researchers in different areas in USA), UK and Spain (i.e., establishing a Society of Spanish Researchers in the UK), and Germany and Spain (i.e., career development for Spanish researchers).

Spain is also following strategies and guidelines embodied in the *Strategic Framework for Education and Training 2020* for the development of education in the *EU*. Universities themselves in Spain are really concerned with the strategy for the development of education and are keeping track really closely to the developments made by the Government regarding this issue. For example, in 2013, a Commission composed by a team of experts provided guidelines in different

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[16] https://europa.eu/european-union/topics/research-innovation_es http://www.idi.mineco.gob.es/portal/site/MICINN/menuitem.8d78849a34f1cd28d0c9d910026041a0/?vgnextoid=664cfb7e04195510VgnVCM1000001d04140aRCRD.

[17] http://datos.bancomundial.org/indicador/GB.XPD.RSDV.GD.ZS.

[18] https://europa.eu/european-union/topics/research-innovation_es.

[19] http://www.ine.es/prensa/imasd_prensa.htm.

[20] http://ec.europa.eu/eurostat/statistics-explained/index.php/R_%26_D_personnel#Source_data_for_tables_and_figures_.28MS_Excel.29

[21] http://www.scimagojr.com/countryrank.php.

areas on how to improve the educational system[22]: the selection of research and teaching personnel, the assessment of universities' quality, the head of universities, the funding, and the undergraduate and post graduate programs.

Education and rehabilitation of people with disabilities

Historical Overview. The first attempt for educating students with disability in Spain was back in the XVI century. Fray Pedro Ponce de León (1508?-1584), monk and pedagogue, was pioneer in the world by developing a new pedagogical approach to teach deaf students to speak, and he created a school where other representatives in the study and scientific approach towards disability developed their work. One of those representatives was Juan Pablo Bonet (1573–1633), pedagogue and speech therapist, who wrote the first book about the education of deaf students in Spain. Regarding sensory disabilities, the XIX century was important due to Claudio Moyano y Samaniego (1809–1890), lawyer, philologist, philosopher and politician concerned about the educational system. In 1857, he initiated an important reform within educational system by developing *Moyano's Act* (1857). In this *Act*, the regulation of key aspects related to the education of blind and deaf students were addressed. However, this law didn't put the accent on individuals with intellectual disability (ID).

In comparison with other European countries, Spain was in the back of both research and professional practice towards students with disability. Regarding students with ID, Francisco Pereira Bote created a journal strictly dedicated to the study of *Abnormal Children* in 1907. He also created The *Psychiatric-Pedagogic Institute-Sanatorium* for children with mental retardation in 1908, and the *Psychiatric and Pedagogic Institute* in 1930 (Fernández-Santamaría, 2011). However, they were not the first institutions in Spain regarding the education of students with ID. The *Central School for the Abnormal* was created in 1922 (Fernández-Santamaría, 2011), as a public school for addressing the education of children and adolescents with ID until 14 years old, and its importance is transcendental for the scientific studies on disability and special education in Spain (Molina, 2009). Finally, the *Central School for the Abnormal* changed his denomination in 1960, acquiring the name of *National Institute on Therapeutic Pedagogy*.

The basis for today's education towards students with disability started back in 1975 when the *National Institute on Special Education* was created as an autonomous organism dependent of the Ministry of Education and Science. Three years later, in 1978, the *National Plan on Special Education* was published based on Warnock's Report, and established the principles of special education in Spain:

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[22] http://www.usc.es/export9/sites/webinstitucional/gl/web/descargas/propuestas-reforma.pdf.

normalization of services, integration of students with special needs, sectorisation of services, and individualization of teaching (Fernández-Santamaría, 2011). These achievements aforementioned have lead the change from and exclusion perspective to the current paradigms in the study of disability.

Formally talking, these advances can be summarized into three moments regarding the education of students with disability (Echeita, 2013): the exclusion paradigm, the integration paradigm, and the inclusion paradigm. In the exclusion paradigm, students with disabilities of any kind were considered as non-teachable within general education settings and the main response towards them was special education centers. In Spain, the integration movement started in the eighties, with the *Social Integration of Disabled People Act* (1982), and was characterized by the presence (but not participation and learning) of students with disability within general education settings. Although this movement put the accent on environmental factors, it still was under a medical perspective and didn't analyze the difficulties that ordinary schools had in the education of students with disability. The inclusion paradigm, where different authors claim that Spain is (Echeita, 2013; Muntaner, Rosselló, & de la Iglesia, 2016), will be discussed in the next section.

Present day. Current situation of education towards students with disabilities in Spain can be defined as inclusion movement (Echeita, 2013; Muntaner, Rosselló, & de la Iglesia, 2016). However, this is more a given name for making the distinction with the integration movement described than a reality. There are different barriers that actually difficult the inclusion of students with disabilities within general education framework, especially regarding students with intellectual and/or developmental disability. These barriers are: the outdated procedures for assessing the needs of students with disabilities (especially ID) (Echeita et al., 2017), the need of professionals with more competencies and abilities to meet the needs of students with disabilities within general education framework (Anaya, Pérez-González, & Suárez, 2011); and the increasing number of students with ID within especial education centers (Ramos & Huete, 2016). Nevertheless, this movement started in Spain with the *Salamanca Statement and Framework for Action on Special Needs Education,* adopted by the *World Conference on Special Needs Education* and organized in Salamanca (Spain) in 1994. This paradigm is based on a socioecological understanding of the needs of students with disability and puts the accent on identifying and removing barriers for learning and participation of those students, guaranteeing their access, promotion, learning, and participation within general education settings alongside their peers without disability.

The education and rehabilitation of students with disabilities nowadays will be discussed through the legislation for the education of these children, the candidate students to receive special education services, and the procedures for determining their needs and provision of supports, and the general functioning of the educational system for providing the required supports to these students.

Before this, it is necessary to clarify how students with disability are understood in *Spanish Educational System*. First, in *Spanish Educational System*, all students who need different to ordinary supports are defined as students with "Specific Educational Support Needs". Those students are classified into many groups for providing a general overview and systematize their needs' detection and provision of supports. Figure 1 provides a general overview of the classification of students with specific educational support needs, where students with disability can be found:

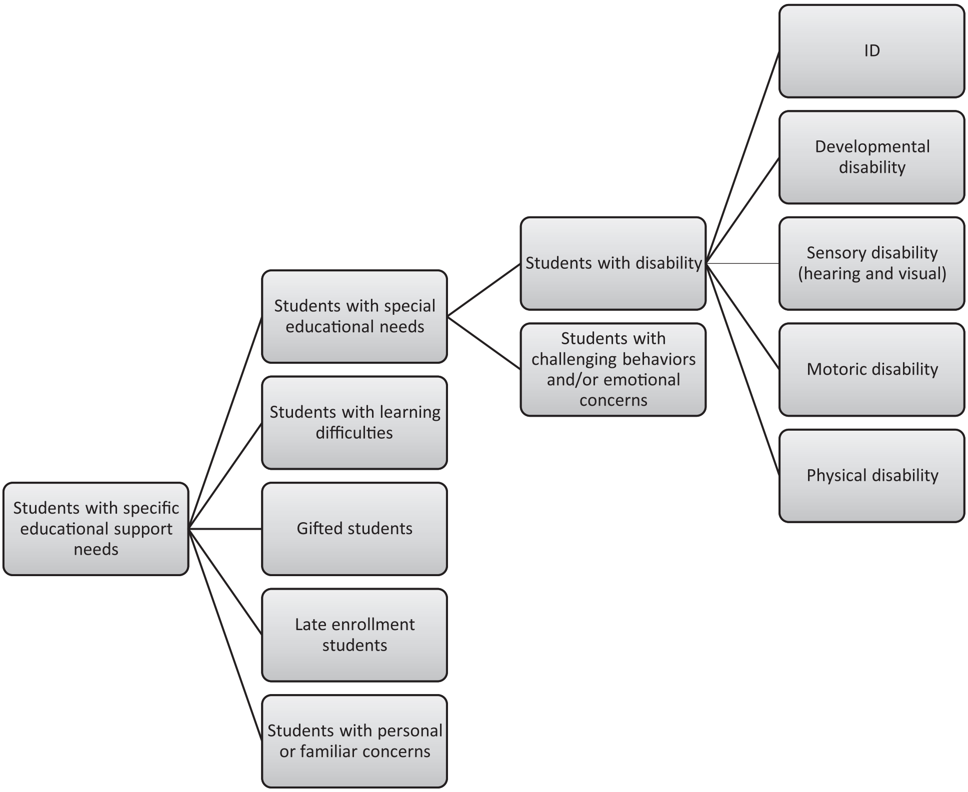

Figure 1. Students with disabilities within Spanish educational system

Source: self-elaboration based on Spanish educational law.

As can be seen, students with disabilities are a part of Students with "Special Educational Needs" (SEN). Those students are "those who require for all of their education or for a part, a different educational attention from the ordinary because of disability or challenging behaviors" (LOE, 2/2006, art. 71.2). Thus, in the rest of the chapter, students with disability will be named as students with "Special Educational Needs linked to Disability" (SWSEND).

About the current legislative mandates for the education SWSEND, Navas, Gómez and Verdugo (2017) have recently summarized the main characteristics of this issue in Spain. Although as has been aforementioned that the attention to SWSEND was established in the 70's of the XX century, the very first law ensuring access to education in either public or private schools for SWSEND was the *Royal Decree 334/1985*. The current educational law, *LOE* (LOE 2/2006), partially modified by the *Organic Law on the Improvement of the Quality of Education* (LOMCE 8/2013), states that education should be provided within ordinary settings and should be adapted to SWSEND so that they are able to access, permanence, and advance in ordinary environments, and only when the needs of students are extraordinary and the supports needed for addressing those needs are not generalizable within general education settings, then students should attend to a special education center. However, in Spain, each Autonomous Community has competences in Education, and so it has its own development and procedures regarding SWSEND. Thus, educational authority from each Autonomous Community must establish all the procedures and resources for the early identification of students' educational needs and provide the required supports and resources to meet the identified needs, so that SWSEND may achieve their maximum development as possible. Curriculum foresees many possibilities for adjusting to special education needs (general, ordinary, and extraordinary/specific attention to diversity measures) intended for students to overcome the difficulties they found within educational system. Measures are applied following steps, starting with the general attention to diversity measures and, if there's evidence on that measures don't cover students' needs, then ordinary measures will be adopted and, if again they are not successful, extraordinary ones are applied. At the end of each academic year, a specialized team evaluates the results achieved by each SWSEND, and all the procedures taken (including the kind of schooling of student) can be reversed and always looking to the least restrictive environments (Navas, Gómez, & Verdugo, 2017). It is necessary to highlight that, although Spain has developed an adaptation of the *United Nations' Convention on the Right of Persons with Disabilities* for assuring students with disabilities' rights embodied there –specially within article 24-, the reasonable adjustments defined in the *Convention* are described in the aforementioned *LOE* (2/2006) (and its partial modification).

In regard of SWSEND eligible to receive special education, considering the total number of students (with and without disabilities) enrolled in public or private schools, students with SEN comprise around 2.1% of total students. According to Spanish *Ministry of Education, Culture, and Sports,* for the academic course 2013–2014, there was a total of 165,101 students with SEN: 131,349 (79.5%) were in regular classrooms with their peers without disabilities, while 33,752 students with SEN (20.5%) were receiving special education services, most of them with ID (43.6%) and severe developmental disorders and challenging behaviors (25.7%) (Navas, Gómez, & Verdugo, 2017).

Students observed or suspected to be SWSEND are commonly referred by teachers, parents, or other members of community education, especially those working for special education services. In pre-elementary and elementary or primary education, counseling, guidance, and psychopedagogical services, which are dependent at Autonomous Community level, are responsible of the identification and assessment of special educational needs and, when necessary, the development of a report regarding the most suitable and appropriate kind of schooling for students. When parents of a child aged between 0–6 years old suspect that their son/daughter may present SEN, the child will be evaluated by the services even before enrolling school to determine the attention to diversity measures to be applied in the future. It is important to highlight that the needs assessment must be carried out by using different approaches and sources of information (Navas, Gómez, & Verdugo, 2017).

In regard to the age range when addressing the education of SWSEND, in Spain, public compulsory education is provided for free to SWSEND from 3 to 16 years old (though they may remain in compulsory system until 18 years old depending on the extraordinary measures applied). In special education schools, the age of schooling may extend up to 21 years old. As different authors have appointed in Spain (Fullana, Pallisera, Martín, Ferrer, & Puyaltó, 2015; Izuzquiza & Rodríguez, 2015) there is a lack of programs giving continuity to students with disability once they are out of the traditional transition programs: there is a lack of coordination when addressing higher education of students with ID. Based on this rationale and need, Fullana et al. (2015) developed the *Promentor Program* in 2004*,* a higher education program aimed at individuals with ID so that they can acquire both personal and employment competencies so that they will have more opportunities in the labor market. As data, in the year 2014, a total of 115 had graduated in the program, showing its strength and the possibility of higher education in students with ID (Izuzquiza & Rodríguez, 2015).

Taking a look into the places were supports are provided to SWSEND, as has been aforementioned, current educational law in Spain is based on the normalization and inclusion principles. However, the number of SWSEND in general education classrooms may depend on the severity of their disability. Thus, if SWSEND have extensive and pervasive support needs, students will receive the supports and aids within special education centers, when the resources are not generalizable within ordinary centers. If SWSEND present high support needs, the maximum number of students per class is two. In the year 2012–2013, of the 33,000 students with SEN receiving special education supports, almost the 80% (n = 26,390) were placed in special education schools, whereas 20% (n = 6,632) were receiving special education supports within ordinary settings (Navas, Gómez, & Verdugo, 2017). The number of students with disabilities within inclusive settings sharing experiences and time with their peers, seems to have a decreasing trend as students grow. The *II Study on the inclusion level of Spanish Higher Education System regarding the disability reality,* showed that, in the academic year 2013/2014, of the total of university students in Spain, 17,702 (1.3%) have a disability. Of those students, 16,065 students (50.9% males, 49.1% females) studied undergraduate program (first cycle) composing a 1.3% of the total Spanish undergraduate students; 1,259 students (54.4% males, 45.6% females) studied a master's degree program (1.2% of total master's degree students); and just 378 students (49% males, 51% females) studied in a PhD program (0.6% of total PhD students). There is no differences between gender, but the main difference is in the kind of studies: when the university is a traditional one and students must attend to the classes, the number of students with disability in the academic year 2013/2014 comprised just a 0.9% of total students, but when the university had online undergraduate or master's degree programs, the percentage rose up to 3% of students[23]. In the Spanish framework, only the 56% of the University Guidance Services claim to have a plan for providing psycho-educational guidance for students with disability.

The *LOE* (2/2006) defines that all the necessary resources for SWSEND should be guaranteed by each Autonomous Community, so that they can achieve their maximum personal development and, when possible, the academic objectives. Each education center must develop an educational project which has to embody the educational priorities for SWSEND aligned with the resources and attention to diversity measures to organize the resources in order to reach the priorities described. These priorities and procedures should guarantee significant learning and promote personal, academic, and professional/vocational development (Navas, Gómez, & Verdugo, 2017).

Students receiving special education services are eligible for related services, which usually depend on the severity of student's support needs. For students with ongoing support needs, special education teachers commonly provide pedagogical aid and assistance within ordinary centers. Regarding both ordinary and special education centers, other related services are: physiotherapy (ratio 1 professional for every 15–20 students), speech therapy (ratio 1/15–20 for students with extensive and pervasive support needs and 1/20–25 for students with ID and less support needs). Regarding special education centers, if they have enrolled more than 20 students with severe developmental disorders, then they may have a permanent psychologist. This number rises to 1/90–100 regarding students with lesser support needs. If the ratio criterion is not met, special education centers are also eligible for a certain number of hours for psychological services per week (Navas, Gómez, & Verdugo, 2017).

Finally, in relation to the prevalent practices used for providing supports to SWSEND, both in ordinary and special schools, the pedagogical principles underlying interventions take into account the SWSEND's developmental level (i.e., intellectual, communicative-linguistic, socio-affective, and motor). Interventions are focused on promoting significant learning in autonomous way (i.e., learning to

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[23] http://sid.usal.es/idocs/F8/FDO26780/II_Estudio_universidad_discapacidad.pdf.

learn), focusing not only on academic competencies but also on adaptive behavior skills (Navas, Gómez, & Verdugo, 2017). Table 2 summarizes the kind of practices and supports typically provided to SWSEND depending on the disability:

Table 2. Practices commonly develop with SWSEND.

Disability	Supports Provided
Sensory disability	Strategies for promoting and strengthening alternative channels Organization of spaces (i.e., furniture, windows, floor, walls) Students' location (i.e., students with disability in preferential positions) Effective interaction teacher-student Braille materials usually free of charge Alternative communication systems (sign language, bimodal system) Audiological and oral rehabilitation
Students with physical disability	Develop their mobility in the classroom by manipulating objects, accessing educational resources, and receiving integrated information of verbal and visual type
Students with ID and developmental disability	Develop oral communication (e.g., speech therapist support) Alternative communication system (e.g., TEACCH, PECS) Behavioral techniques: imitation, modeling, elicitation techniques by providing visual and/or physical aids

Source: self-elaboration based on Navas, Gómez, & Verdugo (2017)

Different initiatives are taken for SWSEND who are reaching adulthood. Transition services are intended for promoting personal autonomy and social inclusion. These services are available for students aged 16 years old with completed compulsory basic education in special school settings or those aged 16 without completed compulsory education but whose support needs can be appropriately addressed and met in these programs. Programs are organized in two years, which may extend depending of student's educational achievement and the availability of employment opportunities (Navas, Gómez, & Verdugo, 2017).

Academic training preparing for working with people with disabilities

The origins and some representatives. All the historical facts aforementioned summarize the beginning of the studies on special education as approach for meeting the needs of SWSEND. Especially important is the creation of the *National Institute of Special Education* in 1975 which established the basis and principles of special education in Spain. Apart from this, it is necessary to highlight the vital trajectories of the two main forerunners of special education field in Spain: María Soriano Llorente and Carmen Gayarre.

María Soriano Llorente (1900–1996), who was an elementary and middle-school teacher and the director of the *Central School for the Abnormal* since 1923, was one of the forerunners in the scientific study of disability and special education in Spain. She travelled to foreign countries where she received instruction on the newest scientific approaches, and she also participated in different scientific associations and international forums (Fernández-Santamaría, 2011), applying that knowledge and leading the changes in the special education field in Spain. The first legal document that addresses the education of students with ID was the *Law on Elementary Education* in 1945 (Scheerenberger, 1984).

Carmen Gayarre (1900–1996) was another pioneer of special education in Spain. She created different Schools and she was also interested in the transition processes, leading the creation of different workshops towards transition to adulthood in Spain (Fernández-Santamaría, 2011).

Current professional training. There are specific undergraduate programs to become a pre-elementary or elementary teacher. Pre-elementary teachers don't necessary require to have an undergraduate degree, but they must complete a professional training education program. However, in the case of those professionals specifically working with SWSEND in specific services as early intervention programs, they are often required to have a master's degree or specific and specialized training (Navas, Gómez, & Verdugo, 2017). According to the Spanish *Ministry of Education, Culture and Sport,* the aforementioned undergraduate programs are four years (*European Higher Education Area*). Education programs for pre-elementary and elementary teachers are organized in a way in which pedagogical and practical training are provided ar the same time as courses in specific subjects. The consecutive model (i.e., pedagogical and practical training follow the education training) is more common for secondary teachers (Navas, Gómez, & Verdugo, 2017).

Due to the nature of Spanish educational system, there is not a specific undergraduate program for training teachers specialist in special education. Special education teacher or therapeutic pedagogy teacher is a specialization within the broader undergraduate on education. However, the education of SWSEND is not only a matter of teachers, it involves a wide variety of professionals. Thus, in addition to teachers licensed or certified to teach in special education settings, the related-personnel team involved in the education of SWSEND may vary depending of the nature of the school (ordinary or special) and student's intensity of support needs. However, this team usually includes: physiotherapist, speech and language therapist, psychologist, pedagogue, psychopedagogist, and social worker (Navas, Gómez, & Verdugo, 2017).

In the case of teachers providing supports to SWSEND, all teachers, no matter if they are specialist in special education or not, are required to complete between 250 and 300 hours of activities every six years pertaining lifelong learning and professional development. This requisite is essential if they want any promotion or salary increase. The content of the professionals' development programs and activities is mandated and specified by regional education authorities (Navas, Gómez, & Verdugo, 2017).

Faculties and specialties. Currently, special education doesn't exist as an own undergraduate program. There are only two undergraduate programs for future pre-elementary and elementary teachers who will provide educational supports and services to SWSEND: pre-elementary education undergraduate program and elementary education undergraduate program[24].

Thereby, as a part of these two undergraduate programs, in-training teachers who are interested in working and providing supports to SWSEND must choose different optional courses and create an itinerary which will allow them to get the special education mention. Teacher candidates must pass a competitive examination to get a job within public educational system, either general setting or special one. Secondary teachers don't need to have a specialized training for meeting the needs of SWSEND. However, as part of their requirement, they must pass a master's degree called *University Master on Secondary Education* where they can take different ECTS addressing attention to diversity measures and procedures (Navas, Gómez, & Verdugo, 2017).

There are different options of specialized training within master's degree programs in Spain regarding how to properly address the needs of SWSEND under an inclusive perspective. In this regard, the *Service on Information about Disability* (SID in Spanish) has developed a dossier where shows more than 100 master's degree programs pertaining disability[25], with a total of 16 official master's degree programs in the academic year 2016–2017 pertaining education of SWSEND (see table 3).

Disability studies as a field of study or specialization. In Spain, *Disability Studies* are understood as an interdisciplinary field and have the recognition of scientific study. Next section gives an accurate overview of this field at *University of Salamanca*. The *Institute on Community Integration*, interdisciplinary institute for promoting research aimed at improving quality of life of individuals with disability, is the main value in the *Disability Studies* field in Spain, as well as the first and only research institute entirely dedicated to the interdisciplinary and scientific study of disability.

Apart from the aforementioned *INICO*, there are different universities that undertake *Disability Studies*, like the *University of Murcia* with the *Center on Disability Studies and Personal Autonomy promotion*, which promotes research and advocates for personal autonomy in individuals with disabilities[26]. However,

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[24] https://www.educacion.gob.es/notasdecorte/busquedaSimple.action

[25] http://sid.usal.es/formacion.aspx

[26] http://www.um.es/web/dipap/.

Table 3. Master's degree addressing education of SWSEND.

Master's Degree Program Title	Province	Region	University
Advances studies on learning difficulties	Salamanca	Castile and Leon	University of Salamanca
Inclusive education and society	Burgos	Castile and Leon	University of Burgos
Special Education Master	Almeria	Andalusia	University of Almeria
Special Education Master	Huelva	Andalusia	University of Huelva
Special Educational Needs and Attention to Diversity in Schools	Seville	Andalusia	University of Seville
Educational Psychology. Advances on Psychoeducational Intervention and Special Educational Needs	Seville	Andalusia	University of Seville
Attention to Diversity in Inclusive Education	Gerona	Catalonia	University of Gerona
Educational and Psychological Intervention	Navarra	Navarra	University of Navarra
Special Education	Valencia	Valencia	University of Valencia
Cognitive Neurosciencie and Specific Educational Support Needs	Valencia	Valencia	University of Valencia University of La Laguna
Educational Psychology: Development and Learning	La Coruña	Galicia	University of Santiago de Compostela
Specific Educational Support Needs	Pontevedra	Galicia	University of Vigo
Learning Difficulties and Cognitive Processes	Pontevedra	Galicia	University of Vigo
Educational Intervention and Innovation	La Rioja	La Rioja	University of La Rioja
Special Educational Needs	Vizcaya	Basque Country	University of Deusto
Socioeducational Intervention and Research	Principality of Asturias	Principality of Asturias	University of Oviedo
Educational and Social Inclusion and Exclusion Processes: Policies, Programs, and Practices	Murcia	Murcia	University of Murcia

Source: self-elaboration. Only official masters. On-line masters excluded.

due to its tradition and the vast number of research lines, R&D projects conducted, and the numerous activities developed for promoting the inclusion of individuals with disabilities, the present chapter gives an in-depth analysis on the *Disability Studies* at *University of Salamanca*, specifically at the *INICO*.

Disability studies at University of Salamanca. The Institute on Community Integration

The history of the University of Salamanca and the present day. The *University of Salamanca* was created in 1218 and along with *Paris, Oxford*, and *Bologna* universities is one of the oldest universities in the world, and is the only Spanish university which has maintained its activity through the centuries. The *University of Salamanca* met a great period of expansion throughout the XV and XVI centuries. Many of the American universities (within Spanish Empire) were created following the same statutes than *University of Salamanca*. More than the 70% of the universities created in the XV, XVI, and XVII centuries considered the *University of Salamanca* as their alma mater. In these years, the *University of Salamanca's* prestige was worldwide and started to gather students from different parts from Spain, Europe, and even America. According to the number of students, at the end of the XIV century, more than 500 students were enrolled. This number increased up to 2,500 students in the XV century, 6,500 students in the XVI century, and decreased in the XVIII to 2,000. Since the 90's of the XX century, the University has a stable number of 30,000 enrolled students more or less[27].

In the *University of Salamanca* there have been many faculties and specialties addressing the needs of SWSEND. This issue and the current situation of the educational system providing support to SWSEND, as well as the training that must receive teachers, have already been addressed during the chapter. Thus, it is necessary to put the focus on the recent history of the university regarding the *Disability Studies* as a scientific field. The first *Cathedra* specifically dedicated to the scientific study on disability was created in the year 2002 at the *University of Salamanca*. The *Cathedra* was created mainly based on the studies and researches conducted by the *Institute on Community Integration*. Next section provides an in-depth analysis of the conceptual framework of the disability studies in Spain, as well as *the Institute on Community Integration's* scientific activities and contributions for both the research and applied work with individuals with disabilities and their families with the aim of promoting the quality of life of individuals with disability of any kind in different settings, including the social, health, and educational services, where SWSEND interact and develop.

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[27] http://www.usal.es/node/941.

Characteristics of the Disability Studies in University of Salamanca. The Institute on Community Integration. The interdisciplinary and scientific study of disability in Spain assumes the most advanced paradigms and models in the international framework: the biopsychosocial approach, based on the *World Health Organization's* (WHO) International Classification of Functioning, Disability and Health (ICF); a strengths-based approach regarding the capability of the person; a personalistic approach that considers the active role of the person, its needs and its wanting; the supports paradigm for bridging the gap between personal capabilities and environmental demands; and the rights perspective assumed by the *United Nations' Convention*. Especially important is the Quality of Life (QoL) framework, which is considered the framework for the provision of supports that improve the functioning of individuals with disability and leads the achievement of their personal desired outcomes and enjoy their rights. The QoL is the framework for detecting the needs of individuals with disability (microsystem), the needs of organizations providing supports (mesosystem), and the needs of public policies (macrosystem). Spain has not only assumed this perspectives, the country has also done important contributions in the development of those approaches, especially in the field of QoL (Schalock & Verdugo, 2002, 2007, 2012a, 2012b).

The first and only University Institute on the scientific study about disability in Spain is the *Institute on Community Integration* (hereafter INICO). This institute was created in 1996 and is composed by interdisciplinary professionals that lead activities linked to training, research and counseling in the field of disability with the aim of easing and enhancing the QoL and self-determination of people living at social disadvantages in different contexts and throughout their life cycle. Its scientific activity has been compiled recently due to its 20th anniversary. Table 4 summarizes the main scientific achievements by *INICO* on its 20 years:

Table 4. Scientific activities of the *Institute* on in terms of outputs.

Kind of scientific activity	Number of activities	% of total activity
Scientific publications (articles, books, handbooks, chapters)	1295	31.98 %
Contributions to scientific conferences and congresses (presentations, roundtables, communications, etc.).	1825	45.06%
Research Projects	542	13.38%
End-of-Master thesis	333	8.22%
PhD Thesis	55	1.36%

Source: self-elaboration based on *INICO's* webpage[28].

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[28] http://inico.usal.es/432/el-inico/20-aniversario-del-inico-1996-2016.aspx.

Currently, the *Institute* has a total of 55 members working in different universities in Spain and in other countries. The main research lines held at *INICO* are:

- Environment, participation, and QoL.
- Autism and severe disabilities
- QoL, supports, and self-determination.
- Inclusive education.
- Employment inclusion, supported employment, and social policies.
- Health, mental health, and disability.
- Transition to adulthood, employment, and QoL.
- Demography and disability.
- Technology and disability.
- Others.

Of the total of the scientific production within *INICO*, research projects, scientific contributions to congresses, and publications can be organized according the research lines aforementioned. Figures 2 to 4 systematically organize and summarize this information according to the topics described:

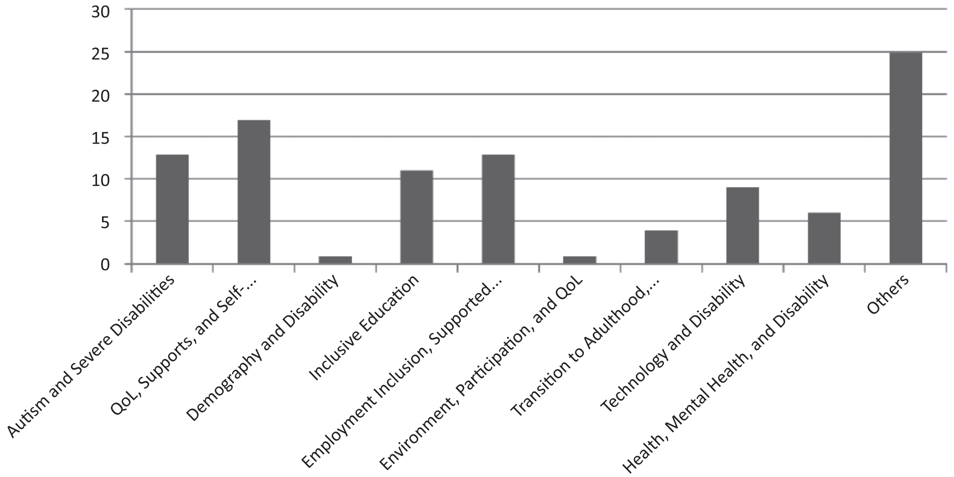

Figure 2. Research Projects in percentages (1996–2016)

Source: self-elaboration.

Perhaps the most ambitious project developed by the INICO has been the creation of the *Service on Information about Disability* (SID in Spanish) in 1999. The *SID*, which was jointly created by the *Ministry of Health, Social Services and Equality* and the *INICO*, is a public internet portal that is aimed at professionals, politicians, and developers and managers of public policies. This service has three main functions: acquire, systematize, and spread information on disability.

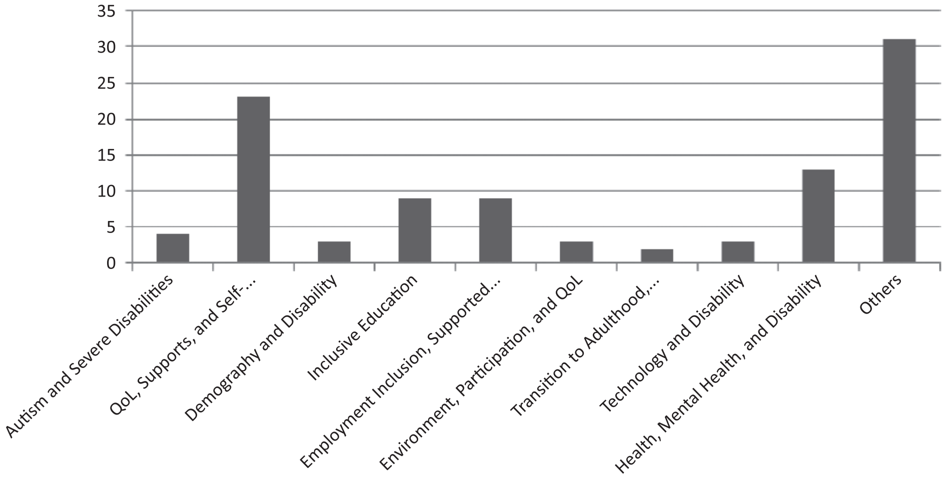

Figure 3. Scientific publications in percentages (1996–2016)

Source: self-elaboration.

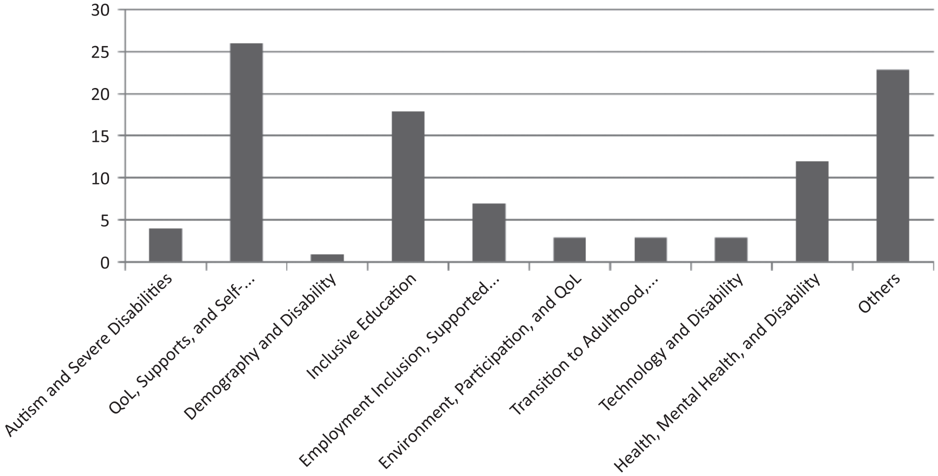

Figure 4. Contributions to Congresses in percentages (1996–2016)

Source: self-elaboration.

The *INICO* also carries out a total of three master's degree programs for training future professionals who are interested on providing supports to people with disabilities of any kind, at any age, including SWSEND. These programs, which will be deeply discussed later, are:

- *Master on Integration of People with Disability-Quality of Life*. This is a professional master's degree aimed at direct-practice professionals working at organizations providing supports in the educational, social, or health services.

- *University Master on Research in Disability.* The master's degree is mainly focus on the development of advanced research skills, and also prepares students for doing the PhD.
- *Master on Integration of People with Disability*-Iberoamerican Program. The master's degree is similar to the first one, but co-developed between INICO and other organizations from different countries in South America.

Two main aspects must been addressed when specifying the characteristics that *Disability Studies* has as a scientific discipline in Spain: ongoing and updating learning for professionals and the scientific journals. Apart from the master's degree programs, *INICO* organizes different activities for the ongoing training and lifelong learning of professionals working with people with disabilities, including those working with SWSEND. For example, INICO organizes every three years the *International Congress on the Scientific Research on Disability* since 2005, and specifically talking about the development of good practices in the field of education of SWSEND, *INICO* co-develops yearly alongside the *Cultural Exchange Association from Uruguay* (AICU in Spanish) the international congress on inclusive education since 1999, where different professionals actively join in this knowledge-sharing experience[29]. More programs and activities are developed, but they will be described later due to their impact and benefit in the life of individuals with disabilities. Finally, different scientific journals are dedicated to the scientific study of disability in Spain. These journals are: *Revista Española sobre Discapacidad* (Spanish Journal on Disability); *Siglo Cero. Revista Española sobre Discapacidad Intelectual* (Zero Century: Spanish Journal on Intellectual Disability); and *Autonomía Personal* (Personal Autonomy). All of them are based on an interdisciplinary understanding of disability.

General information about the program and the characteristics of the graduate profile. As has been described, three main master's degree programs are carried out by *INICO*. In this section, basic information about the programs and the plans for training future professionals are presented.

The very first master's degree that systematically started to train future professionals for working with individuals with disabilities of any kind was the *Master on Integration of People with Disability-Quality of Life*. This master's degree was co-created by INICO and Plena Inclusión, a confederation of organizations that act in benefit of people with disability and their families in different areas like education, health, citizenship, employment, or rights, which final aim is to improve the QoL of individuals with disabilities and their families. This master's degree program saw the light more than 25 years ago and is aimed at improving direct-practice professionals' abilities in their direct work with these individuals for improving their QoL.

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[29] http://inico.usal.es/c122/formacion-continua-periodica-discapacidad.aspx.

The program targets interdisciplinary training and is aimed at people with a different training that habilitates them for working with individuals with disabilities of any kind. As general pre-requisites for accessing the master's degree program, it is necessary to have a degree title within the "Social and Juridical Sciences", like Pedagogy, Psychopedagogy, Sociology, Social Work, Teacher, Especial Education Teacher, or Social Education; or within the "Health Sciences", specially Psychology, Occupational Therapy, Nursery, and Physiotherapy.

This master's degree is a two-year program that started in 1991 and is currently on its 25th promotion and is mainly interested in the development of practical and professional skills, and also addresses a scientific vision of research understood as the natural and logic steps for the development and assessment of evaluation and intervention programs that are intended for improving the QoL of people with disabilities.

It is important to highlight the shared nature of this program. As has been aforementioned, this master's degree is co-developed by *INICO* and *Plena Inclusión*. Thus, about a 25–30% of the students joining this program are continuing their studies (after their degree), and the 75–70% of the students are in-service professionals working within *Plena Inclusión Confederation* that keep on with their training as an ongoing activity for learning the latest scientifically-based approaches for a better understanding of disability, support needs, inclusion, rights, and QoL of individuals with disability. The program admits a total of 40 students per promotion, and the fact that students and professionals share their work and space is already important for knowledge and experiences sharing.

As a general overview, based and starting from an interdisciplinary perspective, the theory-practical specialized training that this master's degree program offers, aims at (a) preparing different professionals in the knowledge, abilities, and attitudes that are necessary for working with individuals with disabilities of any kind, (b) training in the development of innovation and ongoing quality improvement of the services providing supports to people with disabilities, and (c) developing management tasks and coordination of interdisciplinary teams. The specific aims are especially directed to the competencies of future professionals working with individuals with disabilities:

a) Professionals have and apply the most important knowledge towards disability, in order to identify and differentiate the individualized needs of each person; (professionals) know the main action's guidelines in different kind of services and with different kind of deficiencies; as well as (professionals) are able to properly channel in each moment the rehabilitation process of a person in a given moment.
b) Professionals know how to conduct research within disability field and are able to plan, implement and assess the necessary rehabilitator processes for each

person with disability, under an interdisciplinary approach and synergic collaboration with others.

c) Professionals may have management and direction abilities regarding centers, programs, and services aimed at population with disabilities of any kind.

d) Professionals manifest and know how to promote positive attitudes towards people with disabilities of any kind, so that they assume a personal and professional commitment to defend and improve the situation of these individuals, by assuming a leadership role as community agents.

Both the general and the specific aims are addressed using different methodologies of education, which combines the traditional lessons, with practices, seminaries, information and communication technologies, and visits to centers that actually provide supports to individuals with disabilities. Specifically, the training includes different modules:

1. **First Academic Year:**
   1. **Module A: Conceptual and Introductory Issues (6 ECTS).** Main topics to study and work within the first module:
      1. Rights, conceptual fundaments of disability, and functional assessment.
      2. Social policy and legal and welfare aspects.
      3. QoL.
      4. Ethics and disability.
   2. **Module B: People with ID I (9 ECTS).**
      1. Concept, classification, and system of supports.
      2. Social adaptation skills assessment.
      3. Interpersonal relationships and emotional wellbeing.
      4. QoL assessment.
      5. Personal development, individualized programs, and practical skills.
      6. Sexuality and disability.
      7. Good Practices: Plena Inclusión framework.
   3. **Module C: Support Services (9 ECTS).**
      1. Self-determination.
      2. Person-Centered Planning. Facilitators’ roles.
      3. Early intervention and stimulation.
      4. Education for all.
      5. Living, residence, and day services.
      6. Families’ attention.
      7. Good Practices: Plena Inclusión framework.
   4. **Module D: Professionals’ Skills and Competencies (6 ECTS).**
      1. Work-team abilities.
      2. Attitudes towards individuals with disability.

        3. Organizational and professional competencies.
        4. Documentary sources within disability studies.
        5. Information and communication technologies.
    5. **Module E: External Practices I (10 ECTS).** Students must visit and have training in the direct practice with people with disability in different organizations providing supports to those individuals. Because of the master's degree program is co-developed, the practical training of students takes place mainly within *Plena Inclusión Confederation's* entities, although students are free to establish any agreement with any organization they consider relevant, as long as the mission and vision of the entity is aligned with the master's degree purposes and with the improvement of the QoL of individuals with disability. Practices are supervised closely by master's degree staff and a tutor is assigned while student is in-training within the designed organization. Once the training is finished, student must develop a memory of their training period which will be evaluated both by the tutor and the master's degree program staff.

2. **Second Academic Year:**
    1. **Module F: People with ID II (5 ECTS).**
        1. Extensive and pervasive support needs.
        2. Autism and other development disorders.
        3. Rare syndromes related to ID and supports.
        4. Aging.
        5. Mental health issues and concerns.
        6. Positive behavior support.
        7. Leisure activities and disability.
    2. **Module G: Employment Integration (5 ECTS).**
        1. Employment integration and supported employment.
        2. Professional guidance and training.
        3. Good Practices: Plena Inclusión framework.
    3. **Module H: ID and other Disabilities (5 ECTS).**
        1. Rehabilitation Psychology.
        2. People with Cerebral Palsy.
        3. People with hearing disability and with ID; and people with visual disability and ID.
        4. Universal design (and universal design for learning) and cognitive accessibility.
    4. **Module I: Management, Organization, and Program Assessment (5 ECTS).**
        1. Programs' assessment based on the QoL Model.

  2. Organizational development and bases. The Plena Inclusión project. People policies. Key for changing.
  3. Quality on the third sector.
  4. Direction and direction efficiency.
 5. **Module J: External Practices II (10 ECTS).**

3. **Ongoing Activity since the beginning of the program: End-of-Master's degree Dissertation (30 ECTS).** All students attending the program must develop a research project based on the contents that are being worked during the whole program. Projects are related to different areas, taking into account the multifaceted nature of the program: inclusive education, social services, physiotherapy, organizational change and transformation towards QoL model, and so on.

Due to the importance and impact of *INICO* in Ibero-American context, this Master has also an online version called *Master on Integration of People with Disability-Ibero-American Program* which is on its 9th edition. It shares the general aim, the specific aims, as well as the contents, and is targeted at iberoamerican professionals developing their work with individuals with disability in different countries of South America and Caribe.

Finally, as was previously appointed, research training for future researchers is also really important for the development of models, as well as data-based and research-based practices. Thus, the *INICO* yearly develops the *University Master on Research in Disability* created in 2011, and aimed at providing a specialized training and improving the research abilities of future professionals in the field of disabilities allowing them to access to the latest paradigms and current trends in scientific research in the field of disability.

This master's degree is aimed at training professionals in the areas of research and practices within the disability field, by developing abilities, competencies, strategies and specialized attitudes that lead students to assess, guide, and provide supports in the educational, social, and cultural environments of individuals with disabilities of any kind at every community setting. This training allows students to: (a) do assessments, interventions, and support planning; and (b) develop innovative research practices pertaining disability studies, putting the accent in the QoL promotion, self-determination, supports, and participation in the community under a right-based approaches aligned with the *United Nations' Convention on the Rights of Individuals with disabilities*.

This program is also aimed at the same professionals than the previous ones. Regarding the training of professionals, as shown in table 5, the specialized training is more oriented to the development of research skills for addressing the aims described:

Table 5. University Master on Research in Disability's training program

Module	Content	Semester		ECTS
		First	Second	
M1: Research methodology (10.5 ECTS)	Information resources for research	X		3
	Methodology for the design and development of scientific works	X		1.5
	Tests construction (Psychometry)	X		3
	Qualitative research methodology	X		3
M2: People with disability (10 ECTS)	ID and supports	X		2
	Assessment and treatment in autistic spectrum disorders	X		3
	Research and intervention in cerebral palsy	X		1.5
	People with visual disability	X		1.5
	People with hearing disability	X		1
	Person-Centered Planning	X		1
M3: Inclusive education (9 ECTS)	Inclusion within educational system	X		6
	Developing inclusive educational centers		X	3
M4: QoL and Self-determination (4 ECTS)	Research in QoL		X	2.5
	Research in Self-determination		X	1.5
M5: Environment and participation (6 ECTS)	Transition to adulthood		X	1.5
	Supported employment		X	1
	Employment QoL		X	2
	Environment and social participation		X	1.5
M6: Habilitation and health (5.5 ECTS)	Functional abilities' habilitation		X	3
	Assessment and psychological intervention in people with chronic pain: fibromyalgia		X	1.5
	Bio-psycho-social health of caregivers of people living in dependent situations		X	1
M7: Research in mental health	Research in mental health (optative*)		X	3
M8: Early intervention and stimulation	Early intervention and stimulation (optative*)		X	3
End-of-Master's degree Dissertation (12 ECTS)	End-of-Master's degree Dissertation	X	X	12
Total (ECTS)				60

* Students must choose one of the two optative offered. Source: self- elaboration based on University of Salamanca and INICO information about the master's degree in their websites[30].

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[30] http://www.usal.es/node/57859/plan_estudios.

Finally, the other main training program within disability studies was the *PhD Program on Advances in research on Disability*, which was absorbed by the PhD on Psychology due to political decisions within University of Salamanca back to the academic year 2014/2015. This program offered a wide and diversified training aimed at the knowledge of disability nature, as well as promoting the research skills and improving treatment and intervention programs' efficacy.

The PhD Program arose as the answer to the need of training more specialized researchers that would assume the responsibility of developing researches focused on the characteristics and needs of individuals with disabilities of any kind. Graduated students are trained following a very specialized profile, which main domains are: (a) the knowledge of the current challenges of the research pertaining characteristics, biological grounds, and intervention ways in the different manifestations disability may have, (b) current problems related to the impact that disability has in the immediate context of the person, as well as the intervention ways, problems and challenges concerning educational attention and social and employment integration of people with disability, (c) the study and knowledge about the social exclusion phenomenon, and, finally, (d) in-depth training on the latest research methodology in the disability area.

Within this PhD, all the training skills used to have a theory-practical character, aimed at strengthening a technical and applied knowledge for the developing of researches. The technic training was compensated with different practical activities, intended for PhD students so that they could apply their dissertations and researches in the practical and professional life[31].

Previous academic experience and prognosis. All the mentioned master's programs have strong tradition within *University of Salamanca*. For example, for the next academic year 2017/2018, the program *Master on Integration of People with Disability-Quality of Life* has been positively informed by the *University of Salamanca*, and next year will start its 26th promotion[32]. This program has always been qualified in good ranks among master's degree programs aimed at training future professionals providing supports to individuals with disabilities, winning the 2013 award as the best master's degree program within the category "Family and Integration"[33] in Spain.

More detailed data can be provided in relation to this master's degree. According to the memories about *INICO's* activity (i.e., both academic and scientific), in total, 455 professionals have been trained in this master's degree program ($M = 35$ students per promotion) who have applied the acquired knowledge for transforming organizations working and providing supports to individuals

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[31] http://inico.usal.es/c143/formaci%C3%B3n-doctorado.aspx.

[32] http://inico.usal.es/c147/master-propio.aspx.

[33] http://sid.usal.es/idocs/F1/ACT47272/250MASTER2013.pdf.

with disability. Thus, in the last years, more than the 50% of professionals who have been trained in the program have reached responsibility positions within their organizations as managers and directors, actively acting in services and organizations' transformation processes towards the QoL framework applied at organizational level[34].

About prognosis, the program is stable and the new promotion has been positively informed and next year is starting.

University activities undertaken for the benefit of people with disabilities. Many activities have been promoted and accomplished by *INICO* for the benefit of people with disabilities of any kind, especially ID. Most of the activities developed by *INICO* within the *University of Salamanca* overlap with each other, due to the multifaceted nature of the activities developed. However, as a didactic presentation, different activities can be described: (a) research outcomes that impact in the life of individuals with disability, (b) guides for practitioners and families of people with disability, (c) programs and experiences for promoting the inclusion of individuals with disabilities within society, (d) counseling to foreign countries' ministries for the development of inclusive education, (e) collaboration and scientific guidance to organizations that act in benefit of individuals with different kind of disabilities, especially ID (and others, like traumatic brain injury or cerebral palsy) (f) ongoing training programs for professionals, and (g) activities for promoting the normalization, inclusion, and recognition of people with disability in the mainstream community.

Researches outcomes that impact in the life of individuals with disability. As a result of different researches, *INICO* has developed different assessment tool based on the most important constructs pertaining disability nowadays, such as: support needs, QoL or self-determination. The aim of developing tools is to provide professionals a reliable and valid framework which they may use as a starting point when working with individuals with disabilities, organizations, and communities, for both detecting the needs in those system's levels, as well as for meeting those needs. Thus, by conducting research activities, the *Institute* can improve community's, organization's, and individual's outcomes, acting at different levels of the system. Table 6 summarizes some of the developed tools and their aim.

More scales are being developed (and many others have already been published), but the table only summarizes the scales aimed at population with disability and organizations providing supports to individuals with disabilities that are free and accessible (other scales are developed under international treaties and are not for free). All the presented tools can impact within the social, health, and educational services, as well as in the different levels of the system.

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[34] http://inico.usal.es/c44/el-inico.aspx.

Table 6. Assessment tools based on scientific models for the development of evidence-based practices

Tool	Population	Aim
Kidslife Scale (Gómez et al., 2016)	Children, adolescents, and young adults with ID	QoL assessment
ARC-INICO Scale (Verdugo et al., 2014)	Children and adolescents with intellectual and/or developmental disability	Subjective self-determination assessment
Organizational's Efficiency and Eficacy Handbook (Schalock et al., 2015)	Organizations providing supports of individuals with ID	Help organizations providing supports to be more effective, efficient, and sustainable
INICO-FEAPS Scale (Verdugo, Gómez, Arias, Santamaría, Clavero, & Tamarit, 2013)	Adults with intellectual and/or developmental disabilities (above 18 or above 16 when working)	QoL assessment under an integral approach (i.e., both objective and subjective assessment)
San Martín Scale (Verdugo, Gómez, et al., 2014)	Adults with multiple and significative disabilities (above 18 years old or above 16 when out of educational system)	Objective QoL assessment
Family Quality of Life Scale (Verdugo, Rodríguez, & Sainz, 2012)	Families of individuals with disability	Family QoL assessment

Source: self-elaboration. All information at INICO webpage[35].

Guides for practitioners and families of people with disability. The *Institute* has also developed guides for practitioners and families aimed at providing an updated framework for the understanding of the needs of individuals with disabilities as well as for the provision of the proper supports. Some of the remarkable guides developed by the institute have been: (a) the guide for teachers working with students with disabilities, called "*Apreciamos las diferencias: orientaciones didácticas y metodológicas para trabajar sobre la discapacidad en educación primaria* [We appreciate differences: didactic and methodological guidelines for working and addressing disability within primary education]" (Verdugo, González, & Calvo, 2003); (b) the "*Guía de ayuda en la programación educativa para alumnos con discapacidades graves y mútiples* [Guide for helping in the lesson planning for students with severe and multiple disabilities]" (González, Canal, & Centro Obregón, 2008); and (c) the family guide "*Un niño con autismo en la familia: guía básica para familias que han recibido un diagnostico de autismo para su hijo o hija* [A child with autism in

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[35] http://inico.usal.es/c135/coleccion-herramientas.aspx.

the family: basic guide for families who have received an autism diagnose for their son or daughter]" (Bohórquez et al., 2008). The two first guides are aimed specifically at professionals, so that they can promote the inclusion of students with disability addressing the attitudes and other components closely linked to them (Verdugo, Gómez, & Calvo, 2003), and develop individualized lesson planning related to the needs of students with pervasive and extended support needs (González, Canal, & Centro Obregón, 2008). The last guide is aimed at families so that they can manage the initial impact which diagnose has, and the guide also provides resources and information on the needs in the different areas of their children's development and also in the different services providing supports to children with autism in the social, educational, and health services (Bohórquez et al., 2008).

Programs and experiences. Two of the newest programs developed by *INICO* and directly aimed at promoting the social inclusion and participation of people with intellectual and/or developmental disabilities are the programs: *PRACTICAPACES* and *YOTUEL*.

The *PRACTICAPACES* program started in 2016 and is defined as an employment practices program aimed at people with intellectual and/or developmental disabilities. It was developed jointly by *University of Salamanca* (Faculty of Psychology) and the *INICO*. The program is focused on the practical training of people with intellectual and/or developmental disability in employment issues based on the supported employment. Students from Occupational Therapy and the *University Master on Research in Disability* closely participate in this program's development. Table 7 summarizes the purpose, aims, and targeted population of the program:

The program would not have been possible without the active collaboration and participation of direct-practice organizations that act in Salamanca, like *Ariadna*

Table 7. Purpose, aims, and target population of *PRACTICAPACES* program

Purposes	Aims	Targeted Population
Improving the access possibilities to ordinary employment settings in individuals with intellectual and/or developmental disability	To develop job experiences within ordinary settings for people with intellectual and/or developmental disability	People with intellectual and/or developmental disability
Increasing the employment access opportunities for Occupational Therapy and University Master on Research in Disability students through professional practices	To develop professional practices for students from Occupational Therapy and the University Master on Research in Disability	Occupational Therapy and University Master on Research in Disability students

Source: self-elaboration.

Association, Asprodes Association, Down Salamanca Association, and *Insolamis Association*. This gives an example on the links established between INICO and the different organizations providing supports to individuals with disability. The program and its results have been shared in the *INICO's* social media. Result of its impact are freely available on *INICO* webpage[36].

Based on the direct collaboration with the aforementioned organizations providing supports to individuals with intellectual and/or developmental disability, *INICO* and *University of Salamanca* also have developed the *YOTUEL* Program. This program is aimed at the development of participation, contact, and knowledge about people with intellectual and/or developmental disability, under inclusive approaches, by developing shared leisure activities. All students from university community are invited to actively join the program. More information about the program is available on *INICO* webpage[37].

Counseling activities. The *INICO* as also actively collaborated with foreign countries' governments, in the development of research for the promotion of inclusive education. This has been the case of Costa Rica[38] and Ecuador[39].

Collaboration and scientific guidance with organizations that act in benefit of individuals with disability. In Spain, different organizations have asked *INICO* to develop researches for the updating and data collection pertaining the needs and current status to certain group of people with disability. *Plena Inclusión* asked *INICO* to develop a research related to the rights and QoL of individuals with ID with extensive and pervasive support needs. This initiative was co-funded by *Plena Inclusión, Spanish Royal Board on Disability* (see annex), and the *Ministry of Health, Social Services, and Equality* of Spain. As a result, an executive report has been recently published addressing deeply this issue (Verdugo & Navas, 2016). Currently, the latest research that has been asked *INICO* to develop is a report on the characteristics, health state, and access to socio-sanitary services in aging individuals with ID. This research has been funded by the *Ministry of Economy and Competitiveness.*

Ongoing training programs for professionals. As has already been described, *INICO* develops different training programs. Apart from the postgraduate programs, *INICO* organizes every three years the *International Congress on the Scientific Research on Disability* since 1995. The last *Congress* took place in 2015 and it was composed by 242 scientific activities, including: 3 plenary conferences,

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[36] http://inico.usal.es/431/programas-servicios/-practicapaces-programa-de-practicas-laborales-para-personas-con-discapacidad-intelectual-o-del-desarrollo.aspx.

[37] http://inico.usal.es/458/programas-servicios/-yotuel-programa-de-actividades-compartidas.aspx.

[38] http://inico.usal.es/integra-contenidos-inico.aspx?num=34#a5.

[39] http://inico.usal.es/integra-contenidos-inico.aspx?num=34#a6.

1 scientific session, 1 colloquium about humor and disability, 7 roundtables, 30 symposium, 30 communication tables (120 presentations), and 72 posters. It gathered more than 500 people, from interdisciplinary fields and from different countries in Europe and America[40]. Next year 2018 coterminous with the 800th anniversary of the *University of Salamanca*, the city of Salamanca is holding the *X International Congress on the Scientific Research on Disability*[41]. The *INICO* has also established its own interdisciplinary and collaborative network of research between Spain and Ibero-America regarding the field of disability. Thus, the *Ibero-American Network on Research on Quality of Life* (REDICABI in Spanish) was created in 2012 with the aims of: spreading the QoL model developed by Schalock and Verdugo (2002, 2007, 2012a, 2012b), promoting organizational change, and spreading and adapting different tools for QoL assessment in different countries[42]. Other programs are the Transversal Competencies program[43] (for people with disabilities that are unemployed) and the Employment Trainer program[44].

Activities promoting the normalization and inclusion of people with disabilities. Last but not least, there are initiatives conducted for improving the normalization and inclusion of people with disabilities of any kind within their mainstream community. Thus, since 2003 *INICO* with the collaboration of *North Group Foundation* started a photography contest which aim is to show people with disability within ordinary and daily life. The contest seeks to sensitize society through photography, showing a normalized and integrated view of people with disability. Thereby it focuses on everyday life showing people with disability in their day to day. In addition, the contest also rewards especially the best image that relates disability and university, with the same normalizing and integrating nature[45]. Image 1 shows the winner of the 12th Contest in 2014:

Discussion. Present work has provided a general overview of the organization of *Disability Studies* as a scientific, recognized, and well-defined field of study within Spanish context. Although the starting point in the provision of supports towards individuals with disabilities was mainly conducted in the educational system (it was the main interest of special education), today is clear the necessity of addressing the needs and providing the supports not only within educational system but also in the social and health services. The key concepts regarding the *Disability Studies* field in Spain are the *WHO* framework, the

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[40] http://inico.usal.es/c52/jornadasdiscapacidad.aspx.

[41] http://jornadas-inico.usal.es/.

[42] http://inico.usal.es/c152/rivicabi.aspx.

[43] http://inico.usal.es/c158/Competencias%20Transversales.aspx.

[44] http://inico.usal.es/c167/Preparadores%20Laborales.aspx.

[45] http://inico.usal.es/c157/concurso-fotografia.aspx.

Title: The New Sexy

Author: Elisa Pullara (2014).

Awarded with the first place in the 12th edition of *INICO-North Group Foundation's* "People with Disability in the daily life" photography contest.

Image 1. The new sexy. Winner of the 12th edition of INICO-North Group Foundation's "People with Disability in the daily life" photography contest.

positive psychology and the strengths-based approach regarding the capability of the person and not only their limitations, the personalistic approach that considers the active role of the person, its needs and wanting, the supports paradigm for bridging the gap between personal capabilities and environmental demands, the rights perspective assumed by the *United Nations' Convention*, and the QoL framework.

Current situation in Spain regarding this field makes necessary to change the focus from the quantity to the quality of the training that professionals working with individuals with disability have. Thus, as future lines of research within this field, it is necessary to systematically organize and compare the training received by professionals in the different training programs, to see if there is still a lack of updating with the newest key constructs. This is important because proper training is the first step for overcoming the repeating structures (and problems) that some programs and traditions have created (especially in the field of special education and education). However, having research-based constructs for the developing of training programs, will shed lights on the establishment of evidence-based practices in no matter which environments (i.e., social, educational, or health services), but with a clear goal: guaranteeing the rights of individuals with disabilities and improving their QoL within their community.

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Annex

Selected acts of law

- **Real Decreto 334/1985, de 6 de marzo, de ordenación de la Educación Especial**. https://www.boe.es/boe/dias/1985/03/16/pdfs/A06917-06920.pdf
- **Ley Orgánica 2/2006, de 3 de mayo, de Educación.** https://www.boe.es/boe/dias/2006/05/04/pdfs/A17158-17207.pdf
- **Ley Orgánica 8/2013, de 9 de diciembre, para la mejora de la calidad educativa.** http://www.boe.es/boe/dias/2013/12/10/pdfs/BOE-A-2013-12886.pdf

- **Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social.** http://www.boe.es/boe/dias/2013/12/03/pdfs/BOE-A-2013-12632.pdf
- **Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia.** https://www.boe.es/buscar/pdf/2006/BOE-A-2006-21990-consolidado.pdf

List of selected national institutions working for people with disabilities.

- **Plena Inclusión.** Webpage of Plena Inclusión (established in 1964), a confederation of organizations that act in benefit of people with disability and their families in different areas like education, health, citizenship, employment, or rights, which final aim is to improve the quality of life of individuals with disabilities and their families. http://www.plenainclusion.org/
- **ONCE** (**National Organization of Spanish blind people**, *Organización Nacional de Ciegos Españoles,* in Spanish). Spanish organization (established in 1938) which aim is to facilitate and support, through specialized social services, the personal autonomy and social and employment inclusion of people with visual disability and blindness. http://www.once.es/new. ONCE created its foundation in 1988 (Foundation ONCE http://www.fundaciononce.es/) for enhancing the inclusion of individuals with different disabilities different from visual one, through employment, training and different programs aimed at removing physical and sensory barriers; and the ONCE Foundation for Latin America (FOAL http://www.foal.es/), for helping people with visual disability in the region.
- **CNSE** (**State's Confederation of Deaf People,** *Confederación Estatal de Personas Sordas,* in Spanish). The CNSE (established in 1936) is a NGO which fights for ensuring equal opportunities for people with hearing disability, through the development of policies aimed at suppressing barriers. http://www.cnse.es/index.php
- **FIAPAS** (**Spanish Confederation of Families of Deaf People**, *Confederación Española de Familias de Personas Sordas*, in Spanish). FIAPAS (established in 1978) is a national confederation composed by 46 organizations which aim is the representation and defense of the rights and global interests of individuals with hearing disability and their families, both at national and international level, before the Society, Administrations, and other Institutions, integrating and promoting with this aim the action of the Autonomous Federations and the Associations of Parents of Deaf People. http://www.fiapas.es/FIAPAS/index.html
- **Spaish Mental Health Confederation** (previously named FEAFES, *Federación de Asociaciones de Familiares y Personas con Enfermedad*

Mental, in Spanih)**.** This confederation (established in 1983) has the aim of improving the quality of life of people with mental illness and their families as well as defending their rights and representing the associative movement. https://consaludmental.org/

- **COCEMFE (Spanish Confederation of People with Physical and Organic Disability**, *Confederación Española de Personas con Discapacidad Física y Orgánica,* in Spanish). COCEMFE (established in 1980) is a NGO aimed at grouping, strengthening, training, and coordinating all the efforts and activities of all the entities (+1600) which work in favor of people with organic and physical disabilities and are aimed at defending their rights and improving their quality of life. http://www.cocemfe.es/portal/
- **RPD, (Royal Board on Disability**, *Real Patronato sobre Discapacidad,* in Spanish). The RPD (established in 2000) is an autonomous organism attached to the Spanish Ministry of Health, Social Services, and Equality, which mission is (a) to promote the deficiencies prevention, the rehabilitation, and the social insertion of people with disability; (b) to facilitate the exchange and collaboration among different public administrations, as well as in between public administrations and the private sector, both at national and international level; (c) to give support to organisms, entities, specialists, and promoters in areas of studies, research and development, information, documentation, and training; and (d) to emit technical advices and recommendations in areas related to disability. http://www.rpd.es/
- **CERMI** (**Spanish Committee on Legal Representatives of People with Disability**, *Comité Español de Representantes de Personas con Discapacidad,* in Spanish)**.** The CERMI (funded in 1997) is the platform of representation, defense, and action in benefit of Spanish citizens with disability (more than 3.8 million). www.cermi.es/
- **Other (research and information)**
  - **INICO** (**Institute on Community Integration,** *Instituto Universitario de Integración en la Comunidad*, in Spanish). The INICO (created in 1996) is composed by interdisciplinary professionals that lead activities linked to training, research, and counseling in the field of disability with the aim of easing and enhancing the QoL and self-determination of people living at social disadvantages in different contexts and throughout their life cycle. http://inico.usal.es/
  - **Spanish Network on Information and Documentation on Disability:**
    - **SID (Service on Information about Disability**, *Servicio de Información sobre Discapacidad*, in Spanish). The SID (1999) is a public internet portal that is aimed at professionals, politicians, and developers and managers of public policies. This service has three main functions: acquire, systematize, and spread information on disability. http://sid.usal.es/default.aspx
    - **CEDD (Spanish Center on Documentation about Disability**, *Centro Español de Documentación sobre Discapacidad,* in Spanish). The CEDD is

a Service that the RPD offers to public and private entities, professionals, and any other person interested in the disability field. It systematically collects and catalogues the relevant scientific literature as well as the documents edited by the international organisms, public administrations, and third sector entities in the disability field. http://www.cedd.net/

- **OEDD (State's Observatory on Disability**, *Observatorio Estatal de la Discapacidad,* in Spanish). OEDD is a technic instrument from the General Administration of the State (related to the Ministry of Health, Social Services and Equality, General Direction of Policies in Support of Disability and the RPD) which collects, systematizes, updates, generates, and disseminates information related to the disability field so that individuals with disability and other citizens, public administrations, universities, and the third sector can access to it. http://observatoriodeladiscapacidad.info/.

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UNITED STATES OF AMERICA

Center on Disability Studies at the University of Hawaii: scientifically grounded tradition for the training of professionals and empowerment of people with disabilities

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Keywords: Disability Studies, History of Special Education, Disability in Higher Education

I. Introduction

A. Basic information About the United States

The United States declared independence from Great Britain in 1776, and after the Revolutionary War, which lasted from 1775 to 1883, the *United States Constitution* was signed in 1787 ("U.S. History and Historical Documents | USAGov", n.d.). The 3,531,905.43 square miles of land that comprises the United States, whose 50 States stretch from the Atlantic to the Pacific Oceans in central North America and also include the States of Hawaii in the mid Pacific Ocean and Alaska at the Northwest tip of Canada, is the 4th largest nation in the world ("The World Factbook – Central Intelligence Agency", n.d.). European settlers have occupied what is now the United States from the early 1500s, though the land has been settled by Native Americans for thousands of years. The current population of the United States is 321, 418, 820 people, with a density of 87.4 people per square mile ("Population estimates, July 1, 2015", n.d.). This number is 4.1% higher than the population was in 2010. Of the current population, 13% are foreign born, 29% have a Bachelor's of Arts or Higher, and 8.5% of people under the age of 65 have a disability.

The first College to be established in the United States was *Harvard College*, which graduated its first 9 students in 1636 (Rudolph & Thelin, 1962). The original focus of *Harvard College*, as well as the Colleges of *Yale* and of *William and Mary* that followed, was on training men for the ministry, with a sub-focus on liberal arts education. In 2009–2010 there were 6,742 colleges and universities in the

United States, 1,989 of which were public institutions and the rest private ("Digest of Education Statistics, 2015", n.d.). These institutions enrolled 16,545,130 students in the 2009–2010 school year ("Digest of Education Statistics, 2015", n.d.).

B. Current Status of Higher Education

The *Morrill Act of 1862* provided for land grants to States to establish public colleges for the purposes of education in agriculture and the mechanical arts. These institutions are known as *Land Grant Colleges* (Council, 1995). Today there is at least one *Land Grant College* in each State and several U.S. Territories, with numerous States having more than one *Land Grant College* for a total of 175. The establishment of *Land Grant Colleges* was important to extending higher education opportunities to a wider range of students. Over the years most *Land Grant Colleges* have evolved into Universities that offer a wide range of fields of study. In 1890, the *Second Merrill Act* established Federal funding to support *Land Grant Colleges* and also ruled that colleges could not discriminate on the basis of race in their student admissions processes. States could, however, establish separate colleges for students of different races, hence the origin of *Historically Black Colleges* in the United States.

The *Higher Education Act* (HEA) of 1965, last reauthorized in 2008 as the *Higher Education Opportunities Act* (HEOA), provided financial support for colleges and Universities through the establishment of federal grant programs including the provision of low-interest student loans ("Higher Education Opportunity Act – 2008", 2010). Rulemaking for the *HEOA* is overseen by *the Office of Postsecondary Education* (OPE) of the *U.S. Department of Education*. Re-authorization of the *HEA*, which is required every 5 years, has been used to advance federal policy agendas in higher education. The *HEOA* of 2008, for example, included specific funding for advancing opportunities for Black and Hispanic students. The *HEOA* also has provisions related to access for students with disabilities and teacher training. Some of these provisions have been implemented and have had a positive impact, others remain unfunded and so far have had little impact. The *National Council on Disability* issued a briefing paper in 2015 that outlined these provisions ("Briefing Paper: Reauthorization of the Higher Education Act [HEA]: The Implications for Increasing the Employment of People with Disabilities | NCD.gov", n.d.). Provisions that have made a positive impact include:

- Funding to improve transition to and participation in higher education for students with intellectual disabilities.
- Definition of Universal Design for Learning (UDL) and encouragement of cross-disciplinary teacher training in the application of UDL.
- Inclusion of disability statistics in postsecondary data collection.

Provisions that remain unrealized include:

- Funding for demonstration programs to improve campus access and instructional programs, including access to distance education, better support services, and promotion of disability related careers.
- Creation of a national technical assistance center focused on students with disabilities of all ages, types of disability and level of education.

The *2015 NCD* report also stated that the percentage of students with disabilities in higher education in the U.S. has risen dramatically in the past two decades, increasing from 6% in 1999 to 11% in 2012. By contrast, the percent of foreign born students enrolled in U.S. institutions was only 3% in 2015 ("Comparative Indicators of Education in the United States and Other G-20 Countries: 2015", n.d.).

For higher education in general, there are a number of current issues that continue to challenge institutions ("National CrossTalk – Vol. 19 / No. 1 – May, 2011", n.d.). Increasingly, funding is a challenge, both in terms of programmatic resources from the federal and state governments, and individual resources to fund a postsecondary education when the cost of tuition is steadily rising. Access to postsecondary education is still a greater challenge for racial minority and disabled people then it is for white and non-disabled people. Whites are twice as likely to enroll in postsecondary education than are Blacks and Hispanics ("National CrossTalk – Vol. 19 / No. 1 – May, 2011", n.d.), and while students with disabilities are as likely to enroll in college as their non-disabled peers they are 32% less likely to graduate ("Briefing Paper: Reauthorization of the Higher Education Act (HEA): The Implications for Increasing the Employment of People with Disabilities | NCD.gov", n.d.). Despite changes in national demographics and the increasing importance of a postsecondary degree to remain competitive in the job market, the curriculum and structure of many colleges and universities is still focused on addressing the needs of white, middle-class, higher-achieving students ("College Affordability and Completion: Ensuring a Pathway to Opportunity | U.S. Department of Education", n.d.).

C. Strategy for the Development of Higher Education

A 2015 statement by the *U.S. Department of Education* outlined a number of strategies and initiatives to improve higher education outcomes, affordability and access ("College Affordability and Completion: Ensuring a Pathway to Opportunity | U.S. Department of Education", n.d.). Proposed initiatives include:

- Funding for community colleges and minority serving institutions to decreased costs for underrepresented students.
- Expanding access to student financial aid and loan programs.

- Creating incentives for institutions that improve retention and graduation rates for low income students and students of color.
- Providing funding to lower costs of completing technical education in fields of high demand.

The *National Council on Disability* also offered suggestions for improving access to higher education for students with disabilities in the next reauthorization of the *Higher Education Act* ("Briefing Paper: Reauthorization of the Higher Education Act (HEA): The Implications for Increasing the Employment of People with Disabilities | NCD.gov", n.d.). These include:

- Fully fund a technical assistance center and demonstration projects.
- Provide funding for model student support programs.
- Improve information about the provision of financial aid.
- Create long-term data reporting systems.
- Address previously generated commission reports.
- Expand initiatives to increase postsecondary participation of students with intellectual disabilities.

Overall, there is clearly a need to improve access to, the affordability of, and the quality of higher education for a wider range of the U.S. population than is currently being served.

II. Education and Rehabilitation of People with Disabilities

A. Historical Overview

Starting in the early 1800's and through the mid 1900's children with disabilities in the United States were educated, if at all, primarily in segregated institutions. The first such institution was the *American School for the Deaf*, which was founded in 1817 in Hartford, Connecticut (Wikipedia contributors, 2016). The *New England Asylum for the Blind*, now known as the *Perkins School for the Blind*, opened in Boston in 1832 ("Deafblind", n.d.). Children with developmental and intellectual disabilities during this same time period usually were placed in asylums where they received little or no education (Center for International Rehabilitation Research Information & Exchange, n.d.). In the mid 1800's reformers began advocating for better treatment of people housed in such asylums, and *Perkin's school for the Blind* set up a separate wing of the school for individuals with intellectual disabilities. The first state to mandate education for individuals with intellectual disabilities was New Jersey, which passed a law to this effect in 1911. The first college for people with disabilities in the world was established in the United States in 1864 as the *Columbia Institute for the Instruction of the*

Deaf and Dumb and the Blind, now known as *Gallaudet University* (Wikipedia contributors, 2016).

Rehabilitation services for individuals with disabilities came to national attention with the return of veterans from World War I, starting with the *Smith-Sears Veterans Rehabilitation Act* in 1918 (Wikipedia contributors, 2016). In 1935 the *Social Security Act* provided funds to States to assist blind individuals and disabled children, and also extended rehabilitation services beyond just serving veterans. In the area of higher education, the first support program for postsecondary students with disabilities was founded in 1948 at the *University of Illinois* at Galesburg. In 1962 Edward Roberts, who had quadriplegia, won a lawsuit to gain admittance to the *University of California* at Berkeley, becoming the first student with a severe disability to attend Berkeley and founding support services for students with disabilities on that campus. Roberts went on to eventually serve as the first disabled Director of *Rehabilitation Services* for the State of California ("Ed Roberts – California Museum", n.d.).

The 20th Century saw the passage of numerous laws and decisions on significant court cases that established civil rights protection, access to public education, and rehabilitation services for individuals with disabilities in the United States. The 1954 *Supreme Court* case *Brown vs. Board of Education*, though primarily impacting segregation on the basis of race, paved the way for future cases involving segregation on the basis of disability (Esteves & Rao, 2008). Section 504 of the *Rehabilitation Act,* passed in 1973, states that individuals with disabilities cannot be denied benefit from programs receiving federal funds ("Rehabilitation Act, 29 U.S.C.A. § 701 et seq", n.d.). This Act was followed in 1975 by passage of the *Education for All Handicapped Children Act*, now known as the *Individuals with Disabilities Education Act*, which mandates a "free and appropriate" public education for children with disabilities "in the least restrictive environment" ("Individuals with Disabilities Education Act (IDEA) – Disability.gov", n.d.). The passage of the *Americans with Disabilities Act* in 1990 represented the most comprehensive civil rights legislation on behalf of individuals with disabilities in the United States. One important court case stemming from this Act is *Olmstead*, which stated that it is discriminatory to deny people with disabilities services in the most integrated setting possible ("The Right to Community Integration for People with Disabilities Under United States and International Law", 2012). Numerous other laws in the United States pertain to the rights of individuals with disabilities and include the *Fair Housing Act*, the *Air Carrier Access Act,* the *Assistive Technology Act*, the *Telecommunications Act,* and the *Voting Accessibility for the Elderly and the Handicapped Act* ("Disability Rights Laws – Overview", n.d.).

B. Present Day

Today most students with disabilities in the United States are educated in regular schools rather than specialized schools. However, problems still remain. These problems include the amount of time students actually spend in a regular school classroom versus a segregated classroom, overrepresentation of students of color in special education, and the low number of students who graduate with a high school diploma versus an alternative certificate or who drop out of school altogether.

As of the 2012–2013 school year, there were 6.4 million students between the ages of 3–21 receiving Special Education services under the *Individuals with Disabilities Education Act* (IDEA) ("Digest of Education Statistics, 2015", n.d.). This number represents 12.9% of the total school population. 35% of these students are labeled as having "specific learning disabilities". The number of students receiving Special Education services as a whole has doubled since 1976.

Most students with disabilities in the United States today are educated in regular public schools. However, almost half of students with intellectual and multiple disabilities still spend most of their time in a special classroom ("Digest of Education Statistics, 2015", n.d.). In 2013, 95% of students with disabilities were placed in regular schools, and 61.8% of them spent at least 80% of their time in the regular classroom. 49% of students with intellectual disabilities and 46% of students with multiple disabilities spent less than 40% of their time in a regular classroom. Of the 2.9% of students with disabilities who attend segregated school most are deafblind or have multiple disabilities. Only a small number of students with disabilities attend private schools and receive special education services under *IDEA* (1%).

The overrepresentation of students of color (students who are not white) in Special Education is a continuing problem. In 2013 the percent of students receiving special education services in the United States categorized by race ("Digest of Education Statistics, 2015", n.d.) compared to the percent of the total population school categorized by race ("Digest of Education Statistics, 2015", n.d.) is as follows:

A high school diploma is a requirement for entrance to most postsecondary programs in the United States and is also increasingly important for being competitive in the workplace. Yet many special education students receive an alternate certificate rather than a diploma, presenting a significant barrier to postsecondary education and employment. There are also racial disparities in whether or not a student with a disability graduates from high school with a regular diploma or an alternative certificate ("The Condition of Education – Participation in Education – Elementary/Secondary – Children and Youth With Disabilities – Indicator May [2016]", n.d.). For example, 72% of white students who graduate from high school and receive special education services graduate with a diploma, while only 55% of black students graduated with a diploma.

Table 1. Percent of Total Public School Population Compared to Special Education Population by Race

Race	Total Public School Population (%)	Special Education Population (%)
White	50	13
Black	16	15
Hispanic	25	12
Asian	5*	6
Native American or Alaska Native	1	17
Native Hawaiian or Pacific Islander	5*	11
Mixed Race	3	12

Source: Self-elaboration. *Asian/Pacific Islander is combined in total school population statistics.

Vocational Rehabilitation Services (VR) in the United States appears to be meeting the directive outlined in the *Vocational Rehabilitation Act* to provide employment preparation and placement services to individuals with the most severe disabilities. However, most clients of *VR* are not successful at finding competitive employment. *VR* had 1.3 million clients in 2013, 94% of whom had "significant" disabilities (U.S. Department of Education, 2013). Of the 30% of clients who left *VR* in that same year, only 10% were placed in competitive employment.

There are some encouraging trends in the field of education that hopefully will translate to better education and employment outcomes for people with disabilities in the future. These include Universal Design for Learning (UDL), Response to Intervention (RTI), and *Disability Studies in Education* (DSE). Universal Design for Learning is gaining acceptance as a means of addressing the learning needs of both students with and without disabilities. One model of UDL proposes "network appropriate teaching methods" that support the various "networks" or neurological pathways through which students learn (ASCD, n.d.). For example, teachers can support students' "diverse recognition networks" through strategies such as "providing multiple examples" and "providing multiple media and formats." Response to Intervention involves screening all children for their learning needs, regardless of disability, and providing various levels of and intensities of intervention depending on the specific needs of each child (Network, 2011). Likewise*, Disability Studies in Education* seeks to abandon the "special education" and "medical model" approach to disability in the education field in favor of a "social model" approach ("Disability Studies in Education SIG 143," n.d.). The *DSE Special Interest Group of the American Education Research Association* (AERA) outlines several practical goals in the application of *DSE*:

- Disability primarily recognized and valued as natural part of human diversity,
- Disability and inclusive education,
- Disability culture and identity as part of a multicultural curriculum,
- Disability Rights Movement studied as part of the civil rights movement,
- Disability history and culture and the contributions of disabled people as integral to all aspects of the curriculum, and
- Supporting disabled students in the development of a positive disability identity.

III. Academic Training Preparation for Working with People with Disabilities

A. Origins and Some Representatives [Origins and Examples]

Teacher education in the United States in general was not formalized until the twentieth century ("A Brief History of Teacher Professionalism – White House Conference on Preparing Tomorrow's Teachers", 2005). Prior to the mid-nineteenth century, teachers were not even required to pass a test of their academic capabilities, rather, teachers had only to prove their "moral character" to local school boards. During the early twentieth century, teaching became more professionalized and higher education programs in teacher training gradually emerged.

With the establishment of education-focused institutions for children with disabilities in the mid to late nineteenth century, the education of these children came into focus. Early leaders in the field of special education included Samuel Gridley Howe, Thomas Hopkins Gallaudet, and Dorothea Dix ("Special Education – Current Trends, Preparation Of Teachers, International Context", n.d.). With the emergence of psychology as a field in the early twentieth century, educators turned their focus to "slow learners" (learning disabilities) as well as children with physical and intellectual disabilities. The *Council for Exceptional Children*, currently the largest special educator professional organization in the United States, was founded in 1922, The *University of Illinois* opened up the first research center on "exceptional children" in 1951. By the 1960's, special education was more fully developed with established theories of education and development of children with disabilities. The passage of special education legislation in the mid 1970's heralded the further professionalism and growth of special education as a field.

B. Current Professional Training

The focus of both Special Education and Rehabilitation in the United States has long been on "fixing" or "normalizing" children and adults with disabilities based upon their specific disability and its perceived negative impact on functioning. Thus professional training is built largely on a foundation of highly specialized sub-professional categories. For example, teachers or rehabilitation counselors might be trained to work specifically with individuals with learning disabilities, intellectual disabilities, sensory disabilities, etc. ("Job Profiles in Special Education", n.d.). There are also a large number of "paraprofessional" jobs outside of teaching devoted to addressing specific functional tasks such as that of physical therapist, speech-language pathologist, orientation and mobility specialist, and behavior modification specialist. There are hundreds of special education (NCATE.org, n.d.) and rehabilitation ("Accredited Programs | Council on Rehabilitation Education", n.d.) professional training programs nationwide.

More recently, however, people with disabilities, parents and educators have begun to question the over-focus of special education and rehabilitation on identifying and separating out people with disabilities based on a defect-driven model. As will be discussed in more detail below, the emergence of *Disability Studies* as a field has impacted special education and rehabilitation, calling for an inclusive and normative approach.

C. Faculties and Specialties [Faculty Specializations]

The specializations of higher education faculty in Special Education and Rehabilitation in the United States is reflective of the specializations of teacher and professional training. This is not surprising since most teacher and rehabilitation professional training programs require faculty to have experience and certification as teachers and rehabilitation professionals. Most faculty specialties are centered around specific etiologies of disability, age groups, or types of interventions. For example, a disability-specific specialization might be on "mild/moderate" or "severe" disabilities. Age-specific specializations include "early intervention", "elementary", "secondary", "postsecondary" and "elderly." Intervention-specific specializations might include "identification", "assessment", "technology", "employment support", and "Applied Behavior Analysis."

D. Disability Studies As a Field of Study or Specialization

Disability Studies can inform education and rehabilitation practices, but it is an interdisciplinary field that is distinct from Special Education and Rehabilitation. In some ways, *Disability Studies* is actually a reaction to the deficit-driven models prevalent in special education and rehabilitation. *Disability Studies* emerged at around the same time in both the United States and Western Europe, but the most concrete evidence of its emergence as a field in the United States was with the formation of the *Society for Disability Studies* (SDS) by founders Daryl Evans, Nora

Groce, Steve Hey, Gary Kiger, John Seidel, Jessica Scheer, and Irving Kenneth Zola in 1982. According to the *SDS* website:

> *The Society for Disability Studies (SDS) is a non-profit organization that promotes the study of disability in social, cultural, and political contexts. Disability Studies recognizes that disability is a key aspect of human experience, and that the study of disability has important political, social, and economic implications for society as a whole, including both disabled and nondisabled people.* (Mission and History, 2016)

Another important development in the emergence of *Disability Studies* as a field was the establishment of academic University programs devoted to researching disability as an interdisciplinary sociological phenomena, and training both academics and professionals in this approach. *Syracuse University*, in New York State, launched a *Disability Studies* program in 1994 under the leadership of Steven Taylor, which grew out of the *Center on Human Policy* (Foley, n.d.). *The University of Chicago* is credited with starting the first *Disability Studies* doctoral program.

One of the first and still most prevalent *Disability Studies* models is the Social Model, first articulated by British academics such as Tom Shakespeare at the *University of Leeds* (Shakespeare, 2016). The Social Model proposes that disability is not a medical "problem", but a societal categorization driven by the perception that disabled people are deficient and in need of fixing so that they can be as "normal" as possible. In the United States, similar models emerged but took on a more political and civil rights flavor (Baynton, 2013). The various Civil Rights Movements in the United States, i.e. for African Americans, women, people with disabilities, tended to focus on issues of "majority" or "dominant" groups versus "minority" or "disempowered" groups. Thus the problem faced by people with disabilities is seen as resulting from the stigma that is placed upon them by people without disabilities and the resulting exclusion and disenfranchisement from public life.

An article published by the late David Pffeifer in 2002 identified nine models of *Disability Studies* at the time (Pfeiffer, 2002). They included: "(1) the social constructionist version as found in the United States, (2) the social model version as found in the United Kingdom, (3) the impairment version, (4) the oppressed minority (political) version, (5) the independent living version, (6) the post-modern (post- structuralist, humanist, experiential, existential) version, (7) the continuum version, (8) the human variation version, and (9) the discrimination version." In the nearly fifteen years since, *Disability Studies* has blossomed both in the United States and around the world, with new models emerging every year. Recent additions include the cultural model, the postcolonial model, critical disability studies, intersectionality, the policy legitimacy model, and perhaps most importantly to the development of *Disability Studies* as a field, models that question and incorporate elements of multiple theoretical frameworks.

IV. Disability Studies at the University of Hawaii

A. The History of the University and the Present Day

The *University of Hawaii* at Manoa was founded in 1907 and is the flagship campus of the *University of Hawaii* system. The *University of Hawaii* system is a *Land Grant University*, and Manoa is one of 10 University of Hawaii campuses statewide. Located on the island of Oahu, the *University of Hawaii* at Manoa encompasses 320 acres, with a population of 13.689 undergraduate and 5,176 graduate students. A majority of these students are from the State of Hawaii (66%), but students also come from the U.S. Mainland (28%) and Internationally (6%) ("University of Hawaii at Manoa: About UH Manoa", n.d.). The campus is known as one of the most ethnically diverse Universities in the United States. The motto of the *University of Hawaii* is *Maluna aʻe o nā lāhui a pau ke ola ke kanaka* (Above all nations is humanity).

The *Center on Disability Studies* (CDS) is a research unit of the College of Education at the *University of Hawaii* at Manoa ("Center on Disability Studies | University of Hawaii at Manoa", n.d.). *CDS* was established in 1987 as the *Hawaii University Affiliated Program*, with grants from both the *Hawaii State Department of Health* and the U.*S. Administration on Developmental Disabilities*. The mission of *CDS* is *to promote diverse abilities across the lifespan through interdisciplinary training, research, and service*.

In 1997 the program was designated a *University Center of Excellence in Developmental Disabilities* (UCEDD) and was renamed as *CDS*. There are currently 67 *UCEDDs* in the United States, with at least one in every State and Territory. Established as a network of University-based research centers in 1963, the *UCEDDs* work to *accomplish a shared vision that foresees a nation in which all Americans, including Americans with disabilities, participate fully in their communities. Independence, productivity, and community inclusion are key components of this vision* (AUCD – UCEDDs, n.d.).

The *CDS* holds 35 grant-funded projects in 2016, and employs over 100 faculty and staff. Projects are multidisciplinary and address the inclusion of people with all kinds of disabilities, from birth to old age, in a wide variety of educational, health, and community contexts. Many projects at *CDS* also focus on aspects of diversity, including the needs of Native Hawaiian populations. In order to address its mission of education, the *CDS* administers a *Disability and Diversity Studies Certificate Program* and other coursework in *Disability Studies.*

B. Characteristics of Disability Studies at the University of Hawaii

The *Disability and Diversity Studies* (DDS) *Graduate Certificate Program* at the *University of Hawaii* is 15 credit, 5 course sequence, that attracts students from a wide variety of disciplines including social work, education, rehabilitation, law, sociology, urban planning, political science, medicine and the humanities. The *DDS* program is overseen by the *CDS* and was approved by the *University of Hawaii* in 2004, with the purpose of educating modern professionals in a wide variety of fields to work effectively and respectfully with individuals with disabilities. Students participate in interdisciplinary experiences with the goal of acquiring skills in joint planning, decision-making, goal setting and understanding contemporary disability issues, research, and effective practices from a social, political, cultural and historical context.

The core philosophical construct of the *DDS* program is *Disability Studies*, thus courses do not focus on conditions, impairments, treatments and interventions as is common in other fields such as Special Education and Rehabilitation, but on sociological responses to disability. Rather than looking to treat or cure people with disabilities, our students consider and examine the complex interactions of disability with educational, medical, social and environmental systems. The ultimate goal is for students to view disability as a normal part of human diversity, and to work to include individuals with disabilities in the fabric of society. These tenets fit well with the *CDS*'s mission to promote diverse abilities and the *University of Hawaii's* mission to address the needs of an indigenous and diverse state population.

Since its inception in 2004, the *Disability Studies* program at the *CDS* has blossomed into 7 graduate and 3 undergraduate course offerings, with plans to grow these courses into a Master's program and an Undergraduate Minor in Disability and *Diversity Studies* as well. *CDS* has a long history of professional development and training prior to, and in addition to, the *DDS Certificate Program*. As a research center *CDS* has received federal and state grants to conduct professional development in areas of need such as in-service teacher training in inclusive education practices, paraprofessional training in supporting individuals with developmental disabilities, postsecondary faculty development in meeting the needs of students with disabilities, and building the capacity of health professionals to address the needs of children with neurological disabilities.

C. General Information About the Program and Characteristics of Graduate Profiles [General Information About the Program and Its Graduates]

A significant aspect of the *DDS* program at the *University of Hawaii* is that all courses are offered entirely online using both synchronous (live) and asynchronous (self-paced) distance education platforms. Thus the program attracts many nontraditional students who may have significant obligations or challenges in addition to their studies, such as disability, work, family, or living in a rural community. Approximately 200 students per year take *Disability Studies* courses.

Students who take *Disability Studies* courses hail from an incredible range of disciplines. Although by far the greatest numbers of students are also studying social work or education, courses are well attended by students from other social sciences, the humanities, law, medicine, library sciences and technology. Many students studying *Disability Studies* at the *University of Hawaii* are from Hawaii, but a number of students are also from the U.S. mainland and countries outside of the United States such as Japan, Taiwan, Germany, Columbia and Canada.

Students enrolled in the *DDS Certificate Program* go through the program in small cohorts of about 15 students per year. They are required to take 5 courses for a total of 15 credits ("Disability and Diversity Studies Courses at the University of Hawaii at Manoa | Center on Disability Studies", n.d.). Four core courses are required:

1. *Introduction to Disability and Diversity Studies*, which introduces students to Disability Studies concepts and the interdisciplinary nature of Disability Studies.
2. *Multicultural Issues and Disability*, which explores the ways in which disability and cultural values and practices intersect.
3. *Interdisciplinary Team Development,* which focuses on the role of teamwork and incorporating various perspectives into addressing challenges to inclusion.
4. *Independent Research*, which allows students to explore a topic or project of their choice.

Additionally, students must take one elective. The elective can be a course from another department with a focus on disability and/or diversity, or it can be one of several that CDS offers such as:

- Disability History and Culture,
- Universal Design in Higher Education,
- Disability in Film and Media,
- Accessible Learning Technology, and
- Advanced Seminar in Disability Studies.

Students have various reasons for pursuing a Certificate in *DDS*. In a recent survey of *DDS* graduates, students gave the following reasons for pursuing the Certificate:

> "[I have] always had a passion for disability social justice so when it was an option to focus on [disability studies] within my American Studies, in which I was already focusing on minority populations in higher education, it fit right in."

> "I was a tutor for the learning disabilities center of Hawaii and wanted to continue to learn more about other disabilities."

> "I pursued this certificate because I have a master's degree in mental health counseling, have worked under the supervision of a disability counselor, and I had a strong interest in this topic."

Students from this same survey also indicated that the Certificate helped them with their professional lives:

> "[The Certificate] helped get me into my current role, working in a disability office. [It] gave me an extra edge in the field because I had better insight than most candidates."

> "[Gave] me multiple perspectives, and also taught me about appropriate language. From a cultural standpoint, disabilities have communities and cultures that I would not have known about, similarly, substance abuse has different cultures and co-occurring diagnosis that I continue to learn about and expand my knowledge about."

> "In my current job, I work with some students who have disabilities and this certificate helped me to gain more insight about different types of disabilities and perceptions so I can understand how to help my students better."

Another recent survey of both Undergraduate and Graduate students taking *Disability Studies* courses at the *University of Hawaii* asked them what they learned from taking these courses:

> "Upon entering this class, I had no knowledge whatsoever about disability studies. I now realize that I was completely ignorant. I used to work as newspaper reporter, usually in the sports department. I have written numerous feature articles, and many were about disabled athletes. I now cringe at the thought that I may have offended people by using wrong terminology when referring to their disabilities. I really had no idea. While I still have numerous things to learn about disabilities and disability culture in our diverse society, my eyes have been opened. Now I will always check to see that a website is accessible to people with disabilities, something I never even considered in the past."

> "This semester has been a true awakening of the diversity that exists all around us. I am much more aware of the people in my life that have disabilities, the people in my community that identify as having a disability, and the accessibility that's available to persons with disabilities in the environment. As a result, this new awareness has completely reshaped the way I view the world."

> "Overall, I have learned how diversity is represented among different systems, different fields, and different aspects of our society, I appreciated learning about the origins of the Disability Rights Movement and seeing how far those efforts have come today. But

> then also being able to recognize the disparities for individuals with disabilities through our discussions and readings on things such as the environment, the virtual environment, and the role of the media. Those particular discussions have made me realize that we still have more growing and learning to do as a society."

D. Previous Academic Experience and Prognosis [Plans for the Future]

Existing *Disability Studies* programs and future programs are attracting increasing interest from Universities and students in the United States, with at least 34 undergraduate, graduate or certificate programs already in existence nationwide (Zubal-Ruggieri, n.d.). At the *University of Hawaii*, we are working to develop our current coursework into more extensive degree programs such as an *Undergraduate Minor and a Master's program in DDS*. In a survey of Undergraduate students currently taking *Disability Studies* at the *University of Hawaii*, 100% of respondents indicated that they would like to see a *DDS Mino*r at the University of Hawaii. The primary reason students see benefit of a Minor is to "make the University more inclusive", followed by "help me with understanding my major" and "help me with my future career." Students reflected on the potential benefits of a *Disability Studies Minor*:

> "I think disabilities studies will be good for any major. There are many people with disabilities who will be working at many different places and it is good to get familiar about the rights they have.'

> "As a Social Work Major this would add so much to the career of a social worker. Our courses covers disabilities but not in the depth of having an opportunity to have it offered as a Minor. I just believe being able to add this as a Minor adds to my knowledge and will assist the worker in the field.'

> "For those like myself, who are majoring in psychology or special education, and want to work with, support, and help those with disabilities this would be great! From taking a few courses in Disability Studies, I have come to know that there is so much more to learn in this field. If I could continue to take courses and work towards getting a minor in this field I would feel better prepared to take on any job."

It is clear that students see the value of coursework in *Disability Studies*. The next step is demonstrating this value to the Administration, and in particular, the value that a more rigorous Disability Studies curriculum will bring to the University and the community.

E. University Activities Undertaken for the Benefit of People with Disabilities

Disability is an integral and normal part of the diversity of our society. Recognizing the diversity of our communities in the United States, most Universities already have well established programs in Women's Studies, Ethnic Studies, African American Studies, Asian Studies, etc. Like these programs, *Disability Studies* is rooted in a history of exclusion of a specific population and the desire to change society's perceptions of and celebrate the contributions of this population. *Disability Studies* has the additional benefit of transforming the practice of future and current professionals so that they will positively impact the lives of individuals with disabilities.

Disability Studies as part of the *University* curriculum also helps to promote the inclusiveness of the *University* itself. Increasingly, higher education is the pathway to a career and a good quality of life. Barriers to inclusiveness at the *University* translate directly into barriers to employment and community living for individuals with disabilities. Research centers such as the *CDS* and their respective educational and training programs hold the unique position of being accountable to people with disabilities, the *University*, and the community. *Disability Studies* programs are an important means of addressing this responsibility.

V. Conclusion

Disability Studies in the United States is rapidly gaining ground as a critical component of the study of human diversity. *Disability Studies* transcends disciplines and professions, but is particularly relevant and transformative to the study of education and rehabilitation for individuals with disabilities. At the *University of Hawaii*, *CDS*, we offer students a course of study that focuses on interdisciplinary aspects of disability and sociological constructs that shape how people with disabilities are treated by society. By understanding these constructs, we can work to include people with disabilities in all aspects of social, educational, economic, political and family life.

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Annex [Appendix]

A. Selected Acts of Law

Americans with Disabilities Act of 1990 42 U.S.C. §§ 12101 et seq.

Telecommunications Act of 1996 47 U.S.C. §§ 255, 251(a)(2)

Individuals with Disabilities Education Act 20 U.S.C. §§ 1400 et seq.

Section 504 of the Rehabilitation Act of 1973, as amended 29 U.S.C. § 794

Section 508 of the Rehabilitation Act of 1973, as amended 29 U.S.C. § 794d

B. List of Selected National Institutions Working for People with Disabilities

Association of University Centers on Disabilities www.aucd.org

National Council on Independent Living http://www.ncil.org/

National Organization on Disability http://www.nod.org/

Society for Disability Studies http://disstudies.org/

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PART 4

Disability studies – important threads to comparative analysies

POLAND, SPAIN

Disability Studies – the one idea in a multitude experiences

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Disability Studies (DS) is a currently developed and dynamically evolving area of research. This field, in spite of the common root, which is the broadly understood idea of humanist view of disability, can be understood, defined and described very differently. Diverse are also actions undertaken within the research field of DS. Such a perspective on disability, encompassing many threads and aspects within the DS trend, is presented in this monograph. It presents the state of research on disability in countries around the world, both in Europe (Bosnia and Hercegovina, Spain, Ireland, Poland, Russia, Ukraine, Hungary) and in North America (USA, Jamaica) as well as Asia (Taiwan). These presentations demonstrate that in some countries Disability Studies has an established history and long traditions (USA, Spain, Ireland), in some others it is a relatively new idea (Poland), while in yet others it is still at the introductory stage (Hungary, Bosnia and Hercegovina, Russia, Ukraine). These differences stem from historical-political reasons (e.g. in the countries of the former Eastern Bloc, Disability Studies is a new idea, which is now dynamically developing), socio-cultural and those related to academic traditions in the specific countries. This article aims to list and present differences and similarities with respect to Disability Studies understood both as a research field and a field of didactic activities at universities. Issues will be presented covering the following fields: (1) historical-cultural background of the situation of persons with disabilities, (2) *Disability Studies* as an area of academic education, (3) concepts preparation of professionals to work with persons with disabilities, (4) support and solutions for providing education to students with disabilities.

Historical and cultural background of people with a disability status

Social understanding of reality of the disabled has followed the same evolution worldwide. In general, the changes have occurred from social exclusion of people with disabilities (i.e. people with disability must be institutionalized because of their condition) towards advocacy of the inclusion and recognition of the rights of disabled people. When looking at a professional level (both direct practice and scholar research), a parallel evolution can be observed: from the medical model of disability that looks for something to fix, towards a social-ecological approach that recognizes the capabilities of individuals with disabilities, their strengths as well as their rights, and which is inclusive at all levels. This social/cultural and professional evolution has resulted in a shift towards different paradigms and a better understanding of individuals with disabilities in many countries. Table 1. specifies the trends in various countries described in the current monograph:

The above trend, however, rests on important historical, cultural, and political differences that must be highlighted, especially regarding the scientific study and professional practice towards disabled people. After the Second World War, world was divided into two main areas: the communist influenced area, and the non-communist one. Thus, in the countries where communism had its influence, the field of defectology was leading the professional practices and academia research on individuals with disability. Defectology was closely related to the medical model of disability, which was influential mainly at the educational level, having a strong effect on special education and special pedagogy (Akhmetzyanova et al., 2017; Fabula, 2017; Halilovic, 2017; Leschenko & Nosenko, 2017). This has been the path that countries like Bosnia and Herzegovina, Hungary, Russia, Ukraine, and Poland (to a lesser extent) have followed until the end of the 1980s. In the case of Bosnia, since communism raised up, the idea of defectology was prevalent in the scientific study of disability, creating an elitist environment which determined professional practices and in which individuals with disability were passive and professionals had the knowledge and played an active role. Moreover, in this country, the influence of medical model has been active for a longer period of time than in many European countries (Halilovic, 2017). In the case of Hungary, defectology had a strong influence in the field of education, with the same medical approach, by highlighting the “defect” of the person (Fabula, 2017). In Russia and Ukraine, defectology also had an important role in the development of special education, with various state institutions that prepared the ground for today’s special education and pedagogy (Akhmetzyanova et al., 2017; Leschenko & Nosenko, 2017). In the non-communist countries, however, defectology didn’t

Table 1

Country	Social and academic evolution towards people with disability (stages and/or paradigms)
Bosnia & Herzegovina (Halilovic, 2017)	Three stages. At first, the disabled were kept apart. Secondly, there was an utilitarian integration. Nowadays there is a rights-based approach focused on social inclusion.
Hungary (Fabula, 2017)	Four main paradigms, the "perfect human paradigm", the "separation paradigm", the "individual development paradigm", and the "inclusion" paradigm.
Russia (Akhmetzyanova, Artemyeva, Kostyunina, Fajzrahmanova, & Valeeva, 2017)	No specific paradigms, but five main stages: (a) from rejection attitudes towards consideration, (b) establishment of social organizations, (c) creation of special education system, (d) development of special education system, and (e) rights and equality stage.
Ukraine (Leschenko & Nosenko, 2017)	The "care", "social exclusion", and "social inclusion" paradigms.
Poland (Głodkowska & Pągowska, 2017)	The "biographical", "positive orientation", "self-revalidation", "help the helper", "subjectivity", "prophylaxis and integration in the family", "anti-stigmatic", "conceptual", "ignored", and "existential" paradigms.
Spain (Amor, Verdugo, & Fernández, 2017)	The "utilitarian integration", "annihilation exclusion", "specialized and technical intervention", and "accessibility" paradigms.
United States (Conway, 2017)	Three stages: (a) marginalization (19th and first quarter of 20th century), (b) interwar period (support for war veterans who acquired a disability), (c) inclusion and rights recognition (i.e. social movements, policies development) since the second half of the 20th century.
Republic of Ireland (Carton & Kearns2017)	Able-bodied paradigm towards social advocacy and recognition of rights.
Jamaica (Morris, 2017)	No specific paradigms, but two main stages: (a) past wrong approach (i.e. having a disability was a sign of bad deeds done by family members), and (b) rights' and inclusion's respect.
Taiwan (Lin & Cheng, 2017)	From marginalization to rights' recognition and fairness towards people with disability.

have such influence, and the efforts to adopt the social (ecological) approach towards disability started a decade or two earlier, especially in the educational and social fields (Amor, Verdugo, & Fernández, 2017; Carton & Kearns, 2017; Conway, 2017; Lin & Cheng, 2017; Morris, 2017).

Education of students with disability. Training of teachers providing support to students with disability.

Developing a proper educational system, which meets the needs of students with disability, makes it necessary to analyze both the educational programmes and attitudes towards students, as well as to analyze the training programmes which improve knowledge and abilities of the teachers.

Education of students with disabilities

Regarding this issue, all countries described in the current article, promote the development of inclusive educational systems based on the principles of normalization, inclusion and least restrictive environments. This is done by developing the policies and practices at classroom level, which can turn theory into practice, and which can leave behind the traditional medical model, assuming an interdisciplinary perspective based on a social-ecological approach. (Akhmetzyanova et al., 2017; Amor, Verdugo, & Fernández, 2017; Carton & Kearns, 2017; Conway, 2017; Fabula, 2017; Głodkowska & Pągowska, 2017; Halilovic, 2017; Leschenko & Nosenko, 2017; Lin & Cheng, 2017; Morris, 2017). However, perhaps the main efforts that the aforementioned countries have done regarding this issue, is the adoption of policies defending the rights of students with disabilities to receive an inclusive education alongside their healthy peers. An in-depth analysis of this question can be found in the policies section.

Nevertheless, there are important differences regarding the practices and a stage of development of inclusive education system in the different countries. Two groups can be constructed based on the information provided by the authors. On the one hand, there are countries which claim to have a defined inclusive education system; on the other hand, there are countries which are still struggling with a proper definition of inclusive education (i.e. inclusive education closely linked to a separate special education system).

In the first group, we find countries such as Spain, Poland, United States, Taiwan, and Ireland. The cases of Spain, Poland, and Taiwan are similar, in the sense of the strong development of policies advocating for the rights of inclusive education, prevention of exclusion and also the needs detection procedures active since the early stages of development. The policies are created by the multidisciplinary teams working together for detecting students' needs, and integrating all the information for the development of individualized plans (Amor, Verdugo, Navas, & Gómez, 2017; Głodkowska & Gasik, 2017; Lin & Cheng, 2017). However, Poland is more specific when addressing the needs of students with pervasive and extended support needs related to profound intellectual disability, by creating a separate set of rules for them (Głodkowska & Gasik, 2017). Spain's educational system in turn, has to face decentralization with the adoption of laws at regional level which determine the needs' detection system and a provision of support, regardless of the kind of disability and the level of functioning (Amor et al., 2017). The United States also has developed protocols regarding that issue. In America, most students with disabilities are educated in regular schools. However, problems still remain. They include (a) the amount of time students actually spend in regular school classrooms versus a separate classroom, (b) overrepresentation of students of color in special education, and (c) the low number of students who graduate with a high school diploma versus an alternative certificate or versus students who drop out of school. Nowadays there are some encouraging trends in the field of education that hopefully will translate to better education and employment outcomes for people with disabilities (i.e. universal design for learning, response for intervention and disability studies in education, Conway, 2017). In Ireland, a firm structure of the educational system has not been challenged over the last decades, which creates a barrier for the development of inclusive education. According to the authors (Carton & Kearns, 2017), the key factor here for developing a good public policy and practice is moving for good from the medical model to the social approach.

There are also countries which are still fighting for a proper development of an active inclusive education system. These are for instance Bosnia and Herzegovina, Hungary, Russia, Jamaica, and Ukraine. In Bosnia and Herzegovina, although the country has made multiply efforts regarding the development of inclusive education, the poverty and lack of institutional capacity as well as the society's attitude towards disability, are roots of the poor development of inclusion-based policies (Halilovic, 2017). The main problem in Hungary is the lasting influence of the medical model, which creates a strong barrier against inclusion (Fabula, 2017). In Russia, there is a clear separation between the special and inclusive education systems: in the first one, the boldness for achieving a coordinated collaboration between medical and educational professionals is the key for meeting the needs of students with disabilities (i.e. needs' assessment conducted by a psycho-medico-pedagogical commission); the second one, however, is still under construction with the goal of bringing together students with and without disabilities (Akhmetzyanova et al., 2017). The main problem of Ukraine is the fact that inclusion is not a general principle. In this case, Leschenko and Nosenko (2017) highlight what needs to be taken into account when developing an efficient inclusive education system: (a) updating of regulative basis to ensure the implementation of inclusive education at all levels, (b) including in state and local budgets expenditures on correctional and developmental activities for students enrolled in inclusive and special classes, (c) training teaching staff and increasing their competence, (d) scientific and methodical provision and support of education. In order to address these, the country is developing different collaborative projects. Students with disabilities have difficulties to access the Jamaican educational system. According to Morris (2017), 77% of schools in Jamaica are not accessible for these students. The main development of educational response towards meeting the needs of students with disabilities in Jamaica is the special education system, which offers a plethora of special education institutions at pre-primary, primary, secondary and tertiary levels (Morris, 2017).

The United States have developed Vocational Rehabilitation Services, for providing employment preparation and placement services to individuals with the most severe disabilities, although the clients participating in these services are not able to find competitive employment (Conway, 2017). In Ireland, the Trinity College in Dublin has been a pioneer in the field of third level education for people with intellectual disability. In this College there is a two-year programme called "The Certificate in Arts, Science and Inclusive Applied Practice" which started back in 2006. Currently, there are different programmes in eight Higher Education Institutions in Ireland, with a three-year part-time programme at St. Angela's College called "Certificate in Life-Skills Studies" as one of the most important (Carton & Kearns, 2017). One of the main challenges yet to be addressed in Spain, is providing a proper support to youth with intellectual disability after they turn 21 years old, when education is not obligatory anymore. Until the year 2004, which was when the Promentor programme was created, there were no structures of educational support at tertiary education level for students with intellectual disability. Promentor is a higher education programme aimed for individuals with intellectual disability so that they can acquire both personal and employment competences which will give them more opportunities in the labor market. In the year 2014, a total of 115 students with intellectual disability graduated in the programme, showing its strength and a real possibility of higher education for students with intellectual disability (Amor et al., 2017).

Support for students with disabilities is one of the most frequently undertaken subjects in the discussion within Disability Studies. Authors of all articles declare implementation of actions in this direction, stressing at the same time the importance of allowing people with disabilities to take up and pursue academic education, in accordance with the inclusion idea and the socio-ecological model of disability. Attention is paid to the need for particular support for this group of students due to the relatively small number of persons with disabilities taking up academic education (for example: in 2015 in Jamaica 75% of persons with disabilities did not have any form of academic education completed (Morris, 2017), in the USA in 1999 the number of students with various forms of disability was estimated to be 6% of the total number of students (Conway, 2017), in Spain in the academic year 2013/2014 the number of students with disabilities was estimated to be just 2.1% of the total number of students (González, Alonso, Macho & Sánchez, 2017). The common idea is expressed via diverse, multidimensional actions, ranging from technical and architectural solutions, through programmes (e.g. a programme to facilitate adaptation at the university for LHA (Limited Health Abilities) students in Russia and the programme Resource Room in Taiwan), institutions created at the university level (e.g. Poland – Office for Persons with Disabilities), university courses and trainings aimed to implement the idea of inclusion at universities (e.g.

actions of the Centre for Disability Study UWI in Jamaica), up to academic programmes designed especially for students with disabilities (e.g. programmes of St. Angela's College and Trinity College in Ireland). Examples of actions undertaken to increase education-related activity of students with disabilities include:

1. Programmes:
   - governmental programme Resources Room in Taiwan – every university and college where at least 8 students with disabilities attend classes receives reimbursement of costs for assistants for the persons with disabilities (WHO?);
   - adaptation programme for LHA students (Kazan Federal University, Russia) – due to proportionally – in relation to students without disabilities – greater problems of students with various forms of disability with adaptation to a new environment and to new duties, a programme has been introduced to help students with disabilities adapt to the academic environment. The programme aims to help them join a new group, but also to change the social attitudes towards persons with disabilities, to help persons with disabilities to develop skills of self-constituency in respect of education-related activity, to shape an active relation to the reality (Akhmetzyanova et al., 2017);
   - in the United States, creation of a programme to provide comprehensive support of education-related activity of students with disabilities is recommended by the National Council on Disability in the Reauthorization of the Higher Education Act (HEA): The Implications for Increasing the Employment of People with Disabilities (Conway, 2017).
2. University courses:
   - university courses addressed entirely to students with intellectual disability taught, among others, in Ireland (The Certificate in Arts Science and Inclusive Applied Practice taught by the Trinity College in Dublin or the Certificate in Life-Skills Study taught by St. Angela's College in Sligo) (Carton, Kearns, 2017). Facilitation of access to higher education for persons with disability is also touched upon in many documents, *inter alia* in the American Higher Education Opportunities Act (HEOA) of 2008 (reauthorization of the Higher Education Act – HEA of 1965), in which special attention is paid to this fact (Conway, 2017).
3. Institutions within specific universities:
   - at many universities, the function of the institution supporting students with disabilities is served by Disability Study Centres (Jamaica, USA);
   - at the Maria Grzegorzewska University (just like at many other Polish universities), there is an Ombudsperson for Disabled Persons appointed (Glodkowska & Gasik, 2017). The task of this person is to facilitate the process of studying for students with disabilities by informing them of their rights, helping them obtain additional funds, mediating with teachers, if necessary;

   - voluntary works – Floyd Morris (2017) mentions a voluntary works programme at West India University Mona. Around 200 students provide unpaid assistance for their colleagues with disabilities. This assistance encompasses taking notes, recording lectures, scanning books and notes or assistance in moving around the campus (Morris, 2017).
4. Trainings and courses organised for students without disabilities to help improve communication and contacts with students with disabilities
   - such actions are often undertaken as part of CDS actions (Jamaica, Ireland, USA) (Morris, 2017; Carton, Kearns, 2017; Conway, 2017).
5. Actions related to adjustment of the architecture of academic facilities to the needs of students with disabilities (Morris, 2017; Conway, 2017).
6. Megan Conway (2017) mentions a project, as of today uncompleted, to create a national technical assistance centre, covering all students with disabilities (Conway, 2017).
7. Reports and documents based on the analysis of long-term data intended to enable an in-depth analysis of the situation of students with disabilities (Conway, 2017). Among others, in the reauthorization of the Higher Education Act (HEA): The Implications for Increasing the Employment of People with Disabilities, the National Council on Disability (NCD) draws attention to the need to collect and analyse long-term data regarding the education-related activity of students with disabilities. The same report recommends increasing funds for helping this group of students.

Actions undertaken to support students with disabilities are diverse – they aim both to support students in the process of studying and to support adaptation in a new situation or functioning in the social group. But all of them stem from the same assumption – that persons with disabilities have the right to study, just like persons without disabilities.

Training of special teachers

The training of special teachers is a critical issue for the proper response towards students with disabilities in educational settings, especially when taking into account the fact that teachers (and paraprofessionals) provide support when meeting the needs of students with disability.

In general, all the countries included in this article follow the same structure. In order to work with students with disabilities of any kind, teachers must be specialized and pass an undergraduate programme (related to special education or special pedagogy), and attend specific courses once they are in-service teachers as a part of a lifelong learning practice. There are also important specific Master's degree programmes for achieving a more specialized training. Table 2. summarizes all the information on this issue:

Table 2

Country	Teacher training
Bosnia & Herzegovina (Halilovic, 2017)	Information not provided.
Hungary (Fabula, 2017)	Eight-semesters undergraduate programme for working with students with disability.
Russia (Akhmetzyanova, et al., 2017)	Special educational courses introduced by the Ministry of Education in 1996: "Foundations of special pedagogy" and "Psychology for Special Needs".
Ukraine (Leschenko & Nosenko, 2017)	Field of special and correctional education. Training on Bachelor and Master Degree for a number of educational programmes: "speech therapy", "special psychology", "oligophrenia pedagogy", "ASL pedagogy", and "tyflopedagogy".
Poland (Głodkowska & Gasik, 2017)	Programmes created for working with students with different kinds of disability (i.e. "oligofrenopedagogy", "surdopedagogy", "tyflopedagogy", "teacher-therapist") and programmes for promoting integrative and inclusive education.
Spain (Amor et al., 2017)	General undergraduate programmes: pre-elementary and elementary teaching. In-training teachers interested in working with students with disability must choose different optional courses and create an itinerary which will allow them to work in the special education.
United States (Conway, 2017)	Traditionally, there were established "Job Profiles in Special Education". In this case, the focus of both special education and rehabilitation has been built largely on a foundation of highly specialized sub-professional categories (i.e. teachers or rehabilitation counselors trained to work specifically with individuals with learning disability, intellectual disability, sensory disability, etc.). The specialization of higher education faculty in Special Education and Rehabilitation in the US is reflective of the specializations of teaching and professional training. More faculty specialties are centered around specific etiologies of disability, age groups, or types of interventions. For example, a disability-specific specialization might focus on "mild/moderate" or "severe" disabilities. Age-specific specializations include: "early-intervention", "elementary", "secondary", "postsecondary", and "elderly". Intervention-specific specializations might include "identification", "assessment", "technology", "employment support", and "applied behavior analysis".
Republic of Ireland (Carton & Kearns, 2017*)*	There are almost 50 Quality and Qualifications Ireland (QQI) level 5 and 6 programmes of study available, which have a component of study related to the disability sector. These courses prepare people to work in the early-years child care and education sector, and the health and social-care sector. There are 20 level 5 and 6 programmes of study available to prepare people to work as

	Special Needs Assistants (a role in primary and secondary education classroom settings). There are also master's degrees (i.e. Special Education Needs).
Jamaica (Morris, 2017)	Professional training in the fields of social work and special education. Every social worker and teacher is required to complete certain courses in special education or disability studies that will enhance their professional development.
Taiwan (Lin & Cheng, 2017)	Special education is a specific programme in Taiwanese education system. To assure the quality of special education teachers, the Ministry of Education sets a minimum of 40 credits and credits references for courses designed in different universities. These 40 credits include four types of courses: educational foundations, common courses, specific requirement courses, and optional courses in disability topics. Actually, there are about 70-80 credits of special education related courses required for the special education major.

As can be seen, all the countries share similarities in the concepts for training special teachers: specialized and specific training. Spain is the only country included, which hasn't got a specific undergraduate training programme in special education or disability-related area. However, in Spain, there is a highly specialized master's degree offer. Thus, according to Amor et al., (2017), as of the 2016-2017 academic year, there were more than 100 master's degree programmes pertaining disability, with a total of 16 official master's degree programmes directly related to the education of students with disability.

Disability Studies as an area of academic education

Regarding this topic, all the countries included in the present study recognize the importance of leaving behind the medical model of disability, and the need of adopting an interdisciplinary approach aligned with the social (ecological) model of disability for developing Disability Studies as a field of research and academic education. However, there are important differences regarding the stage of development of Disability Studies among the countries included. Thus, there are countries which, despite having abandoned the medical model of disability and instead adopting the social approach towards disability, are still under a strong influence of the medical model. Also, there are countries which have adopted an interdisciplinary approach which is also a starting point of Disability Studies. Another category is created by the countries with a well-defined Disability Studies field, with strong development of research and academic education.

In the first group, there are former communist countries where defectology had a strong influence. Thus, in Bosnia and Herzegovina, Hungary, Russia, and Ukraine, Disability Studies are not well-defined, and the study of disability is addressed mainly by special education.

In the case of Bosnia and Herzegovina, although Disability Studies is not defined as a field, some milestones have been achieved in the way towards defining the field: (a) the medical model is losing its importance and the social model of disability is gaining influence, (b) the former "defectology" institutions are changing, and (c) there are new interdisciplinary perspectives in the study of disability that give individuals an active role (Halilovic, 2017).

Similar situation can be observed in Hungary. In this country, Disability Studies do not have its own department at the Hungarian Academy of Sciences, but academia is starting a struggle to reach this. There are four main reasons that explain the fact that Disability Studies are not a well-defined field: (a) although Disability Studies are a "sensitive" area of research, it is not considered as a popular topic of research, (b) research about disability in Hungary doesn't have a high international level, (c) it is not considered as a prestigious area of research, and (d) there is a serious lack of funding (Fabula, 2017).

In Russia, Disability Studies are also not a well-defined field of research and academic activity. In Russia, there is a strong tradition of defectology as the main field of study regarding disability. What is more, there is a strong relationship and identification between defectology and special education (therapeutic pedagogy, pedagogy, and remedial pedagogy), because the focus, as Vygotsky established, on the scientific study allows to understand the development of children with special educational needs. Although it is certain that there are efforts to address this complex reality under interdisciplinary approaches, the main development is observed within educational disciplines (Akhmetzyanova et al., 2017), while there are other areas which are also important in the development of Disability Studies. The similar trend and respective weights of educational sciences and special education in the study of disability can be observed in Ukraine (Leschenko & Nosenko, 2017).

Although Taiwan doesn't share the same history in the development of educational sciences, Disability Studies are not a well-defined field of research there. In Taiwan, the approaches towards the study of disability are also led by special education: although there have been efforts to leave the medical model behind, Taiwanese academia is still trying to define the theoretical rationale of the importance of interdisciplinary approach when addressing such a complex reality as Disability Studies (Lin & Cheng, 2017).

Poland can be found on an intermediate position. According to Glodkowska and Pagowska (2017), Disability Studies are not yet a defined field of study with a scientific recognition. However, important efforts have been made which allowed the country to set up the scientific foundation of the field. In Poland, the medical model gave way to the social approach towards disability, which created the basis for an interdisciplinary approach, which is currently leading research and education in this field. The main milestones for defining this field of research are: (a) cooperative, international initiatives held for the studies of disability at the Maria Grzegorzewska University in Warsaw, where different universities and professionals dedicated to the study of disability, and people with disability are involved, (b) scientific activities held in the country, (c) a scientific journal dedicated to the studying of disability under interdisciplinary approaches founded in 2005 (*Man-Disability-Society*), and (d) creation of a master's degree programme specifically focused on the interdisciplinary and multifaceted study of disability, which has started in the academic year 2016-2017. All these milestones are not isolated steps, but the foundational steps in defining this field.

In the third group, there are countries which have a strongly defined Disability Studies field as a field of research and academic education. These are the cases of United States, Ireland, Jamaica, and Spain. Even within this group, there are differences. In the United States and Ireland, Disability Studies are closely linked to the civil rights movements, while in Spain Disability Studies have been mainly developed by institutes of research.

Disability Studies emerged in the United States as a reaction and an alternative paradigm to Special Education, Rehabilitation, and other perspectives that, through the years, have been medicalizing disability. Although Disability Studies can inform education and rehabilitation practices, it is an interdisciplinary field that is distinct from Special Education and Rehabilitation. The starting point of Disability Studies in the United States could be identified in 1982, when the *Society for Disability Studies* was established (Conway, 2017). Soon post-graduate programmes for training academic and direct-practice professionals in the Disability Studies Field started in the United States. Disability Studies are based on the social-ecological model of disability, and there is a strong influence of the civil rights movements of people with disability. Thus, the social model of disability and the civil rights movements of people with disability point to the fact that the problem faced by people with disabilities is seen as resulting from the stigma that is placed upon them by people without disabilities, which then leads to exclusion and disenfranchisement from public life. As an area of academic education, the Special Interest Group of the American Education Research Association recognizes that the practical goals of the Disability Studies in Education, are: (a) disability primarily recognized and valued as a natural part of human diversity, (b) disability and inclusive education, (c) disability culture and identity as a part of multicultural curriculum, (d) disability rights movement studied as part of the civil rights movement, (e) disability history and culture and the contributions of people with disability as integral to all aspects of the curriculum, and (f) supporting students with disability in the development of a positive disability identity (Conway, 2017).

In Ireland, Disability Studies are grounded in the thinking of the People with Disabilities' Movement. They offer a critical perspective of thinking differently about the way disability is constructed, created, and related to in everyday life. Disability Studies are a part of a bigger movement for change which is looking for new answers to old questions, taking into account the insight of the disabled themselves. It is not about the study of individual conditions, but about the social relations which exclude people with impairments from full participation as equal citizens in ordinary community life. As an academic area, Disability Studies are an inter-discipline of areas ranging from sociology, anthropology, psychology, critical theory, and literature, to name a few. Research methodologies, such as participatory or grounded theory, all endeavor to encapsulate the dearth of knowledge that is ongoing and perpetuates scholarly agendas that do not regard the empowerment of people with disability as either possible or a priority (Carton & Kearns, 2017).

Various universities and tertiary education institutions are establishing Disability Studies as a field of study or specialization in Jamaica. Specifically, the University of West Indies at Mona and the University of Technology have established this field of study and every social worker and teacher is required to complete certain courses in special education or disability studies in order to enhance their professional development. In these studies, people can be trained in different areas pertaining individuals with disabilities. Regarding Disability studies, there are different programmes for training individuals that will develop their professional careers providing support to individuals with disability. Apart from the academic activities, Disability Studies in Jamaica have an applied nature. This field is developed and implemented by the University of West Indies Centre for Disability Studies, which covers areas of research, training, public education, and advocacy (Morris, 2017).

In Spain, the social and civil rights of the disabled have not had such power as in other countries (Amor, Verdugo, & Fernández, 2017), and the rationale for developing the Disability Studies field has not been in the goal itself (i.e. recognizing individuals with disabilities as people with an active role and people who have rights and must participate). Instead, the crucial issue was to determine what is necessary to achieve those goals. The scientific study of Disability Studies started in 2002, when the first University Cathedra fully dedicated to the scientific study of disability, was created. The interdisciplinary and scientific study of disability in Spain, assumes the most advanced paradigms and models in the international framework: the biopsychosocial approach, based on the WHO's International Classification of Functioning, Disability and Health (ICF); a strengths-based approach regarding the capability of the person; a personalistic approach that considers the active role of the person, their needs and desires; the support paradigm for bridging the gap between personal capabilities and environmental demands; and the rights perspective assumed by the United Nations Convention.

The principal University Institute specifically dedicated to the scientific study of Disability Studies under an interdisciplinary approach in Spain, is the Institute on Community Integration (INICO) from the University of Salamanca. The growth of the scientific study of disability in Spain has given place to the development of more than 100 post-graduate programmes specifically addressing disability under interdisciplinary approaches in the majority of the regions of the country. The main master's degree programmes for the training of professionals in the Disability Studies field, are: *Master on Integration of People with Disability – Quality of Life* (i.e. training of future professionals providing support), and the *University Master on Research in Disability* (i.e. training for the future researchers in the field of disability). Since 1995 there have also been different scientific activities pertaining Disability Studies, like the *International Congress on the Scientific Research on Disability*. Spain has also developed the Ibero-American Network on Research on the Quality of Life. There are also various scientific journals that address the Disability Studies under an interdisciplinary approach: the *Spanish Journal on Disability, Zero Century: Spanish Journal on Intellectual Disability*, and *Personal Autonomy*.

DS in the aforementioned countries have different statuses – from formal nonexistence (Hungary, Bosnia and Hercegovina, Russia, Ukraine), through new studies, recently introduced (Poland), up to a field of academic research with an established, years-long tradition (Spain, Ireland, USA, Jamaica). In the countries which have introduced DS to its academic offer, this is usually a two-level programme, making it possible to obtain the degrees of BA and MA (USA, Spain, Ireland, Jamaica). Poland is an exception. In Poland, only the second level programme is available, which makes it possible only to obtain the Master's degree. Pursuing a postgraduate education and obtaining a PhD is possible in three countries with greatest traditions in DS: USA, Spain and Ireland.

Country	BA programmes	MA programmes	Postgraduate programmes
Bosnia and Herzegovina	no	no	no
Hungary	no	no	no
Ireland	yes	yes	yes
Jamaica	vocational course	no	no
Poland	no	yes	no
Russia	no	no	no
Spain	yes	yes	yes
Taiwan	no	no	no
Ukraine	no	no	no
USA	yes	yes	yes

In the countries where for a long time the leading science dealing with disability has been defectology based on the medical criterion (Bosnia and Hercegovina, Hungary, Russia, Ukraine), Disability Studies are developing as a way of understanding and perceiving disability as well as a field of action. Studies have not developed there, neither are Centres for Disability Study to be found.

Centres for Disability Study are centres of disability research. Their task is conducting interdisciplinary studies and implementing practical solutions to respond to the needs of persons with disabilities. Particularly noteworthy is the connection of the activities of CDSs with practical actions taken to help persons with disabilities. The first Centres for Disability Studies were created in the United States. Such centres function alongside academic studies in Disability Study (Ireland, USA, Jamaica) or separately. Activities of Centres include also organisation of trainings and courses for persons working with persons with disabilities (Morris, 2017), academic conferences, actions promoting initiatives to help persons with disabilities. Some of the centres serve as hubs of academic research, carrying out a wide array of studies on disability, integration and inclusion of persons with disabilities. As part of CDSs' actions, interdisciplinary projects intended to integrate persons with various types of disability have been carried out (Conway, 2017). Convey points that CDSs deal not only with problems and issues of persons with disabilities, but also issues related to other minority groups (for example, CDS in Manoa (USA) conducts also actions to help indigenous population of Hawaii) (Conway, 2017). Operating CDSs are characteristic of countries where Disability Studies has an established position and tradition. One exception here is Spain, where there are no CDSs. Neither are they to be found in Poland, where Disability Studies is still a novelty.

Country	Centre for Disability Study
Bosnia and Herzegovina	no
Hungary	no
Ireland	yes
Jamaica	yes
Poland	no
Russia	no
Spain	yes
Taiwan	no
Ukraine	no
USA	yes

Selected actions of the Centre for Disability Studies (CDS):

- running University programmes in Disability Studies (Conway, 2017; Carton & Kearns, 2017);
- teaching courses for persons with disabilities (Morris, 2017; Conway, 2017);
- organisation of improvement courses for teachers covering inclusive education (Conway, 2017);
- organisation of trainings and workshops for persons professionally dealing with persons with disabilities (e.g. healthcare professionals, police officers) (Conway, 2017; Morris, 2017);
- conducting research on the broadly understood phenomenon of disability (Morris, 2017);
- organisation of academic conferences (Morris, 2017);
- preparation and publication of reports on the disability phenomenon (Morris, 2017; Conway, 2017);
- actions promoting Disability Studies and informing about the phenomenon of disability (Morris, 2017);
- preparation and implementation of projects to benefit persons with disabilities (concerning, among others, technical solutions) (Morris, 2017);
- implementation of solutions and technical adjustments for persons with disabilities (Morris, 2017);
- organising voluntary works to help persons with disabilities (Morris, 2017).

Policies-Convention

Inclusion of students with disabilities in general education contexts has become a worldwide movement over the last decades. Some remarkable international reports which present the state of the movement are: *The Warnock's Report* (1978), *The World Declaration on Education for All* (1990), *The Salamanca Statement and Framework for Action on Special Needs Education* (1994), *The Dakar Framework for Action* (2000), and the *48th International Conference on Education* by UNESCO (2008). Perhaps the most important milestone was reached in 2006, when the *Convention on the Rights of Persons with Disabilities* (CRPD) was signed as the first international treaty signed in the 21st century (and the fastest negotiated in history). The CRPD includes a total of 50 articles, and embodies a total of 26 inherent rights of people with disabilities. Article reference number 24 is related to the topic of education of individuals with disability. This article stipulates that signatories must ensure students with disabilities "are not excluded from the general education system on the basis of disability" and "receive the support required, within the general education system to facilitate their effective education" (United Nations, 2006, p.17).

Although the CRPD can be considered as a framework for the development of inclusive policies, not all the countries have signed the CRPD, and there are countries which has signed it but not its facultative protocol, which doesn't make them obliged to develop inclusive policies and to conduct as many changes as possible within their educational systems to reach what the CRPD embodies. Thus, it is necessary to differentiate between what it means to sign the CRPD and what it means to sign the CRPD and its facultative protocol. This may shed light on the policies' development in the countries described here.

The signing of an international treaty means a preliminary support, but it doesn't oblige to conduct changes guaranteeing what is embodied in the text (in the case of article 24 – the educational systems should guarantee inclusive policies and education for students with disabilities). However, by ratifying the CRPD, the country accepts its facultative protocol, and therefore should conduct all changes that are necessary for guaranteeing what is held in the CRPD. Being aware of this difference, we can observe that, although all the countries included in the present study show a trend towards the development of inclusive policies targeting people with disabilities (see section "name of section"), those policies are not necessarily aligned with the CRPD. Table 3. lists the countries included in the present work and informs whether they've signed and ratified the convention or not.

Table 3

Country	Signed	Ratified
Bosnia & Herzegovina (Halilovic, 2017*)*	Yes	Yes
Hungary (Fabula, 2017)	Yes	Yes
Russia (Akhmetzyanova, et al., 2017)	Yes	Yes
Ukraine (Leschenko & Nosenko, 2017)	Yes	Yes
Poland (Głodkowska & Gasik, 2017)	Yes	Yes
Spain (Amor et al., 2017)	Yes	Yes
United States (Conway, 2017)	Yes	No
Republic of Ireland (Carton &, Kearns, 2017)[1]	Yes	No
Jamaica (Morris, 2017)	Yes	Yes
Taiwan (Lin & Cheng, 2017)[2]	–	–

[1] Ireland is supposed to ratify the CRPD during 2017.

[2] The case of Taiwan is special because it is not recognized as a state, and therefore is not eligible to be a part of international treaties like the CRPD (Lin & Cheng, 2017).

Thanks to the interdisciplinary character of Disability Studies, issues in this field can be considered from many angles. What these different approaches have in common is the core – the perception of disability taking into consideration many aspects: the personal, social, cultural, economic, political and legal sides of disability.

At the same time, in the trend of Disability Studies, focus is clearly on the well-being and human resources of a human with his or her possibilities and abilities and pursuit of life success. This new view, as opposed to the medicating one, helps notice in the person with disability his or her individuality and uniqueness, it also makes it possible to see something with which one can be impressed. We hope that reading the works collected in this monograph and written by Authors from many continents and countries will bring closer the fascinating diversity and uniqueness hidden in the impaired ability of the human. It will also help learn more about locally initiated processes bringing about not only separation, but also connection of the worlds of persons with disabilities and without them. This presentation of international experiences in the field of Disability Studies creates a chance to 'soften' mental patterns, pointing to the need to recognise differences, experience the world and live together, because every person has the right to be different and all human beings are unique and valuable.

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