

Sylwia DOŁŻBŁASZ*, Anna GROCHOWSKA**,
Paulina PRZEPIERCZYŃSKA***

THE PUBLIC SPACE OF A CITY FROM THE PERSPECTIVE OF PEOPLE WITH MOTOR DISABILITIES – THE CASE STUDY OF THE CENTRE OF WROCLAW

PRZESTRZEŃ PUBLICZNA MIASTA Z PERSPEKTYWY OSÓB Z NIEPEŁNOSPRAWNOŚCIĄ RUCHOWĄ NA PRZYKŁADZIE CENTRUM WROCLAWIA

DOI: 10.25167/sm.4787

ABSTRACT: The subject of this article is the accessibility of the centre of Wrocław for people with motor disabilities. The conducted study shows that the existing facilities are very poorly accessible, posing numerous spatial barriers. Difficulties encountered by the disabled in public utility buildings and selected commercial facilities are indicated. Moreover, activities undertaken by the municipal authorities for the benefit of persons with disabilities are examined.

KEY WORDS: accessibility for people with motor disabilities, spatial barriers, public spaces, Wrocław

ABSTRAKT: Tematem artykułu jest dostępność centrum Wrocławia dla osób z niepełnosprawnością ruchową. Z przeprowadzonych badań wynika, że obiekty są bardzo słabo dostępne, z licznymi barierami przestrzennymi. Wskazano na trudności występujące w budynkach użyteczności publicznej i wybranych obiektach handlowych. Ponadto przeanalizowano działania władz miejskich podejmowane na rzecz osób niepełnosprawnych.

SŁOWA KLUCZOWE: dostępność dla niepełnosprawnych ruchowo, bariery przestrzenne, przestrzeń publiczna, Wrocław

Introduction

Disability and physical deficiency-related problems have always accompanied mankind, but the views held by societies on these issues have been changing over the centuries. Depending on the historical epoch and culture prevailing in a given place,

* <https://orcid.org/0000-0002-3206-2690>, e-mail: sylwia.dolzbblasz@uwr.edu.pl.

** <https://orcid.org/0000-0003-2940-6867>, e-mail: anna.grochowska@uwr.edu.pl.

*** e-mail: przepierczynska@op.pl.

people with disabilities were treated in different ways. In ancient times, disability was synonymous with handicap and was associated with contempt and social exclusion (Nowińska and Nowiński 2014). In the Middle Ages, the presence of people with disabilities in society became a more common and natural phenomenon, and the way they were treated in by society depended more on the wealth and social position of the disabled individuals' families rather than on their health. It was then that the first shelters and special places for people with disabilities began to be established in monasteries (Garbat 2016). However, people with physical deficiencies have largely been isolated and their needs marginalised for centuries. The current perception of problems and needs of people with disabilities significantly differs from the attitudes represented by societies in previous epochs. More or less since the 1970s activities undertaken for the benefit of the disabled have become more and more common, aimed at reducing discrimination and exclusion and popularising the perception of disability not only through the prism of health conditions, but also badly organised spaces and inappropriate attitudes of society. More and more attention has been paid to various spatial and social barriers that hinder the daily functioning of people with disabilities, as well as to their rights and privileges (Karaś 2012).

Research objective, scope and methods

This study aims to assess the spatial accessibility of public buildings and selected service facilities in the centre of Wrocław, designed for people with motor disabilities. For the purpose of this work, the term “persons with motor disabilities” is understood as all persons who, as a result of damage to or impairment of the body (including various diseases and accidents), are forced to use a wheelchair.

In order to achieve the objectives of the study, this paper first identifies the research area and its time frame, as well as the research method used. Then, based on the literature and relevant documents, the most important definitional issues related to accessibility of space for the disabled are presented. In the empirical part, the degree of accessibility of public buildings and selected service facilities in the centre of Wrocław was determined on the basis of identified barriers occurring in the buildings (taking into account the type and age of the individual building and the type of business run in it).

The study was carried out in August 2019, based on the urban inventory of buildings located in the centre of Wrocław in the following streets: Grodzka, Piaskowa, Nowy Targ Square, Świętej Katarzyny, Błogosławionego Czesława, Oławska, Kazimierza Wielkiego, Białoskórnicza and Nowy Świat.

This area was selected for several reasons. Firstly, the city's main square is a public space, which by definition should be accessible and open to everyone, making it possible to spend time outdoors and also freely and independently use the service facilities on offer and the public buildings. Additionally, the main square is usually the most famous and recognisable part of the city, where all residents have the right to be and should be

able to stay, regardless of their limitations. Secondly, the centre of Wrocław is a place often visited by tourists, both from Poland and abroad, including those with motor disabilities. A space that is friendly to everyone, with high spatial accessibility, can also improve the image of the city and increase tourist traffic.

The urban inventory includes all public utility buildings as defined in the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2002 No. 75, item 690), as well as selected service facilities, located primarily in residential buildings. This mainly applies to tenement houses and blocks of flats, where the residential function predominates on the upper floors, while various types of service entities are located on the ground floor or in the basement. Each building with more than one facility was studied. Therefore, spatial accessibility for people with motor disabilities was assessed for specific facilities, not for entire buildings.

The features of both individual facilities and entire buildings were determined. The features taken into account in the case of buildings included: the type of building (blocks of flats, tenement houses, office buildings, buildings of the University of Wrocław, the Old Town Hall, *Feniks* Department Store, church buildings and others), the period when the building was erected (before 1945, 1945–1970, 1970–2000, 2000–2010, after 2010), and the number of floors. The following features were determined with regard to the facilities: the type of activity; operating only on the ground floor, on the ground floor and on lower and/or higher floors, or only on lower and/or higher floors (these data were necessary to determine partial accessibility, in particular, as some of the facilities operating on both the ground floor and lower and/or higher floors could only be accessible to people with mobility impairments on the ground floor), as well as the presence of an elevator in the case of facilities operating on lower and/or higher floors.

The basic data set consists of information on the presence of architectural barriers in the facilities and buildings, such as: stairs and thresholds in front of the entrance to the examined facility, entrance doors being too narrow for wheelchair users, the lack of an elevator and/or a ramp for wheelchairs.

If a facility had two separate entrances, including one adapted to the needs of people with motor disabilities, it was classified as accessible. However, it should be borne in mind that the entrance adapted to the needs of people with motor disabilities is not always located next to the main entrance and it is not always signposted. Consequently, despite the declared accessibility of the facility, people with motor disabilities may face the inconvenience of searching for an appropriate entrance (e.g., the back entrance without a signposted access road leading to it).

Disability and accessibility in theory

Disability is an interdisciplinary and multifaceted concept and so it is a subject of research interests in various fields: medicine, psychology, pedagogy, sociology and law. Each of these disciplines uses slightly different disability terminology, adapting it to

the broader context of its research. Disability can therefore be characterised in terms of damage to health and motor or mental limitations of the body, an individual's problems with functioning in society, or can be perceived as merely a feature of one of the groups of society, which should be guaranteed unique rights and privileges. Hence, the concept, types and methods of classification of disability, as well as its place in documents and legal acts, both Polish and international, are varied. Currently, there is no common definition of disability. These concepts have changed over the years, evolving from the medical model, assuming that disability is a health condition of individuals, to the social model, which states that disability results from poor organisation of space and the inappropriate attitudes of society (Barnes and Mercer 2008). The best known definition of disability, combining the assumptions of both models, is the one presented by the World Health Organization (WHO), which distinguishes its three dimensions: impairment – all disabilities and damage to the body, activity limitation – limitation or inability to lead an active life and perform various types of tasks and activities (due to disability), participation restrictions – limitation or inability to engage in social life (due to existing environmental barriers).

Additionally, disability has been defined in the International Classification of Functioning, Disability and Health (ICF) by the WHO, the United Nations Convention on the Rights of Persons with Disabilities, and by the European Disability Forum in the European Parliament. Although different from one another, all the definitions are based on similar assumptions but, due to their multiplicity, they may intensify information chaos and significantly complicate the task of systematising knowledge.

In Poland, definitions of disability appear in many acts, and most of these characterise it in the context of job opportunities. The most important document is the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities. This defines people with disabilities as “persons whose motor, psychological or mental condition permanently or temporarily hinders, restricts or prevents the fulfilment of social roles, in particular limits the ability to perform professional work.”

Additionally, in both Poland and the international arena, there are a large number of documents and legal acts that define the rights and privileges of people with disabilities in the form of, among others, conventions, declarations, action programmes, treaties or regulations issued by the European Union (EU), the United Nations and the Sejm of the Republic of Poland. At the national level, the rights of people with disabilities are guaranteed in the Constitution of the Republic of Poland (Journal of Laws of 1997, No. 78, item 483), which also prohibits discrimination against people with disabilities in political, social or economic life for any reason, guarantees them the right to social and financial security, and obliges public authorities to provide special care and assistance to them in securing their existence, preparing for work and social communication. Other legal acts guaranteeing the rights of people with disabilities in Poland include: the Charter of Rights of Persons with Disabilities (Official Gazette of the Republic of Poland [*Monitor Polski*] of 1997, No. 50, item 475), the Labour Code Act of 26 June

1974 (Journal of Laws of 1974, No. 24, item 141), the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities (Journal of Laws of 1997, No. 123, item 776), the National Health Programme for 2016–2020 (Journal of Laws of 2016, item 1492), the Act of 15 June 2012 on the Ratification of the Convention on the Rights of Persons with Disabilities of 13 December 2006 (Journal of Laws of 2012, item 882), the Act of 3 December 2010 on the Implementation of Certain Provisions of the European Union in the Field of Equal Treatment (Journal of Laws of 2010, No. 254, item 1700).

There are also many types of disability and methods of its classification, and the differences between them depend on particular studies and authors. However, it is worth mentioning the ICF issued by the WHO in 2001 (ICF 2001). This contains a very detailed and systematic description of health and disability conditions based on issues related to body functions and structures, activities, participation and environmental factors.

The issue of spatial accessibility is extremely important in the context of disability. In work, accessibility is synonymous with the possibility of independent and safe use of space, buildings, means of transport, products and services by people with limited mobility and perception abilities on an equal basis with other users. Accessibility may be complete – if the use of the above-mentioned environments does not require the assistance of third party, or partial – if such assistance is required. This particularly concerns the caregivers and families of people with disabilities, whose support is necessary in the performance of various everyday activities, including moving in space.

Accessibility has a significant impact on the quality of everyday life and translates into social and professional activity. This issue appears in many national and international documents. Among the most important of these is the 2006 Convention on the Rights of Persons with Disabilities by the United Nations (Journal of Laws of 2012, item 1169), where the entire Article 9 is devoted to spatial accessibility. This primarily deals with the actions to be taken by EU member states to remove barriers and ensure that people with various types of disabilities have equal access to the physical environment. In the case of Poland, it is worth mentioning the governmental programme “Accessibility Plus” (Resolution No. 102/2018), whose task is to conduct coordinated and comprehensive activities aimed at improving the independence and quality of life of people with special needs, including older people and those with permanent or temporary mobility or perception difficulties. These activities are large-scale and their goal is to improve the accessibility of public spaces, architecture, transport, education, health, culture, products and services, among others. The programme is valid for the years 2018–2025 (Governmental Programme “Accessibility Plus”..., 2018). Unfortunately, the lack of spatial accessibility is very common in places that should, in principle, be accessible to everyone. Those include public spaces, defined as all places available to the public and free of charge, and therefore open to any individual who wants to use them (Mikołajów, 2015). Taking account of the accessibility of public spaces for people with disabilities, it can be concluded that providing a friendly and open space, devoid of all

kinds of barriers, is the obligation of the public authorities, resulting from the provisions of various – Polish and international – legal documents that emphasize reduction of discrimination and ensuring equality for all members of society. Here, an example is the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities, where Article 9 emphasises the necessity to “eliminate barriers, in particular, architectural, urban, transport, technical, in communication and access to information.” Specific technical conditions regarding the design of buildings and spaces available to all users are presented in the Regulation of the Minister of Infrastructure of 12 April 2002 on the Technical Conditions to Be Met by Buildings and Their Location (Journal of Laws of 2002, No. 75, item 690).

The types of barriers that people with disabilities have to face in everyday and professional life include: motor barriers (including urban, architectural and technical-communication barriers) – related to external facilities occurring in space, psychological – related to self-esteem values, social – related to the attitudes of society and people’s knowledge of the needs and problems of people with disabilities, professional – related to the difficult access of people with disabilities to employment and fair work, economic – related to the limited possibilities of technical and technological devices that could facilitate the functioning of people with disabilities and their high cost, as well as legal and administrative – related to complex legal provisions relating to the issue of disability.

There are three basic types of physical barriers in space: urban – concerning elements of a city, such as traffic routes, traffic lights and parking lots, architectural – strictly related to buildings, that is, inadequate doors, stairs, thresholds and elevators, and technical and transport – related to limitations in the means of public transport and their infrastructure: buses, trams, trains, stations and stops (Stochmiąlek 2003). Architectural barriers are related to buildings and their immediate surroundings. Thus, they are “all elements of construction, which, due to their form or method of use, make it difficult or even impossible for people, particularly those with limited motor fitness, to move freely. This applies to parts of buildings, sets of functional elements and technical devices inside buildings or constituting independent spatial elements” (Jaranowska 1996, p. 10). Some authors, including Konarska (2015), understand architectural barriers not only as architectural, but also as urban and communication obstacles, such as excessively high kerbs or inadequately adapted public transport.

Documents related to the proper design of space and aimed at limiting and eliminating the above-mentioned types of barriers include the Construction Law Act of 7 July 1994 and the Regulation of the Minister of Infrastructure of 12 April 2002 on Technical Conditions to Be Met by Buildings and Their Location. Additionally, there are various publications presenting the principles of creating accessible space, including “Building Accessibility Standards for People with Disabilities” issued by the Ministry of Investment and Development in 2017.

At this point, it is also worth mentioning the idea of ‘universal design’, assuming that space should be designed in a friendly, functional and accessible way to all users.

However, it is not about the specialist design or adapting space to specific groups of recipients (e.g., older people or those with disabilities), but about designing space for everyone, with the assumption that there should be no barriers. Thanks to the idea of 'universal design,' problems related to discrimination against and the feeling of differentness of people with special needs can be avoided (Design Guidelines..., 2016; Universal Design 1, 2).

Accessibility assessment

Taking account of the policy and activities of the Wrocław city authorities in the field of disability issues, it can be concluded that the city is largely committed to planning and creating space which is open and accessible to all users. The most important entities dealing with the issue of disability are the Ombudsman for Persons with Disabilities and the Poviát (County) Social Consultative Council for Persons with Disabilities. Additionally, in Wrocław, there are a plebiscite, a programme of activities and an office called "Wrocław without Barriers". The goal of each of these is to promote accessible space, reduce barriers and improve social integration of people with disabilities. It is also worth mentioning here the Wrocław Standards for the Accessibility of Urban Spaces, which is a collection of specific guidelines for designing and transforming space in an accessible and functional way, for both people with disabilities, older people and parents with young children. Provisions concerning urban spaces and housing estates are presented in two separate documents.

Based on the urban inventory of a total of 591 facilities located in 415 buildings in the centre of Wrocław, it was found that 223 facilities were completely accessible to people with motor disabilities (38%), and 17 facilities were partially accessible (this applied to facilities operating on both the ground floor, as well as lower and/or higher floors, which were accessible only on the ground floor) (3%). However, due to various types of barriers, as many as 351 facilities were inaccessible to people with motor disabilities (59%) (Fig. 1).

The most common barriers were stairs and high thresholds at entrance doors (Fig. 2, 3). It is worth emphasising, however, that in this study, a facility is defined as accessible only when people with motor disabilities are able to enter inside and move between its floors on their own (without the help of a third party). The accessibility of the centre of Wrocław is better if we take into account the fact that in the analysed area there are also a large number of facilities with barriers that can be overcome by people with motor disabilities with the help of a third party (high thresholds at the entrance or one-step stairs).

The reason for the poor accessibility of public buildings and selected service facilities can be seen, first of all, in the age of the buildings situated in the centre of Wrocław. These are mainly tenement houses built since the 14th century, that is, at a time when the issues of barriers and disabilities were not taken into account. The problem of barriers present in buildings can be solved by adapting them to the needs of people with

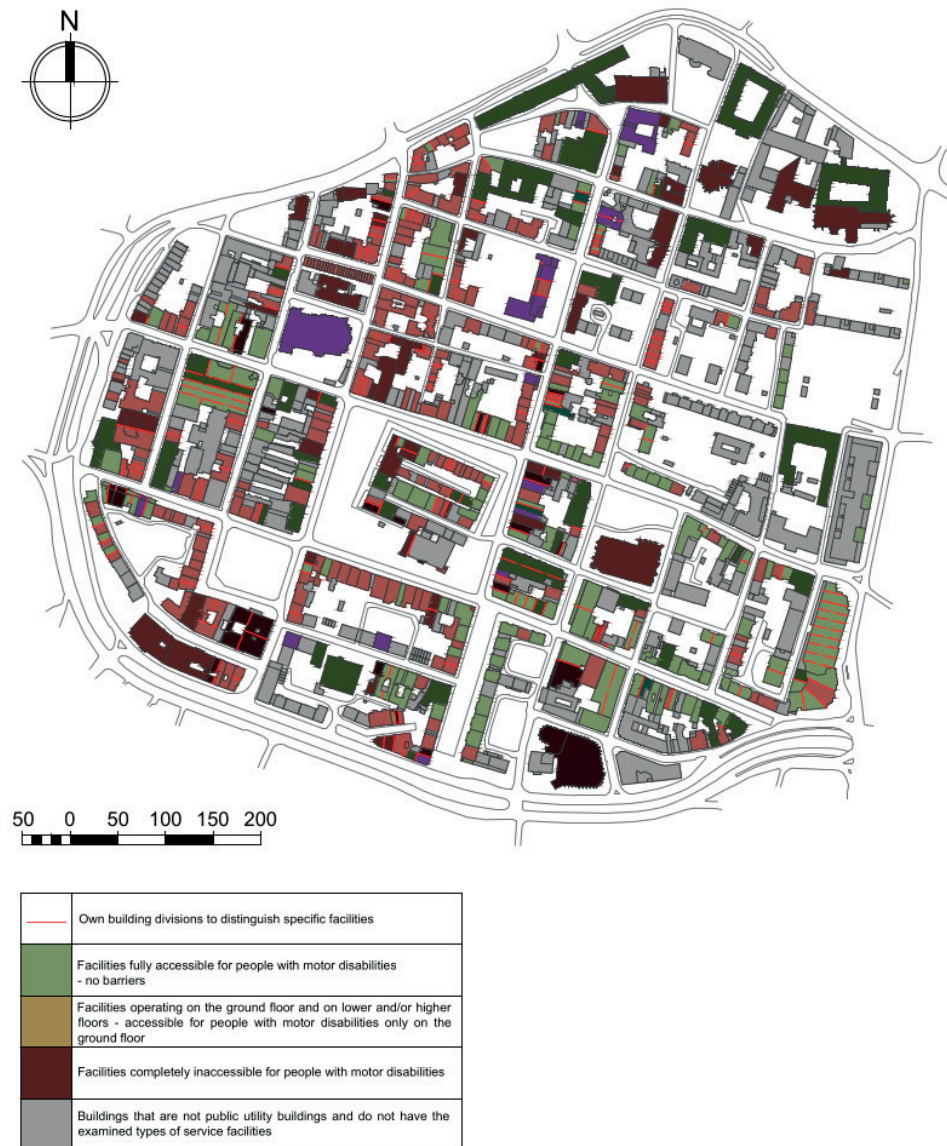


Fig. 1. The degree of accessibility of public buildings and selected service facilities in the centre of Wrocław
Source: Own study based on an urban inventory.

disabilities, such as the construction of ramps for wheelchairs (Fig. Fig. 4, 5). However, legal issues related to the protection of cultural and historical values of buildings as well as financial issues, prove to be a problem. Additionally, due to public awareness of the needs of people with disabilities still being low, such modifications of buildings may seem unnecessary or unprofitable.



Fig. 2. The Old Town Hall of Wrocław – stairs at the entrance (29.06.2022)

Source: Own study.



Fig. 3. Café Bistro – stairs at the front door (29.06.2022)

Source: Own study.



Fig. 4. Second-hand bookshop – a ramp for wheelchairs (29.06.2022)

Source: Own study.

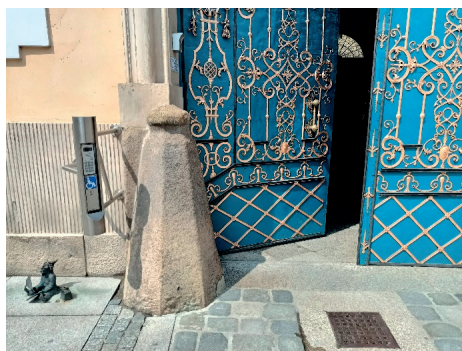


Fig. 5. University of Wrocław – the door opens automatically (29.06.2022)

Source: Own study.

In the analysed area, no relationship was found between the spatial location of a given facility and its degree of accessibility. However, there were some correlations between the degree of accessibility and the type and age of the building in which the facility operated. The lowest accessibility concerned tenement houses, which seems obvious and related to their period of construction. An important issue related to the inaccessibility of facilities operating in tenement houses and blocks of flats is the possible difficulties of reconstruction and modification. The most common problems include the complicated ownership situation of buildings and the fact that some, due to their age and historical and cultural values, are covered by various legal forms of protection (including entry in the register of monuments), which makes it very difficult to make any changes. Additionally, in the case of Wrocław, the entire area that has been subjected to the field inventory is included in the “Old Town” Culture Park (Culture Park..., 2017). On the other hand, most office buildings were found to be fully accessible (83%), because they

are relatively new buildings, designed in accordance with newer standards, taking accessibility issues into account.

However, it is worth paying special attention to the cases of buildings where the only barrier present is a threshold up to 2 cm high at the entrance. These facilities were included in the category of completely inaccessible facilities. However, as it is a relatively low threshold, some people with motor disabilities – particularly those with better motor fitness – are able to overcome it on their own. If this threshold is considered possible to overcome, the accessibility of all examined facilities would change as follows: fully accessible facilities – an increase from 38% to 43%, partially accessible facilities – an increase from 3% to 4%, and completely inaccessible facilities – a decrease from 59% to 53%.

The most common barrier in the 351 facilities classified as completely inaccessible was a threshold up to 8 cm high, occurring in as many as 126 facilities (including 33 facilities with a threshold up to 2 cm high). This was the only barrier in 22 facilities. These facilities were classified as inaccessible; however, they are not completely inaccessible considering that people with disabilities can be helped to overcome them. Other types of architectural barriers cannot be overcome by people with motor disabilities, either alone or with the help of a third party. These include: stairs in front of the entrance to a facility, which have more than one step, no elevator – in cases where a facility operates on lower and/or higher floors, and too narrow the entrance door, preventing the passage of people in wheelchairs. As regards the facilities whose only barrier is stairs in front of the entrance, there are as many as 129 of them in the analysed area (including 22 with only one step, as mentioned earlier). Facilities whose only barrier is the lack of an elevator can be considered in two ways: if they operate on the ground floor and on the lower and/or higher floors, they are referred to as “partially accessible”, since only the ground floor is accessible; however, if facilities operate only on lower and/or higher floors, the lack of a lift then clearly makes them inaccessible for people in wheelchairs (Fig. 6).

When it comes to the degree of accessibility of facilities for people with motor disabilities by the type of activity conducted, the best results were obtained in the case of banks (68%), offices (64%), facilities conducting activities related to accommodation (57%) and grocery stores (54%) (Tab. 1). The high accessibility of banks depends on the type of buildings in which they are located – these are usually fairly new office buildings. In the case of offices, their high accessibility is related to the more and more common activities undertaken by the city of Wrocław as part of its urban policy, one of the goals of which is to reduce social exclusion and eliminate urban and architectural barriers. The high accessibility of facilities providing activities related to accommodation may result from the fact that the quality of services provided by hotels and hostels translates into the number of customers who care about facilities such as lifts, ramps for prams and wheelchairs in buildings. It is not only people with disabilities who benefit from these, but also older people and carers with children. Thus, striving to ensure the highest quality of service, facilities related

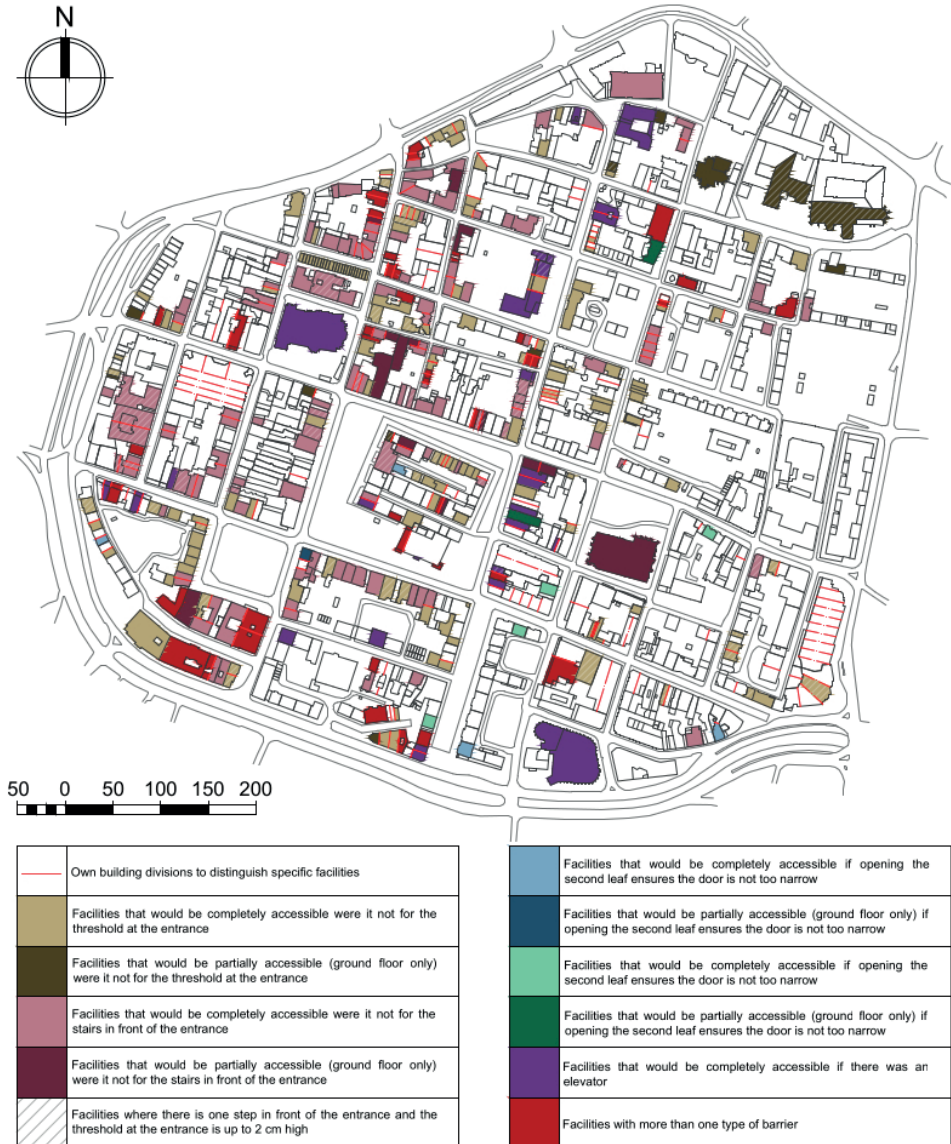


Fig. 6. Types of barriers in all inaccessible public buildings and selected service facilities in the centre of Wrocław

Source: Own study based on an urban inventory.

to accommodation also undertake activities related to the elimination of various types of barriers. In the case of grocery stores, their accessibility for people with motor disabilities is rather a matter of coincidence and results from this type of facility mainly being located on the ground floors of buildings, which were devoid of architectural

Table 1

Degree of accessibility of the studied facilities by their type of activity

Type	Number of facilities belonging to a given category	Number of fully accessible facilities operating only on the ground floor	Number of fully accessible facilities operating on the ground floor and on lower and/or higher floors	Number of fully accessible facilities operating only on lower and/or higher floors	Share of fully accessible facilities in the total number of facilities of a given type (%)	Number of facilities accessible only on the ground floor; but operating on the ground floor and on lower and/or higher floors
Restaurants	158	39	1	0	25	4
Cafes	42	16	0	—	38	3
Pubs, bars and dance clubs	44	8	0	2	23	0
Shops – other	59	19	—	0	32	—
Clothes stores	27	11	2	—	48	0
Grocery stores	28	15	—	0	54	—
Confectioneries and bakeries	9	3	—	—	33	—
Other	63	18	4	2	38	2
Accommodation	21	—	12	—	57	1
Health and beauty	46	21	1	—	48	0
Culture	19	4	4	—	42	1
Bookstores and libraries	14	4	1	—	36	—
Offices	14	—	9	—	64	1
Banks	22	10	5	—	68	0
Universities	25	1	11	—	48	5
TOTAL	591	169	50	4	38	17

Source: Own study based on an urban inventory

barriers in the analysed area. The degree of accessibility of facilities classified under other categories of activity does not exceed 50%, and pubs, bars and dance clubs (23%) as well as restaurants (25%), which are in fact places where people spend their free time, performed the worst. This significantly reduces the participation of people with motor disabilities in social life.

The reason for such low accessibility of public buildings and commercial facilities in the centre of Wrocław may be the low social awareness of the needs of people with disabilities and the resulting negligence of the problem of ubiquitous architectural barriers. Additionally, it may seem unprofitable to reconstruct and modify buildings and facilities to eliminate barriers because the vast majority of clients are able-bodied people. However, this situation may result from the fact that wheelchair users do not use these facilities precisely because of the barriers.

Conclusions

The issue of disability is gaining in significance, as evidenced by the multitude of documents, legal acts and publications dealing with the needs and problems of people with disabilities and organisations that work for them. It is becoming more and more important to counteract social exclusion and eliminate all kinds of barriers that appear in the lives of people with disabilities. Unfortunately, the study carried out in the centre of Wrocław has shown that, in practice, the accessibility of public spaces and their facilities for people with disabilities is still low. Based on the urban inventory of a total of 591 facilities located in 415 buildings it was found that only 38% of the facilities were completely accessible to people with motor disabilities. The most common barriers were stairs and high thresholds at the front door. In the study area, no relationship was found between the spatial location of a building and its degree of accessibility. However, some regularities were observed with respect to the type and age of buildings in which entities functioned – tenement houses were characterized by the lowest accessibility, which obviously results from the period of their construction. With respect to the type of business conducted, it was found that banking and other types of offices (often located in relatively new buildings), as well as stores are characterized by high accessibility. This indicates that the owners of these businesses attach great importance to adapting the space of such service establishments for potential customers. For other types of facilities, less than half were easily accessible to the disabled. The reason for poor accessibility of buildings is primarily their age, as in the centre of Wrocław buildings are mainly tenement houses built since the 14th century. This is related to other causes of low accessibility, such as legal issues related to the protection of cultural and historical values of buildings, as well as financial matters. Generally low accessibility of buildings in the centre of Wrocław means that despite the large number of theoretical solutions and ways of designing space described in various publications and laws, their application in practice is still limited.

References

- Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities (Journal of Laws of 1997, No. 123, item 776).
- Act of 3 December 2010 on the Implementation of Certain Provisions of the European Union in the Field of Equal Treatment (Journal of Laws of 2010, No. 254, item 1700).
- Act of 15 June 2012 on the Ratification of the Convention on the Rights of Persons with Disabilities of 13 December 2006 (Journal of Laws of 2012, item 882).
- Barnes, Colin i Geof Mercer. 2008. *Niepełnosprawność*. Warszawa: Sic!
- Charter of Rights of Persons with Disabilities (Official Gazette of the Republic of Poland [Monitor Polski] of 1997, No. 50, item 475).
- Constitution of the Republic of Poland (Journal of Laws of 1997, No. 78, item 483).
- Construction Law Act of 7 July 1994.
- Convention on the Rights of Persons with Disabilities by the United Nations (Journal of Laws of 2012, item 1169).
- Garbat, Marcin. 2016. Przedsiębiorczość osób z niepełnosprawnościami na przestrzeni wieków. *Niepełnosprawność – zagadnienia, problemy, rozwiązania*, 4, 33–55.
- Jaranowska, Krystyna. 1996. *Osoby niepełnosprawne w środowisku miejskim*. Warszawa: COBO – PROFIL.
- Karaś, Mateusz. 2012. Niepełnosprawność, od spojrzenia medycznego do społecznego i Disability Studies. *Przegląd Prawniczy, Ekonomiczny i Społeczny*, 4, 20-33.
- Konarska, Joanna. 2015. Bariery aktywności psychospołecznej osób z niepełnosprawnością – mity i rzeczywistość. *Przegląd Badań Edukacyjnych*, 21, 153–173.
- Labour Code Act of 26 June 1974 (Journal of Laws of 1974, No. 24, item 141).
- Mikołajów, Konrad. 2015. Przestrzeń publiczna osoby niepełnosprawnej. *E-Wydawnictwo. Prawnicza i Ekonomiczna Biblioteka Cyfrowa. Wydział Prawa, Administracji i Ekonomii Uniwersytetu Wrocławskiego*, 127–141.
- National Health Programme for 2016–2020 (Journal of Laws of 2016, item 1492).
- Nowińska, Gabriela i Jakub Nowiński. 2014. Niepełnosprawność w czasach starożytnych. *Medical Review*, 1, 119–127.
- Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2002 No. 75, item 690).
- Stochmiałek, Jerzy. 2004. Teoria oraz praktyczne aplikacje przewyżczenia barier integracji osób dorosłych niepełnosprawnych. *Chowanna*, 1, 95–114.