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**INCLUSION AS A NEW APPROACH OR A SOCIAL ATTEMPT  
IN THE APPROACH TO SOCIAL INCLUSION OF  
DISABLED PERSONS**

**THE ANALYSIS OF A MODEL OF CARE FOR PERSONS WITH INVALIDITY**

**Abstract:** The aim of the research presented in the paper was to establish similarities and differences in the approach to disabled persons, as well as the key elements resulting in medical care model for the stated population, according to the analysis of the National strategies and legislative regulations regarding the persons with invalidity in the countries involved in the research. Theoretical and historical causes still underlying traditional approach models to persons with invalidity are analysed in the paper. The approaches are grounded not only on invalidity as an absolute category, but also on the attempts at a different approach to disabled persons resulting in the development of various paradigms and accordingly derived models. The systems of care for the persons with invalidity in the Republic of Germany, the Czech Republic and the Republic of Slovenia, as EU members, as well as in the Republic of Bosnia and Herzegovina and the Republic of Serbia, as transitional countries, were evaluated according to the qualitative functional data analysis. Comparative analysis was used to compare the forms of care existing in Croatia with the conditions in the stated countries. The analysis has shown that the traditional approach to persons with invalidity based on medical model is still prevailing, in spite of the fact that all the countries had made national documents clearly expressing the need for different reflections on the approach to persons with invalidity.

**Key words:** persons with invalidity, medical model, social model, inclusion, National strategies for disabled persons.

## INTRODUCTION

A comprehensive history and anthropology of invalidity has yet to be written; on the other hand, social and scientific interest in the children with special developmental needs and the persons with invalidity is an undisputable proof that the disabled persons have not been excluded from the society.

The forms of exclusion or inclusions vary with economic and social conditions, as well as basic social values.

The professional and scientific public has long ago been aware of the problem of social exclusion of the persons with invalidity, as one of the leading social problems of contemporary world. In spite of the fact that social exclusion used to be associated with poverty, it is now clear that the causes are not to be searched for only in poverty, but also in a whole range of inter-correlated factors.

It is also a fact that, due to various cultural and value heritage, as well as the changes caused by technological progress of society, certain countries (and even broader geographical regions) have been facing the need to redefine the term of social exclusion of the persons with invalidity, as well as the models of dealing with it. However, some problems always remain a current issue and a problem difficult to solve in long-term. Numerous experts hold that the problem of social inclusion of persons with invalidity can most efficiently be solved through the activities undertaken within the system of education, or even according to active employment measures. Multidisciplinary approach to solving social, health and similar problems has nowadays been frequently mentioned as a form of success. We can say that the need for the programs designed by practitioners can be addressed according to the harmonization with the National strategy.

“Has the often used term “inclusion” arisen from the need to represent a new approach or is it merely wordplay of the term representing an attempt at correcting still unacceptable reality of the relation towards the persons with invalidity?” (Oliver 1999).

In theoretical considerations of the evolution changes of the relation towards the persons with invalidity, various models of the development of care for the stated population can be found. History clearly indicates that the attitude of a society towards disabled persons is rather consistent with the attitude of a society towards marginalized groups.

Majority of authors associate the changes of the care forms with the standpoints of theoretical paradigms and models in order to theoretically and scientifically make the ways closer to the reasons underlying the approach towards disabled persons. Considering the changes of the attitude towards the persons with invalidity it is obvious that they are the result of political, economical and global social changes.

Even though the new reflections on the concept of organization and approach to persons with invalidity have pointed to the necessity to overcome the deprivation of rights and exclusion, the world we live in explicitly imposes idealized role-models. A long time should have passed since J. A. Komensky and his followers advocated for a different attitude towards children, according to which, society through its institutions is to change the relation towards the children with special needs. The very perception of the *different* and more humane relation to the persons with invalidity has implied the creation of a notional framework to proclaim a new view on social humanity. The efforts at gaining more humane approach were for the first time made in 1848 (International Declaration on Human Rights) when it is stated that every person has a right to schooling, that school is free of charge at elementary and lower level, that elementary school is mandatory and that schooling is available to everyone, while directed to the ultimate progress of individual personality. We are facing a long way to get from the proclaimed to the implemented. At the very period of the 1950ies, the attitude towards children with special needs and disabled persons evolved through the development of various paradigms and models.

### **THE RESEARCH AIM**

The paper analysis the theoretical and historical causes of the implementation of the traditional models of approach towards persons with invalidity based on invalidity as absolute category in personality approach. The aim of the research is to determine the similarities and differences in the approach to disabled persons and establish the key elements underlying the medical care model for the population in question according to the analysis of the national strategies and legal provisions of the chosen countries.

The method of a study and documentation analysis has been used in the research, as well as the qualitative contents analysis. The documents used in the research refer to the national strategies for the persons with

invalidity, the laws and regulations referring to disabled persons. Qualitative data analysis has been undertaken to evaluate the systems of care for the persons with invalidity in the following countries: the Federal Republic of Germany, Czech Republic, the Republic of Slovenia, as countries which are EU members, as well as in the Republic of Croatia, the Republic of Bosnia and Herzegovina and the Republic of Serbia, as transition countries.

The description of the solutions in the stated countries reflects the differences of great political and social changes influencing the formation of attitudes and approaches to the given population, consequently deserving the attention of a scientific research.

The general approach to research from the standpoint of a research subject starts from the global solutions, having in mind that the complexity of care system, i.e. the complexity of the research content, stands on the way of the later focus on the specific features of the system. In other words, the individual characteristics determining the quality of care have not been analysed in the research; when we say this we especially have in mind the subjective quality features, even though the often are more important than objective ones.

## **THE APPROACH MODELS TO PERSONS WITH INVALIDITY**

### **The medical model of care for the persons with invalidity**

Clinical approach to the treatment of persons with invalidity is a consequence of positivistic assumptions of man dating from 19<sup>th</sup> century. In the field of science, education and care for persons with invalidity an approach has for a long time been present starting solely from the handicap and the specialist treatment of the “damage” based on objectivistic-positivistic paradigm. The paradigm has been markedly characterised by quantifying view on the world, according to which differences between persons were understood as objective, real and subject to investigation through the methods of natural sciences. The differences manifested in the form of deficit or difficulties have to great extent been produced in medical disciplines and experimental psychology. According to these insights, the experts in practice have focused their attention on “deficit”, “difficulties”, “limitations”, rather than the person.

A person is beyond the eyeshot of the medical model. Persons with invalidity are seen as a problem; consequently, in order to remove or

decrease the consequences of a damage, various specialized services are organized working on the “healing”. Thus children at their earliest age are labelled “different”. Damage becomes a starting point and defines an approach to the treatment. Helplessness and weakness is emphasized and a person is seen as a patient. Institutionalized relation is complemented – a patient within it is passive and subordinated, and a person responsible for the work with disabled persons is active and superior. The most vivid examples of the relationship therapist – patient functioning are encountered in the terminology determining the population in question, with an emphasis put on a diagnosis as a starting point of therapeutic treatment. Such an approach has introduced various *specialists*. A person is reduced to a “diagnostic picture”, a constellation of clinical facts and put in a position which is in accordance with his/her “pathological” characteristics.

Within the development of scientific approach to children with special needs, in humanistic and social sciences, behaviouristic paradigm has been dominant limited to manifest behaviours, mostly developed in psychology, thus corresponding to medical model. As a consequence, Clough and Corbett identify medical model with psychological approach, not only in concurrent relation to theoretical, but also at practical level. In other words, clear understanding of the connection between the terms has occurred only after critical insights gained during the implementation of the mode. The stated authors have pointed out that the connection does not refer solely to conceptual identity of the model, but to its implementation, as well (Clough and Corbett, 2000).

Psychological approach and medical model have for a long time been preoccupied with the “improvement” of the condition of disabled persons, thus evaluating the work of an expert according to the level of “improvement” or getting closer to “normal”. Numerous elements of this way of work are also present today, but in a different social context. Nevertheless, we can conclude that even nowadays, both theoretically and normatively, the fundamental features of this way of work and approach to diagnosis and treatment have been preserved. Accordingly, the programs of including this population in a society have similar characteristics.

The medical model has dominated in the approach field to persons with invalidity since the beginning of 1960ies. This is when new views on disabled persons occurred introducing new definitions of “deficit” and “difficulties” in the case of these persons. The most significant concept

within them is – “special needs”. To put in Kuhn’s language, the period of medical model criticism could be characterised as a crisis, with the solutions offered by scientific communities gathering around a new – post-positivistic paradigm (Clark et al, 2002).

Nevertheless, it is essential to emphasize that the criticism of the period does not at all mean the criticism of either psychological and medical science and profession, or the experts in the fields, On the contrary, it could be said that without psychology and medicine there would actually be nothing that has been brought about by the new social model of approach to persons with invalidity. The new, social model has introduced social context of the life led by persons with invalidity into theoretical analysis. The term of *cultural reproduction* offered by Bourdieu (Bourdieu, 1998) is rather important in this context. He emphasizes that the consequence of the uneven distribution of cultural capital in the society is the reproduction of the differences to the approaches to persons with invalidity. Socially and economically superior impose their definitions of reality, including the definition of invalidity. This theory offers sound grounds according to which the “care overtone” could be interpreted and become acknowledged in the treatment of the persons with invalidity, which actually marginalizes it.

### **The social approach model to persons with invalidity**

As it has been previously emphasized, while in the medical model the “invalidity” of persons is located individually, within an individual, post-positivistic paradigm focuses on the interactions of an individual with social environment, as an important factor of the life persons with invalidity lead, opening up possibility for new conceptualizations and interpretations of “invalidity”. Social approach model to persons with invalidity has been developed accordingly. Within this model, two sub-models have been developed: the model of social integration of the persons with invalidity and the inclusive approach model to the persons with invalidity.

The social model appeared within the post-positivistic paradigm of the understanding of social positions of persons with developmental difficulties. ...”difficulties in learning and participating in social occur due to the interaction between the person and the context surrounding him/her: people, politics, institutions, culture and social-economic circumstances influencing their lives” (Booth et al, 2000). The paradigm has been called post-positivistic since it inherited objectivistic-positivistic

paradigm according to which medical model was developed in the sense of using the methodology of science and “measuring” of individual differences of persons.

“According to the social approach model advocated by contemporary researches the negative effects of labelling-stigmatisation have been reduced, having in mind that it does not define invalidity in absolute categories, it rather determines it through culture and the conditions imposed by particular environment. In other words, invalidity is a result of an interaction between a person and his/her environment, rather than a phenomenon by itself. Labelling people as those belonging to a category imposes an identity to them, so that a person sees oneself in spite of a great number of abilities primarily through the marked category the person is classified within” (Ilgic, 2009).

A sub-model called – *the model of deficit* has been developed in the model of social integration of persons with invalidity. Instead of the concept of *care*, the deficit model has for the first time offered the concept of *approach*. This *approach* does not only allow but also encourages the persons with invalidity to participate in a society. The notion of *integration* has for the first time been mentioned within the *model of deficit*, opening up possibility of gradual and partial involvement of children with minor difficulties into the regular educational system. This is reflected in changes of dominant beliefs, values and attitudes. The ways of improving the skills and abilities of persons with invalidity have been studied within this model. Integration does not eliminate stigmatization. A person is still “accepted”, i.e. “imprisoned” by the imposed behaviour and thinking patterns, the person cannot influence. The person is forced to internalize the opinions, attitudes and values of the broader community. The “accepted” individual is sentenced to the imposed role, without a possibility or an opportunity to represent him/herself in a different light. In spite of this, the sub-model of deficit has initiated the concept of reflection or awareness raising, i.e. it has introduced the analysis of social interactions, aiming at their construction (becoming rationally aware), deconstruction (critically considered) and reconstruction (a possible change). We are talking about an irreversible process starting with a question “why is a person stigmatized”, ending with suggestions - “how to eliminate the segregation factors”.

“According to the emphasized demands and research results the General Assembly of the United Nations adopted A Convention on the rights of persons with disabilities in 1960ies, according to which the *World*

*Programme of Action Concerning Disabled Persons* has been created and adopted (the Program in the further text), being a general framework for the design of national programs and a guideline for their realization. The results of systematic monitoring and evaluation of the program implementation have justified its adoption and pointed to the advantages of integration as compared to traditional segregation approach” (Zovko, 1999).

Namely, as opposite to the traditional doctrine of social care insisting on the “supportive approach” (measures and actions providing help in adjustment to “normal life”) to persons with invalidity as a separate group, a new doctrine has now been advocated for – a “universal approach” starting from the concept of *human rights* for all with the concept including the rights of persons with invalidity. The concept is not reduced to special rights of disabled persons to education, professional training and employment; it rather emphasizes the *adjustment* of the social setting and society as a whole to *differentiated* needs of each person. Successful addressing the needs of all assumes complementary realization of social, economical, cultural, civil and political rights. Post-modernistic thinking, starting from the 1960ies, has been an expression of significant changes in social, economical, technological and cultural environment. The new *spirit of the time* has been changing the view on human life through its comprehensiveness, dynamics and permeability thus to significant sense influencing the existence of a modern man. Philosophical cannons and epistemological certainty existing up to that point were subjected to systematic and often severe criticisms. The social status of academic knowledge has seriously been brought into question. A decomposition of one view on the world, regardless of where it was derived from and how it was legitimized, is one of the significant issues of postmodernist deconstruction of modernism.

A viewpoint that people do not perceive a *single* existing world order, but through the act of cognition they to a great extent also create it, has started from a different understanding of a man. It is a socio-constructivistic understanding of a man, a person who creates meaning, i.e. it is a view according to which a man is responsible for the outcomes of his/her cognitive endeavours in considering and interpreting reality. In such a way, for example, while grounded understanding of modernism assumes the *model terms* like “feature”, “character” and “personality”..., i.e. the terms referring to universal characteristics of a man, postmodernistic view presupposes that a society establishes its understanding of reality in a dispersive and fragmentation manner. The



*inclusive model* develops within the social model driven by the changes and efforts at reaching the set aims. Unlike integration model as the one characterised by a particular attitude towards disabled persons, still witnessing on a certain separation of these persons from the mainstream of events, the term *inclusive society* principally denotes absolute equality and involvement of each individual in the community, giving contribution to its development.

Furthermore, it is controversial in view of its definition, since there are various and opposite opinions. In contemporary literature it has been talked about inclusion like a concept, a movement, a theory, a philosophy, educational practice and politics.

Various authors have expressed their views on inclusion (Primorac, 2003), and the one stated reaches a conclusion that the term of inclusion is “incomplete” and it at the same time has rather complex contents. He holds that inclusion is an unfinished theory and offers some guidelines in construing of inclusive education. Furthermore, Z. Primorac states that the concept of inclusion is correspondent to socio-cultural constructivism as one of the most modern theories of education and upbringing.

Policy is seen as a plan of action accepted by an individual or social group (WorldNet Dictionary). The starting points supporting the policy of inclusive education and action have been mentioned in international documents, like the following: Human Rights Convention, the Convention of the Rights of the Child, the World Declaration on Education for All signed in Jomtien (1990), Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), Salamanka Statement (1994), Dakar Framework: Education for all (2000).

In its broader sense inclusion denotes a relationship an individual – society and vice versa; thus it can be more precisely characterised as social inclusion. There are three interdependent dimensions of social inclusion: *spatial* – refers to social and economic distances; *relational* – social inclusion as a feeling of acceptance and belonging, reciprocal and positive interaction, “to be appreciated”, to be socially useful, to participate; *functional* – social inclusion as increase of possibilities, opportunities, abilities, competences (Freiler, 1993).

Inclusion of persons with disabilities in community is a part of the great world movement for human rights, calling for equal participation of all persons in the community. In such a way inclusion becomes a basic

democratic right, having in mind that it implies equality in approach to persons; in other words, inclusion means that there are not rejected, segregated, stigmatized or handicapped. *All different are equal*. (European Youth Campaign – “All Different – All Equal”).

### **DESCRIPTIVE AND COMPARATIVE ANALYSIS OF APPROACH MODELS TO PERSONS WITH DISABILITY**

Descriptive and comparative analysis of the *models* in chosen sample of countries: the Federal Republic of Germany, Czech Republic, the Republic of Slovenia, the Republic of Croatia, the Republic of Bosnia and Herzegovina and the Republic of Serbia, is grounded on the research of the forms of care for persons with disabilities through the study of national strategies and laws. The analysis of the documents regulating realization of anti-discriminatory principles in the approach to persons with invalidity, implemented according to national strategies, has clearly indicated that reaching of the established aims and tasks to great extent depends on economical and political circumstances. During the last twenty years, the chosen countries have been marked by great political and economical turmoil. Important political changes occurring in Europe, the spread of European Union, have brought to the necessary harmonization of legislative regulations.

According to the descriptive analysis of the chosen sample of countries, key characteristics of approach to persons with disability have been identified according to which various models of relation to persons with invalidity could be construed. In such a way, the Federal Republic of Germany, Czech Republic, the Republic of Slovenia, as European Union members, had to harmonize their laws with the basic European norms of human rights protection. However, significant differences remained in view of economical-political framework and the legislative regulations on the approach to persons with disability. Transitional countries also have a whole range of specific features in their approach to persons with invalidity. The case of the Federal Republic of Germany is specific – it was not involved in a war, but the end of socialism, the fall of Berlin wall and the reunification of the two countries that had only until yesterday been arranged in completely different ways, brought about great economical and political changes. On the one hand, the event caused a delight, and on the other, it provoked resentment, but what remains as a fact is that the reunification required great expenses. The analysis of the documentation on normative regulation has shown that in Germany the approach to disabled persons is grounded on the following characteristics:

- anti-discriminatory laws closer to the assumptions of the *National strategy on persons with disability*,
- reforms of laws and system of care for persons with disability that were a driving force of the changes of the policy for persons with invalidity, serving also as a model applicable in other European countries,
- establishment of laws on self-determination of persons with disabilities and their participation in creation of legal documents and practical solutions,
- the level of individuality confirmed according to individual characteristics, identification of needs and support aiming at independent participation in everyday activities,
- the law on personal budget,
- the possibility of employment at open labour market, supported by work assistant,
- housing strategy implying a support,
- reform of the law on care – care rather than custody,
- implementation of the inclusive approach to upbringing and education of children with special needs and
- inclusion as a principle of national law on education.

It can be concluded according to the analysis that the development of a modern approach to persons with disabilities is a social priority in Germany and that a whole range of significant laws has been adopted, positioning it on the very top in Europe, in view of modernity of normative organization (Bundesanstalt für Arbeit, 2004, Verzeichnis der Integrationsfachdienste - IFD. Nürnberg; Bundesministerium der Justiz, 2005, Betreuungsrecht - Mit ausführlichen Informationen zur Vorsorgevollmacht. Berlin...).

The “velvet revolution” in the Czech Republic has driven free thinking and liberation from the influence of the former SSSR, initiating democratic changes. The strict communistic regime left important traces of collectivism; what it left in the field we are dealing with was – utterly segregating relationship towards the persons with a disability. The Czech legislative is still facing great tasks in promoting the rights that will make the disabled persons “visible”. Normative changes refer to all the aspects of life quality of this population.

The analysis of the documentation has shown the following:

- the valid legislative regulations on the condition of human rights is vague and does not provide enough space for the

- development of contemporary forms of approach to disabled persons,
- the legislation is still relying on the *medical model* and supporting institutional forms of care,
  - the level of individuality is established according to damage and limitations,
  - *the care and health law* has legally introduced *the establishment of incompetence* of a person,
  - the law on social care does not include the instruments necessary for the implementation of deinstitutionalization and it does not include the provisions according to which the *support system in a community* could be built,
  - the state is the greater owner of all forms of care,
  - integration politics is not a component part of the law on education,
  - binary system in education is still firmly positioned,
  - special education is still a dominant model of upbringing and education of children with special needs.

Even though it harmonized its constitutional laws on the respect of basic human rights with the international documents, the Czech Republic is one of few European Union members in which the assumptions for better life of persons with disabilities have not been realized yet. Normative regulation is still emphasizing the medical model of care for disabled persons, as well as segregation forms of care for the target population (European Coalition for Community Living /ECCL/(2008.), *Creating Successful Campaigns for Community Living. An advocacy manual for disability organizations and service providers*; Legislativa v České republice; Sykorova, Z. (2000). *Innovative modules in teaching inclusive special education at the Department of Special education at Masaryk University Brno....*).

The analysis of documentation has shown that the Republic of Slovenia, as the most recent member of EU has introduced the greatest number of changes in the approach to persons with invalidity. In the laws of the Republic of Slovenia the protection of human rights has been clearly emphasized, including the ban of discrimination, provision of equal possibilities for all and equal treatment of each individual. Individuality is treated as a multiple condition arising out of the interaction of disabled persons with their social environment, which interferes with comprehensive and efficient participation in society.

The descriptive analysis has confirmed the following:

- anti-discriminatory laws are closer to the assumptions of the *National strategy*,
- the law on self-determination of persons with disabilities has been adopted, ensuring their participation in the creation of legislative and practical solutions,
- invalidity is defined according to human rights, instead of damage and limitations,
- the right to independent living of disabled persons is defined,
- the Law on professional rehabilitation and supportive employment has been adopted,
- the provisions regulating the rights from the field of social care have been modified and supplemented,
- the law on de-institutionalization is being prepared,
- the health and care law has been changed
- inclusive education has been implemented
- life-long learning has been introduced,
- the law on children with special needs has been implemented in education,
- the multi-track integration politics has been introduced.

The greatest improvement is noticeable in normative regulation of housing, employment and education which are of exclusively integrative character aiming at realization of inclusive approach to persons with disabilities. Segregating forms of care are implemented exclusively for the persons with more serious difficulties who need medical care. The law regulates the strategy of deinstitutionalization based on the philosophy of inclusion and individual-oriented planning (Hočevar, Krajnc, Šuštarčič, 2002, Uresničevanje Standardnih pravil za izenačevanje možnosti invalidov; Poročilo posebnega poročevalca Komisije združenih narodov za socialni razvoj za obdobje 2000-2002 in priporočila....).

The specific feature of Croatia refers to war casualties and the consequences of war reflected in enormous increase of the number of invalids (disabled veterans). Creation of a new state has imposed the need for normative regulation of work with disabled persons. The Republic of Croatia, as a candidate for EU membership, has also adopted the laws obligating it to respect basic human rights. It has harmonized its laws with the norms of European Union, leading to harmonization of the norms on the approach to persons with disability. Defining priorities in solving numerous problems, through the changes of political powers and

different system treatment, the strategic aims in the field have also changed. On the other hand, this has been slowed down by the legislation changes. Therefore nowadays the solutions of the *medical care model* (social care, the system of pension insurance...) are still dominating. The law on work capacity in the system of social care has deprived the persons with disabilities of work capacity, cheating them out of their rights defined by the Constitution and the proclaimed provisions valid for all the citizens. This is only one of the indicators of change of the traditional medical model of care and incompatibility of legislation with the aims and tasks of the *National strategy*.

Documentation analysis has shown the following:

- emphasized role of the state in the protection of persons with disabilities,
- the laws according to which disabled persons pursue their life issues do not have clearly proclaimed anti-discriminatory provisions,
- expressed protection of persons with invalidity, but from the standpoint of the medical model,
- vaguely defined support to respect of human rights and regulation on social inclusion,
- definition of invalidity according to damage and limitations,
- the existence of the law on work capacity, enabling deprivation of work capacity,
- introduction of the *Law on professional rehabilitation and employment of persons with disability*,
- the existence of traditional forms of care,
- the lack of right to self-determination as a key principle in the choice of certain right,
- the absence of unique definition of the *person with invalidity*,
- the lack of law on deinstitutionalization,
- the absence of clearly defined legislative determination of inclusive education,
- persistent functioning of binary system of education of children with difficulties in development,
- the application of the law on upbringing and education starting from the model of social integration (*Action program for persons with disabilities 2007-2013*),

*The National strategy* and *The Declaration on Rights of Persons with Disability*, as the most important documents for the persons with invalidity, are still contrary to the legislation according to which persons

with disabilities exercise their rights, having in mind that they do not include the proclaimed anti-discriminatory provisions. What is emphasized is the protection of persons with disabilities based on the medical model, rather than respect of human right to determination grounded on inclusive social politics (Organization for economic cooperation and development, OECD, 2007, Education policies for students at risk and those with disabilities in southeast Europe – Croatia, Paris; for Croatian issue, National strategy of equating possibilities for persons with disabilities 2007- 2015, Narodne novine 143/2002 and 22/2005... ).

The Republic of Serbia has not clearly expressed politics for persons with disabilities, in spite of the fact that it has signed a number of international documents. As a transition country, it has created a new *Strategy for improving the position of persons with disabilities*, setting clear goals of improvement of the position of disabled persons. The main aims of the Strategy are the development of legislative and social protection, the change of the approach mode, especially in education, employment and housing.

According to the analysis, the following could be concluded:

- anti-discriminatory laws are being harmonized with the National strategy, even though the process is slow and uncoordinated,
- monopolistic attitude of the state towards the forms of care,
- institutional forms of care based on medical model,
- Invalidity is defined according to damage and limitations,
- the data base of persons with disabilities has not been developed,
- The law on care has introduced legal possibility of proclaiming “incompetence” arising out of disability of a person,
- the laws have been applied not including the instruments needed for realization of deinstitutionalization,
- due to the lack of legislative grounds, the system of support in community has not been built,
- the law on education does not mention inclusive education,
- the binary system of education of children with special needs is still in function.

The analysis of the current state of affairs has shown that there is neither an institution in the Republic of Serbia with the appropriate data base of the persons with disabilities nor the system of monitoring care quality. This creates great difficulties in the design and management of the policies aiming at the improvement of the position of disabled persons and

establishment of a suitable system of indicators showing the realization of these policies (The strategy of improving the position of persons with disabilities in the Republic of Serbia, “Official Gazette RS”, No 55/05 and 71\05, Organization for economic cooperation and development, 2003; Education policies for students at risk and those with disabilities in South Eastern Europe – Serbia... ).

Bosnia and Herzegovina has made significant steps in defining the position of the persons with disabilities. In September 2003 the Council of ministers of Bosnia and Herzegovina adopted the *UN Standard rules for equalization of opportunities for persons with disabilities* bounding the authority organs to apply the stated rules when creating regulations and solving issues of disabled persons. The document initiated the issue of approach to persons with invalidity in Bosnia and Herzegovina, mostly positioned in the sector of social care. However, even though the sensibility for the problems of persons with disabilities has been increased and their movement empowered, the position of these persons in society has not been significantly improved.

The analysed documents show the following:

- the state has not signed the Convention on rights of persons with disabilities,
- the principles of democracy and human rights respect are being built into legislation, but slowly and uncoordinatedly,
- social legislation is base on the medical model of care for persons with disabilities,
- a number of fields at various levels of power share the jurisdiction in implementation of the policy for persons with disabilities,
- cantons are responsible for the establishment of the policy of approach to persons with disabilities,
- the adoption of action plans for the implementation of activities included in the National strategy is not carried out on equal grounds in all the cantons,
- the problem issue is regulated through 10 laws on education,
- the cantons are responsible for the establishment of the policy of upbringing and education of children with special needs,
- the law on upbringing and education provides the equal right for education for all,
- the binary system of education of children with developmental difficulties is still functioning,
- special education is emphasized and



- inclusive education is a key element of educational reform.

In spite of the fact that the issue of invalidity is increasingly more present on the agenda at all levels of power, it seems that there is still no clear vision of future actions in the field of invalidity, and the organizations gathering persons with disabilities do not have sufficient influence on the current state of affairs for the attitude of society towards the persons with disabilities to be improved. One of the causes of relatively undefined existing status of the persons with disabilities is the fragmentation of jurisdiction between various levels of power. This is caused by inappropriate communication and the lack of cooperation. It is evident that the vague division of jurisdiction often leads to a situation in which disabled persons do not know where they can exercise their rights. In order to solve any of their problems they are sent to the institutions of social care, implying that persons with disabilities are still treated exclusively as a social category (the Strategy for equalization of opportunities for persons with disabilities in the Federation of Bosnia and Herzegovina 2010 – 2014, Organization for economic cooperation and development, 2003; Education policies for students at risk and those with disabilities in South Eastern Europe – Bosnia and Herzegovina...).

The comparative analysis has clearly shown that the respect of human rights is a component of *constitutions* of the chosen sample of countries. The *national strategies* express anti-discriminatory attitudes, however emphasizing the role of the state in the protection of persons with disabilities. Considering the aims and measures of the *national strategies*, it has been established that the differences are minor, i.e. all the strategies are based on contemporary approach to persons with disabilities. The *medical model of care*, financed by the state is still dominating, i.e. prevailing institutionalized form of care in solving the housing problem and the issue of care for persons with invalidity. Germany and Slovenia are the only countries that implement the rehabilitation programs in the community, grounded on deinstitutionalization strategy. Normative and practical changes in the approach to persons with invalidity in all the countries are still rather slow and they assume long-lasting processes. Germany, Slovenia and Croatia have adopted important laws opening up possibilities for persons with disabilities to actively participate in the life of the community (*The law on self-determination of persons with disabilities*, *The law on inclusive education* and *The law on deinstitutionalization*).

The emphasized traditional models of care for persons with disabilities are still characteristic for all the stated countries, even though it is in

opposition to the ratified agreements and national strategies. Only in Germany and Slovenia the modern forms of approach have been introduced according to the *Law on deinstitutionalization* grounded on the philosophy of inclusion.

The programs of non-governmental and non-profitable organizations are forms of modern approach. On the other hand, these programs are not a significant factor in creating a comprehensive system of care for persons with disabilities, since they do not have systematic support to programs and are dependant on financing by the state. Furthermore, non-governmental organizations are closed systems classified and founded according to damages, leading to them being negotiable with difficulties. In such a way an active transfer of knowledge based on the concept of inclusive approach is not made possible.

It is rather challenging for significant research and professional works legitimizing contemporary forms of approach to change the established attitudes and ways of system functioning. It is a daunting task to implement the national strategies based on a different approach to persons with disabilities in the system of out-of-date legislation in Czech Republic, Croatia, Bosnia and Herzegovina and Serbia.

Defining of invalidity, i.e. disability from the standpoint of medical model is characteristic for the majority of the studied countries, apart from Germany and Slovenia. In these countries, the level of invalidity is determined according to the establishment of individual characteristics and possibility of participation in the activities of everyday life. Establishing the needs is a starting point in defining support a person with disability needs in order to actively participate in the life of a community.

Having adopted the *Law on professional rehabilitation*, Croatia has made a great step, creating, along with Germany and Slovenia, the assumptions of employment of persons with disabilities at open labour market.

The binary form of upbringing and education of children with special needs is still prevailing in all the studied counties. A great step ahead has been made by Germany, Slovenian and Czech republic, having in mind that they adopted the laws on education of children with special needs and started with the introduction of inclusive education.

The comparative analysis of the solutions in the chosen countries has shown that Croatia, in comparison to other countries, has shown progress

and has been gradually changing the philosophy of approach to persons with disabilities. According to the model of good practice, some solutions have been implemented in Croatia, proven to be successful in Germany and Slovenia.

On the one hand, the policy of approach to persons with disabilities in Croatia has increasingly been determined by the lack of financing and the reduction of state programs; on the other hand, Croatia has faced an enormous increase of the number of users of these programs, leading to deterioration of living conditions of all, and, as a consequence, of persons with disabilities.

The comparative analysis of the sample of countries has indisputably shown that the awareness on equal rights of a person with disability has been raising through new ways of considering the approach to persons with invalidity; at the same time, there is also raised-awareness on the development of social potentials necessary for the development of contemporary forms of approach to persons with disabilities.

Nevertheless, the involvement and empowering of civil society in shaping the policies of contemporary approach to persons with disabilities is rather optimistic. Persons with disabilities are a part of civil society who have actively participate in design and creating of conditions for higher quality of life, thus taking responsibility for their own lives. In public, especially professional, scientific and political, there have been more and more persons advocating the attitude that autonomy, self-advocacy, self-organization of persons with disabilities are the right way into the future.

## **CONCLUSION**

The analysis and articulation of the models of approach to persons with disabilities, basic theoretical assumptions of care and approaches aimed at showing that these ideas are not new, but are recognized over again through man's efforts to confirm him/herself as an individual. The comparative analysis of the sample of countries has shown that the traditional approach to persons with disabilities, based on medical model is still prevailing. In spite of the fact that all the countries have created key national documents according to modern standpoints, the medical model of approach to persons with invalidity has still been persistently resisting the changes in practice. It is not a rare case that the application of qualitative normative solutions in practice, according to contemporary theoretical approaches raises a large number of challenging and

demanding questions. If social model is based on holistic approach, constructivistic paradigm and the need for social intervention, the issue of direction of the change to be introduced is the matter of changes in value structures, as well as political will to democratize society. Namely, in social intervention, problem solutions are recognized at four levels: national, local, school and family. The experiences of developed countries have shown that there is no successful implementation of a program without appropriate activities at all the stated levels.

Inclusion implies a whole range of changes leading to “inclusive society”. The changes assume acceptance of a “new paradigm” which is only to become applied at individual and social level and become a new social concept. This is a long-lasting process demanding active education, upbringing and learning of each individual and society. Considering the past, the present and wishing for the future, inclusion, as a process of social change, will come true only when there is no more need to use it as a term, a concept, a movement or a philosophy.

Finally, as it is expressed by an old Chinese proverb: “When wind blows, some build walls and others construct windmills.”

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