

## PERSON WITH DISABILITIES: INCLUSIVE PHYSICAL ACTIVITY & PHYSICAL EDUCATION LITERACY AND GUIDELINES FOR REPORTING AND WRITING BASED ON THE EVIDENCE

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### ABSTRACT

This study was aimed to investigate the literacy and guideline for reporting and writing about the inclusive physical activity (PA) and physical education (PE) of person with disabilities for quality implantation of education, health and life. It was an historical research in inclusive Physical Activity and Physical Education. The topic was the literacy for reporting and writing about person with disabilities. The paradigm was an intellectual device that contains a scholar's beliefs and assumptions about the world, the past and the evidence (Struna NL, 2009). The data was based on the sources hierarchical system: primary (UN-Declaration of human rights of person with disabilities; WHO-ICD10/ICF; UNESCO- Chart of PE and sport) and secondary (academic articles, chapters books, media and multimedia documents). The data analysis was based on Historical criticism (external/authenticity and internal/credibility of the sources).

The data showed the appropriate:

1. terminology (person with... disabilities, learning disabilities, quadriplegia, autism, trisomia 21 syndrome; visually impaired, deaf...)
2. portrayal issues (focus on person; emphasize on the skills, abilities; inclusive society and education...)

The literacy and guideline, for reporting and writing about the inclusive physical activity (PA) and physical education (PE) of person with disabilities, was the opportunity to build:

- the dignity of person with disabilities versus the dignity of all the perso,;
- the culture of inclusive PA&PE versus the inclusive society,
- the sharing specific langue versus society of knowledge,
- the sharing knowledge versus networking research all over the world,
- the networking research versus the multilevel cooperation (academic, professional...),
- the networking/ multilevel knowledge versus the implementation of quality of education, health and life of all the person.

**Key words:** Person with disabilities, inclusive PA&PE, literacy&guideline, reporting&writing

### INTRODUCTION

This study was aimed to investigate the literacy and guideline for reporting and writing about the inclusive physical activity (PA) and physical education (PE) of person with disabilities for implantation of quality of education, health and life.

The researchers, journalist, the teachers and all the person need to use accuracy terminology in according with:

- international UN Declaration of rights of person with disability (2006)
- International UNESO Declaration of Berlin about 5th International Conference of Ministers for inclusive physical education and sport (MINEPS V, 2013)
- international UNESCO program Quality Physical Education (Paris, 2013)
- organization of person with disabilities
- academic and professional expert (e.g. Guidelines for reporting and writing about people with disabilities -7th Edition - University of Kansas, 2008); (IFAPA, FIEP...)
- international WHO - World health Organization classification – ICDH-10, ICF (2002) and ICF- CY (2007)

The accuracy terminology was the first step about the to develop positive image of the person with disabilities and to grow inclusive culture in all the fields of the society (laws, rights, education, health, job, personal dignity, sport...).

In the 3<sup>rd</sup> millennium society was became the individual difference as moral and ethical value to avoid discrimination, exclusion versus new inclusive society.

### METHODS

It was an historical research in inclusive Physical Activity and Physical Education. The topics was the literacy for reporting and writing about person with disabilities. The paradigm was an intellectual device that contains a scholar's beliefs and assumptions about the world, the past and the evidence (Struna NL, 2009). The data was based on the sources hierarchical system: primary (UN-Declaration of human rights of person with disabilities; WHO-ICD10/ICF; UNESCO- Chart of PE and sport) and secondary (academic articles, chapters books, media and multimedia documents). The data analysis was based on Historical criticism (external/authenticity and internal/credibility of the sources).

The multiplicity of sources and their triangulation between scientific knowledge-laws-good professional practice allows you to gave foundation to the processes of inclusion in the scientific, and professional best practices

### RESULTS

The data showed the appropriate:

- portrayal issues (focus on person; emphasize on the skills, abilities; inclusive society and education...)
- terminology (person with... disabilities, learning disabilities, quadriplegia, autism, trisomia 21 syndrome; visually impaired, deaf...)

#### a) Portrayal issues (focus on person; emphasize on the skills, abilities; inclusive society and education...)

The portrayal issues for person with disabilities were oriented versus the bio-psycho-social approach. The ICF (2002) and ICF-CY (2007) bio-psycho-social model were focused not only on the diseases, impairments, injury (Health situation as diseases, pathology: Body Structure and Function) but also on the effect on the life quality (Activity, Participation and environmental-social factors, personal factors).

The focus was transferred from the on disability (what they cannot do- bio medical model based on diseases, impairments, injury) to person (what they can do - bio-psycho-social model based on residual skill, competence and facilitation from the environmental based on the Ecological approach (Devis and Burton, 1999 ) and ICF/YC approach (WHO, 2002-2006)

The UN Convention of rights of person with disabilities (2006) was affirmed before the rights to be person...and after to be individuals with differences. The personal differences were became the right of dignity and right of individualization and personalization in the entire field of the life and long all the life.

The general principle were (art 3): respect of the dignity of person with disabilities, individual autonomy, decision liberty and independence; non discrimination; participation and inclusion in the society; respect of the differences, the disabilities were became as one of expression of the humanity difference; same opportunity; same opportunity for gender; respect of skills, capacities development in the child and young with disabilities. The specifics articles were affirmed: general oblige (art. 4); equality and no discrimination based on disabilities (art. 5); woman with disabilities (art.6); child and young (art. 7); accountability (art. 8); accessibility (art. 9); life right (art. 10); risk and emergency (art. 11); legal personality (art 12); justice accessibility (art. 13); freedom and safety of the person (art. 14); no torture and no cruel-inhuman penis (art. 15); no violence and exploitation (art. 16); protection of person integrity (art 17); freedom of movement and citizen (art. 18); autonomy life and inclusive society (art. 19); accessibility (art. 20); freedom of expression, opinion and accessibility at information 8art. 21); respect of private life (art 22); respect of right of family (art. 23); education (art. 24); health care (art. 25); rehabilitation (art. 26); job (art 27); quality of life and social protection (art. 28); participation at political and social life (art. 29); participation at cultural, free time, sport (art. 30); statistical data (art. 31); international cooperation (art. 32); monitoring (art. 33); Committee about the rights of person with disability, relationship with state, rapport, cooperation and relation with other international organization, conference (art. 33-34-35-36-37-38-39-40); management (art. 41-42-43-44-45-46-4748-49-50.)

The focus was the person and not the functional limitation. If it was used the person as the disability (for example a *quad*) dehumanizes the individual and equates the condition with the person

Put people first, not their disability... Say *woman with arthritis, a child who has a learning disability, or person with a disability*. This puts the focus on the individual, not the particular functional limitation.

It is people first, too, for indicating disability groups. Say *people with cystic fibrosis* or *people who have cancer*. Terms such as "the \_\_\_\_\_ (for example, "the retarded") imply a homogenous group separate from society as a whole (Guideline University of Kansas, 2008).

The successful people with disabilities were not as heroic or saints. These stereotypes of person with disabilities as "super humans" were raised false expectations for person with and without disabilities.

The negative labelling "*afflicted with..., crippled with..., victim of or suffers from...*" were pity and charity point of view and they devalued individuals with disabilities. It was more neutral to say an individual with AIDS than a person who suffers from AIDS. In the same way, didn't use emotional descriptors such as unfortunate or pitiful (Guideline University of Kansas, 2008).

The focus and emphasis were transfer from on the limitations versus the skills, abilities, capacities abilities not limitations. (e.g. *uses leg braces* or *walks with crutches*, is more accurate than *confined to a wheelchair* or *wheelchair bound*. The wheelchairs and crutches represented independence, not a burden. If the aims were emphasize capabilities, avoided the suffix-words *in, dis, un, or de*. The terms invalid and defective were suggested inferiority.

The term euphemisms for describe disabilities and *handicapable, differently abled, special, and challenged* were reinforced the idea that people cannot deal honestly with their disabilities (Guideline University of Kansas, 2008).

The handicap was not a person but contextual situation. (ICF 2002; ICF-CY 2007)

The respect of integrity of each individual was preserved if it was not used the offensive words or phrases such as *freak, subnormal, vegetable, misshapen, feeble minded, or imbecile*. (Guideline University of Kansas, 2008)

## b) Terminology

**Accessible** refers to accommodations for people who have a disability. Replace *disabled* or *handicapped* with *accessible* such as an *accessible parking space* rather than a *handicapped parking space* (1) *refers to the provision of facilities and equipment that is located in a safe environment free from threat and danger, is regularly serviced, fully functioning and fit for purpose, is available to the entire students population person with disabilities, or those with specific cultural/religious requirements, and where appropriate is modified or adapted to meet specific need e.g. separate changing facilities* (6)

**Adapted Physical Activity** is understood as having a central focus on individual differences in physical that require special attention. Adaptation involves modification, adjustment, or accommodation in accordance with assessment data. Individual differences include impairments disabilities, handicaps and other special need as delineated by various governing bodies (2) (3)

**ADHD** (Attention-Deficit Hyperactivity Disorder) is a syndrome of learning and behavior problems characterized by difficulty in sustaining attention, impulsive behavior, and usually by excessive activity. Do not say *hyperactive*. Say *person with ADHD* (1).

**Advocacy** is an active process designed to make any social system more responsive to the needs of each individual participating in that system. Through advocacy, individuals with disabilities can communicate their needs and choices and participate in decision making that affects them. (1)

**Autism** is considered to be a spectrum condition, as the symptoms may encompass a wide array of physical and behavioral anomalies. These conditions may be characterized by functional limitations in social interactions, language use and form, and repetitive actions. Effects can result in mild to severe impairment and can be mixed, that is, a person with severe limitations in one area, may have normal or even extraordinary capabilities in another. Do not say *autistic*. Say *person with autism* (1.)

**Blind** describes a condition in which a person has loss of vision for ordinary life purposes. Visually impaired or living with vision loss are the generic terms used by some individuals to refer to all degrees of vision loss. Say *boy who is blind, girl who is visually impaired, or man who has low vision* (1).

**Brain injury** describes a condition where there is long-term or temporary disruption in brain function resulting from injury to the brain. Difficulties with cognitive, physical, emotional, and/or social functioning may occur. Do not say *brain damaged*. Say *person with a brain injury, woman who has sustained brain injury, or employee with an acquired brain injury* (1.)

**Chronic fatigue syndrome** has been debated as the proper term to describe this specific chronic condition in which individuals experience six or more months of fatigue accompanied by physical and cognitive symptoms. *Chronic fatigue and immune dysfunction syndrome* today is currently preferred even though it does not adequately describe this condition, known as *myalgic encephalomyelitis* in Europe and by other terms, depending on region. Be sure to term this condition correctly. For example, *Yuppie Flu* implies personality disorders and is not scientifically supportable. Do not get it mixed up with overlapping or similar conditions such as *Epstein-Barr Virus Syndrome* (1.)

**Cleft lip** describes a specific congenital disability involving the lip and gum. The term *hare lip* is anatomically incorrect and stigmatizing. Say *person who has a cleft lip or cleft palate* (1).

**Congenital disability** describes a disability that has existed since birth but is not necessarily hereditary. The terms *birth defect* and *deformity* are inappropriate. Say *person with a congenital disability or disability since birth* (1).

**Consumer** has been used by many to refer to someone with a disability. The civil rights movement inspired the independent living movement of the 1970s that maintained people with disabilities were *consumers* of assistive services and had a responsibility to evaluate and control their services. On a similar note, some people prefer to be described as what they use to define themselves such as *wheelchair user, ventilator user, or mental health service user* (1.)

**Deaf** refers to a profound degree of hearing loss that prevents understanding speech through the ear. *Hearing impaired* or *hearing loss* are generic terms used by some individuals to indicate any degree of hearing loss — from mild to profound; although some dislike the term *hearing impaired*. Other terms in use include *deaf* or *hard of hearing* (which refers to a mild to moderate hearing loss that may or may not be corrected with amplification). Never use *deaf and dumb*. A person who has hearing difficulties may have speech

difficulties, too, but deafness does not affect mental abilities. Say *woman who is deaf, boy who is hard of hearing, individuals with hearing loss, or people who are deaf or hard of hearing*. As a group, this population typically refers to itself as *the Deaf or Deaf community* because it identifies with a specific community made up of those who share a common language (sign language) and culture; this is an exception to the people-first policy (1).

**Developmental disability** is any mental and/ or physical disability starting before the age of 22 and continuing indefinitely. Examples include cerebral palsy, autism, sensory impairments, and intellectual disabilities (1).

#### Disability

(1) is a general term used for an attribute or functional limitation that interferes with a person's ability, for example, to walk, lift, or learn. It may refer to a physical, sensory, or mental condition such as Lyme disease, depression, irritable bowel syndrome, post traumatic stress syndrome, diabetes, multiple sclerosis, and other conditions that restrict the activities of daily living. Do not refer to people with disabilities as *the handicapped or handicapped persons* because *disability* and *handicap* are not interchangeable. *Handicap*, an archaic word, originally meant at a disadvantage and today indicates a barrier or source of limitation. So, a disability, the environment, or prejudice can be handicapping but the disability itself is not handicapping. Avoid using *the disabled* as a generic label because it has connotations of non-functioning (for example, *disabled car*); describes a condition and people are not conditions; and implies a homogenous group apart from the rest of society.

(3) (4) the social model of disability counters the medical model of disability and maintains that disability results from interactions between an individual with specific physical, intellectual, sensory or mental impairment and the surrounding social and cultural environment, rather than from the impairment itself. Disability is therefore understood to be the result of the attitudinal, environmental and institutional barriers that inherently exist within society systematically exclude and discriminate against people with disabilities.

**Disfigurement** refers to physical changes caused by burns, trauma, disease, or congenital conditions. Do not say *burn victim*. Say *burn survivor, adult with burns, or child with burns* (1).

**Equality**: in education is a fundamental right of all students to have equal access to classes, facilities, and educational programs no matter their national origin, race gender, sexual orientation, disabilities, first language, socio-economic status, or other distinguishing characteristic. In upholding educational equality, schools are required to provide programmes for students to ensure equal education (6) (10).

**Down syndrome** describes a chromosome disorder that causes a delay in physical, intellectual, and language development. *Mongol, mongoloid, and Down person* are unacceptable. Say *person with Down syndrome* (1) or *Trisomy 21st* (5)

**HIV/ AIDS** attacks the immune system's CD4 T-cells, which are essential to fighting off infection. Over time, HIV (human immunodeficiency virus) can weaken the immunity system to a point where the body becomes susceptible to certain illnesses that healthy immune systems resist. People with HIV are diagnosed with AIDS (acquired immunodeficiency syndrome) when one or more specific conditions are met. Do not say *AIDS victim*. Say *people living with HIV, people with AIDS or living with AIDS*.(1)

**INCLUSION** The inclusion is bijection process: person with disabilities become more visible and persons without disabilities have the opportunity to learn and change from the experience of person with disabilities- and vice-versa ([www.un.org/disabilities](http://www.un.org/disabilities)); United Nations Convention on the Rights of Persons with Disabilities, 2006) (9).

E.g. categories of educative inclusive policy:

- One-track approach inclusion of almost all pupils within mainstream education. This is supported by a wide range of services focusing on the mainstream of regular school and students with SEN and disabilities. They are included in all the process, laws and certification among their peer with no-disabilities in the regular school and in the regular physical education class. The regular Physical Education are organized by the criteria of heterogeneous inclusion of all difference of all the students

- Multi-track approach has a multiplicity of approaches to inclusion. They offer a variety of services between the two systems: mainstream and special needs education systems.

- *Two-track* approach, have two distinct education systems. Students with SEN and disabilities are usually placed in special schools or special classes. Generally, the students registered as having special educational needs or disabilities do not follow the mainstream curriculum among their peers with no-disabilities. These systems are generally under separate legislation, with different laws and different physical education class for mainstream of students with SEN or disabilities. ([https://www.european-agency.org/publications/.../sne\\_europe\\_en.pdf](https://www.european-agency.org/publications/.../sne_europe_en.pdf), 2003 (7) modified Cazzoli S. FIEP Guideline inclusive physical activity&physical education literacy and guidelines for reporting and writing, 2013) (6) (8)

- Special- track (in sport) approach inclusion of almost all pupils within mainstream of sport. This is supported by a wide range of services focusing on the mainstream of sport practices at all level and long life in the Sport Federation and Sport Organization (IOC and Special Olympics).

The athletes with disabilities are usually placed in special adapted sport programme for training and competition. Generally, the athlete registered as having special sport mainstream curriculum organizes by the criteria of homogenous classification of disabilities and level of severity. Sometimes it is organize unified practices and competition with their non-disabilities peers. These systems are generally under separate legislation, with different laws and in different mega-sport events (Cazzoli S. Fiep Guideline inclusive physical activity&physical education literacy and guidelines for reporting and writing (2013) (6) (8).

Social Inclusion is understood as a process by which efforts are made to ensure equal opportunities – that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to (public) services as well as enabling citizen participation in the decision-making process that affect their lives (12) (3) (6).

Social excluded group are understood to be those constrained by structural inequalities or domination by particular cultures, elites or institution practices preventing them from full participation in physical activity. Varying by region, excluded group may include women and girls, person with disabilities, ethnic minorities, those of different sexual orientation, those facing poverty, the elderly, and in some case youth (3).

**Independent living** is a philosophy about having opportunities to make decisions that affect one's life, a civil rights movement of and for persons with disabilities for equal participation in community life, and a service system made up of centres for independent living (also known as independent living centres). These non-residential resource centers on disability serve people with disabilities as well as the entire community. Their core services include advocacy, information and referral, independent living skills training, peer counselling, and most recently, deinstitutionalization of people with disabilities (1) (3).

**Learning disability** describes a permanent neurological condition that affects the way individuals take in, retain, and express information. Some groups prefer *specific learning disability*, because it emphasizes that only certain learning processes are affected. Do not say *slow learner* or *retarded*, which are different from learning disabled. Say *person with a learning disability* (1) (3).

**Mental retardation** refers to below-average intellectual functioning that requires environmental or personal supports to live independently and as a term, has fallen out of favour by those who have this condition, their families, and related organizations who prefer to use *intellectual disability* in place of *mental retardation*. *Developmental disability* has also been used to indicate *mental retardation*, but is not a precise match. Do not use *subnormal* or *the retarded*. Say *people with intellectual disabilities* (1) (3).

**Multiple chemical sensitivities** describes a chronic condition characterized by neurological impairment, muscle pain and weakness, respiratory problems, and gastrointestinal complaints triggered by contact with low level exposure to common substances including pesticides, new carpet, particleboard, cleaning agents, perfumes, and electromagnetic fields. Several terms have been applied to

the syndromes these people with heightened reactivity to chemicals have experienced, including chemical hypersensitivity, environmental illness, chemical AIDS, 20th century disease, total allergy syndrome, sick building syndrome, chemophobia, immune dysregulation and others. People with this condition are not *neurotic* or *lazy* or experiencing a *psychosomatic* condition. Say *person with chemical intolerance* or *people with an environmental illness* (1).

**Nondisabled** is a term for people who do not have disabilities. *Normal, able-bodied, healthy, or whole* are inappropriate. Use *people without disabilities* to adhere to people-first language (1).

**Physical Activity:** is understood as any bodily movement produced by skeletal muscles that require energy expenditure. (Bouchard 1990, WHO 2010) (6) (12). Physical inactivity, (a lack of physical activity) is an independent risk factor for chronic /non communicable diseases, and overall is estimated to cause 1.9 million deaths globally. (OMS, 2010) (6).

Physical activity is expression of the components:

1. Mechanical (strength, speed, acceleration ...)
2. Physiological (energy expenditure)
3. Behavior (type of activities, environmental/location, equipment, furniture, interaction ...) (Malina R.M., Bauchard C., Bar-Or O., 2004)
4. Cultural context where you live, receive education and training, work and spend leisure time (FIEP AAPA section 2013) (8).

**Physical Education:** is understood as an area of the school curriculum concerned with human movement, physical fitness and health. It is focused on developing physical competence so that all children can move efficiently, effectively and safely and understand what they are doing, which is essential for their full development, achievement and for lifelong participation in physical activity (11) (6).

**Post-polio syndrome** is a condition that affects some persons who have had poliomyelitis (polio) long after recovery from the disease, and that is characterized by new muscle weakness, joint and muscle pain, and fatigue. Do not use *polio victim*. Say *person with post-polio syndrome* (1).

**Psychiatric disability** refers to a variety of psychological conditions. Use *psychotic, schizophrenic, neurotic*, and other specific terms only in proper clinical context for medical and legal accuracy. Note, too that *bipolar disorder* has replaced *manic depression*. Words such as *crazy, maniac, lunatic, demented, schizo, and psycho* are offensive and should never be applied to people with mental health problems. Acceptable terms include *psychiatric disabilities, psychiatric illnesses, emotional disorders, or mental disorders*.

**Safe spaces** are understood as secure threat-free environments that are stimulating, supportive and inclusive (3) (6) (17).

Child safeguarding, the actions we take to ensure all children are safe from harm and violence when involved in sport and play clubs and activities, to ensure safe environments (3).

**Seizure** describes an involuntary muscle contraction, a brief impairment, or loss of consciousness resulting from a neurological condition such as epilepsy or from an acquired brain injury. The word *convulsion* should be used only for seizures involving contraction of the entire body. Do not use *fit, spastic, or attacks*. Rather than *epileptic*, say *girl with epilepsy* or *teen with a seizure disorder* (1).

**Small/short stature** describes a variety of genetic conditions causing people to grow under 4' 10" tall. Do not refer to these individuals as *midgets* because of its circus sideshow connotations. *Dwarfism* is an accepted medical term, but it should not be used as general terminology. Say *persons of short stature*, although some consumer groups prefer *little people* (1).

**Speech disorder** is a condition in which a person has limited or difficult speech patterns. Do not use *mute* or *dumb*. Use *child who has a speech disorder*. For a person without verbal speech capability, say *person without speech* (1).

**Spinal cord injury** describes a condition in which there has been permanent damage to the spinal cord. *Quadriplegia* denotes substantial or significant loss of function in all four extremities. *Paraplegia* refers to substantial or significant loss of function in the lower part of the body only. Say *man with paraplegia, woman who is paralyzed, or person with a spinal cord injury* (1).

**Sport** is understood as all forms of physical activity that contribute to physical fitness, mental wellbeing and social interaction. These include play; recreation; organize, casual or competitive sport (13) and indigenous sport and game ... (14) (6).

Sport for all is understood as sport and physical activity directed towards the entire population, including people of all ages, both sexes, and different social and economic conditions to promote health and social benefits of regular physical activity (15) (3).

Elite sport or High-performance sport is understood as structured competitive sport requiring specific training and resources towards international performance standards (6).

Sport movement is understood as all individuals, institutions, club and organizations supporting the participants, growth and development of sport (3).

Value of sport refers to the sport movement's core value, beliefs and principles centered on fair play, respect, honesty, friendship and excellency. It is the responsibility of sport organizations to uphold and protect these values (16) (3) (6).

Olympism fundamental principle of within the Olympic Charter is the autonomy of sport organization shall have the rights and obligations of autonomy, which include freely establishing and controlling the rule of sport, determining the structure and governance of their organizations, enjoying the right of elections free from any outside influence and the responsibility for ensuring that principles of good governance in accordance with national and international law (16) (3).

**Substance dependence** refers to patterns of substance use that result in significant impairment in at least three life areas (family, employment, health, etc.) over any 12-month period. Although such terms as *alcoholic* and *addict* are medically acceptable, they may be derogatory to some individuals. Acceptable terms are *people who are substance dependent* or *people who are alcohol dependent*. Individuals who have a history of dependence on alcohol and/or to drugs and are no longer using alcohol or drugs may identify themselves as *recovering* or as a *person in recovery* although this phrase may be considered a euphemism by some people (1).

**Survivor** is used by those affirming their recovery from or conquest of an adverse health condition such as *cancer survivor, burn survivor, brain injury survivor, or stroke survivor* (1).

## CONCLUSION

The oriented principles are:

- No discrimination based on disabilities: whatever distinctions, exclusions and/or restriction based on the disability with aim and/or effect of prejudice or no-recognition the equality of human rights, and the political, economical, social, civil and all the field of the personal liberty. It was no discrimination, included to refuse the reasonable adaptation (UN- Convention right person with disabilities, 2006.)
- Reasonable adaptations: adoption of necessary and opportune modifications and adaptations with less, no excessive and disproportionate burden for to assure the human rights and foundation freedom at person with disabilities based on equality with all other person (UN- Convention right person with disabilities, 2006).

The literacy and guideline, for reporting and writing about the inclusive physical activity (PA) and physical education (PE) based on evidence of person with disabilities, was the opportunity to build:

- the dignity of person with disabilities versus the dignity of all the person,
- the culture of inclusive PA&PE versus the inclusive society,
- the sharing specific language versus society of knowledge,
- the sharing knowledge versus networking research all over the world,

- the networking research versus the multilevel cooperation (academic, professional...),
- the networking/ multilevel knowledge versus the implementation of quality of education, health and life of all the person.

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