

SOCIO-PROFESSIONAL INTEGRATION OF DISABLED PEOPLE CURRENTLY IN RESIDENTIAL CENTRES – CASE STUDY

Sorina CORMAN¹

Abstract

The purpose of the research was to analyse the quality of social services provided to people with institutionalised disabilities in relation to their socio-professional integration. The research is based on a qualitative methodology based on interviews conducted: with staff (specialists and caregivers) working in a residential centre in Romania; with employers of people with institutionalised disabilities and with disabled people integrated into work, located in the residential centre where the research was conducted. The research analysed disabled people's behavioural patterns and the environmental conditions where they live in order to find out the potential for social and professional integration of disabled people and how this potential can be maximised through social services provided in the residential centre.

Keywords: disabled people, social services, socio-professional integration, social exclusion

Résumé

L'objectif de la recherche était d'analyser la qualité des services sociaux offerts aux personnes handicapées institutionnalisées en relation avec leur insertion socioprofessionnelle. La recherche est basée sur une méthodologie qualitative basée sur des entretiens menés : avec du personnel (spécialistes et soignants) travaillant dans un centre résidentiel en Roumanie ; avec des employeurs de personnes handicapées institutionnalisées et de personnes handicapées insérées dans le travail, situés dans le centre résidentiel où la recherche a été menée. La recherche a analysé les modèles de comportement des personnes handicapées et les conditions environnementales dans lesquelles elles vivent afin de déterminer le potentiel d'intégration sociale et professionnelle des personnes handicapées et comment ce potentiel peut être maximisé grâce aux services sociaux fournis dans le centre résidentiel.

Mots clés: personnes handicapées, services sociaux, insertion socioprofessionnelle, exclusion sociale

¹ Lecturer, Faculty of Social Sciences and Humanities, Vice-dean, „Lucian Blaga” University of Sibiu, Romania, Address: Bvd. Victoriei Nr. 5-7, Sibiu, Romania, email: sorina.corman@ulbsibiu.ro.

Rezumat

Scopul cercetării a fost acela de a analiza calitatea serviciilor sociale oferite persoanelor cu dizabilități instituționalizate în raport cu integrarea lor socio-profesională. Cercetarea se bazează pe o metodologie calitativă bazată pe interviuri realizate: cu personal (specialiști și îngrijitori) care lucrează într-un centru rezidențial din România; cu angajatori ai persoanelor cu dizabilități instituționalizate și cu persoane cu dizabilități integrate în muncă, situate în centrul rezidențial în care s-a efectuat cercetarea. Cercetarea a analizat modelele comportamentale ale persoanelor cu dizabilități și condițiile de mediu în care trăiesc pentru a afla potențialul de integrare socială și profesională a persoanelor cu dizabilități și modul în care acest potențial poate fi maximizat prin serviciile sociale oferite în centrul rezidențial.

Cuvinte cheie: persoane cu dizabilități, servicii sociale, integrare socio-profesională, excludere socială

1. Introduction

In this article we aim to highlight the way in which the services provided in residential centres for disabled people can stop/diminish the trend in social exclusion and can contribute to the socio-professional integration of disabled beneficiaries.

“The integration into society of a disabled person ... means giving him/her the right and the opportunity to have access to education and training, to find a job, to benefit from public services. Integration means not only the creation of policies, legislative frameworks and programs aimed at removing barriers, but also the promotion of attitudes, conditions and resources required for equality and non-discrimination”. (Baquer and Sharma, 2003). People with disabilities „encounter several challenges in the face of society” (Hjorthold, 2017, p. 109), which is a social vulnerability. Șoitu and Johansen (2017, p. 7) mentioned that „the challenge of employing peer workers as a new approach that could lead to significant changes in the social care system, in education and in the roles of social workers and health care providers, and this will create innovation in the health and welfare system”. These necessary conditions and resources are to be identified and analysed in the case study presented in this article.

The results shown here are obtained after a research – case study – which aimed to analyse the quality of services provided to people with institutionalised disabilities in relation to their socio-professional integration. Aspects regarding the personnel employed (specialists and caregivers) and the activities carried out with the beneficiaries, within the residential centre (allocation of tasks to enable them to reach their full potential) were taken into account.

“The social exclusion of disabled people is increasing when people face a disadvantaged situation due to the problems that arise, due to the deficiency they suffer from. Human by nature is a social being and feels fulfilled when he has the opportunity to participate and be actively involved in the life of the community, without being viewed differently by those around him, without being excluded.

Disabled people are marginalised and deprived of this possibility, thus being discriminated against on the grounds of disability” (Preda, 2002, p. 98).

The research hypothesis is that physical, social and cultural barriers to their socio-professional integration can be overcome/ diminished if quality individualised social services are provided to disabled people in the residential centre.

“Integration involves, in a broad sense, the placement/ transfer of a person from a more or less separate environment to an ordinary one aimed at a set of measures that apply to various categories of population, and seeks to eliminate segregation in all its forms” (Gherguț, 2006, p. 17).

Whether we are referring to an individual, a group or a community, integration should be the normalcy. Integration implies recognition of universal values and rights but it also involves exchanges of information and capabilities. If we consider professional integration, then we refer to the employee’s skills, aspirations and expectations and job defining lines (Stanciu, 2001).

The research analysed disabled people’s behavioural patterns and the environmental conditions where they live in order to find out the potential for social and professional integration of disabled people and how this potential can be maximised through social services provided in the residential centre.

“Social integration in the community is important for an individual. Communities are social environments facilitating coordination and cooperation for the mutual benefit of their members; including security, freedom, economy, health, and affiliation.” (Ware *et al.*, 2007).

“Specialized social services aim to maintain, restore or develop individual skills to overcome a situation of social need.” (art. 3.4, paragraph 1, Ordinance 68/2003 on social services subsequently amended and supplemented).

Gherguț (2001, p. 34) who considers that integration „represents all the social relations established between individuals and other members of the community”.

Work has always been a means of development of the individual, groups, communities and at the same time of society, human shaping himself, perfecting his skills and developing his creative force (Bălașa, 2005).

“The purpose of human activity, regardless of the level at which it is expressed or researched (individual, group, society), is to meet the demand for material goods and services” (Cojocaru and Rădoi, 2016, p. 664) and „the institutional response to this point should be learning and empowerment” (Medeleanu, 2013, p. 46). The most important point in meeting this goal is the labour market in the contemporary economy (Cace, 2006), and it influences the elements of society. Currently, it is important to adapt and understand the changing environment of the workplace and work environment (Anton *et al.*, 2020, p. 29). In fact, „the labor market and the fields associated with the economy have made important efforts and changes in their strategies. Formerly niche fields have developed surprisingly during the pandemic period. This has also changed the mentality of the population who have found a kind of freedom in emerging

industries: online purchases and orders, online schedule, filling out and sending documents, visits, working from home, meetings and conferences, individualized services and all in the virtual space", which would make life easier and significantly facilitate the insertion of disabled people into the labor market (Mihalache, 2021, p. 50). Work also brings important macroeconomic and socio-political regulations. Integration into work or integration into the labour market as it is more often defined, brings a sense of fulfilment to the individual and as Giddens (2000) says a strong sense of social identity.

To help disabled people become and remain contributing members of society, essential services (i.e., rehabilitation, training, job setting assistance) can be provided through state-issued vocational rehabilitation strategies.

"The state is bound to ensure the right of disabled persons to work, not only by recognising the fundamental right to work, but also by creating conditions for accessibility and reasonable adaptation of space, by ensuring their full exercise capacity and promoting the employment of disabled persons in public and private sector." (UNO Convention art. 27).

"Social exclusion of disabled people means not only a low level of material resources, but, above all, their difficulties or inability to participate effectively in economic, social, political and cultural life; in some respects, it also means alienation and distancing from ordinary society. Social exclusion is defined in terms of lack of access or limited access to civil, political, social, economic and cultural rights, reflecting, in a sense, living standards and opportunities" (Manea, 2000, p. 44). The contexts regarding the association of these characteristics in any matrix can constitute risk factors for the families that experience them and social exclusion can be associated with the risk of poverty (Mihalache, 2013, pp. 94-95). If chances and the potential for social inclusion for disabled people increases then the risk of social exclusion decreases and implicitly fundamental rights and freedoms are respected.

2. Methodology

The purpose of the research was to analyse the quality of social services provided to people with institutionalised disabilities in relation to their socio-professional integration.

The objectives having facilitated the achievement of the research goal were: Identification and analysis of the conditions offered by the residential centre influencing socio-professional integration of disabled people; Identification and analysis of the activities carried out with the beneficiaries within the residential centre in order to integrate them socio-professionally; Inventory of human resources available in the residential centre involved in social integration activities of people with institutionalised disabilities.

The research questions on which the case study was based were: What are the conditions offered to disabled people in the centre that facilitate their socio-professional integration? What are the activities carried out with the beneficiaries within the residential centre in order to integrate them socio-professionally? What

is the staff structure that facilitates the socio-professional integration of people with institutionalised disabilities?

Population universe is represented by the beneficiaries of the social services provided in a residential centre for disabled people of Romania.

The sample used is unlikely, of availability; it is represented by 8 people with locomotor disabilities aged between 20 and 30 years, of which five females, and three males, 3 employers, and 5 employees of the residential centre (2 specialists, 3 caregivers).

3. Results

The results that will be shown below cannot be extrapolated beyond the population universe. These results must be analysed from the perspective of the case study.

For the data collection, the document analysis sheet and the semi-structured interviews/ interview guides with indicators aimed at:

The conditions offered in the residential centre (accommodation in comfort, safety and hygiene conditions, if the locations are clean, adapted to their needs, comfortable and safe; access to means of transport, if there are adaptations required for disabled people, access to means of communication, proper diet, medical treatment, partnership with potential employers);

Activities and services corresponding to beneficiaries' specific needs: information and social counselling, psychological counselling, social empowerment/rehabilitation (ensuring the conditions for beneficiaries' development/maintenance of autonomy and potential, speech therapy, massage, kinetotherapy, physiotherapy, art therapy, hydrotherapy); independent living skills (development/ maintenance of cognitive skills, daily skills, communication skills, mobility, self-care, self-management skills, interaction skills; job training; decision support and assistance; integration and social participation; observance of beneficiaries' rights; socialising and leisure activities.

Human resources involved in the operation of the residential centre (number, staff structure, participation in training, training, etc.).

4. Discussion

Conditions offered to disabled people in the residential centre, which can facilitate their socio-professional integration.

From the data analysis we managed to configure a profile of the residential centre that highlights the importance of the conditions offered by the centre and their impact on disabled people's quality of life.

In the first place, some characteristics of organising and operating the centre were highlighted. The residential centre is a social welfare institution of public interest, with legal personality, established under the subordination of the County Council and under the structure of the General Directorate of Social Welfare and Child Protection.

The centre is located near the centre of the town, so beneficiaries can easily participate in community activities (cultural, religious, leisure). There are also public transport in the town (bus station, train station), necessary for families and relatives wishing to visit the beneficiaries.

The residential centre has a two-story building (ground floor and first floor), accommodation is done in 6 flats and a studio. A flat consists of a living room, 3 rooms, each room with 2 to 3 beds, a balcony and a sanitary area. The studio offers living space for 2 beneficiaries and it is equipped with its own restroom. The building has also got a 2-bed insulator. Each beneficiary has two lockers where they can keep their personal belongings and a bedside table.

In the centre there is also a medical office equipped with everything needed to provide medical care by specialised personnel.

The occupational therapy office and the occupational therapy workshop serve the beneficiaries by participating in recovery and rehabilitation activities,

The interviewed specialists say that 38 out of the 49 beneficiaries participate in activities for acquiring knowledge and for developing self-management skills.

Activities carried out with the beneficiaries within the residential centre in order to integrate them socio-professionally

The analysis of the interviews shows that, in the residential centre, the functional recovery/ rehabilitation activities focused on complementary recovery therapies, occupational therapy and psychological counselling depending on beneficiaries' particularities and needs. These focused on support activities for everyday and instrumental activities, such as improving personal hygiene and room care, assisting with banking and using cards, in the case of salaried beneficiaries.

Among the functional recovery/ rehabilitation activities mentioned by the disabled persons interviewed there were: activities for developing practical and manual skills (sewing, knitting, ironing), activities specific to the beneficiary's educational level such as: writing, reading, learning the basics of mathematics, geography, civics, drawing by model, free drawing, painting, practicing the graphic elements of writing, reading texts of their choice, learning the etiquette, learning poems and songs, producing sketches for holidays, name days as well as dance therapy, game therapy both individually and in groups, game with rules; game using various objects; game for knowing and being aware of the body scheme; making collages, model cuts, browsing through books and illustrated magazines and commenting on them, art activities in the club to make masks used at the Spring Carnival, making decorative objects specific to Easter and Christmas, decorating Christmas trees both in the festivities hall as well as in the courtyard.

From the interviews with the specialists, the psychological counselling was highlighted. „The fundamental objective of psychological services is to maintain, restore and develop the individual capacities of the beneficiaries in order to solve some difficult situations that the beneficiary could not solve alone, developing

behaviours appropriate to social situations, self-control education, development of cognitive processes, providing psycho-affective support.

We set out below a synthetic inventory of the activities carried out during 2020 and the number of beneficiaries participating in these activities:

Table no.1. Inventory of activities performed in 2020 in residential centres for disabled adults and participants

No. of participating beneficiaries/ total beneficiaries of the centre	Activities carried out within the centre according to the report on the activity in this residential centre for disabled adults
40/49	Knowledge consolidation activities through educational games/ game therapy;
10/49	Specific occupational recovery activities;
40/49	Activities specific to complementary recovery therapies (music therapy, expression and graphics therapy, relaxation therapy, learning therapy, behaviour organisation);
46/49	Muscle tone maintenance activities;
15/49	New skills training activities or strengthening current acquisitions;
45/49	Skills training activities to orient and move correctly;
30/49	Visual Arts
50/49	Individual and group psychological counselling, psycho-affective counselling and emotional support

Regarding professional integration services, the report on the activities carried out in the centre shows that the activities were focused on: self-knowledge, self-awareness (aggressive behaviour and its consequences, behaviour in public places, types/ kinds of behaviour and types of attitudes); resolving a communication crisis situation; reducing emotional or behavioural problems; improving adaptation to workplace; increasing self-esteem.

In 2020, the number of 6 beneficiaries employed at a local company was maintained. The specialists supported the beneficiaries to know and use the community services (mail and communications) accompanying them to personally pick up their packages and postal orders received, provided the beneficiaries with conditions for socialising and leisure activities on the premises of the centre, carried out various social integration activities (knowledge through observation and practical actions of the elements regarding the group to which they belong, housing, street, city, main types of human relations, sports activities, hiking, etc.). During the weekend, the beneficiaries have a relaxation – recreation program (walk in the park, music auditions, games, watching TV).

On the occasion of religious holidays of the year as well as on Sundays, the beneficiaries took part in the religious services at the local church. The beneficiaries also participated in various cultural activities in the locality.

On the occasion of January 24, Union Day, the beneficiaries played the Union Hora, in the courtyard of the centre. At the beginning of March, the Spring Carnival was organised where the beneficiaries were involved in various activities that ended with a fun evening. On the occasion of March 8 - „World Women's Day”, in the action „United for disabled women!” 8 beneficiaries prepared and performed an artistic program – sketch at the Municipal Theatre.

Also on the occasion of March 8, the beneficiaries were prepared and held a celebration on the theme „I love you mother”, a festive day when the beneficiaries were involved in various activities: celebration/ recitation of poems/ distribution of *mărțișoare* (March amulets) made by them to all employees.

On the occasion of Easter holidays, all the beneficiaries were involved in various specific activities in the community: cultural - religious activities, free discussions on the customs and traditions of Easter holidays, Confession/ Communion/ Participation of the beneficiaries in religious services. There was also an exhibition with figurines made of plaster, wood and crepe paper, collages made of paper with a specific theme, receiving the gifts offered by the Bunny during the celebration.

8 beneficiaries participated in the Special Olympics sports competition – a competition held at county level in partnership with the NGO sector.

Every month, within the centre, the birthdays of the beneficiaries born in that month were celebrated, as well as the name day of the beneficiaries named after saints, and a party was organised in the dining room.

Also, the beautification of the yard was done together with 10 beneficiaries who, under the supervision and guidance of the employees, participated in works for fitting-out and maintenance of green spaces and the flower rounds, in the planting of ornamental shrubs, fir trees.

Within the Health Education Program, in order to develop and consolidate healthy living behaviours of the 49 beneficiaries in the centre, the following objectives were considered to be achieved: involving beneficiaries in programs to prevent the use of drugs, beverages, cigarettes, in order to reduce life-threatening risk factors; educating the beneficiaries to avoid the consumption of drugs, drinks, cigarettes; development of healthy attitudes and healthy practices of life and personal hygiene through daily programs and counselling as well as knowledge of planning methods, to have a healthy lifestyle and the development of healthy behavioural patterns with a protective role on health.

In interviews, they stated that in the residential centre they participated in recreational, cultural and social activities, including cultural-artistic days, fun evenings, birthday celebrations in a festive setting.

Staff structure facilitating the socio-professional integration of people with institutionalised disabilities.

Within the Residential Centre, a number of 50 employees work: 1 director, 1 chief accountant, 1 economist, 1 administrator, 1 social worker, 1 psychologist, 6 nurses, 4 education instructors, 1 occupational therapist, 25 nursemaids, 3 cooks, 2

laundresses, 2 stokers and 1 maintenance worker, the staff structure of the Centre ensuring the provision of social services. The ratio of employee to beneficiary is 1 to 1.

At the centre level, meetings were organised with the centre's specialists and manager and the problems encountered in carrying out the specific activity of the centre were discussed.

Based on the Annual Training Plan, in 2020 the staff of the interviewed centre stated that they were trained on topics such as abuse, equal opportunities, implementation of regulations and procedures of the centre, etc. and working meetings were held with all employees where the centre's operating procedures and legislative developments were disseminated.

5. Conclusions

The objectives of the research have been achieved. The conditions offered by the residential centre were identified and analysed and the analysis of the data revealed their role in the socio-professional integration of disabled people. The activities carried out with the beneficiaries within the residential centre in order to integrate them socio-professionally were also identified and the major role that these activities have in the socio-professional integration of the beneficiaries of the residential centre emerged. An inventory of human resources operating in the residential centre was also made and following the data analysis, the role of each employee in the life of the beneficiaries was established and implicitly in their socio-professional integration.

Through the data obtained, we answered the research questions that substantiated the case study, highlighting the major role of environmental conditions, activities and staff in achieving a major objective of quality of life: socio-professional integration.

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