Children and adolescents with disabilities

Anna Żardecka – Empowering Children Foundation

List of issues

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Disability among children and adolescents is a complex phenomenon. There is no single definition of disability in Poland and various legal acts refer to it using different terms. Disability is discussed in diverse contexts. In a legal context, it is described in terms of certificates issued by authorised institutions to confirm disability. In a biological context, it refers to various impairments, diseases or deficits of the body, and in a functional context, it refers to the external limitations a person encounters in everyday life that result in a reduced capacity to function.

Disability is a factor that affects the person who experiences it and his or her immediate environment – parents, caregivers and siblings. It impacts the child's development in all aspects – physical, emotional and cognitive – as well as the way their family functions and the attitudes of their parents. In addition, it is a significant factor in increasing the risk of all forms of child abuse or can be a consequence of experiencing abuse.

Disability is also an important social problem recognised in the context of social welfare, health care and education and entails economic, political and social implications.

Definitions of disability[1]

The concept of disability appears in various fields of study – pedagogy, psychology, medicine and law. Some definitions emphasise the individual aspects of disability, capturing it as an individual's experience and referring to a physical or psychological condition (Hulek, 1992). Some definitions take into account biological and social criteria of individual functioning (Majewski, 1994).

The definition, adopted in 1980 by the World Health Organisation (WHO), refers to the ability to perform life tasks and play social roles – disability limits or prevents these and results in a reduction or damage to a person's ability to function independently. In 1997, the social context of disability was added to the WHO definition, i.e. the limitation of participation in social life due to impairments in bodily functioning, and the most recent version – of 2001 – includes the interactions between the physical factors that characterise a person and the social factors from the environment (WHO, 2001).

The WHO's International Classification of Functioning, Disability and Health (ICF) adopts an approach that takes into account medical, individual and social aspects of disability. Central to this classification are concepts of human functioning – at the level of the body, understood as its activity, and at the level of presence in social life and interactions with the environment. The classification

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[1] In line with social practice and the Recommendations for non-discriminatory language of the University of Warsaw (Bińko et al., 2021), the author uses the term "person (child) with a disability"/"persons (children) with disabilities" in this chapter, with the exception of references to legislation and other official documents.

refers to *impairment* as a change in the function or structure of the body in relation to the biomedical standard status. Further components are *activity* and *participation*, understood as execution of tasks and actions by an individual, and involvement in life situations. And in this context, activity limitation and participation restrictions resulting from difficulties in executing activities or involvement in life situations, are invoked. This distinction is complemented by the impact of environmental and personal factors. Environmental factors "make up the physical, social and attitudinal environment in which people live and conduct their lives" (WHO, 2001, p. 16). They can have a positive or negative influence on the individual's capacity to execute actions or tasks, or on the individual's body function or structure. At the individual level these are the settings such as home, school, workplace and family, peers, acquaintances and strangers, and at the societal level these include the systems in which people function (school, workplace), the formal and informal social structures (groups to which the individual belongs) and any laws and regulations that govern social life. In such a context, disability is understood as "the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives" (WHO, 2001, p. 17) Personal factors include, inter alia, gender, ethnic group, age, lifestyle, upbringing, coping styles, behavioural patterns, psychological assets and character traits (WHO, 2001). Disability is understood as impaired (limited, deficient) human functioning in three dimensions: biological, individual and social.

Another important international document is the Convention on the Rights of Persons with Disabilities adopted by the United Nations (UN) General Assembly in 2006. Disability is referred to as a physical, mental, intellectual or sensory impairment which may hinder a person's full and effective participation in society on an equal basis with others (UN, 2006). In addition, disability is captured as the result of "the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (Dz.U. [Journal of Laws] 2012, item 1169).

In the Polish context, it is necessary to mention the Charter of Rights of Persons with Disabilities adopted by a resolution of the Sejm in 1997. The Charter recognises that persons with disabilities are people whose physical, mental or intellectual ability either permanently or temporarily impairs, restricts or prevents daily life, education, work and performing social roles (Monitor Polski [Official Gazette] 1997 No. 50 item 475).

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The 1997 Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities introduces the formal aspect of disability, i.e. its confirmation by an appropriate evaluation authority, without which a person who is actually disabled cannot be recognised as such. It is therefore possible to speak of legal disability (documented by an appropriate certificate) and biological disability, in the event that a person does not apply for a certificate (Dz.U. 1997 No. 123, item 776).

The definition in the Rehabilitation Act includes degrees of disability (mild, moderate, significant), total or severe inability to work, and a disability determined before the age of 16. Its Article 4a defines persons under the age of 16 as disabled if they have an impairment of "physical or mental capacity of an expected duration of more than 12 months, due to a congenital defect, long-term illness or bodily injury, resulting in the necessity to provide them with full care or assistance in satisfying the basic life needs to an extent exceeding the support needed by a person of a given age" (Dz.U. 1997 No. 123 item 776).

Legal aspects of disability

The Constitution of the Republic of Poland guarantees the provision of special health care by public authorities to persons with disabilities (Artivcle 68(3)) and the provision of aid in ensuring subsistence, adaptation to work and social communication (Article 69; Dz.U. 1997 No. 78, item 483).

Government institutions and local authorities are obliged to provide various forms of support to people with disabilities in the form of monetary and non-monetary benefits. Monetary benefits include permanent benefit, periodic benefit, designated benefit and special designated benefit. Non-monetary benefits include a range of services such as care services, including specialised ones, care and living services in the form of a family support home, care services, specialised services and care or meal services provided in a support centre. In addition, the following are provided: support centres for persons with mental disorders, sheltered housing, social welfare homes for persons with disabilities, institutions providing residential care for persons with disabilities, assistance in leaving care and continuing education for persons with disabilities, in-kind assistance in becoming economically independent, specialist counselling, provision of shelter, meals and necessary clothing to persons deprived of such assistance (Dz.U. 2004 No. 64, item 593).

In 2016, the Sejm adopted the “Pro Life” Act on Support for Pregnant Women and Families (Dz.U. 2016, item 1860). Its main addressees were to be pregnant women with complications and families with neonates diagnosed with a severe and irreversible disability or an incurable life-threatening disease in the prenatal period or during delivery. The Act (Article 4) defines the type of support provided in terms of

- access to information on solutions to support families and pregnant women;
- providing pregnant women with access to prenatal diagnostic testing;
- providing adequate health care services to a woman during pregnancy, childbirth and the postnatal period, with particular attention to women with complicated pregnancies and situations of miscarriage, stillbirth, non-viable birth, illness or congenital defect in the neonate.

In addition, the provisions of the Act provide, among other things, access to counselling on family support solutions, appropriate health care services for a child diagnosed with a severe and irreversible disability or an incurable life-threatening illness that arose during the prenatal period or during birth, and a one-off cash benefit for the birth of a child with a disability or an irreversible illness.

The scope of entitlements in favour of the pregnant woman and the child is also defined (Article 6), including:

- prenatal diagnostic tests;
- outpatient specialist care and hospital treatment, including intrauterine procedures;
- psychological support;
- therapeutic rehabilitation;
- provision of medical devices;
- palliative and hospice care;
- breastfeeding counselling, with special attention to mothers of neonates born before 37 weeks of gestation or with a birth weight of less than 2,500 g.

Under the provisions of the Act, the family also has the right to counselling on:

- overcoming difficulties related to care and upbringing of the child;
- psychological support;
- legal assistance, in particular with regard to parental rights and employment entitlements;
- access to social and vocational rehabilitation and health care services.

Within the framework of the Act, a programme of comprehensive support for families, the “Pro Life Programme” was adopted on the basis of separate regulations. The programme deals in particular with early development support for children, care, including palliative care and rehabilitation for children, support for women with complicated pregnancies and their families, and assistance in securing special needs, including housing. The programme can also be targeted at families of children with a disability certificate or with a certificate stating a mild, moderate or significant degree of disability and children or adolescents with an opinion on the need for early childhood intervention, a certificate of the need for special education or a certificate of the need for remedial classes, respectively.

Selected aspects of the implementation of the "Pro Life" programme

Coordinated care for pregnant women

Between 2017 and 2020 (first half), 114,868 women were covered by coordinated care for pregnant women (Table 1; Najwyższa Izba Kontroli [NIK], 2020a).

Table 1. Number of pregnant women receiving coordinated care

Year	Pregnant women
2017	23,668
2018	34,383
2019	37,134
2020 (1st half)	19,623

Source: NIK, 2020a.

A total of 958 patients/families received perinatal palliative care services between 2018 and the first half of 2020 (Table 2). More than 80 per cent of services were provided in only one province, the Mazowieckie Voivodship. In the Wielkopolskie, Pomorskie, Podlaskie, Opolskie, Warmińsko-Mazurskie, Łódzkie and Lubelskie Voivodeships, each year between one and 10 families received care.

Table 2. Number of families/patients receiving perinatal palliative care

Year	Patients/families
2018	289
2019	476
2020 (1st half)	193

Source: NIK, 2020a.

Although the number of facilities providing specialised care increased during this period and the number of women receiving it was on the rise, coordinated care services for women with complicated pregnancies was not available in six voivodeships: the Dolnośląskie, Kujawsko-Pomorskie, Mazowieckie, Podkarpackie, Świętokrzyskie and Warmińsko-Mazurskie.

Psychological and psychiatric services were used by 513 women with complicated pregnancies between 2017 and the first half of 2020 (Table 3).

Table 3. Number of women receiving psychological and psychiatric services

Year	Women
2017	118
2018	139
2019	171
2020 (1st half)	85

Source: NIK, 2020a.

The offer of psychological support within perinatal palliative care was used by 563 women between 2018 and the first half of 2020 (Table 4).

Table 4. Number of women receiving psychological support

Year	Women
2018	50
2019	310
2020 (1st half)	203

Source, NIK 2020a.

Early development support for children and their families

It was planned to set up 30 facilities to provide coordinated neonatal and paediatric care for children with the most severe disabilities and women with complicated pregnancies. It was also planned to have at least two such facilities in each voivodship. In fact, the number of such facilities decreased from eight in 2018 to six in the first half of 2020.

The programme envisaged the launch of 380 centres (providing coordination, rehabilitation and care) within the framework of early childhood development support, with 307 of them in operation in 2020. In the period 2017–2020, the number of children covered by early intervention within the framework of the programme was 55,753 (Table 5). The tasks of these centres were mostly carried out by psychological and pedagogical counselling centres, school and educational institutions.

Table 5. Number of children receiving early intervention under the "Pro Life" programme

Year	Children
2017	3,948
2018	14,583
2019	18,804
2020	18,418

Source, NIK, 2020a.

On the basis of the aforementioned 2016 Act, the Toddler+ (Maluch+) programme was initiated to ensure the operation of care facilities for children up to the age of three who have a disability certificate or require special care. Between 2017 and 2019, 143 new facilities for children with certificates were created, 226 facilities were adapted and 1,220 facilities were subsidised.

A report by the Supreme Audit Office (NIK, 2020a) on the audit assessing the implementation of the "Pro Life" family support programme revealed that the planned support, especially for families of children with disabilities, was not implemented comprehensively and not always properly. During the 4 years of the programme's operation (2017–2021), 86% of the planned funds were spent on 23 measures. In case of 11 measures, the amount spent did not exceed 50% of the planned funds, and for 4 measures, the amount spent was below 10% of the planned budget.

The report shows that only 0.5% of women benefited from psychological and psychiatric support for women with a complicated pregnancy or after childbirth. In four provinces, women could not receive perinatal care services at all. This was due to a lack of specialised doctors and insufficient knowledge of this form of assistance among gynaecologists, neonatologists and paediatricians, who did not inform women about it.

Only 4% of the planned funds were spent on the establishment of neonatology and paediatric care centres for children with the most severe disabilities and women with complicated pregnancies. It was not possible to launch all the planned facilities due to a shortage of specialists willing to run them and unfavourable forms of accounting for their activities.

Family assistants were to be an important element of the programme. They were supposed to have a fundamental role in supporting pregnant women and families of children with the most serious illnesses. It was assumed that the number of assistants professionally prepared to perform their duties would increase, the scope of their activities would be broadened and the services they offered would be more widespread. However, none of the stated goals was achieved. Reasons for this included a significant reduction in the subsidies to assistants' salaries, which lead to a limited interest in the profession and high turnover in this group. In 200 municipalities there is no assistant at all, and in more than 60% of municipalities there is only one working.

Another goal that was not achieved concerns a measure intended, among other things, to secure care for persons with disabilities and support family members in taking care of them by offering respite care in connection with an emergency event, assistance with everyday matters or a caregiver's need for rest.

Ensuring the availability of housing and the improvement of housing conditions, including sheltered housing for families of children with the relevant certificate, has not been properly implemented. Of the 3,000 rental flats built, only in two cases was a contract signed for the construction of flats intended for families with a child in need of special support having a certificate of entitlement under the "Pro Life" programme or a disability certificate, and in the case of families with older children aged 16–18 – with a certificate of significant degree of disability. In mid-2020, both investments were still under construction.

For all activities under the "Pro Life" programme, there was a lack of prior analysis and identification of the needs of the target groups. In particular, a special certificate issued by an authorised doctor entitles to receive assistance under the programme. No institution, however, has full data on the number and place of residence of families eligible for assistance.

Number of children with a disability certificate

A person under the age of 16 acquires the status of a disabled person if:

- he or she has a physical or mental impairment;
- the expected duration of the impairment exceeds 12 months;
- he or she requires to be provided with full care or assistance in satisfying the basic life needs to an extent exceeding the support needed by a person of a given age due to a congenital defect, long-term illness or bodily injury.

Disability shall be determined on the basis of a certificate issued by a district or municipal disability evaluation board. The application for a certificate is submitted by the child's legal representative and should be processed within no longer than one month from the date of its submission.

A disability certificate is granted for a definite period of time, but no longer than until the child is 16 years old. The certificate entitles parents and guardians of the child to attendance allowance and other family benefits, as well as to permanent benefit.

Disability is evaluated on the basis of:

- the expected duration of impairment due to medical conditions exceeding 12 months;
- an inability to satisfy the basic life needs, i.e. self-care, independent movement and communication with the environment, resulting in the need for constant care or assistance;
- a significant impairment of body functions requiring systematic and frequent medical procedures and rehabilitation at home and outside the home (Dz.U. 2002, No. 17, item 162).

When evaluating the disability of a child, the following are taken into account:

- a medical certificate containing a description of the state of health issued by the doctor under whose medical care the child is being treated and other documents in the possession of the patient which may have an impact on the determination of disability;
- assessment of health condition by the doctor presiding the evaluation board, including description of the course of the main disease and results of the treatment and rehabilitation so far, report of the physical examination, diagnosis of the main disease and comorbidities, prognosis for the course of the disease, as well as limitations in functioning in everyday life in comparison with children with full mental and physical capacity appropriate for the given age;
- a possibility of improving the impaired function of the organism by supplying orthopaedic appliances, technical means, aids or other measures (Dz.U. 2003, item 857).

Figures on the number of children with disability are available from the results of the National Census and the European Health Interview Survey (EHIS).

The 2019 EHIS survey used a definition of disability according to a statistical criterion, i.e. it included both people with legal disability (who have a formal certificate) and people with biological disability – who do not have a certificate but declare severe limitations in performing daily activities (Główny Urząd Statystyczny [GUS], 2020).

In 2019, there were 10.4 per cent of people with legal disability and 2.6 per cent of people with biological disability. There were approximately 300,000 children with a disability certificate (GUS, 2021).

The percentage of children and adolescents with disabilities by age group varied between 3.4% and 5.4% in relation to the total population of children of the same age. The highest percentage was recorded among children aged 9–14 years (Table 6; GUS, 2021).

Table 6. Percentage of children with a disability certificate by age group

Age	Percentage of children with a disability certificate
0–4 years	3.4
5–9 years	3.7
9–14 years	5.4
14–19 years	3.5

Source: Own analysis based on the data of Statistics Poland (GUS).

Entitlements for children with disabilities and their parents or guardians

Parents and guardians of children who have a disability certificate can apply for various forms of support and assistance with daily living.

Social rehabilitation

Its aim is to include persons with disabilities in social life by developing their personal independence so that they can fulfil various social roles (Dz.U. 2003 No. 123, item 776).

As part of social rehabilitation, a disabled person may benefit from the following forms of support:

- co-financing rehabilitation holidays,
- co-financing rehabilitation equipment,
- co-financing orthopaedic appliances and auxiliary equipment,
- co-financing removal of architectural barriers,
- co-financing elimination of communication and technical barriers.

Family benefits

Between 2017 and 2020, a total of PLN 40.7 billion was allocated for family benefits aimed at financially supporting families of children and persons with disabilities. Family benefits are paid, among others, in the form of care benefits (i.e. attendance allowance, attendance benefit, special care allowance) and family allowances and supplements. The amount allocated to family benefits has been increased each year (GUS, 2018, 2019, 2020, 2021). An attempt to estimate the amount of family benefits allocated to a single family seems difficult due to the fact that individual families may receive different forms of benefits – one or several (Table 7).

Table 7. Amounts of family benefits (PLN billion)

Year	family benefits (PLN billion)
2017	9.9
2018	10.0
2019	10.3
2020	10.8

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2019, approximately 1,900,000 recipients received the benefits. In 2020, their number increased to 2 million.

Care benefits

Between 2017 and 2020, the amount spent on care benefits increased every year – it was PLN 4.0, 4.3, 5.1 and 6.1 billion, respectively (GUS, 2018, 2019, 2020, 2021).

Thus, the percentage of expenditure on care benefits for families of children with disabilities in relation to the amount of all family benefits was growing (Table 8).

Table 8: Percentage of family benefits allocated to families of children with disabilities

Year	Percentage of expenditure on care benefits
2017	40.6
2018	43.0
2019	49.2
2020	56.9

Source: Own analysis based on the data of Statistics Poland (GUS).

Attendance allowance

It is a benefit aimed at partially covering the costs arising from the care and assistance of a person who is incapable of living independently. It is granted to parents and legal and actual guardians of a child up to the age of 18 and it is not subject to an income criterion. The right to the allowance is granted for an indefinite period of time, unless a disability certificate has been issued for a definite period of time (Dz.U. 2003 No. 228, item 2255).

Between 2017 and 2020, the amounts allocated to attendance allowances increased in relation to the total amount of care benefits (Table 9; GUS, 2018, 2019, 2020, 2021).

Table 9: Percentage of care benefits allocated to attendance allowances

Year	Percentage of expenditure on attendance allowances
2017	17.0
2018	17.3
2019	20.3
2020	21.7

Source: Own analysis based on the data of Statistics Poland (GUS).

The number of families receiving attendance allowances between 2017 and 2020 was 912,400, 911,300, 923,800 and 906,000 respectively. A total of 3,653,500 people benefited from the allowances. In 2017–2018, the amount of the attendance allowance was PLN 153. From October 2019, it increased to PLN 184.42, and from November 2019 it amounts to PLN 215.84 (Dz.U. 2018, item 1497).

Attendance benefit

It is granted, inter alia, to a parent, a de facto guardian or a person who is a related foster family of a child for giving up employment or other paid activity in order to provide care for a disabled child. The benefit is available if the disability of the person in need of care arose before he or she reached the age of 18 or during his or her education, but no later than before the age of 25.

Between 2017 and 2020, the amounts for attendance benefits increased in relation to the total amount of care benefits (Table 10; GUS, 2018, 2019, 2020, 2021).

Table 10: Percentage of care benefits allocated to attendance benefits

Year	Percentage of expenditure on attendance benefits
2017	20.0
2018	23.0
2019	26.1
2020	33.0

Source: Own analysis based on the data of Statistics Poland (GUS).

The number of people receiving the attendance benefit increased every year between 2017 and 2020. In total, it amounted to 561.2 thousand (Table 11; GUS, 2018, 2019, 2020, 2021).

Table 11: Number of persons receiving the attendance benefit (in thousands)

Year	Number of persons receiving the attendance benefit (in thousands)
2017	123.2
2018	131.2
2019	142.7
2020	164.1

Source: Own analysis based on the data of Statistics Poland (GUS).

The amount of the attendance benefit is subject to annual valorisation. In 2017–2020, it amounted to PLN 1,406, PLN 1,477, PLN 1,583 and PLN 1,830, respectively (Monitor Polski 2019 item 1067).

Special care allowance

It is granted to persons with a support obligation and to spouses who do not take up employment or other paid activity and who resign from employment or other paid activity (Dz.U. 2003 No. 228, item 2255). Its amount depends on the income criterion. The total family income per capita should not exceed PLN 764. Between 2017 and October 2019, the amount of the special care allowance was PLN 520 and then increased to PLN 620 from November 2020 (Dz.U 2018, item 1497).

In 2017–2018, the total amount spent on special care allowance did not change and was 2.7% of the amount for all care benefits. In 2019, it was 2.8% and in 2020 it decreased to 2.2% (GUS, 2018, 2019, 2020, 2021).

The number of people benefiting from special care allowance between 2017 and 2020 decreased from 43.9 thousand to 31.8 thousand. In total, 157.2 thousand people received the allowance (Table 12).

Table 12. Number of persons receiving special care allowance (in thousands)

Year	Number of persons receiving special care allowance (in thousands)
2017	43.9
2018	42.4
2019	39.1
2020	31.8

Source: Own analysis based on the data of Statistics Poland (GUS).

Family allowance and its supplements

It is granted, on the basis of an income criterion, to parents, a single parent or a de facto guardian and is intended to partially cover maintenance costs of a child. Persons who are entitled to family allowance, if they fulfil statutory conditions, may receive supplements to the allowance, e.g. supplement for education and rehabilitation of a disabled child (Dz.U. 2003 No. 228, item 2255).

Such a supplement is granted to the parent or legal or actual guardian of a child up to 16 years of age with a disability certificate. The allowance, which is payable monthly and its amount depends on the age of the child, is granted to cover the increased costs of the child's rehabilitation or education. The amount of the allowance is: PLN 95 for a child up to the age of 5 and PLN 125 for a child aged 5–18. For parents and guardians of persons aged 18–24, the family allowance is PLN 135. These amounts remained unchanged between 2017 and 2021.

The number of families with disabled children benefiting from family allowance decreased each year between 2017 and 2020, with a total of 489,400 families having received it (Table 13; GUS 2018, 2019, 2020, 2021).

Table 13. Number of families with disabled children receiving family allowance (in thousands)

Year	Families with disabled children (in thousands)
2017	134.1
2018	132.4
2019	116.7
2020	106.2

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2019, the number of whole families with disabled children receiving family allowance decreased each year – from 881.8 thousand to 792.7 thousand. The number of single-parent families with disabled children receiving family allowance also decreased – from 237.5 thousand to 215.4 thousand (Table 14; GUS, 2018, 2019, 2020, 2021).

Table 14: Number of whole and single-parent families with disabled children (in thousands)

Year	Whole families (in thousands)	Single-parent families (in thousands)
2017	881.8	237.5
2018	880.1	235.7
2019	792.7	215.4

Source: Own analysis based on the data of Statistics Poland (GUS).

In 2020, family allowances were paid out at an amount 14.9% lower than in 2019. The number of families receiving family allowances also decreased – by 18.5% – to 821.9 thousand. Family allowances were used by 106.2 thousand families with a disabled child, which accounted for 12.9% of all families collecting family benefits. The distinction between whole and single-parent families did not appear in the 2020 data (GUS, 2021).

Rehabilitation and education supplement for children with disabilities

Between 2017 and 2020, the amount of the supplement for the rehabilitation and education of disabled children fluctuated, but did not exceed 12.5% of the amount of all supplements to family allowance (Table 15; GUS, 2018, 2019, 2020, 2021). The amount of the family allowance supplement for the rehabilitation and education of children with disabilities is PLN 90 per child up to the age of 5 and PLN 110 per child aged 5–24.

Table 15: Percentage of the supplement for the rehabilitation and education of disabled children in all family allowance supplements

Year	Supplement for the rehabilitation and education of disabled children
2017	11.4
2018	10.7
2019	11.9
2020	12.2

Source: Own analysis based on the data of Statistics Poland (GUS).

Housing supplement

Parents or guardians of a child with a disability may apply for a housing supplement in a situation where the disabled person uses a wheelchair and requires a separate residence (Dz.U. 2001, item 2021). The right to live in a separate room is decided by the disability evaluation boards. There is no data on the number of supplements granted.

Travel on public transport

A child with a disability certificate and his or her adult guardian are entitled to free travel on public transport. There is no data on the number of children benefiting from this entitlement.

Early childhood intervention, education, psychological and educational support

Early childhood intervention

Early childhood intervention is provided to children with disabilities and their families from the identification of a disability until the start of school. It is granted on the basis of an opinion on the need for early development support issued by an evaluation team at a public psychological and pedagogical counselling centre (Dz.U. 2017, item 1635).

Early intervention is provided by, among others, public and non-public kindergartens and primary schools, including special schools, special educational centres, as well as psychological and pedagogical counselling centres.

The early development support scheme organised in this way operates on the basis of the education system (Dz.U. 2017, item 59).

Supporting young children with disabilities is also one of the goals of the programme of comprehensive support for pregnant women and families provided for by the "Pro Life" Act (Dz.U. 2016, item 1860). The assumptions of early support for children with disabilities, including the Toddler+ programme, were discussed above.

In the 2017/2018 school year, the number of children receiving early childhood intervention was 57,369 (Table 16; NIK, 2018).

Table 16. Number of children receiving early childhood intervention in the 2017/2018 school year, by age

Age	Number of children
0–1	566
1	2,222
2	3,687
3	7,540
4	10,834
5	13,140
6–10	19,380

Source: NIK, 2018.

The support was offered by special education centres, pre-school education establishments, psychological and pedagogical counselling centres (including specialised ones) and revalidation centres. The number of children under 3 years of age covered by early intervention was 14,015, and children over 3 years of age – 43,354 (Table 17).

Table 17. Number of children receiving support by age

Type of establishment	Children under 3 years of age	Children over 3 years of age
Preschool education establishments	4,602	19,925
Psychological and pedagogical counselling centres (including specialised ones)	6,480	16,782
Special education centres	1,764	4,552
Revalidation centres	1,169	2,095

Source: NIK, 2018.

The system of organising early childhood intervention does not guarantee all children and their families effective, adequate support by psychological and pedagogical counselling centres. The audit by the Supreme Audit Office (NIK, 2018) found that the youngest children with dysfunctions were not provided with easy access to psychological and educational examination and diagnosis. Making an appointment to see a psychologist or speech therapist was difficult, with waiting times of 3–4 months due to staff shortages. Prompt diagnosis of disabilities in children was also not provided. Most diagnoses were made between 100 and even 953 days after the first visit, resulting in opinions on the need for development support being given to children over 3 years of age. The examination and establishment of the diagnosis itself is also problematic due to the undefined category of disabilities and developmental dysfunctions of younger children. For school-age children, the diagnostic criteria are more precise. It can be said that the mechanisms for early identification of disabilities in children have not functioned properly.

For the majority of children with an opinion on the need for early development support, it was possible to organise this support within 2 months of their parents submitting an application for it. Almost half of the children received early development support in centres located more than 3 km from their place of residence, some families lived more than 10 km from the centre where early development support was provided. A small number of parents received funding for the cost of transporting their children to these classes from municipal funds. Some children were not offered the required classes due to staff shortages or organisational constraints.

Early intervention specialists pointed out the inactivity of paediatricians in diagnosing disabilities in the youngest children. It was also noted that there was a lack of cooperation between psychological and pedagogical counselling centres and health centres, e.g. in terms of exchanging information on the child's condition and needs.

> *I have been seriously ill since I was a child and for this reason I have individual teaching. Recently, I understood that this illness cannot be easily cured; instead, I face a long stay in hospital. I cried when I realised this. I can't stand it. I would like to live like all the others.*
>
> *16-year-old boy*
> *A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

Preschool education

Between 2017 and 2021, children with disabilities aged 3–6 were covered by preschool education provided in kindergartens, part-time preschool units, day cares and preschool education classes in primary schools.

During this period, the number of kindergartens increased by 1,068, and of other types of establishments decreased: part-time preschool units by 13, day cares by 256, and preschool education classes in primary schools by 425 (Table 18; GUS, 2018, 2019, 2020, 2021).

Table 18: Number of preschool education establishments

Type of establishment	School year			
	2017/2018	2018/2019	2019/2020	2020/2021
Kindergartens	12,146	12,535	12,911	13,214
Part-time preschool units	76	74	66	63
Day cares	1728	1624	1533	1472
Preschool education classes in primary schools	8030	7924	7808	7605

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2019, the number of children with disabilities attending kindergartens increased by 2,542, while the number of children attending part-time preschool units, day cares and preschool education classes in primary schools decreased. There is no data from the 2019/2020 and 2020/2021 school years on the number of children with disabilities attending the above-mentioned preschool establishments.

Table 19. Number of children with disabilities in different types of preschool establishments

Type of establishment	School year			
	2017/2018	2018/2019	2019/2020	2020/2021
Kindergartens	19,106	21,648	No data*	No data
Part-time preschool units	24	20	No data	No data
Day cares	2934	3219	No data	No data
Preschool education classes in primary schools	2793	3266	No data	No data

* For 2019–2021, the GUS did not release data on the number of children with disabilities in different types of preschool establishments. While reasons were not given, this may have been due to pandemic restrictions affecting the operation of establishments.

Source: Own analysis based on the data of Statistics Poland (GUS).

School education of children with disabilities

In 2017, changes were made to the Polish education law, which aimed, among other things, to guarantee children and young people with disabilities access to education on equal rights with their peers and to ensure that they are given the possibility to fulfil developmental tasks in accordance with their individual abilities and predispositions (Czarnocka, 2018).

Special development and educational needs

Children and adolescents with special development and educational needs are those who are identified with a spectrum of symptoms that hinder or prevent functioning: motor, sensory, cognitive, related to communication, emotional and social or psychological, and that affect their quality of life and fulfilment of social roles now or in the future (Krakowiak, 2017).

Children and adolescents with special educational needs are students who are identified as having any dysfunction, disharmony or disability that may affect their further normal development, or as being at risk of disability.

Not every child with identified special development and educational needs has a certificate and diagnosis from a psychological and pedagogical counselling centre. Certificates are granted to children who require a special organisation of learning and working methods. It is on the side of the educational institution to recognise the needs of students and provide them with the necessary support (Zaremba, 2014).

Children with special development needs are considered to be children from birth to the time they start school, while from the start to the end of education the term "children and adolescents with special educational needs" is used. According to another division, children with special development needs are defined as children from birth to the age of 3 years while children and adolescents with special educational needs are those over 3 years of age up to the end of schooling (Zaremba, 2014).

Table 20. Number of students with special educational needs by type of school (excluding special schools)

School year	Primary school students	Junior secondary school students
2017/2018	93,704	34,594
2018/2019	116,532	18,289
2019/2020	171,521	0
2020/2021	183,989	0

Source: Own analysis based on the data of Statistics Poland (GUS).

Between 2017 and 2020, the number of students with special educational needs was on the rise (Table 20; GUS, 2018, 2019, 2020, 2021).

Between 2017 and 2021, the number of students with special educational needs attending general secondary schools decreased, while increased in technical secondary schools (Table 21; GUS, 2018, 2019, 2020, 2021).

Table 21. Number of students with special educational needs by type of school (excluding special schools)

School year	General secondary school students	Technical secondary school students
2017/2018	4,577	3,442
2018/2019	4,918	3,882
2019/2020	1,398	5,790
2020/2021	1,511	6,586

Source: Own analysis based on the data of Statistics Poland (GUS).

Psychological and pedagogical assistance

Public kindergartens and preschool education classes in primary schools, schools and establishments are obliged to provide psychological and pedagogical assistance to students, their parents and teachers. The assistance consists in recognising and meeting the individual development and educational needs of the student and identifying the individual psychophysical capabilities of the student resulting, inter alia, from disabilities, specific learning difficulties or chronic illness (Dz.U. 2013, item 532).

At the school, psychological and pedagogical assistance is provided, among others, in the following forms:

- therapeutic classes – classes made of students with homogeneous or conjugated disorders, requiring adaptation of the organisation and teaching process to their specific educational needs and long-term specialist assistance;
- didactic-educational classes – remedial classes for students with learning difficulties, in particular in meeting the educational requirements of the core curriculum for a given stage of education;
- corrective-compensatory classes – classes for students with disorders and developmental deficits or specific learning difficulties.

Psychological and pedagogical assistance is organised for students who do not have a certificate of the need for special education.

Between 2017 and 2021, the number of students in therapeutic classes fluctuated. Didactic-educational classes and corrective-compensatory classes were offered to the lowest number of students in the 2019/2020 school year. In 2020/2021, the number of students benefiting from these two forms of psychological and pedagogical assistance increased again (Table 22; GUS, 2018, 2019, 2020, 2021).

Table 22. Number of students receiving different forms of psychological and pedagogical assistance

School year	Therapeutic classes	Didactic-educational classes	Corrective-compensatory classes
2017/2018	1,117	348,167	196,791
2018/2019	1,377	389,290	238,293
2019/2020	1,349	263,745	173,185
2020/2021	1,223	327,493	218,233

Source: Own analysis based on the data of Statistics Poland (GUS).

Special education

A student with a disability is a student who has a certificate of need for special education. Special education is organised for children and adolescents who are, among others:

- deaf;
- hard of hearing
- blind
- visually impaired;
- with motor disabilities, including aphasia;
- with autism, including Asperger's syndrome;
- with multiple disabilities (if the student has at least two of the listed disabilities).

A certificate of the need for special education is issued by psychological and pedagogical counselling centres. Both younger and older children with a certificate of the need for special education can attend all types of kindergartens and all types and kinds of public and non-public schools (Cybulska et al., 2017).

The education process in special schools involves various institutions, including psychological and pedagogical counselling centres, the Ministry of Education, the local authorities in charge of a given education institution, as well as the headmasters of individual institutions, teachers, specialists and parents of students. In particular, it is the responsibility of the local authorities and school management to provide the right educational conditions for students who require an individual didactic and pedagogical approach.

Between the school years 2017/2018 and 2020/2021, the number of special primary schools increased by 36 establishments and the number of students grew by 16,494. Comparing the number of students in the school years 2019/2020 and 2020/2021, a slight decrease can be noticed (Table 23; GUS, 2018, 2019, 2020, 2021).

Between 2017 and 2018, the number of special junior secondary schools decreased, and in 2019 all junior secondary schools were abolished (Table 24).

Table 23: Number of special primary schools and number of students

School year	Special primary schools	Students
2017/2018	917	30,605
2018/2019	940	38,707
2019/2020	956	47,099
2020/2021	953	46,786

Source: Own analysis based on the data of Statistics Poland (GUS).

Table 24 Number of special junior secondary schools and number of students

School year	Special junior secondary schools	Students
2017/2018	330	16,606
2018/2019	285	8,911

Source: Own analysis based on the data of Statistics Poland (GUS).

> *I had a serious accident, now I'm in a wheelchair. Some friends don't give a shit about me and others laugh about it. My parents blame me for what happened. I think they don't want me like this anymore.*
>
> *17-year-old boy*
> *A quote from phone calls and emails to 116 111 Helpline for Children and Young People*

Between 2017 and 2020, the number of special secondary schools was on the rise – the number of general education schools of this type increased by 21 and of technical schools – by 7. The number of pupils in both special general secondary schools and special technical secondary schools also increased (Table 25; GUS, 2018, 2019, 2020, 2021).

Table 25 Number of special general secondary schools and special technical secondary schools and number of students

School year	Special general secondary schools	Students	Special technical secondary schools	Students
2017/2018	89	1,143	29	768
2018/2019	95	1,111	31	803
2019/2020	111	2,621	31	907
2020/2021	110	2,908	36	915

Source: Own analysis based on the data of Statistics Poland (GUS).

Individual compulsory annual preschool preparation or individual teaching may be recommended for children and adolescents whose health condition prevents or significantly impedes their attendance at kindergarten or school (Cybulska et al., 2017). This recommendation is made on the basis of a certificate of the need for individual compulsory annual preparation or a certificate of the need for individual teaching. The activities within the framework of these recommendations are implemented at the child's place of residence and conducted by one or more teachers in individual or direct contact with the child.

The Ministry of National Education (MEN) has taken steps to develop a new model for the education of students with special educational needs entitled *Education for All* (MEN, 2020). Within its framework, legislative changes are to be adopted to enable the practical implementation of the assumptions of inclusive education ensuring quality education for all learners. The assumptions of inclusive education stem, inter alia, from the provisions of the Constitution of the Republic of Poland, the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities and the Education Law. Polish legislation ensures the right to education with a universal and equal access for all.

Under the new model, new institutions are to be created. A specialised centre for the support of inclusive education is to be organised in each district through the reorganisation of existing kindergartens, schools, special centres or as new entities. Child and family centres are to be established from the transformation of public psychological and pedagogical counselling centres and district family support centres. A National Coordination Centre is also to be established to coordinate the activities of specialised centres supporting inclusive education. The new legal and organisational solutions are to be implemented from 1 January or 1 September 2023.

The NIK audit of the functioning of special schools in Poland from 2017 to 2020 showed that not all special schools implemented the education process correctly. The irregularities concerned the organisation of education, conditions in the premises, classroom equipment, the provision of health and safety conditions for teaching (NIK, 2020b). In addition, it was shown that some students with a certificate stating the need for special education were provided with a place in a school located in a different district than their place of residence, which caused transport difficulties. This was due to, inter alia, lack of available places and failure to meet formal requirements. Errors in planning work with students affected their education and further development opportunities. The work plans should be developed by a team made of teachers, parents and the school counsellor. In several cases, however, parents' participation in team meetings was hindered or prevented due to not forwarding information about the date of the team meeting. The role of parents in the development of work plans for students with a certificate of the need for special education is crucial, as they can provide important information on the child's functioning, strengths and weaknesses, and on the other hand they can receive guidance from specialists on how to work with their child.

A significant shortcoming in the implementation of the objectives of special education was exceeding the maximum number of students in a class and failing to offer the minimum number of hours of remedial and educational classes. These circumstances constituted a violation of students' rights to education and affected the realisation of students' developmental and educational goals (NIK, 2020).

Violence against children and adolescents with disabilities – selected issues

When discussing the risk of domestic violence against a child with a disability, it is important to take into account factors related to the age of the child and the type of disability. The younger the child, the higher the risk of abuse. This risk is also higher for children with more profound disabilities that significantly limit their functioning. The situation of the child's family may also increase the risk of violence against the child – here the risk factors include, for instance, divorce or separation of parents, their low parenting competences or financial difficulties they experience (Fenik-Gabrele and Kałucka, 2020).

Identifying cases of violence against children and adolescents with disabilities is often difficult, for example because of communication barriers due to profound disabilities or because of problems in accessing forms of support, intervention or justice. In addition, children with disabilities are sometimes isolated and do not participate in community life. This is especially the case in smaller localities, where disability is still a source of shame and instils fear. Parents of children with disabilities may adopt a variety of attitudes towards their child's illness or functional limitations. Negative attitudes include avoidant, overly demanding, overprotective or rejecting attitudes (Zima, 2010). Parents of children with more profound disabilities are more likely to adopt negative attitudes than parents of children with fewer limitations. These parental attitudes may result in unresponsiveness to the child's needs and failure to meet both basic physical needs and those related to the treatment or rehabilitation process.

Difficulties in diagnosing the phenomenon of violence against children and adolescents with disabilities are also related to insufficient data. In Poland, there is a lack of information on the number and type of offences against persons with disabilities. Police statistics take into account the gender of the aggrieved parties, their age and origin, but do not provide information on potential disabilities.

There is also a lack of data on the scale of violence against children and adolescents with disabilities in Poland. Most often, the problem of violence against persons with disabilities appears in studies linked to violence against the elderly or domestic violence (MRiPS, 2017, 2018, 2019, 2020). A report summarising the activities of the State Commission on Paedophilia reported that, of at least 361 children under the age of 15 aggrieved by sexual offences, whose cases were analysed by the Commission, 22% revealed features of intellectual disability (PKDP, 2021).

One form of violence against a child resulting from inadequate care is neglect. The term does not appear in the Polish legislation; the law refers only to failure to act which violates the rights or personal interests of the person affected (Dz.U. 2005 No. 180 item 1493). It is difficult to assess the scale of the phenomenon of neglect of children with disabilities, inter alia, due to its low detectability. In addition, the selection of the research group and the methodology adopted may be a limitation. The 2018 study entitled *Nationwide Diagnosis of the Scale and Determinants of Child Abuse* provided data on the prevalence of physical neglect experienced by adolescents aged 12–17 (approximately 6% of those surveyed), without distinguishing between those with and without disabilities (Fundacja Dajemy Dzieciom Siłę, 2018). It is hard to assume that the data for children and adolescents without disabilities will be fully representative of their peers with disabilities, as, for example, they do not take into account the impact of the type of limitation within an individual's physical or cognitive functioning and the restricted possibilities to report neglect and get help from relevant institutions.

Although sexual abuse of children and young people with disabilities is a complex social problem, it is not a subject of research in Poland. There is a lack of qualitative and quantitative data, nor are systemic strategies developed to prevent this kind of abuse against persons with disabilities (Jurczyk, 2019). Statistics on the number of cases of sexual abuse of children and adolescents with disabilities by age, gender, type and degree of disability are also not collected. Perhaps the failure to undertake research on the problem of sexual abuse of children and adolescents with disabilities is due to social and cultural, tradition-embedded prejudices and stereotypes that make the sexuality of people with disabilities a taboo sphere and thus not an area of scientific interest. Research on this phenomenon emerged in the United States in the 1980s and, despite various methodological constraints and sampling and control group limitations, showed that the prevalence of sexual abuse of people with disabilities is higher than among people without disabilities (Karwacka, 2013).

More data on various forms of violence against children and adolescents with disabilities can be found in foreign research studies. A Danish nationwide study of reported sexual offences against children and adolescents aged 7–18 years showed that children with intellectual disabilities were more likely to experience this form of offence than children without disabilities. Both intellectual disability and family risk factors, i.e. parental substance abuse, using violence, separation or poverty, have a significant impact on increasing the risk of being victimised by sexual offences (Christofersen, 2022). A 2017 US study of students aged 6–17 confirmed a threefold higher risk of experiencing sexual abuse by children and adolescents with disabilities compared to their peers without disabilities (Caldas and Bensy, 2014).

According to American studies, children with disabilities account for 14% of all child abuse and neglect victims (Child Welfare Information Gateway, 2018). Moreover, in case of children with disabilities, only 3–10% of child abuse and neglect is reported. The incidence rate of child abuse and neglect is three times higher compared to the population of children without disabilities. It has also been shown that in the population of young people of more than 12 years of age, the risk of experiencing abuse is the highest among those aged 12–15 (Harrel, 2020). Another study compared the incidence of physical abuse of children in relation to their level of functioning. It found that the highest rates of physical abuse were among children with mild intellectual disabilities, but without co-occurring motor limitations (Helton and Cross, 2011).

Summary

Available statistical data relating to children and adolescents with disabilities describe the state of affairs in selected aspects. It is possible to find out how many children are covered by early childhood intervention or how many students with a certificate stating the need for special education attend special schools at each stage of education. Statistics from the area of social assistance are also available, showing how many families of children with disabilities benefit from various forms of financial, material and other assistance.

Polish legislation guarantees persons with disabilities many rights and ensures access and active participation in various areas of social life on an equal footing with others. The provisions of individual legal acts regulate the forms of support and assistance for children and adolescents with disabilities and their families provided by the state.

However, the reality of how families of children with disabilities function is far more complex. The difficulties they face arise in almost every aspect of life. It can often be difficult, time-consuming and demanding on the part of parents to obtain a proper diagnosis of disability and the relevant documentation to support it. The process of establishing a medical diagnosis can also be arduous and complicated as access to specialists is often limited, especially in smaller localities. In addition, the system of evaluation and issuing opinions is not uniform. Documents are issued by different institutions or bodies, e.g. psychological and pedagogical counselling centres or disability evaluation boards, and each of them gives different rights.

Access to doctors, specialists, treatment and rehabilitation is also difficult and time-consuming. Many times visits involve travelling long distances and significant financial costs for parents. Of course, families of children with disabilities can benefit from various forms of financial support provided by the state, but also in this aspect the reality is sometimes more complicated. Parents giving up paid employment in order to care for their child may apply for cash allowance, but often the family's financial needs resulting from the child's care, treatment and rehabilitation significantly exceed the amount of benefits received.

It is easy to imagine the difficulties faced by families of children with disabilities. In addition to the financial costs, they are also burdened by emotional costs. Caring for a child who is not able to move independently and meet his or her basic needs requires on the part of the parent or caregiver physical strength, but also mental resilience. It can result in fatigue, burnout and feelings of stress and tension. The risk of various forms of child abuse is high.

There is a lack of data in Poland on reported cases of violence against children and adolescents with disabilities. The criterion of disability does not appear in police statistics in relation to the number of children victimised by various forms of violence. It seems necessary to collect such data in order to both recognise the scale of the phenomenon and develop strategies to prevent its occurrence and protect children from abuse.

Available reports resulting from audits of the implementation of various government programmes aimed at supporting children with disabilities and their families clearly indicate areas that are not functioning properly and require improvement. Recommendations for various ministries are being formulated, but the reality in which these families function still does not change significantly.

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