

LLP-ERASMUS
Intensive Programme

**Internet advanced promotional tools application for increasing awareness
of social exclusions movement**

Handicap exclusion in Italy

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*“You're not disabled by the disabilities you have
you are able by the abilities you have.*

Oscar Pistorius



1. Introduction

Historically, the society has tended to isolate weak people. Nowadays discrimination is still a problem; there are several ways to discriminate: not only intentional exclusion, but also cultural, architectonic and communicative barriers. Problems are still popular in the working world, at home, in public places and in social relations. New technologies and possibilities permit important improvements in the quality and duration of life of people with disabilities.

At first, to understand better the problem of handicap exclusion in Italy, is important to analyze some quantitative indicators and data.

2. Handicap in numbers¹

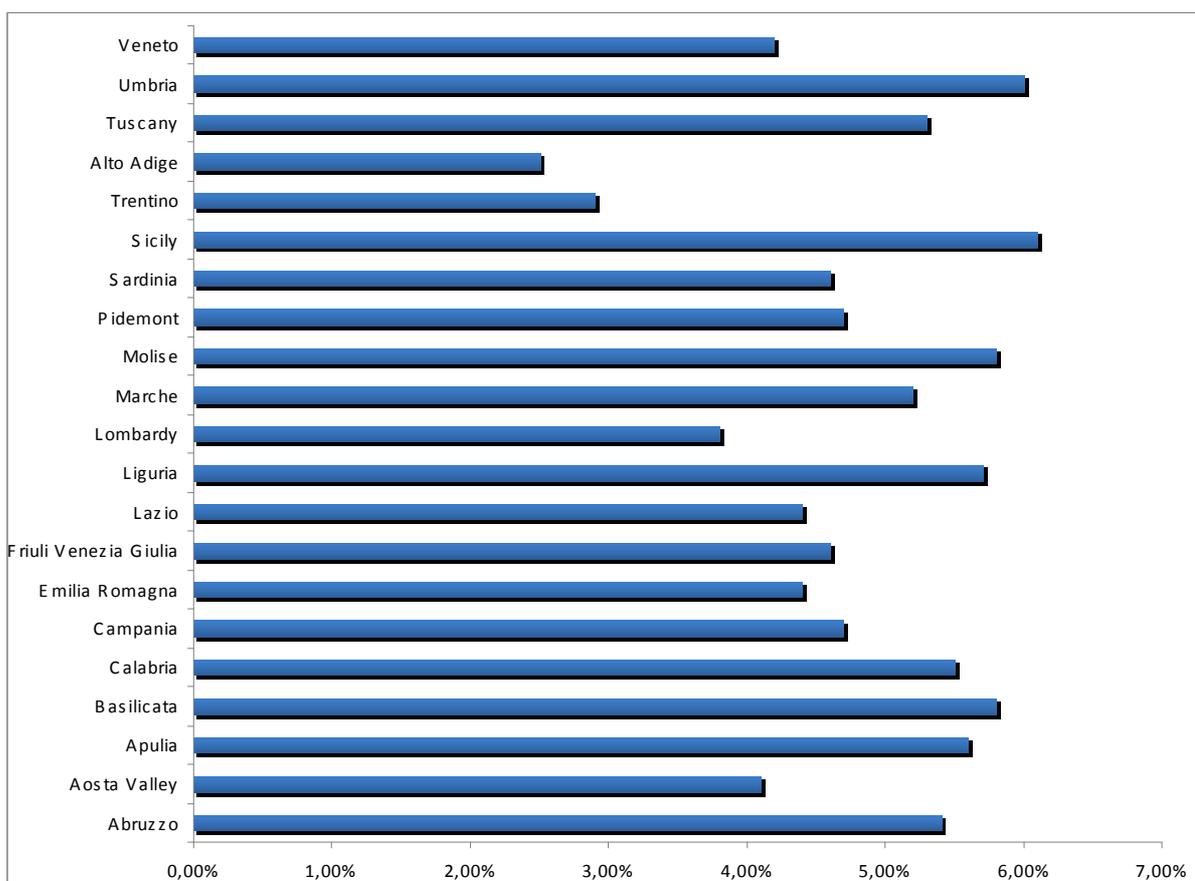
In Italy, disabled that lives in family older than six years are 2 millions and 609 thousand, 4,8% of the population. This problem affects especially old people, in fact almost half of disabled (1 million and 200 thousand) is over eighty.

Gender differences show a female disadvantage: 66,2% of people with disabilities are women, that correspond to 6,1% of all Italian women. Relative to men, the percentage is down by half.

Analyzing the regions is possible to observe different levels of disability; for example we find the highest values, 6%, in Sicily and Umbria and the lowest, 2,5% and 2,9%, in the provinces of Bolzano and Trento.

¹ Data's source is ISTAT – Istituto Nazionale di Statistica. Data referred to 6 years old people or more. Generally are considered disabled that lives in family (93%) and not in an institute.





Disabled (six years old or more) living in family for region – years 2004/2005

Source: ISTAT

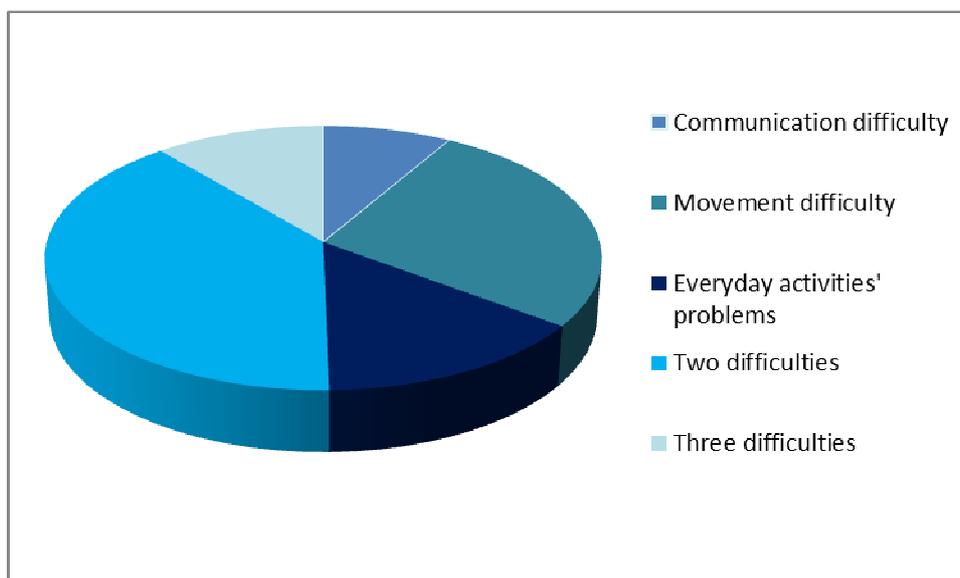
These data are referred to disabled that live in family, generally the most important foothold for face the limitation caused by disability. To be more correct, is important consider people with some handicap that live in an institute: in 2004 they were 190 thousand, 0,4% of Italian population.

Typologies of disability

The typological classification considers three kinds of disabilities:

- Movement difficulty: about 700 thousand Italians (six years old or more), 1,3% of the population, declare motor limitations.
- Everyday activities' problems: in Italy 0,7% of the population (376 thousand people) find difficulty in taking care of themselves.
- Communication difficulties: there are 217 thousand people that can't see, hear or speak (0,4%).

An half of people with some handicap, that's 2,4% of the population, shows one of these kinds of disabilities, but 1 million and 25 thousand people (1,9%) have difficulty in two of the three areas considered and 290 thousand people (0,5%) has serious problem in all the three areas. This last value increases until 6,9% among more than eighty years old.



Disabled (six years old or more) living in family: typologies of disabilities - years 2004/2005

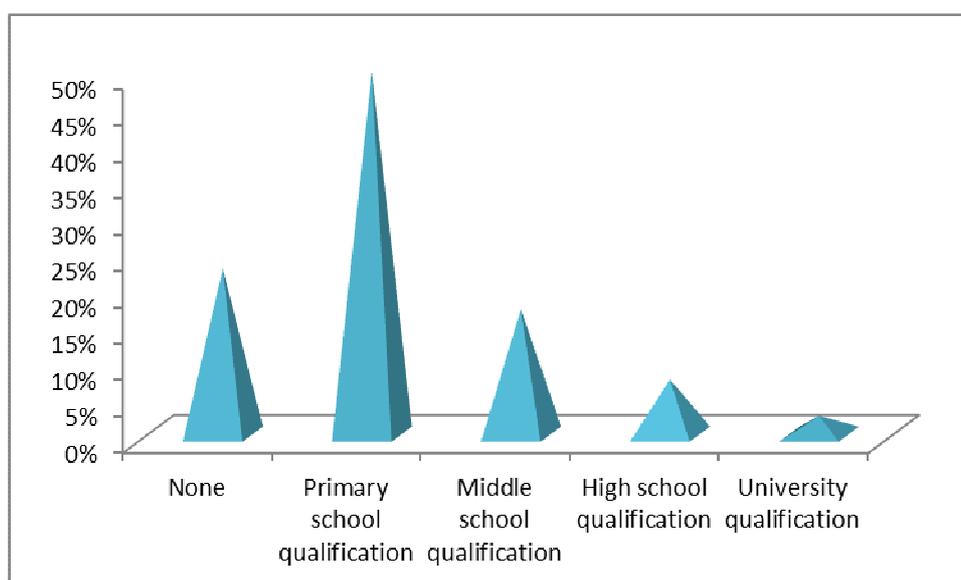
Source: ISTAT

3. Levels of exclusion

Manifestations of handicap exclusion are several and can concern many aspects of the life, for example education and job, from the individual development point of view, but also going to the cinema or take a bus could be very hard.

Education

Compared to the whole population, people with handicap are less educated. In fact, 31% of Italians went to middle school and 28% to high school. For the population with disability these values correspond respectively to 17% and 8%. Improvements can be find in youngest generations: 44% of young people with disability (25-44 years old) went to middle school and 20% to high school. In general, 23% of disabled don't have any scholastic qualification and about the 50% went to primary school.



Disabled (six years old or more) living in family: typologies of qualification - years 2004/2005

Source: ISTAT

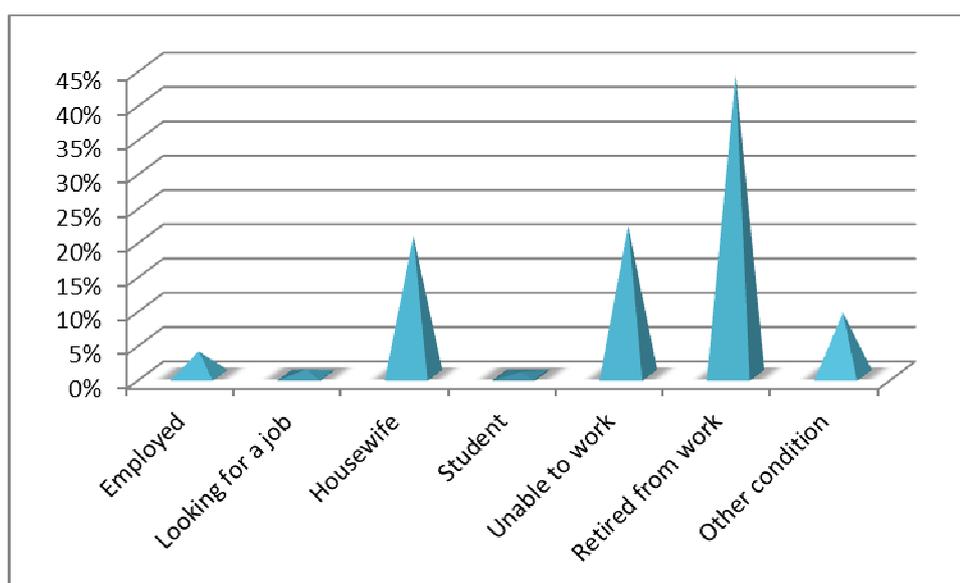
Job conditions and possibilities

66% of people with an handicap is out of work: 43,9% is retired and 21,8% is unable to work. Only the 3,5% is employed and the 0,9% is looking for a job. The percentage of people unable to work grows with the seriousness of the handicap:

- for disabled suffering from one difficulty is ranges from 8,1% to 14,3%;
- in case of two handicap reaches the 28,4%;
- for people with three difficulties rises 35,5%.

The main source of income for the 85% of people with disability is their pension and only for the 3% of them is the earned income (this value rises to 6% among men). The proportion of people whose main source of income is an allowance increases with the severity of disability:

- 4,1% for people with two handicaps,
- 5,1% for three difficulties.



Disabled (six years old or more) living in family: professional condition - years 2004/2005

Source: ISTAT

Involvement in social life²

Social participation of people with disability is the biggest and the most important challenge to deal with. In this area consider disabled problem isn't enough, is necessary to analyze the environmental and cultural context.

Information

- An estimated 32,2% of persons with disability (until 44 years old) reads newspapers almost every day, compared with 35,2% of people without disability of the same age group;
- 44,1% of disabled inquires about Italian politics.

Free time

- In the last 12 months, 28,1% of people with an handicap (until 44 years old) went to the cinema or theatre, compared to the 32,5% of people without disability;
- 35,3% of disabled reads usually books;
- 69,9% uses normally a personal computer (until 44 years old).

Physical activity³

- 16% of people with disabilities play physical activities or sports just for fun; the percentage rises to 42% considering 6-44 years old age group.

General satisfaction

- 59% is satisfied about his free time;
- 87,4% about his family relationships;
- 72,3% about friend relationships.

² ISTAT 2010

³ ISTAT 2004-2005

4. Exclusion's causes

Disabled people face numerous barriers in realizing equal opportunities. These include environmental barriers that make access to buildings difficult, legal and institutional barriers that deny fundamental human rights, and, perhaps the most difficult to overcome, attitudinal barriers which lead to exclusion from participation in social and community activities. The UN Special Rapportuer identified the following areas where disabled women and men experience distinct disadvantages (1993):

Education	Lack of access, prejudice and in many cases no admission
Employment	Lack of access, prejudice (from both employers and fellow workers)
Transport	Lack of access which presents an important obstacle to an independent life
Housing	Lack of access
Buildings/Environment	Lack of access and prejudice (access to public places may be limited)
Cultural Barriers	Traditional attitudes that may expose some disabled people (and/or their families) to feelings of shame, superstitious fear and rejection. These barriers are usually the main obstacles to the integration and full participation of disabled persons in all aspects of life.

5. Individualization of disability

Social exclusion can be seen as a process and a state that prevents individuals or groups from full participation in social, economic and political life or as an accumulation of confluent processes leading to marginalization with respect to the prevailing values of a community (United Nations, 2007).

I have horrible scars on my face. What I mean by that is that people react to them with horror. Forty-years ago, when I was in my twenties, and also when I was a child, I so hated the way that I looked. I tried not to think about it but every time I went out in the street I would be reminded about how I looked because of the way people reacted to me. As I walked down the street and someone was coming towards me, they would look and then drop their eyes or move their head, as if the horror was too much. But they could never, ever resist looking again' (Morris, 1997).

Morris argues that it is the 'individualization of disability' that equates incapacity with personal tragedy, and that it is the apparent connection with individual psychological problems that prevents a more focused examination of the experience of disability within a social context. A study of society's interpretation and perception of what is appropriate behaviour for women (and men) is, it is argued, likely to be more revealing than a study of the disabled individual. The experience of disability varies according to culture, ethnicity, race, class, age and gender. It is argued that like gender, disability is also a social construct, that is, that women and men's experience of disability is determined by society's attitudes and perceptions of disability itself.

6. The relationship between masculinity and disability

The relationship between masculinity and disability provides an insight into the way that mainstream society defines physical incapacity. For men, disability often means that they are unable to fulfil society's expectation of masculinity in terms of strength, physical ability, status and authority. Disability may affect their ability to meet their gender expectation as the head of household or see to more 'masculine' type of household tasks traditionally ascribed to male gender roles e.g. mowing the lawn in Western societies or shopping in many conservative societies in South Asia. For example, the American president Franklin D. Roosevelt was paralysed from the waist down and in a wheelchair, and yet this was hidden from the American and international public and he was never seen in a wheelchair, lest it detract from his perceived leadership qualities (Gallagher, 1985 cited in Morris, 1997).

7. The relationship between femininity and disability

The relationship between femininity and disability is arguably more complex than between masculinity and disability: an essential aspect of being a woman in any society involves an element of passivity and dependency. And yet, these constitute a common social experience for disabled women. Women, therefore, receive conflicting messages about their traditional reproductive role as homemakers, mothers, wives and partners: they are unable to fulfil these roles but neither do they conform to society's expectations of femininity and beauty.

In cultures where childbearing is synonymous with womanhood, ignorance about the physical capabilities of disabled women and men to bear children or to have healthy children may adversely affect their life chances to marry and have children. In cultures where children are a socio-economic necessity, particularly within a rural farming environment, and where status is accrued from having boy-children, the

impact of such exclusion can be profound. Additionally, misconceptions that perceive the disability to be ‘contagious’ or ‘inherited’ may serve to further exclude disabled women further from participating in community or social activities.

Unequal gender relations combined with the absence of availability of suitable and affordable formalized care in many societies result in women having to shoulder a disproportionate share of caring responsibility for disabled family members. Traditional perceptions of gender roles enable men to have greater access to formal support services than women for whom a caring role is viewed as being consistent with their reproductive role as mothers and wives. The role of principle provider of informal care, isolation and overwork has a negative impact on the economic, social and emotional lives of all carers, but this situation may be further exacerbated because of poverty and gender concerns.

In examining the impact of cultural differences on people with disabilities Whyte and Ingstad (1998) argue that sensitivity to cultural factors should not deflect attention from the different social and economic circumstances of families to provide care and rehabilitation to infirm family members. They suggest that whilst most families with disabled members provide care and support to the best of their ability, a combination of superstition, ignorance and limited household resources in many poorer countries may lead to neglect and abuse. However, within many developing countries inadequate government health service provision has shifted the responsibility on to individual families that leave families with no alternative to home based care.

The exclusion of disabled women and men from participation within local community or political decision-making processes runs the risk of rehabilitative services that are inappropriate and/or inaccessible, and therefore fail to reflect their practical and strategic needs. The exclusion of disabled women and men from community level politics will further limit their potential to influence long-term strategic change within the disability rights and advocacy movement.



The provision of rehabilitation services for people with disabilities has traditionally been perceived as the sole responsibility of the health sector. However, recent shifts in rights based approaches has resulted in the movement of an holistic approach to meeting the rehabilitation needs of people with disabilities. This section explores the role of good governance in the implementation of rehabilitation strategies within an equal opportunities framework.

Traditional categorization as 'special' or 'different' has marginalized the needs of disabled people. A medical approach that perceives disability as an individual health 'problem' has emphasized changing the individual to mould her or him to society's demands rather than promoting social change through empowerment. Thus a medical approach has tended to focus on identifying specialized solutions that emphasize difference rather than promote integration (Coleridge, 1993).

However, two significant developments during the last two decades have shifted the debate surrounding responses to people with disabilities. First, a dramatic change in attitude has occurred during this period that identifies disability as a social construct and advocates a social model of disability as opposed to a medical one. Coleridge argues that the introduction of the concept of 'barrier removal' i.e. the task of communities and rehabilitation services to remove the barriers that disabled women, men and children face as a result of their impairment has provided a progressive perception of disability rehabilitation (1995).

Second, an increasing emphasis on a rights-based approach to development has led to a recognition that disabled people have a right to health, to a livelihood and opportunities for human development, to social protection, and the right of some groups to extra attention to ensure that they get the same rights as everyone else, including disabled people. This movement has been further strengthened by the connection between disability and Human Rights afforded by several international legal frameworks including those proposed by the International Labour Organization, UN, CEDAW and the Beijing Platform for Action (1995) to name a few (Coleridge, 1993).



A rights based approach argues that if all individuals are rights-holding citizens, then the right to participate and to equality of care are all part of this approach. In working towards an inclusive society, the disability policy objective should be to enhance the dignity, well being and empowerment of disabled women and men, by enabling them to achieve the essentials of life, equality and participation, independence and self-determination. This may be achieved through ensuring that basic rights are recognized, through prevention and rehabilitation, universal access and support services.

Equally importantly the special and specific needs of disabled women and girls must occupy a central position within a rights-based approach. The targeting of disabled women and of women as carers must include a policy objective on women's well-being through a recognition of their entitlement to live as full a life as possible, politically, economically and socially (Sen, 1999).

Disability, as a result, exclusion from participation in productive and social activities is an issue of good governance since the capacity of disabled women and men to perform as political actors is severely limited by their daily struggle to survive. Good governance is essential if the human rights of marginalized women and men, including those who are disabled, in Southern countries are to be protected. However, the use of aid as a means to demand change will not necessarily guarantee accountability to respect or promote the rights of disabled women and men equitably. A good government will need also to ensure that strategies that promote women's agency are mainstreamed at all levels of social and economic development (Sen, 1999).

Disability must be defined in a human rights context: often one is disabled as a result of a denial of rights and one's rights are often denied as a result of one's disability. Moreover, the fact that the majority of the world's disabled population live in the developing world makes it imperative that rehabilitation strategies constitute a central part the development agenda for Northern and Southern



countries. The exclusion of disabled people implies a loss of productivity in general, and of human potential. The economic impact of excluding an estimated 500 million disabled women and men from taking an active part in productive activity is potentially very high (Gulshun Rehman, 2000/2001).

The relationship between poverty and disability is inextricably linked for many communities in the developing world. Malnutrition, war and conflict, exposure to hazardous environments exacerbates the vulnerability of poorer households to accidents and illnesses leading to permanently disabling conditions. Whilst, culture, ethnicity class and age is an important factor in determining the reality of disability for disabled women, men and children, gender relations also plays a significant role in women's and men's experience of disability (Gulshun Rehman, 2000/2001).

It has been argued that like gender, disability is also a social construct in that society's perceptions of and attitudes to disability will influence women and men's experience of disability. However, in many developing country contexts', where women occupy a subordinate position because of entrenched traditional expectations and attitudes of gender roles, the agency of disabled women is severely undermined as disabled women, as parents and as carers of disabled family members.

The integration of disability as a development issue must, whilst being anchored in a rights-based model, adopt a holistic approach to rehabilitation strategies. A multi-disciplinary approaches involving several key sectors such as health, housing, education and anti-discriminatory legal frameworks designed to empower disabled women and men are also essential. The adoption of a gender perspective in the development of a health and disability policy and planning framework is essential if the needs of disabled women and men are to be addressed effectively (Gulshun Rehman, 2000/2001).

Changes in development thinking that recognises the impact of exclusion from mainstream community activities for certain marginalized groups has changed society's attitude to disability, emphasising a social model of disability as opposed to



a medical one. Additionally, a shift from a 'welfare' and 'needs' based approach to a rights based approach with an emphasis, inter alia, to a right to opportunities for human development and to social protection have been instrumental in bringing about significant shifts in attitudes and intervention strategies (Gulshun Rehman, 2000/2001).

Some also argue that disability, like gender, is mostly culturally and socially determined in that society's attitudes and perceptions of disability itself determines experiences of women and men of disability. Thus a social construction of disability that sees disability as a medical 'problem' has tended to focus on strategies to change or 'mould' the individual to fit in with society's demands. In many contexts this is manifested through latent discrimination at the individual level and at a national level through health policies that fail to prioritise rehabilitation services for people with disabilities within a policy and practice framework (Gulshun Rehman, 2000/2001).

A social model of disability also recognises that people with disabilities are not a homogenous group, and that discrimination within mainstream social, cultural or economic spheres will be reflected in the negation of the rights of certain sections of the disabled community. Women and men's reality of disability is context specific and varies greatly according to sex, ethnicity, the environment and socio-economic status (Gulshun Rehman, 2000/2001).

Rehabilitation strategies have sought to reinforce the fundamental message that integration of disabled people must ultimately be about the removal of barriers rather than an emphasis on 'normalisation' or cure or care.

The concept of human development recognises the fundamental rights of physically impaired women, men, girls and boys to function like other individuals, to engage in productive labour and to participate in social activities. For a society to be fully inclusive, government policy and practice, the legal framework, civil society and all services and facility providers must adopt an approach of equal access for all within the community. The mainstreaming of disability within an equal opportunities



framework where inclusion, advocacy and agency regardless of gender, age, vulnerability, ethnicity must be central to the development agenda of national machineries (Gulshun Rehman, 2000/2001).

8. The role of the Italian Government

The *Minister of Labour and Social Affairs with responsibility for Equal Opportunities* promotes initiatives about the equal opportunities for all, the full social inclusion and the creation of a “society for all”, through the removal of the causes that prevents and limits the accessibility to the different areas of people’s life.

These initiatives are formulated according to national legislation and the commitments made by the EU and international.

The principal activity are:

- Promote, support and coordinate projects and initiatives aimed inclusion of persons with disabilities, to promote access to everything for everyone, active participation in social development and to spread a new culture of disability, based on recognition of the equal dignity and equal opportunities for all.
- Providing informational support to institutions and individuals also to verify appropriate quality and usability of social services.
- Treating activities for the preparation of legislative initiatives and to promote analysis and reports on the status of persons with disabilities.
- Secure the connection with the representative organizations of persons with disabilities, voluntary organizations, social partners, and with the formation of active citizenship for the promotion and coordination of interventions in favor of persons with disabilities.
- Facilitate the exchange of best practices, in connection with regional and local authorities, about the integration of persons with disabilities, assistance, innovative projects for independent living.



- Participate in activities promoted by the European Union, the Council of Europe and the United Nations in collaboration with the competent institutions of other countries about disabilities⁴.

9. Disability and legislation

The rights of persons with disabilities could be divided in some main areas:

Health. Persons with disabilities have the right to healthcare generic and aftercare, through the rehabilitation for the maximum possible recovery of the functions that a disease has stopped or reduced. They have also the rights to prosthetic assistance to reduce disability and improve the capacity for autonomy, mobility, communication and relationship. People with disabilities don't have to pay the ticket for specialist examination, for the purchase of drugs and for examinations to monitor the disease. They can also deduct 19% of health care costs on the IRPEF (the portion that exceeds 129,11 euro).

Employment. There are a legislation to encourage the employment of persons with disabilities. An important law is the Law 381/91 on the "Discipline of social cooperatives", to promote and encourage the formation of cooperatives, designed to create environments suitable for the employment of disabled people. The Law 68/69 provides for the creation of services for the employment of disabled workers, by requiring public agencies, political parties, non-profit organizations and private enterprise to employ people with disabilities. There are benefits for employers and for workers with disabilities.

Education. The children with disabilities are integrated in the school open to all, through the supporting of a special education teacher. The special education teacher collaborates with teachers in the teaching activities, works for the autonomy of the student, stimulates personal communication, accompanies and assists the student in

⁴ <http://www.lavoro.gov.it/Lavoro/md/AreaSociale/Disabilita/> (last visit: 11/02/2013)



domestic travel or off-site. The Law 104/92 stipulates that in each school context, from Kindergarten to University, must be guaranteed equal opportunities for integration of the student with disabilities. For the university students with disabilities must be available technical and teaching aids and the support of a tutor (Law 17/99).

Architectural barriers. The architectural barriers are all the obstacles, especially building (stairs, elevators, sidewalks) that impede the full mobility of people with mobility difficulties. The Law 118/71 provide for the elimination of architectural barriers in public buildings open to the public. The Law 13/89 speaks about the problem of architectural barriers in private buildings, and provides some contributions for the disabled that wants to remove from their homes and condominium areas the architectural barriers or structural impediments.

Transport. There are benefits in the auto industry with severe disabilities: reduction of IVA on the purchase of new or used cars, IRPEF deduction of 19% of the purchase and for the cost of repair, exemption from payment of “Bollo” for one car. The person with disabilities has access ad stops in areas closed to regular traffic and reserved seats in the areas of public parking. The Law 104/92 provides for the adaptation of public transportation to accommodate persons with disabilities, but there aren’t special tariff concessions. The mobility aids, like wheelchairs- lifts- stairlifts, are the responsibility of the National Health Service.

There is a national legislation for this topic, and every region of Italy can have some differences in their legislation⁵.

10. Provincia di Trento (Province of Trento)

The province of Trento has developed a allowance of care for people with disabilities; the law that speaks about this matter is the provincial Law 24 July 2012, n.15 for encouraging people with disabilities to stay at home. The allowance of care

⁵ http://www.fondazione-serono.org/221?news_progetto_centralita=175 (last visit: 11/02/13)



is paid second the severity of the cases and the economic status of the family (ICEF). There are 4 levels of gravity, with a minimum and a maximum value depending on the ICEF.

The allowance of care is given to those who have the following requirements:

- The recognition of the state of civil disability and the right to receive the compensation benefit accompanying.
- The residence in the province of Trento at least 3 years.
- Economic conditions of the family determined by the ICEF.

The allowance of care is finalized to pay caregivers, to buy care services, to offset the aid of a family member of the person with disabilities and to pay the cost-sharing of public welfare services⁶



11. Associations in Trentino

There are a lot of associations non-profit in Trentino, with the aim to make life better for people with disabilities.

Association "La voce dei disabili" ONLUS. It has the aim to protect the persons with disabilities and their promotions with positive actions; it wants to remove every obstacle that hinders their full social integration and their full human development. The Association is committed to the effective equality between all people, disable and normal

⁶ Brochure "L'assegno di cura per prendersi cura" of Azienda Provinciale per i Servizi Sanitari.



people; it's available to provide answers to problems of the persons with disabilities, through the voluntary action⁷.



*Coida – Centri Polivalenti Diversamente Abili ONLUS*⁸. They want break the socio-cultural barriers through the sport. With the passion for sport, culture and education, they wish to improve the condition of persons with disabilities. Their goals are:

- Implementation, organization and management of centers for sport for persons with disabilities.
- Psychomotor recovery
- Study and activation of laboratories for the development of biodynamic
- Action, promote and execution for educational and training activities for specialized staff for the care and treatment of people with disabilities
- Preparatory to the development of sporting activities for disabled and disadvantaged people
- Implementation and management of “retirement home” for disabled and disadvantaged people with attached schools, kindergartens, shops structured and designed specifically for disabled
- Promotion, through the media, the activities of the center to raise public awareness
- Collect funds for the support of centers and also to finance the medical and scientific research.



*Cooperative “La Ruota” ONLUS*⁹. It's a non-profit organizations and its goal is to support the independence of people with disabilities through a transport service, promoting access to social service, health service and work. The cooperative promotes

⁷ http://www.trentinolibero.org/index.php?op=Associazione_La_Voce_dei_Disabili_onlus (last visit:12/02/13)

⁸ <http://www.coida.it/> (last visit: 12/02/13)

⁹ <http://www.laruota.coop/> (last visit: 12/02/13)

also socio-cultural animation for the sensitization about the problems of the “Handicap” and it creates moments of interaction with people with disabilities.



*Laboratorio sociale – Trento*¹⁰. It's a cooperative non-profit, its goal is the full integration of people with disabilities in the society. They operate for the welfare of each partner users. The cooperative offers physical-cultural-recreational activities and occupational therapy; this conditions give the dignity of “workers” to people with disabilities.



*A.N.F.F.A.S. Trentino ONLUS*¹¹. The purpose is to break the isolation of disabled boy and to raise the public awareness in this matter. It's engaged in scientific projects in collaboration with research institutions, offers personal services residential and activity during the day.

12. Opera Universitaria di Trento (University of Trento)



Since October 1999, the *Opera Universitaria of Trento* manages the Disability Service. It offers a lot of services for the students with disabilities like financial aid, personalized rooms, personalized transport, teaching aids and teachers contact. The students, with a disability equal or greater than 66% , don't pay the tax for the entire period of study and regardless of the economic situation of the family.

The *Opera Universitaria of Trento* offers apartments with domotic technologies, the structures are barrier-free and equipped for disabled people; there also apartment reserved for sensory disabilities.

¹⁰ <http://www.laboratoriosociale.it/> (last visit:12/02/13)

¹¹ <http://www.anffas.tn.it/> (last visit:12/02/13)

The transport is provided by the project “MuoverSi” and many urban bus network are equipped for the transport of disabled persons in wheelchairs.

There is a structure where there are study room, a relaxation lounge, some internet terminals and a room for visually impaired and blind students.

The University of Trento offers these services for students with disabilities and make the university accessible to all.



Conclusion

Finally, we think that the best way to conclude is with a passage of Alessandro Borio and Mauro Barbero's book: "Come Gengis Khan. Diario di Paolo, un ragazzo diversamente dotato".

The summer was over, my last summer as a little child. Mum told me that I will have a teacher all to myself. I told her that if every child had a teacher, the school had to be very busy.

"Not all children, silly, others don't need it!" Mom said.

"The others?" I asked.

"Those normal, my poor child."

"What does 'normal' mean mom?"

"Normal means...like everyone else."

Than mom said she had to clean the bathroom and ran away quickly. Strange, I thought she had already finish to clean it.

Left alone with Gabriele I asked him "What does 'normal' mean?". He said that if you are a seagull and you live among other gulls you are normal. But, if you are a seagull that lives among horses you aren't normal.

Normality isn't up to you, but depends on the people around you.



Passò l'estate, la mia ultima estate da bambino piccolo. Mamma mi disse che avrei avuto una maestra tutta per me. Io le risposi che se ogni bambino aveva una maestra la scuola doveva essere molto affollata.

"Non tutti i bambini, sciocchino, gli altri non ne hanno bisogno!" disse la mamma.

"Gli altri quali?" chiesi io.

"Quelli normali, povero bambino mio".

"Cosa vuol dire 'normali' mamma?"

"Normali vuol dire... come tutti gli altri".

Poi la mamma disse che doveva andare a pulire il bagno e scappò via in fretta.

Strano, mi pareva che avesse già finito di pulirlo.

Rimasto solo con Gabriele chiesi a lui cosa volesse dire normali.

Lui mi disse che se sei un gabbiano e vivi in mezzo altri gabbiani sei normale.

Se sei un gabbiano e vivi in mezzo ai cavalli non sei normale.

La normalità non dipende da te ma dalle persone che ti circondano.



Bibliography

Beall, J., 1993, *In Sickness and in Health: Gender Issues in Health Policy and their Implications for the 1990's*, Development Planning Unit, University College London, UK;

Borio Alessandro, Barbero Mauro, 2003, *Come Gengis Khan. Diario di Paolo, un ragazzo diversamente dotato*, Collana "Sentieri della mente";

Coleridge, P., 1993, *Disability, Liberation and Development*, Oxfam/ADD, Oxford;

Despouy, L., 1993, *the UN Special Rapporteur of the Sub-Commission on Prevention of Discrimination and Protection of Minorities*, United nations, Geneva;

Gulshun Rehman, 2000/2001, *Mainstreaming Gender in Disability and Rehabilitation: A development perspective*. MSc in Social Development Practice;

Morris, J., 1997, *Gender and Disability in Disabling Barriers- Enabling Environments*, (Eds) Swain, J., et al, The Open University, SAGE, London;

Reynolds Whyte, S., and Ingstad, B., 1998, *Help for people with disabilities: do cultural differences matter?*, World Health Forum, Volume 19;

Sen, A., 1999, *Development as Freedom*, Oxford University Press, Oxford;

United Nations, 1993/19, *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities*, United Nations, New York;

Walmsley, J., 1997, 'Talking to top people': some issues relating to the citizenship of people with learning difficulties in *Disabling Barriers- Enabling Environments*', (Eds) Swain, J., et al, The Open University, SAGE, London;

"L'assegno di cura per prendersi cura", Brochure of Azienda Provinciale per i Servizi Sanitari;

www.anffas.tn.it



www.coida.it

www.fondazione serono.org

www.laboratoriosociale.it

www.laruota.coop

www.lavoro.gov.it

www.trentinolibero.org

