

Social exclusion of people with disabilities in the local community. Barrier-free architecture on the example of Rehabilitation and Leisure Center in Okuninka, Poland

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Summary: The main barriers to the exclusion of people with disabilities from society are architectural, urban and social barriers of all kinds. Adapting areas and buildings to the needs of people with disabilities is one way of combating social exclusion and an important therapeutic element. In this paper the problem of social exclusion of people with disabilities due to architectural and psychological barriers (social prejudices) has been addressed. The Rehabilitation and Recreation Centre in Okuninka served as an example of a place fully adapted to the needs of the disabled, called barrier-free architecture.

Key words: barrier-free architecture; social exclusion of disabled people; architectural, urban and social barriers

Introduction

One of the main factors hindering the functioning of people with disabilities in public spaces are all kinds of architectural and urban barriers. These conditions lead to the isolation of people with dysfunctions, preventing them from active participation in social life. Illness, physical or mental underdevelopment, disability – all of these significantly complicate the life and functioning of a disabled person in society. Numerous restrictions on logistics, work, education and leisure activities not only make it difficult to establish contacts, but also often lead to isolation and social exclusion.

Disability is a relatively young concept and means a lack of ability to perform activities in a manner considered normal for a person resulting from damage or impairment of the body's functions. Disabled persons are characterized by a slower pace of learning, understanding, perception, cognitive and motor difficulties, which significantly complicates their functioning in a fully-capable society.¹

Until now, disability has been considered mainly from the medical point of view and has been perceived as an individual problem requiring appropriate medical care. Over the years, in order to improve the health condition and functioning of people with disabilities, the existing activities have been extended to include psychosocial aspects covering the real problems of this part of the society. A particular focus has been put on the removal of obstacles limiting the possibility of their participation in social life after the elimination of architectural and urban barriers.

¹ Definicja przyjęta 1980 przez Światową Organizację Zdrowia (WHO).

In 1994, the European Forum of the European Parliament introduced legislation that defined a person with a disability as *an individual with full rights who is disadvantaged by environmental, economic, and social barriers, who, because of the impairments they suffer from, cannot overcome them in the same way as other people. These barriers are too often reinforced by depreciating attitudes from the non-disabled part of the society.*²

Stereotypical perception of people with developmental dysfunctions contributes to isolation and marginalisation, leading to their exclusion from life in a fully-capable society. According to a study conducted in 1994 by Anna Pawlik, siblings of children with disabilities often feel embarrassed about their brother or sister's disability and are reluctant to play with them outside their home environment.³ Still on the streets of many cities, we can encounter people with disabilities, whom other people are afraid to help and even approach. The same is true for parents of children with disabilities, who isolate their children from the ones with disabilities and often misinform them about the danger they face from the disabled child.

Disability is a kind of *otherness* that can generate interest or fascination, but is more often a source of fear, anxiety and uncertainty. According to Frantz Fanon, *the other* person is considered to have supernatural features that evoke contradictory attitudes and fears.⁴ Therefore, otherness, on the one hand, is the desire to learn something new, and on the other hand, is a source of fear and anxiety, which in time can lead to rejection and isolation.

Once unknown races of people, and today's disabled people are a source of anxiety and unstable social reactions. Social exclusion can lead to depression and tragic consequences, even causing the death of a person. The lack of acceptance of a disabled person also affects the closest members of the family, causing painful emotions and a sense of lack of support. Man, as a social being, needs other people and establishing ties with them, and an unfulfilled need for belonging causes physical and mental suffering.

Being excluded is certainly an important and difficult experience in the life of every person, because it can affect not only disabled people but also their whole families. The problem of social exclusion is a very important issue discussed in this paper, which still needs to be discussed so that it can be changed for the better. The aim of this paper is to present the problem of social exclusion concerning people with disabilities, including various aspects of social life.

Disability – evolution of the term

There are many definitions of disability in various disciplines: pedagogy, psychology, sociology, medicine, Catholic social teaching, law, etc.⁵ Therefore, we are not dealing here with an unambiguous and universal concept on the basis of all the fields that use this concept.

The concept of disability has been developed over the centuries, which is mainly due to socio-cultural factors. In ancient times, all kinds of deformities, illnesses and mental disorders were treated as a punishment of the gods for sins committed by parents or ancestors.⁶ That is why people with disabilities were often cruelly rejected to the margins of society. The times of ancient Greece were full of ignorance, ignorance, and cruelty to others. The same happened in ancient Rome, where newborns with visible deformities were killed in order to protect society from catastrophe.⁷ The Middle Ages was a period in which people with disabilities or deformities were considered misfits, but during that period assistance for them started to develop. The care of the disabled became something natural, both for families and for religious orders and hospitals. A form of support for people with disabilities was also the creation of sickness funds by the guilds, which provided real

2 M. Giełda, *Prawno – administracyjne aspekty sytuacji osób niepełnosprawnych w Polsce*, Repozytorium, Wyd. Uniwersytet Wrocławski, Wrocław 2015, s. 17–32.

3 A. Pawlik, *Funkcjonowanie rodziny z dzieckiem niepełnosprawnym fizycznie*, Instytut Socjologii UAM, Poznań 1994, s. 40.

4 F. Fanon, *The Fact of Blackness*, [w:] J. Donald (red), *Race, Culture and Difference*, Sage Rattansi, London 1992, s.43.

5 Przegląd definicji niepełnosprawności ujmowanej przez różne dziedziny nauki przedstawia m.in. A. Bieganowska, *Przekaz medialny w modyfikowaniu postaw studentów pedagogiki wobec niepełnosprawności*, Wydawnictwo UMCS, Lublin 2015, s. 15–36. Z. Urbanowicz, *Od interdyscyplinarnego do trans dyscyplinarnego spojrzenia na niepełnosprawność*, *Ogrody Nauk i Sztuk* 2012, R. 2, s. 443–457.

6 B. Borowska-Beszta, *Niepełnosprawność w kontekstach kulturowych i teoretycznych*, Oficyna Wydawnicza Impuls, Kraków 2012, s. 18 i n.

7 Ibidem: s. 17–18.

help for the sick and disabled people.⁸ The subsequent epochs saw a growing knowledge of disabilities and forms of education, development, assistance, and support for the disabled individuals.

Nowadays, the problem of disability is perceived differently both in the social and public space. Despite the growing knowledge and development of society in the spirit of empathy, understanding and respect for the dignity of others, we can still often find negative attitudes towards *different* people, which lead to their discrimination and rejection.

As John Paul II said, *a society which has a place only for people who are fully capable, completely independent, and autonomous, would not be a society worthy of man.*

Different versus disabled

While revealing the sad truth about people with disabilities, one should consider why most people do not accept them. Probably for the same reasons as we do not like everything that is alien and unknown to us, that causes fear and uncertainty. Aversion to *otherness* can be found in the old days, when it was believed that autistic children are enchanted or possessed by demons. It would seem that in 21st century society old-fashioned views are no longer relevant, but it turns out that such thinking is still present in many people.

Nowadays, it is more and more common to say that a disabled person means *different*, but what is really his/her *otherness* and who is actually *different*? Does it make him/her worse and should he/she be deprived of their rights by being pushed to the margins of society?

The concept of *otherness* contains internal variability and ambiguity, is understood and defined differently in many philosophical trends and social theories referring to social differences.

According to F. Fanon, *the other/different is the opposite of the common vision of man, equipped with supernatural features that evoke contradictory and negative attitudes. The other/different, also called ab alien, is endowed with excessive emotionality, primitive mentality, spirituality, which is associated with animism or animal eroticism. The otherness of the other threatens intellect, morality and social order.*⁹

In a broadly understood philosophical approach, *everything that is not me, is different, but at the same time I myself am everything that is different, it is the whole world around me and I am in this world.*¹⁰ Man is the basis of relations with various people, he/she is a space that is touched by otherness, determines his/her existence, in which he/she must find himself/herself and identify as himself/herself. In a slightly different, narrower sense, the other/different can be understood as a different person, encountered in the real world, who is a space of co-existence with other people, who is willing to build different interactions with other humans.¹¹

As Bernhad Waldenfels notes, *what is alien and goes beyond the absolute collides with what is normal.*¹² We talk about otherness when in the field of our activity, appears a phenomenon which does not belong to the known world and destroys the existing order of reality. Such a perception of *otherness* may take on different levels, which come from different areas of social order and trigger more complex mechanisms of understanding of differences caused by illness and suffering.

People who are often seen as *different/other* are those who stand out in terms of religion, culture, poverty, illness or disability. This kind of *otherness* can be interpreted in terms of the structural difference that results from the experience of entering a new social order. *Otherness* questions all boundaries and arrangements perceived as unchangeable and constant in accordance with the existing reality that was not yet questioned.

In everyday life, people encounter individuals with different skin colors, religions or cultures, and this does not cause rejection or dislike in the same way as it does to people with disabilities. Why, then, is it so unfamiliar to meet a disabled person, who is defined as *different*? What is *otherness* and why it is often ridiculed and rejected? After all, a person with intellectual disability is not worse, just because he/she is disabled. They did

8 M. Kolwicz, S. Dąbrowski, *Postawy wobec niepełnosprawności fizycznej w okresie średniowiecza, Roczniki Pomorskiej Akademii Medycznej w Szczecinie* 2014, nr 60, 1, s. 105, 106, 108.

9 F. Fanon, *The Fact of Blackness*, [w:] J. Donald (red.), *Race, Culture and Difference*, Sage Rattansi, London 1992, s. 28.

10 M. Kowalska, *Wstęp. Dialektyka bycia sobą*, [w:] *O sobie samym jako innym*, red. P. Ricoeur, PWN, Warszawa 2005, s. 276.

11 Ilab., s. 277.

12 H.G. Gadamer, *Prawda i metoda*, Wydawnictwo Naukowe PWN, Kraków 1993, s. 335.

not become *different* of their own free will, but because of illness, so they should be treated on an equal level with other members of a fully-capable society.

Attempts to explain why people with disabilities are treated differently/worse, were made in the 1950s, when research was started to find the factors leading to aversion towards people with disabilities. In the search for reasons for treating people with disabilities as others, an attempt was made to apply one of the theories of social control, which assumed that within people with visible disabilities, there is always a situation of a certain discrepancy in expectations related to the performance of certain social roles.¹³

Social exclusion is most often understood as an attitude towards a group of people who, for reasons beyond their control, are isolated from the rest of society because of their differences.¹⁴

On the basis of the analysis carried out by Zofia Kawczyńska-Butrym, concerning the reaction of fully-capable people to people with disabilities, it was found that perceived deviations from the norm, disability or *otherness* cause certain, often negative social reactions, which lead to rejection and isolation.¹⁵

From a sociological point of view, the best-known concept to explain the phenomenon of exclusion and isolation is Erving Goffman's concept based on the concept of social identity. This scientist considered stigmatization as a physical defect that makes a person *different* from the rest of society.¹⁶

The social environment imposes a *stigma of otherness* on the disabled, mainly through the creation of separate jobs, schools and institutional, social and psychological barriers. People with disabilities are often perceived as an incomprehensible and odd group of people, which often stems from ignorance about them. Being distinguishable by their appearance or behavior, they are often subject to discrimination and rejection, which in turn leads to their exclusion from society.

Disability as a premise for social exclusion

Attempts to explain why people with disabilities are treated differently from fully-capable people had been undertaken for a long time, but it was not until the 1950s that research began to identify the factors that would condition the dislike of people with disabilities.¹⁷

Both sociologists and psychologists tried to explain the phenomenon of stigmatization and distance to people with disabilities by using a theory of behaviour that would allow a better understanding of the underlying psychological processes of prejudice and discrimination. The first formulations of this theory date back to the 1930s, but these attempts were criticized as they tried to explain the phenomenon of distance to other people through a dogmatic system of beliefs.¹⁸

Originally, the term *social exclusion* was used by the French Minister for Social Welfare René Lenoir in 1974 to refer to people considered unfit to live in the society, thus pushed to its margin. This term officially appeared for the first time in the European Commission's document on the poverty eradication program in 1990.¹⁹

Social exclusion is most often understood as a situation where a certain group of people becomes somehow incapable of participating in important stages of social life, experiences poverty and rejection, leading to the inability to exercise their rights.²⁰ In most definitions, social exclusion is defined as the lack of opportunity to participate in important aspects of the social, economic and cultural life of a group that is not the result of the choice of an individual but of the obstacles he/she encounters.²¹

The finally adopted definition of *social exclusion* appeared in the document of *the National Strategy for Social Integration for Poland*, specifying that it is "the lack or limitation of the possibility to participate and use

13 D. Niklas., *Zależność i piętno w życiu osób niepełnosprawnych*, „*Studia Socjologiczne*” 1976, nr 3, s. 156.

14 B. Gaś, *Profilaktyka w szkole*, WSiP S.A., Warszawa 2006, s. 48.

15 Z. Krawczyńska-Butrym., *Niepełnosprawność – specyfika pomocy społecznej*, Wydawnictwo Interart, Warszawa 1996, s. 76.

16 Z. Bokszański, *Tożsamość, interakcja, grupa*, Łódź 1989, Goffman 1979, s. 155.

17 E. Aronson, *Człowiek istota społeczna*, PWN, Warszawa 1995, s. 358.

18 A. Malewski, *O nowy kształt nauk społecznych*, PWN, Warszawa 1975, s. 58.

19 J. Nogowski, *Wykluczenie społeczne w kontekście ubóstwa i bezdomności*, *Civitas et lex* 2015/1(5), s.55.

20 B. Gaś, *Profilaktyka w szkole*, WsiP S.A., Warszawa 2006, s. 48–49.

21 J. Nogowski, *Wykluczenie społeczne...cyt.*, s. 56.

basic public institutions and markets, which should be accessible to all.²² This phenomenon is therefore multidimensional and means that certain groups of people are unable to participate in the economic, political and cultural life, which leads to the deprivation of the needs of citizens.

The problem of *social exclusion* can take different forms and affect different social groups. A large number of people with disabilities are marginalized people who are excluded from all areas of society. Psychologists agree that the basis for social rejection is mistrust, suspicion, superiority or aggression. Negative attitudes manifested in numerous prejudices, distance, and lack of communication lead to isolation from social life.

People with disabilities can be recognized as beneficiaries of all the rights of people with disabilities, but at the same time they belong to one of the most vulnerable groups in society. Even people with profound and multiple disabilities are human rights holders. Unfortunately, society often isolates these people from the enjoyment of their rights. There may be many reasons for marginalization and they may result from dysfunctional features, life features, imperfections of the education system, care or rehabilitation. Legal and social restrictions imposed on people with disabilities prevent them from exercising fundamental freedoms in social life, and discrimination and stigmatization affecting them leads to their exclusion.

People with disabilities are often disadvantaged compared to other social minorities due to ignorance, fear and social backwardness. Also those who have a disability that is easily recognizable often try to hide it in order not to be rejected and excluded. Hiding disability is often associated with the desire to make it blurred, which compensates for the chosen way of life or leads to behavior that does not comply with social norms. *Social exclusion* that is not reflected in society is not as damaging and ruinous for a person with disabilities as in the case when the barriers are clearly visible.

The hitherto sociological and psychological research shows that not only the society creates barriers for people with disabilities, but it is also created by people from the closest social circles as a result of ignorance, stereotypical behaviors, and lack of experience in providing assistance.²³

Numerous architectural barriers to access to social goods and services often prevent people with disabilities from exercising all their rights, privileges and freedoms in social, political and personal life. Discrimination and stigmatization of these people results in the disappearance of different forms of life activity they can perform, leading to social and legal exclusion. The concepts of discrimination and exclusion create a closed system which is very difficult for people with disabilities to get out of.

In 2006 The Council of Europe launched an action plan to improve the quality of life and the full participation of people with disabilities in society.²⁴ The aim of the plan was to oblige society to minimize the impact of disability and to provide practical tools for the development and implementation of a strategy for the full participation of people with disabilities in society, which mainly refers to non-discrimination and equal opportunities. A number of research initiatives are currently underway to identify and meet needs, minimize barriers and prevent social exclusion of disabled people.²⁵

In Poland, the issue of ensuring a dignified life in society for people with disabilities was included in the Act on Vocational and Social Rehabilitation and Employment of People with Disabilities of 27 August 1997, which was specifically devoted to this problem.²⁶ It lists a number of psychological, architectural, urban and communication barriers that significantly limit the full participation of these people in society. A democratic state cannot legally allow a situation in which a person with a disability, as a result of a dysfunction of their own body, is not guaranteed the same rights as non-disabled members of society.²⁷ A special role is played here by legislation which should take into account the rights of people with disabilities and contribute to their equal treatment through enabling their access to all forms of social activity. No one shall be discriminated against in political, social or economic life for any reason whatsoever. The prohibition of discrimination is set out in

22 *Narodowa Strategia Integracji dla Polski, jest dokumentem przygotowanym przez Zespół Zadaniowy do Spraw Reintegracji Społecznej, któremu przewodniczył Minister Gospodarki, Pracy i Polityki Społecznej – Jerzy Hausner. Zespół został powołany 14.04.2003 r. przez Prezesa Rady Ministrów 2003, s. 23.*

23 M. Sokołowska, A. Ostrowska, *Socjologia kalektwa i rehabilitacji. Wybrane problemy*, Polska Akademia Nauk, Wrocław 1976, s. 63.

24 <http://www.niepelnosprawni.gov.pl/index.php?c=article&id=50&pdf=1> [dostęp: 24.04.2015].

25 S. Darcy (1995), Sydney's access for people with various disabilities questioned, "Examining Issues From Disability Perspectives", No. 4(3). Darcy S. (1998), People with a Disability and Tourism: A Bibliography, "Online Bibliography", No. 7. Darcy S. (2005).

26 <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU19971230776/O/D19970776.pdf> [dostęp: 10.09.1997].

27 T. Sienkiewicz, *Status człowieka niepełnosprawnego w prawie publicznym*, Warszawa 2007, Krajowa Izba Gospodarczo-Rehabilitacyjna, s. 161.

the Charter of Rights of Persons with Disabilities of the Republic of Poland, which recognizes that persons with disabilities have the same rights as fully-capable citizens to an independent, autonomous and active life and must not be subject to discrimination.

Barrier-free architecture in Rehabilitation and Leisure Centre in Okuninka

In the whole Poland, there are about 5017 facilities adapted to the needs of the disabled. This base consists of accommodation facilities, catering facilities, tourist offices, cultural institutions, sports, recreation facilities, and parks. The most numerous accommodation group adapted to the needs of the disabled is located in the Mazowieckie (379) and Lubuskie (191) Voivodships. Lubelskie voivodship has about 102 facilities, which constitutes about 2% of all facilities in Poland.²⁸

One of the few places in the Lublin Voivodship fully adapted to the needs of the disabled is the Rehabilitation and Recreation Centre located in Okuninka. This village is located in the Lublin Voivodship in the Łęczyńsko-Włodawskie Lake District. Its attractive location, by the White Lake, promotes the development of tourism, making it a popular holiday resort. It is an ideal place for people who prefer active recreation in the midst of beautiful nature. In the vicinity of the lake, there are many paths and trails for hiking and biking.

The Rehabilitation and Holiday Centre "Astur" is one of the few facilities in the Lubelskie Voivodship, which is comprehensively adapted to accommodate a large number of disabled people and their families. It is located on an area of about 4.5 hectares adjacent directly to the White Lake and is located in a safe distance from a very bustling town center (fig. 1, 2). It has 180 beds, own canteen, where tasty home-made meals are served with consideration of different diets. Holiday makers have at their disposal: a medical and treatment room, physiotherapy, kinesitherapy, massage, exercise room, gym, 2 conference rooms, football pitches, volleyball, café, bar with billiard table, designated place for barbecue and bonfire, playground for children, campsite and own beach with lifeguard supervision.



Fig. 1. Photos illustrating the location of the center in Okuninka. Photo: from the database of Astur tourist office.



Fig. 2. A plan illustrating the area and location of the facility. Drawing by the author.

The Centre has gained the name of "barrier-free architecture" because it is comprehensively adapted to the needs of people with various disabilities, both in terms of architecture, urban planning and therapeutic aspects. The main hotel pavilion and cottages are equipped with wheelchair ramps, wide doors, and supporting handholds in the toilets (Fig. 3, 4, 5). The whole resort has paved paths allowing free movement around the whole area. It is the only one in this area to have a gentle descent to the lake with a special hard-surfaced material laid out to allow direct access to the water on a wheelchair (Fig. 6, 7). One-storey holiday cottages are located between tall trees, which protect them from excessive heat on hot days, creating comfortable conditions for rest. Wide, paved avenues throughout the resort allow easy and efficient wheelchair access for people with

²⁸ A. Bogucka, *Przystosowanie bazy turystycznej na potrzeby osób niepełnosprawnych*, "Economy and Management", Politechnika Białostocka, Wydział Zarządzania, Katedra Turystyki i Rekreacji, No.3,2010.

disabilities. Additionally, the center regularly organizes therapeutic and rehabilitation stays for both adults and children. During such a stay, the disabled are provided with rehabilitation, therapeutic, entertainment and integration activities, which very often constitute their only form of travel and rest outside the place of residence.

The demand for such centers, which additionally run specialist classes, is very high in Poland. This type of activity promotes broadening knowledge, acceptance or integration, which allows to prevent exclusion of these people from society. Adaptation of architecture and urban planning facilities to the needs of people with dysfunctions additionally has a positive impact on the development of a *different* individual in terms of physical, mental, emotional and social aspects. It improves the organism, enhances physical fitness, regenerates strength, allows to experience joy, and teaches how to overcome difficulties, contributing to the acquisition of skills to establish and maintain contacts and social bonds. The activity of specialist centers adapted to the needs of people with disabilities enables those people to overcome their own weaknesses and social barriers.

An important task for such centers is to bring them out of social isolation, break the monotony of everyday life, provide psychological experiences, and stimulate their desire to live (Prokopiuk 2005).²⁹



Fig. 3. Holiday cottages with paved access road. Author's photo 2019

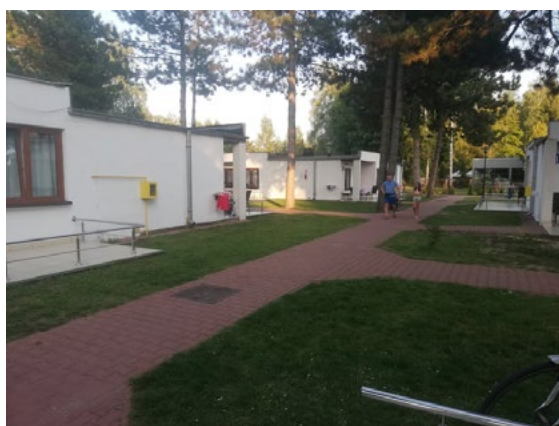


Fig. 4. Holiday cottages with paved access road. Author's photo 2019



Fig. 5. Restaurant and hotel pavilion. Author's photo, 2019



Fig. 6. Restaurant and hotel pavilion. Author's photo, 2019

²⁹ Propopiuk, M. *Udział osób niepełnosprawnych zamieszkałych na terenie Południowego Podlasia w turystyce aktywnej*. W: F. Midura, J. Żbikowski (red.), *Krajoznawstwo i turystyka osób niepełnosprawnych*. Państwowa Wyższa Szkoła Zawodowa im. Papieża Jana Pawła II w Białej Podlaskiej, Biała Podlaska 2005, s. 143–150.



Fig. 7. A hard-surfaced access road to the beach. Author's photo 2019



Fig. 8. A hard-surfaced access road to the beach. Author's photo 2019

Nowadays, architects and urban planners increasingly adopt a comprehensive approach to their design, taking into account also the needs of people with disabilities. Poland still lacks adequate standards when it comes to adapting buildings to the needs of such people. The current guidelines mainly focus on people with physical disabilities, but we must not forget about the others, such as the hearing-impaired, the blind, or the mentally handicapped. It is therefore essential to remember about people with different needs, who should be provided with all the architectural, urban and social amenities to be able to function in a fully-capable society.

Summary

It is difficult for people with disabilities to live in a world where widespread consumption and competition create a kind of contemporary identity. These people very often have worse access to education, employment, health services, rehabilitation and social support. The consequence of such actions is the risk of exclusion and pushing them to the social margin. Of significant importance in raising social awareness is the change of stereotypical thinking about people with disabilities and the elimination of all architectural, urban and social barriers.

The degree of social exclusion and its commonness in relation to people with disabilities is a problem in everyday life and varies according to education, age, social or economic status. Numerous architectural, urban, educational, social and cultural constraints contribute significantly to the isolation of people with disabilities from public life. An education system that enables learning in an inclusive way, taking into account the individual needs of people with disabilities. We can say that it is the basis for their functioning in social, family and professional life, leading to personal development of the individual.

The numerous results of studies carried out so far on social attitudes towards people with intellectual disabilities show that they have improved over the years. At present, a large proportion of people with dysfunctions study in mainstream schools, work or participate in cultural events like the rest of a non-disabled society. For architects and urban planners, designing objects that enable people with disabilities to use all available

objects, has become the core of the design process. *Barrier-free architecture* has been a guiding principle for designers and urban planners already for several years.

The social attitude towards disability itself is also changing significantly. Increased social awareness has led a large group of people to accept the fact that people with disabilities are among us and have the same rights as the non-disabled society. Acceptance of people with disabilities and counteracting all barriers, create real opportunities for their development by improving their psycho-social condition. Integration and acceptance of differences is the preparation of children, young people and adults for a dignified life in society. The possibility of joint education of children with disabilities and fully-capable children makes it possible to educate a new generation ready for mutual, natural communication. The best way to learn how to accept differences is through direct contact, not only for children with disabilities, but for healthy groups as well. Human relations are a very important aspect of proper development, as *other* people are part of our natural environment.

A change in the attitude and mentality of society towards people with disabilities is very important and should focus on adapting the environment to the needs of the individual and not vice versa. The existing programs and special support centres are designed to prepare people with dignity for specific social roles and personal fulfilment.

If the majority of society understands that all of us are equal and have equal rights, regardless of the problem we face, then the perception of people with disabilities will also change. Social acceptance and *barrier-free design* are a kind of basis for changing the life and functioning of people with disabilities in society. Many social groups can fight for their rights themselves, but other non-disabled members of society must ensure equality for disabled people. Only universal tolerance of all differences and lack of architectural and urban barriers, guarantee equal treatment of all.

In recent years, many positive changes have taken place thanks to the deepening of knowledge about the needs of people with disabilities. More and more centres and facilities are being adapted for disabled people in order to provide them with a variety of leisure activities and rehabilitation opportunities.

The process of adaptation of changes and adjustment to the needs of people with architectural and social dysfunctions is long-term action, but thanks to the basic principles of creating them and reducing barriers, these people have a chance to participate in social life in a dignified and independent way. The process of breaking stereotypes and prejudices takes time and should not be postponed. The greater the knowledge about the causes of disability and the needs related to it, the easier the way to eliminate architectural barriers and prejudices leading to social exclusion will be.

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