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Enhancing Autonomy through the Occupational Engagement of Adults with Intellectual Disabilities: Supported Employment Model Applied by the Polish Association for Persons with Intellectual Disabilities (Branch in Zgierz)

DOI: <http://dx.doi.org/10.18778/1733-8069.15.4.09>

Abstract Reflections presented in this paper reverberate with the current social discourse based on respect for human rights, with heavy emphasis put on the active policy of employment of persons with disabilities. Improvement of the employment support system seems to be one of the most efficient forms of integrating this previously excluded and marginalized group of people into the mainstream social life. It is especially important in the case of persons with intellectual disabilities, who often remain in a particularly difficult situation for many reasons. Enhancing their autonomy via occupational engagement may be beneficial both at the individual (improved personal functioning) and macro (reduced costs for the state and welfare system) levels.

The authors of this paper reflect upon the development and implementation of best practices in terms of building an effective mechanism of promoted social participation and the occupational engagement of persons with intellectual disabilities in an open social environment. This seems to create a real chance for community integration, to which these persons have the inalienable right, although so far they have often been left out of the mainstream social life.

Keywords enhancement of autonomy, occupational engagement, adults with intellectual disabilities, supported employment, non-governmental organizations

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According to many researchers, active employment policy is fundamental to a successful social inclusion of persons with disabilities, both on the macro-social and the individual levels. This problem needs to be studied in detail, since the available results clearly indicate that the Polish model of vocational rehabilitation and employment of persons with disabilities has failed to deliver expected results despite allocated funding (Giermanowska 2014:157).

The shift from perceiving disabilities only in medical terms to seeing them in the light of a social model which takes into account the rights of persons with disabilities requires new solutions in the field of social policy in order for these individuals to be able to enter the open labor market. Poland ratified the Convention on the Rights of Persons with Disabilities in 2012, which provided the backdrop for various initiatives and conditions ensuring equal access of people with disabilities to public goods, as well as measures to engage and include them in the mainstream social life. This confirms that there is a strive for a modern and open, human rights-based approach to disabilities. Undoubtedly, the measures implemented so far have not been very successful, although some positive changes have been observed.

The situation of individuals with intellectual disabilities is specific due to particular welfare- and assistance-related challenges. It is noteworthy that tasks in the field of assistance for persons with disabilities have been allocated to non-governmental organizations (they obviously enjoy state funding) which respond to their clients' needs in a flexible way and are genuinely interested in the development and implementation of integrated assistance programs that are based on modern and innovative working methods and standards. Wherever possible, this approach facilitates the autonomy of persons with disabilities (Golczyńska-Grondas 2013). The Polish Association for Persons with Intellectual Disabilities (PSONI) is an NGO that has developed a comprehensive system of support offered to persons with intellectual disabilities. A multi-faceted and complementary approach in terms of assistance provides persons with intellectual disabilities with real opportunities to enhance self-determination at each stage of their life.¹

¹ The article is based on the analysis of the empirical material collected as part of the research project titled 'Dependent Persons in the Lodz Voivodship', commissioned by the Regional Observatory of Social Integration in Lodz. The research was conducted in a number of long-term care facilities as well as among non-governmental organizations that provide care and other form of assistance. One of the research objectives was to identify and provide a detailed description of practices related to the forms and scope of

This paper covers only one area of the multidimensional concept of assistance provided to persons with intellectual disabilities as introduced by PSO-NI, namely the process of facilitated social participation and occupational engagement implemented based on the supported employment model understood as a multi-stage process of supporting adults with intellectual disabilities. The aim is to provide them with competences and skills that will facilitate their sustainable participation in the open labor market (Zakrzewska 2015). Despite different discourses on intellectual disability and the employment of people with intellectual disabilities in the open labor market, experts note that supported employment within the market is best suited to attend to the rights of people with disabilities, while “the application of the ICF classification in the process of supported employment allows for tailor-made assistance” (Mrugalska 2015:8). On the other hand, as various examples of supported employment described in the literature show, barriers to employing people with intellectual disabilities in the open labor market stem from bureaucratic procedures, legislative inconsistencies or logistical difficulties rather than the lack of motivation of those interested in taking up employment or employers themselves, who can easily adjust working conditions to the needs of employees with disabilities (Zakrzewska-Manterys 2018).

support offered by the surveyed institutions and organizations to their beneficiaries. In-depth interviews were conducted. Statements from the professional advisor of the DZWONI Center in Zgierz, the deputy chairwoman of the board of the PSONI branch in Zgierz, and the coordinator of supported employment as one of the forms of assisting people with intellectual disabilities at the PSONI branch are all quoted in italics (the statements were first translated into English by the authors of this article).

The Characteristics of the Functioning of Persons with Intellectual Disabilities

The results of the available studies clearly indicate that problems of persons with disabilities are closely related to social exclusion. Although the available welfare systems usually provide them with basic support, they seldom create conditions for habitual social roles, personal development, self-fulfillment, and, ultimately, proper relations with other people (Ostrowska and Sikorska 1996; Owens 2009; Ostrowska 2015; Kusideł, Podgórska-Jachnik, and Potoczna 2017).

The contemporary source literature and international legislation both describe intellectual disability as one of disability-related aspects, which manifests in different forms and which leads to limitations in physical, psychological, and intellectual functioning (Kazanowski 2015).

Intellectual disability is not classified as a disease, but, rather, as a heterogeneous group of disorders of various aetiology, medical signs, and course. The literature contains numerous definitions used for different purposes, depending on the selected criteria.²

² Poland has adopted the definition and degrees of ‘mental retardation’ as formulated by the World Health Organization in the ‘International Classification of Diseases’ (ICD-10) and by the American Psychiatric Association (DSM-IV). According to the DSM-IV, intellectual disability is defined as the general level of intellectual functioning which is significantly below the average level (IQ 70 and below) and is accompanied by a significant limitation of adaptive functioning in at least two of the following types of abilities: communication, personal care, family life, social and interpersonal capacities, ability to secure employment, ways of organizing spare time (leisure), and care for health and safety. Intellectual disability must manifest itself before the age of 18.

In general, one can say that intellectual disability is characterized by the following:

1. It is a specific state of functioning, whereby a significantly lower level of intellectual functioning co-exists with limitations in adaptive behavior;
2. Onset during the developmental period and manifestation before the age of 18;
3. It is caused by numerous factors; a greater degree of severity of intellectual disability is more often associated with organic causes;
4. It is neither a disease in the medical sense, nor a mental disorder, although both the WHO classification (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) classify intellectual disability as the state which manifests itself through an individual's behavior;
5. It is a state of limitations in functional skills, but not a condition;
6. Appropriate support may improve the functioning of the person with intellectual disability (Wołowicz-Ruszkowska 2012:11).

The characteristics of intellectual disability include lower social competence and, consequently, lower social acceptance of functioning skills. It is noteworthy that a person with an intellectual disability is able to acquire social competence as a result of social training, which can enhance their autonomy (Baczała 2012).

It is also noteworthy that the ongoing work on developing a new disability classification system – which should be based on the assessment of an individual's abilities and needs rather than deficits – addresses the issue of the rights of persons with intellectual disabilities. In accordance with the Convention on the Rights of Persons with Disabilities (*Konwencja o Prawach Osób Niepełnosprawnych* 2006), the new solutions should address the rights of persons with disabilities to live independently and be in a position to decide for themselves while enjoying the right to be supported. Therefore, the new classification should not only ensure the safeguarding of human rights, but also stimulate persons with disabilities to be active and responsible (Głąb and Kurowski 2018:41).

Persons with Intellectual Disabilities and the Labor Market: Opportunities and Limitations

Professional activity is an inherent feature of adulthood. However, adults with intellectual disabilities may face limitations or the lack of opportunities in the labor market, which consequently excludes them, defining them as weaker individuals compared to those, whose identity is partially formed by their work experiences (Kristeva and Vanier 2012:205). Intellectual disability, be it moderate or severe, affects the scope of self-determination, decision-making, and choice-making. Thus, employment opportunities may be limited, depending on the degree of disability. The source literature lists several reasons for a limited functioning of adults with disabilities in the open labor market. Neglect in childhood, including limited education of disabled

children and youth, and the stereotypical approach to persons with intellectual disabilities – i.e. one full of suspicions – seem to be of key importance.

The life trajectory of persons with intellectual disabilities is often characterized by difficult (pauperized) childhood, limited education or its absence, and, consequently, the lack of opportunities in the labor market.

Disability implies a higher living cost for the disabled person and/or their family. Research data indicates that formal or informal care of the persons with disabilities generates the highest and usually non-refundable cost. In addition, the parents often find it difficult to balance their professional and family life, which affects the position of family members in the labor market and, consequently, family income or, rather, its reduction or the lack of it. As a result, the parents and carers of the disabled persons also experience the same discrimination that affects their children. In general, additional disability-related expenses are only partly covered by various benefits, tax allowances, family allowances, and attendance allowances. Mostly, disabled persons and their families have to incur these expenses on their own.

Research on disability experienced in childhood and adolescence –one carried out in Lodz (Mikołajczyk-Lerman 2013) – confirms that persons with intellectual disabilities are disadvantaged in every respect. This is particularly true in the case of children with intellectual disabilities, who are more often perceived as significantly inferior to healthy children. Intellectual capacity below the norm leads to situations whereby a child becomes an object

of ridicule, unpleasant remarks, and spiteful comments expressed by strangers met in the street or acquaintances and neighbors. Discriminatory practices in terms of access to general public schools and integrated schools also mainly affect children with lower intellectual performance and mental retardation. The lower intellectual performance significantly impairs contacts of a disabled child with healthy peers at school and outside school. It should be added that acceptance of the disabled child by parents varies and most frequently depends on the child's intellectual performance.

Experiencing poverty in childhood and adolescence as well as loneliness may contribute to a lower psycho-social well-being of persons with intellectual disabilities and may result in their marginalization, which often leads to inheriting the status of a poor person with disabilities. The absence or limitation of an educational offer for children with intellectual disabilities may mean that they have no prospects in the labor market, which ultimately prevents their autonomy. Superficial attempts at teaching children with intellectual disabilities do not offer vocational training and do not develop occupational skills or general qualifications. Educational exclusion triggers generalized exclusion in adulthood. Thus, “developing an educational strategy based on long-term guidance towards a ‘future career’ rather than ‘social benefits’” (Jachimczak, Olszewska, and Podgórska-Jachnik 2011:17)³ is a real challenge.

³ Although occupational activity and employment rates among persons with disabilities have risen significantly since 2007, a greater proportion of persons with a lower level of education can still be found among this group of population when compared to people without disabilities (Jachimczak, Olszewska, and Podgórska-Jachnik 2011).

Social attitudes towards persons with disabilities largely determine the effectiveness of their social inclusion. Social attitudes determine the position, rights, privileges, and duties of people with disabilities in a society. These attitudes partly depend on personal experiences and interpersonal relations with individuals with disabilities, and the awareness of their everyday problems. Otherwise, these attitudes would mainly be based on stereotypes and common beliefs rather than real people's own experience and knowledge.

Public opinion polls demonstrate differences in opinion about disabilities and pro-inclusion solutions. Apart from persons with mental disorders, persons with intellectual disabilities trigger the strongest negative reactions from the population, who distances themselves from them. Surveys indicate that healthy people find it more difficult to help a person with intellectual or mental disability than a person in a wheelchair or a blind person does. Some people actually believe that intellectual disability is contagious and that persons with intellectual disabilities can be dangerous and aggressive (Zima-Parjaszewska 2012).

Zbigniew Woźniak states that researchers who study this phenomenon unanimously agree that attitudes towards persons with disabilities are often inconsistent. They have described differences between verbally stated attitudes, real behavior, and real attitudes. Verbal statements are often determined by social norms and conventions as well as by the fear of being negatively perceived by the community. Thus, people mask their negative – sometimes even hostile – attitudes. Intercultural analyses confirm that

attitudes towards persons with disabilities are characterized by a greater willingness to accept persons with somatic diseases, physical disabilities, sensory disorders and impairments, whilst there are stronger tendencies to reject people with symptoms indicating psychological disorders, such as mental retardation or mental disorders (Woźniak 2008:98-99).

Intellectual disability is surrounded by the greatest number of myths and stereotypes, which have nothing to do with such an individual's real characteristics. People usually say that 'retarded people are stupid, they do not understand anything and are unable to learn anything', 'mental retardation leads to crime and poverty', 'it is a punishment for sins of a family member', and 'it is possible to catch mental retardation' (Zima-Parjaszewska 2012:2).

Stereotypes about intellectual disability, including those about the inability to self-develop and the futility of various fundamental activities in particular, have a detrimental effect on social attitudes, perception, and treatment of persons with intellectual disabilities as well as their prospects for development and equal opportunities. Meanwhile, favorable social attitudes and knowledge, positive emotional stances, and concrete actions are necessary to create conditions which facilitate independent, autonomous, and active life in the case of persons with intellectual disabilities. Obviously, such attitudes can develop in mutual relations between healthy and disabled persons under conditions of social integration in all aspects of life (Zima-Parjaszewska 2012).

In general, people with intellectual disabilities constitute an extremely vulnerable group that is under

the risk of social exclusion. Studies concerning this group identify many dimensions of deprivation and multi-dimensional barriers, including social, financial, and institutional hurdles, which complicate the social inclusion of the members of this group.

The lack of social acceptance, awareness, tolerance, and positive attitudes towards persons with disabilities creates barriers that impede functioning. Socially and economically marginalized persons with disabilities – who usually depend on welfare organizations, families, and carers – are not regarded as citizens with full rights, while their needs to actively perform social roles, including professional ones, are neglected (Giermanowska and Greniuk 2019).

Provided that professional activity is of utmost importance from the point of view of the social inclusion of persons with intellectual disabilities, while the type and severity of disability directly determine their employability and its limitations, mechanisms of occupational engagement that focus on an individual's specific characteristics should be implemented. The approach based on the rights and bio-psycho-social model of disability implies that internal and external barriers create the need to develop an individualistic approach to supporting persons with intellectual disabilities, since "People are disabled by society and by their bodies"(Shakespeare 2006:56). Intellectual disability is a stigma and hardly ever, if ever, can a stigmatized person manage the stigma. "They need someone to speak up for them and pave their way to the world of healthy people" (Zakrzewska-Manterys 2010:131).

Just like in the case of healthy people, employment is a source of rehabilitation, income, socialization, and self-fulfillment also for persons with disabilities. Any period of unemployment of people of working age generates social cost, while unemployment of disabled persons generates socio-economic cost (Czerwińska 2009; Paluszkiewicz 2019).

The individualization of vocational rehabilitation of persons with intellectual disabilities, which is important in terms of their occupational engagement, involves the adjustment of forms and methods of professional support as well as rehabilitation methods to individual needs and mental and physical capabilities (Wolan-Nowakowska 2015:20-21). The available individual methods, forms of impact on individuals with disabilities, as well as strategies and systems of institutional support are to prepare them to perform specific social roles with dignity, which results in self-fulfillment. The aim is to integrate disabled persons with their local community, utilize their occupational potential, and take the burden off their caregivers (Zima-Parjaszewska 2012).

The Polish Association for Persons with Intellectual Disabilities (PSONI)

The Polish Association for Persons with Intellectual Disabilities (PSONI) is the largest non-governmental organization in Poland and it has operated continuously since 1963. Its main objective is to support persons with intellectual disabilities and their families.⁴ The Association was founded at the

⁴ The Polish Association for Persons with Intellectual Disabilities (PSONI) is a successor of the Committee on Children with Special Needs, which was founded in 1963 and operated under

initiative of families and caregivers of persons with disabilities who faced problems related to caring for children and saw the need to develop a system of support that would be consistent in terms of therapy, rehabilitation, and learning, and which would be effective in providing their children with opportunities of becoming independent to the greatest possible extent. Its main objective is to level playing field for persons with intellectual disabilities, create conditions which ensure respect for human rights, facilitate their active participation in social life, protect their health, and support their families (Article 4 of the Articles of Association [Statut Polskiego Stowarzyszenia Na Rzecz Osób z Niepełnosprawnością Intelktualną 2019:3]).

During fifty six years of its existence, the Association has developed a comprehensive system of supporting people with intellectual disabilities and their families. It has developed numerous programs, including innovative methods and ways of supporting this category of disabled persons at each stage of their life in terms of various forms of therapy, rehabilitation, revalidation, care and upbringing, education, medical care, as well as participation in activities in the field of recreation, culture, sports, tourism, arts, and the integration with an open social community.

The Polish Association for Persons with Intellectual Disabilities operates through 120 local branches, which are currently running 356 facilities of differ-

the auspices of the Children's Friends Society. In 1984, the organization changed its name into the National Committee on Persons with Mental Retardation, while between 1991 and 2015 it operated as the Polish Association for Persons with Mental Retardation. It took the name of PSONI in March 2016.

ent types on behalf of the Association. They support nearly 32,000 children, adolescents, and adults with intellectual disabilities.⁵

The PSONI branch in Zgierz has operated in the Lodz Province for 36 years.⁶ It delivers assistance programs in the field of early intervention and early developmental support provided to children and youth with intellectual disability through the Center of Early Intervention for Children with Problems of Psychomotor Development⁷ that offers consultations and therapies, mental health clinics, and speech therapy clinics. It also implements numerous projects focused on social and occupational therapy as well as rehabilitation of adults with intellectual disabilities, which helps them fulfill social and occupational roles in an autonomous manner due to the development of social competence, creativity and cognitive skills, attitudes enhancing autonomy, and resourcefulness. These tasks are delivered by three facilities for adults, i.e. Occupational Therapy Workshops⁸, Self-Help Community Center founded

⁵ Facilities run by PSONI include centers of early intervention for children with problems of psychomotor development aged 0 to 7, rehabilitation, education, and care centers (OREW) where children and youth with severe intellectual disabilities aged 3 to 25 can study, as well as kindergartens, non-public schools for pupils with moderate and severe disabilities, non-public psychological and pedagogical counseling centers, rehabilitation and therapy centers, Self-Help Community Centers, occupational therapy workshops, and Vocational Activity Facilities (Roczne sprawdzanie merytoryczne z działalności organizacji pożytku publicznego za rok 2017:4).

⁶ The PSONI branch in Zgierz was founded at the initiative of Bożena Piotrowicz, who was the chair of the branch for 35 years. The branch office is located at 42/42A Chełmska Street.

⁷ The Early Intervention Center was founded in 1991 as the first facility of this type for children from the Lodz Province.

⁸ Occupational Therapy Workshops were initiated in 1995. They were the first facility of this type in the city. Currently, this institution oversees six workshops of occupational therapy (handicraft, arts, social skills, technology, computer-aided printing, and housekeeping).

in 2014, and 'Social Activity' Therapy and Rehabilitation Center founded in 2000. In 2012, the PSONI branch in Zgierz implemented 'Independent Life', a program enhancing self-reliance and self-determination of persons with intellectual disabilities. It was the first program of this type in the Lodz Province. Since 2018, PSONI has implemented a project, namely running 'At the Weavers' Café Bistro catering facility, which is a form of enhancing social participation and occupational engagement. Future plans include the opening of a small nursing home.

The PSONI branch in Zgierz assists family members and caregivers of persons with intellectual disabilities in performing their daily care duties as well as behaving in proper ways in the case of emergency. Support and self-help groups operate within the PSONI branch. Under the 'Relief to Caregivers' project, family members receive individual support of a psychologist and a lawyer, who provide them with counseling and guidance. They take part in workshops and training on sexuality, coping with aggression, auto-aggression and other themes or difficult behaviors of the disabled family members. They also participate in integration trips organized for parents and children.

The PSONI branch in Zgierz also implements assistance programs aimed at promoting independent and autonomous life of adults by developing various types of housing (including sheltered accommodation, assisted living facilities (ALFs), and life skills supporting accommodation). It offers individual support in the form of providing adults with intellectual disabilities with a personal assistant. The branch also implements the 'Training and Re-

habilitation Center with a House and a Hostel for Persons with Disabilities' project, whose objective is to ensure decent living standards for adults, whose parents or carers died.⁹ It also runs educational and training projects that are addressed to the Association's members and personnel, healthcare employees, educators, representatives of the system of social welfare and justice, caregivers, assistants of families and disabled persons, and voluntaries (Roczne sprawdzanie merytoryczne z działalności organizacji pożytku publicznego za rok 2018:120).

Another key area of the Association's activities involves initiating legislative procedures. The aim is to implement regulations in order to guarantee respect for the rights of persons with intellectual disabilities, the fulfillment of their needs in all areas of life, and the enhancement of their independence and autonomy, ensuring social security, legal protection, and assistance. It also provides support to families and caregivers, creating conditions to promote beneficiaries' development and dignified life, and the integration of children and adults residing in long-term-care facilities with open social environment.

Vocational Counseling and Support Center for Persons with Intellectual Disabilities (DZWONI Center)

Employment assistance projects which aim at preparing adults with intellectual disabilities to en-

⁹ Currently, the Zgierz branch is implementing the initiative of Developing and Operating an ALF and Life Skills Supporting Accommodation under the project named 'Community Services Center in the Zgierz District', which aims at developing ALFs and life skills supporting accommodation, where residents can stay 24-hours a day.

ter the labor market are of key importance to the process of social and vocational rehabilitation delivered by PSONI (Wsparcie trenera pracy w procesie zatrudnienia wspomaganego osób niepełnosprawnych. Raport z realizacji projektu 2018). The Program of the Vocational Counseling and Support Center for Persons with Intellectual Disabilities (DZWONI Center) is one such project, implemented since 2006.

The DZWONI Center program is an innovative form of promoting social participation and occupational engagement of persons with intellectual disabilities, achieved by providing them with competence necessary to enter the open labor market and find a job. The program helps them maintain employment as well as high motivation and quality of work. This important task is delivered by a team of specialists, including a psychologist, a vocational counselor, and a job coach.¹⁰

The idea of founding the DZWONI Center dates back to 2007, when it was asserted that persons with intellectual disabilities had potential, predispositions, skills, and readiness to join the labor market. They only require specialized support that would identify the level and scope of their skills, assistance in finding an appropriate workplace, and monitoring to ensure that they can keep the job. The program has attracted great interest and its next round is planned for the years

¹⁰ This project is co-financed by the National Fund for Rehabilitation of Disabled Persons (PFRON). Its character is trans-regional and it is implemented in six provinces, namely Lodz, Silesia, Pomerania, Podkarpacie, Warmińsko-Mazurskie, and Mazowieckie. The DZWONI Center's offices are located in Bytom, Gdańsk, Jarosław, Ostróda, Warsaw, and Zgierz.

2019-2021. It should be stressed that persons employed under the previous round are eligible to take part in its subsequent parts. The beneficiaries keep receiving support with consideration of their individual needs. Until now, more than 3,000 persons have benefitted from the support in the field of promoted social participation and occupational engagement using supported employment methods, and 1,200 of these beneficiaries took up a job in the open labor market.¹¹ Importantly, 220 persons took part in the DZWONI Center program implemented at the branch in Zgierz, and 85 beneficiaries took up a job.

Supported Employment Model

The DZWONI Center implements the **supported employment model** in the process of promoted social participation and occupational engagement of persons with intellectual disabilities. This model was developed in the U.S. and Canada in the late 1970s-early 1980s. In line with the idea of the European Union of Supported Employment (EUSE)¹², it supports persons with disabilities and other excluded groups, providing them with sustainable employment in the open labor market. The support should fit their individual predispositions, preferences, needs, ambitions, and capabilities in order to increase realistic opportunities of persons with even severe disabilities being employed (Korybski

¹¹ See: <http://www.centrumdzwoni.pl/rezultaty/>. Retrieved June 24, 2019.

¹² The European Union of Supported Employment (EUSE) is a non-governmental organization founded in 1993. It provides a platform for cooperation for organizations operating in Europe and beyond to promote supported employment, exchange of information, and know-how, as well as supported employment best practices (Korybski 2013:9)

2013:16). Undoubtedly, the supported employment model entails a process of acquiring competence to become independent and participate in the open labor market. An individual support path consists of five stages (Korybski 2013:18-22), which are as follows:

Stage 1. Client's commitment. The recognition of the subjectivity of a disabled person and the facilitation of their active participation in decision-making while choosing a career path are at the core of the process of acquiring competence to join the labor market. At this stage, the disabled person declares their intention to take part in the project. Rules of cooperation are developed and agreed upon. A contract laying down detailed rules of participation in the supported employment path is concluded. The contract defines the roles and tasks of the beneficiary and individual members of the interdisciplinary team as well as the type and extent of available support: *We are presenting the candidate our proposal of the overall path that they are to complete under the project.* A preliminary assessment of formal qualifications, work experience, the level of social competence, health condition, physical abilities, as well as the level of motivation, and the readiness to change life and plans for the future is performed.¹³ The disabled person can share their comments, expectations, and concerns. It is important to provide information in such a way so that the candidate

fully understands the process of building their employability. They are expected to make an informed decision based on this knowledge and according to their preferences.

Stage 2. Developing a professional profile. This stage is really important for the competence acquisition process in order for the disabled person to become independent in terms of the labor market participation. It focuses on a comprehensive assessment of the candidate's capabilities and professional predispositions, which provides the basis for the development of an Individual Action Plan (IAP): *Based on the assessment, we develop an individual action plan, which describes the overall path of support provided to the beneficiary. It ultimately aims at sustainable employment. The plan specifies the main objective, detailed goals, and actions undertaken to achieve these goals. A schedule is drafted and individuals who will be accountable for the plan are indicated.* Thus, the aim of the assessment procedure is to provide a reliable description of the competences and capabilities of a person with disability, their needs, preferences, and future plans in terms of professional activity. It also indicates a strategy of support in case of issues: *The whole assessment takes from two to maximum three months, during which we discuss all the proposals for supported employment initiatives. We start with getting to know the person, identifying what they can do rather than what they cannot do, and identifying their strengths so that we can use them for further actions. We then assess the abilities, skills, and strengths of the disabled person, but also their weaknesses which may prevent them from entering the labor market and which should be addressed.* The assessment procedure in-

¹³ Families play a very important role in the process of engagement based on the supported employment model. Their attitude and assistance (or its absence) often determine whether the employment-related efforts lead to success or failure. Stages 1 and 2 often involve the participation of family members or specialists who have cooperated with the participant (e.g. therapists from a facility that had assisted the participant before).

volves individual meetings with an employment counselor and a psychologist, 35-hour group workshops on social competence and active job search, practical workshops in a workplace (one- or two-day hands-on training), and internship. The meetings with the employment counselor are to assess professional skills and predispositions of the candidate as well as expectations of the employment terms and conditions. The employment counselor helps to develop – and supports – job-related plans, passions, and interests of the program participant. Using a structured interview and practical exercises, the employment counselor also gathers information about the participant's family situation and the family members' perceptions of their future. Meetings with a psychologist, in turns, are to assess the level of the participant's social competence, their self-perception, level of motivation and skills in terms of realistic assessment of their capabilities, assertiveness, and social and emotional problems. The assessment also covers the level and the scope of skills such as the ability to work productively and develop appropriate relations in the workplace, socially accepted behavior, stress management skills, and the compliance with general rules and arrangements. Group workshops on social competence and mobility in the labor market – and along the career path – is an important element in the process of developing the professional profile. The workshops help to develop the key competences necessary for self-fulfillment, personal development, active citizenship, social inclusion, and employability. During the workshops on labor market mobility, individuals with disabilities are informed about occupations and profession-

al tasks, job-searching methods, and ways to apply for a job, including drafting job applications, getting ready for job interviews, and impression management. They acquire skills to analyze their strengths and weaknesses, and understand employment opportunities and limitations. They also learn about employee's fundamental rights. The workshops on social skills develop competence in the field of efficient interpersonal communication, assertiveness, coping with difficult and stressful situations, time management, motivation, skills to make autonomous decisions, identifying strengths and weaknesses, and developing interests. The assessment stage involves a set of practical activities, including short, usually four-hour practical workshops at the workplace (one- or two-day hands-on training) that make it possible to verify the assessment of occupational preferences and professional predispositions during performing specific tasks in the workplace as selected by the disabled person¹⁴. Next, a continuous weekly forty-hour internship is undertaken by a disabled person in a given facility and for a given position in the presence of a job coach who helps them enter the working environment and professional routine. This form of assessment makes it possible to evaluate real predispositions of the disabled person to do a specific job, their behavior in the workplace, and the way and pace of adjusting to working conditions. The disabled person obtains knowledge about different workplaces and jobs, which helps them choose the future place of employment in an informed manner.

¹⁴ A disabled person usually participates in one, two or three workshops. The number of workshops depends on individual needs and the accuracy of the preliminary assessment.

The professional profile development stage ends with the Individual Action Plan (IAP), developed by a team of experts (a job coach, a vocational counselor, and a psychologist) in cooperation with the beneficiary. This personal program of promoted social participation and occupational engagement constitutes a type of a contract between the beneficiary and the experts, which includes a set of tailor-made solutions that take into account local labor market conditions and the individual's abilities, skills, predispositions, preferences, and needs. The implementation of these actions is aimed at achieving employability and sustainable employment. The IAP is regularly evaluated.

The comprehensive assessment tools developed by PSONI to evaluate employability and professional predispositions of persons with intellectual disabilities are based on the International Classification of Functioning, Disability and Health (ICF) approved by the World Health Organization and used to describe the functioning of a person with disability. Studies focused on methods, techniques, and tools used to diagnose dependence in institutions rendering care to adults indicate that the currently applied tools of assessing dependence of persons with intellectual disabilities are insufficient, which is mainly due to the fact that they do not identify real competence of dependent adults (Kusideł, Podgórska-Jachnik, and Potoczna 2017:69). The gap in this diagnostic practice is filled by the ICF. A set of categories used to assess the level of skills and capabilities of individuals with disabilities was developed by the Association for diagnostic purposes under the supported employment model. *It is quite difficult, but we have managed*

*to develop our own methods over the last five years. The ICF assessment provides us with quite a broad picture that shows how these individuals function in different contexts. We have selected certain categories of functioning which are of interest to us and we have additionally divided them into groups. This has been done for five years only, but we are accumulating knowledge. This is a tool which is the future of diagnosing people with various types of disabilities. The tool provides us with a profile of a given person. We can see their strengths, weaknesses, and what should be improved in the context of their future career. We also assess their situation in terms of social environment, family support, and relations, e.g. we check if the person requires medical assistance, medication, and how this impacts their functioning. The ICF offers a broad set of categories of functioning, activity, and participation. The ICF concept implies a holistic and multi-dimensional approach to an individual, which takes into account a significant impact of community and personal factors on the functioning or disability of a given person. Therefore, the concept introduces an extensive and standardized frame for describing an individual's functioning, limitations, and potential. Not only do the ICF categories address an individual's functions, structures, activity, and participation, but they also focus on community and personal factors, which are believed to have the greatest impact on functioning and experiencing disability. This way of description reflects a new philosophy of perceiving disability, according to which a person may experience disability during interactions with the environment: *A person may suffer from body malfunctions, disabled structures, or activity constraints. And these limitations lead to a situation when this person experiences or does not**

experience disability as a result of interactions with context-related factors such as social environment, family, other people, or the lack of adequate support. Community factors can constitute either a barrier (causing the feeling of disability or intensifying it) or a facilitator (resulting in the disability being reduced or even eliminated). Thus, the ICF allows for defining the real cause of experiencing disability. It focuses not only on an individual's limitations, but also on their potential. It makes it possible to scale talents and skills spanning from their total lack to full autonomy. The category-based profile developed by PSONI comprises forty eight ICF categories that describe specific skills in the job-related context: body functions (functions of orientation, motivation, and emotional control), activities and participation (concentration, decision-making, coping with stress and other negative psychological factors, taking care of oneself, job search, work, and criticism in interpersonal contacts), and environmental factors (attitudes of family members, friends, strangers, and services in terms of work and employment) (Zakrzewska 2015:39-40).

Stage 3. Finding a job. The third stage of the supported employment path covers finding a job of choice as well as actual employment. The process of developing competence and skills in line with the requirements of the competitive labor market continues. At this stage, during individual practical activities the participant develops skills necessary to work in a company, occupying a given position and appropriate attitude to the employee's duties, namely a sense of responsibility, punctuality, precision, and the ability to follow instructions. The job coach, who observes the

participant's work, corrects mistakes, and emphasizes the importance of the accurate execution of tasks, as well as helps the trainee develop working techniques and observe optimal time. This stage of job placement is devoted to the development of commitment to a job search, the skills of employing labor market instruments, the analysis of job offers in terms of an individual's own capabilities and predispositions, appropriate communication with the employer, and preparing for a job interview. An individual with disability has learned to draft applications, collect documents required for registration in a district labor office, and complete registration to increase chances of getting a job. Moreover, during this training of skills and unaided mobility in urban and rural spaces, the participant acquires skills of moving around, e.g. from home to the sites of project implementation, practical classes, workshops, and workplace. They learn to read timetables, purchase tickets, ask for directions if they get lost in an unknown environment, and behave safely in the street and public transport.

Participants of the DZWONI Center Program in Zgierz find work in Zgierz, Lodz, and Aleksandrow Lodzki, doing auxiliary jobs in catering services (restaurants, bars, catering companies or canteens), in companies which render cleaning services in public buildings (higher education institutions, courts, the Grand Theatre in Lodz, IKEA, tax offices), in companies which render cleaning services in green areas and manufacturing enterprises (e.g. manufacturing of votive candles or hosiery products). *Obviously, sometimes it does not work; some beneficiaries reject the jobs, not all project participants*

become employed, not everyone has required abilities or skills, or we are unable to find appropriate jobs for all the participants.

Stage 4. Employer's commitment. Employers play an important role in the supported employment process. We find employers who are potentially interested in employing persons with disabilities by searching relevant ads in the local press, on the Internet, or through private contacts. Initial phases of the program implementation (twelve years ago) were not easy as employers were unwilling to engage in the supported employment program. As a rule, the employers who decided to cooperate with the DZWONI Center in Zgierz continue this cooperation: *At the beginning, we had to overcome stereotypes and see that a person with intellectual disability can be a good, efficient, and loyal employee, just like any other person. We were looking for candidates and kept arranging meetings to present our offer and inform the interested parties that we could also provide value added as our job coach would support a potential employee, prepare them for work, train, and deliver induction. In fact, the employer enjoyed free assistance of this specialist.* The number of employers interested in employing persons with intellectual disabilities is growing: *Now employers tend to search for employees and they often call us. They can benefit from tax allowances. Undoubtedly, individuals with intellectual disabilities and employers are much more open to each other. Employers who used to be reluctant and skeptical have now realized that persons with intellectual disabilities can be good employees. The number of job offers is also growing: Sometimes the employer does not quite realize that they have jobs for persons with intellectual disabilities,*

and if this person excels at the required skills, they find the job perfect. Employers' attitudes are changing. Today they realize that employing a disabled person under the supported employment procedure provides benefits to their companies. Rules of cooperation and detailed terms and conditions of employment are agreed upon and employers are ready to cooperate with a disabled person. They are informed about the functioning of a person and the ways of communicating with them. The feeling of safety is guaranteed by the permanent monitoring performed by a job coach, who tries to resolve problems that the employer is unable to resolve on the ongoing basis. There are, of course, some cases of unsuccessful cooperation, e.g. when the employer terminates the agreement or the participant decides to quit: Failures do occur as sometimes our beneficiaries tell us that they want to work and are highly motivated, but then they quit and are unable to keep the job; they resign as the job is too challenging; sometimes the relations with the employer are too demanding.

At the fourth stage, the person with disability enjoys personal support of a job coach under the supported employment procedure. The support may cover actions involved in formal aspects of taking on a job, such as a medical check-up before the employment or periodical check-ups during the employment, examinations for sanitary and epidemiological purposes¹⁵, negotiating the conditions of cooperation, accompanying the person during

¹⁵ Depending on personal needs, a job coach accompanies an individual while delivering samples for testing, during medical check-ups, or during appointments with the occupational medicine specialist or other specialists, as well as while collecting the test results.

meetings with the employer, and completing employment-related documentation.

Stage 5. **Support at the workplace and beyond.**

This type of support is of key importance to many persons with disabilities as it helps them keep paid employment in the open labor market. This is why after the formal job placement and induction period, the support from a job coach and other members of the interdisciplinary team is continued. The person receives continuous and individualized support of the coach at the workplace at each stage of the employment, i.e. induction, trial, and regular work. Throughout the person's participation in the project, they also receive individual and group psychological and counseling support so that they can meet their individual needs or when the specialists deem it necessary: *We continue to support the person throughout the employment. The job coach is continuously monitoring the progress, or when the participant needs it. This support is available all the time and we are constantly in touch with the participant. The coach keeps monitoring the person and is familiar both with their environment and with the employer. The person also has regular contact with the project through individual activities, individual support provided by our psychologist and counselor, as well as group therapy within their group of support in the community.* The job coach monitors how the person performs their duties until the person becomes fully independent. The coach also delivers training at the workplace in order to match working methods with the person's individual needs, which are specified in detail at an earlier time. The further monitoring of the employment is to ensure that the person keeps the job, which is achieved by eliminating problems

and difficulties in performing duties, maintaining good relations with other workers, remedial training, and maintaining motivation and the level of quality of work. During on-site visits, the job coach also carries out comprehensive monitoring of the way the beneficiary performs their specified job-related tasks. The monitoring is based on the individual needs of both the employee and the employer. It involves regular visits at the workplace in a company or outside the company as well as permanent and regular contact with the employer, family members, and caregivers. During the meetings with the employer, observations concerning work and progress or arising difficulties are discussed. Due to regular contacts, both parties are able to implement appropriate measures if problematic issues do occur. Contacts with family members include discussions of progress, difficulties, and problems at work as well as the identification of environmental factors which impact motivation and quality of work. Individual and group psychological support and counseling facilitates the development of professional and social competence, resolution of problems that the person is unable to solve on their own, and the maintenance of high level of motivation. Regular group support takes the form of a self-help group. During the meetings, the persons with disabilities share experience, work on solving their problems and difficulties, and get advice from their peers, the psychologist, and a vocational counselor. Topics covered during the workshops concern the current needs of participants or are planned in advance by the trainers so that the beneficiaries can be helped to develop skills such as response to criticism, coping with stress, interpersonal communication, teamwork,

and assertive behavior: *Our projects are different from many other occupational engagement projects. If our beneficiary finds a job, we continue to monitor and support them all the time. Some of our beneficiaries have been with us for ten years and have been working for ten years. Therefore, we can say that they work thanks to our support, be it even insignificant support as sometimes it covers two visits of the coach and a meeting, a telephone call, admission to a self-help group, or an individual meeting with a specialist, but we always monitor employment and support the person so that they keep the job, as it is our key goal. Job placement is not an end in itself, as this is not that difficult. We celebrate success when the person maintains employment. We think that this is more important than going through the job-finding process and obtaining employment, and we have been successful at that.*

If a person loses the job but wishes to continue their participation in the project, the process of looking for a job starts anew and the person goes back to the stage of an active job search.

Conclusions

Promoted social participation and occupational engagement of persons with intellectual disabilities delivered by the DZWONI Center and based on the supported employment model is an example of a systemic approach to job placement and sustainable employment in the open labor market among this category of people. The empowerment of persons with disabilities at each stage of the process is at the core of the project. Individuals with disabilities develop their feeling of self-esteem based on the awareness of their own competence and pro-

fessional skills. Consequently, persons with disabilities take part in the active and informed decision-making process of choosing a job in the open labor market. As a result, they feel that they are in control of the entire process. The close one-on-one cooperation with the job coach helps the person to acquire skills necessary to perform tasks and job-related duties and facilitates when obtaining employment. Long-term (individual and group) psychological support – one that is adjusted to the specific needs of persons with disabilities – as well as the monitoring of their career path makes the employment sustainable. A close cooperation between the job coach and the employer helps the employer to select suitable candidates and enjoy support during the induction period.

Developing competence which enhances autonomy is a key aspect of the DZWONI Center program: *By supporting persons with disabilities in finding a job and keeping it, we also support their autonomy. When they assume a new role, i.e. the role of an employee, they need to cope with many issues, such as observing principles and rules or fulfilling their duties. A disabled person becomes a valued employee and co-worker, a genuine team member, and can therefore embark on a career path. Some of our members have been working almost continuously since early stages of our Center's activity, although they have changed jobs. However, in our opinion, we are successful, because we have a group of beneficiaries who have earned their living for years, who continue to work, are highly motivated, satisfied, and see tangible benefits of employment.* The enhancement of autonomy among adults with intellectual disabilities through the supported employment model improves their living standard in terms of mental, physical, and

financial well-being as well as their relations with others: *These individuals are satisfied that they are employees and have reached the next stage of their life and personal development. Thanks to employment, they earn money and can be financially independent, contribute to family budget if they share accommodation with their family members, or rent an apartment, which is extremely important in the context of adulthood. One of our beneficiaries used to live in a nursing home in Lodz. When she took on a job, she moved out of the nursing home, rented an apartment, and became completely independent, and that was her desire, her wish, and it came true.* The Zgierz local community is very open towards the DZWONI Center program: *People recognize us, for over a decade we have managed to highlight the purpose of our activities and prove that persons with intellectual disabilities are able to work and want to work, and can become valued employees. We want to continue our activities, as they are in demand. Our experience also shows that although persons with intellectual disabilities are good employees, sometimes they need a little support from us. Even the very awareness that they have a coach and that there is someone to assist them is helpful; they work really well and can contact us several times a week. They know they will be given a hand if necessary and it gives them psychological comfort. Sometimes they face problems, but we help them to solve them.* The DZWONI Center program seems to be an effective method of introducing persons with intellectual disabilities into the labor market using the supported employment approach. The effectiveness of a comprehensive support by a psychologist, a vocational counselor, and a job coach offered to people with intellectual disabilities is confirmed by the results of evaluation studies (Wsparcie trenera 2018). Supported employment has gained pop-

ularity among employers and non-governmental organizations supporting people with disabilities as a model of assisting persons with intellectual disabilities in the labor market. It is necessary to develop legal solutions and systemic mechanisms of funding this form of employment. The idea of supported employment based on an individualized approach to introducing persons with disabilities to the labor market has been present in the public discourse for several years now. This public debate aims at developing legal solutions which could be used to reintegrate individuals with disabilities into the labor market. The discourse focuses, among others, on issues such as the composition of target groups, forms of contracts for supported employment, or training of job coaches.¹⁶ In response to the needs of persons with disabilities who find it difficult to find a job, take on a job, and maintain employment, the law on supported employment was submitted for public consultations. The draft law regulates the standards of services and the funding of supported employment. It introduces mechanisms which harmonize working standards and define conditions which have to be fulfilled by a candidate who wants to become a job coach, as this person is going to play a decisive role in the process of supported employment (Draft Law on Supported Employment [*Projekt Ustawy o Zatrudnieniu Wspomagany* 2019]).

¹⁶ E.g. the regulatory report on the provision of services by a job coach commissioned by the National Disabled Persons Rehabilitation Fund (PFRON) identifies such target groups as people with long-term chronic mental disabilities, persons with intellectual disabilities, autistic individuals, people with associated disabilities (such as the outcomes of cerebral palsy, deafblind persons etc.) (Matczak, Zalasinski, Najbuk 2015:33).

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Citation

Mikołajczyk-Lerman Grażyna, Potoczna Małgorzata (2019) *Enhancing Autonomy through the Occupational Engagement of Adults with Intellectual Disabilities: Supported Employment Model Applied by the Polish Association for Persons with Intellectual Disabilities (Branch in Zgierz)*. „Przegląd Socjologii Jakościowej”, t. 15, nr 4, s. 184–203 [dostęp dzień, miesiąc, rok]. Dostępny w Internecie: <www.przegladsocjologiijakosciowej.org>. DOI: <http://dx.doi.org/10.18778/1733-8069.15.4.09>.