

CHILDHOOD DISABILITY AND SOCIAL INCLUSION IN INSTITUTIONAL CONTEXT: THE CASE OF ORADEA

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Abstract: This paper is discussing the effectiveness and efficiency of current legal and institutional settings and practices promoting the social and educational inclusion of children living with disabilities in Romania, with a special focus on the city of Oradea. The research is based on the analysis of relevant statistical and legal documents, in addition to the outcome of a focus group interview conducted by the author with representatives of institutions providing educational and social services aimed at various categories of disabled children. The study tackles issues which are important for the success of inclusive social policies aimed at children and young people living with disabilities, such as early education, classroom integration, relationship between service providers and parents, career orientation and future labor market insertion. The paper concludes that in order to be successful, the educational and social service system should provide personalized services and individualized development and career paths driven by the particular needs and conditions of assisted children.

Keywords: social inclusion, social service providers, children with disabilities, Romania, Oradea

It is estimated that in the world live 650 million people with disabilities, and if there are included their families, it can be considered that 2 billion persons are affected by this phenomenon, that meaning about a third of Earth's population (Preda 2009, p.206). This data show that identifying some viable solutions for social inclusion and improving the quality of life in the case of persons with disabilities represents an important social problem.

Being a person with a disability means, on the one hand, being a part of the society of people with disabilities, and, on the other hand, deprivation from the affiliation to healthy people's world, people without disabilities. Life conditions of people with disabilities and their social inclusion possibility depend on their relationship with the environment. This relationship

is interesting not just by the point of view of communication with the environment, but it also has a major influence on the persons with disabilities' lives, because it has an important role in auto-expressing and auto-defining of the identity of these people.

In the speciality literature, disability is perceived and approached mostly using two patterns: the *individual* (medical) one and the *social* one. „From the medical pattern's perspective, people have a handicap as a result of their individual, physiological or cognitive deficiency. The medical solution represents treatment or rehabilitation, establishing as a target the return to „normal”, common condition, the one of being valid. ” (Manea, 2006). „The social pattern is promoted by the European Union, and it emphasizes the social environment that is not adapted to the people with disabilities' needs, from which result the difficulties that these people confront. As a result, the social pattern doesn't perceive disability as an individual problem, but as a social fact, generated by politics, practice, attitudes and the environment.” (CNDR 2013). „The social pattern emphasizes the way how some inadequated characteristics of the social and physical environment determine compulsions on a category of persons.” (Manea, 2006).

The inclusion of the persons with disabilities is influenced by several factors. One major factor is *the society's development level*, the way how society relates with the persons with disabilities. „The research from different countries prove that the social and family-related environment exercise the most important influences on the school-related performances, being then reflected in the income levels.”. In fact the influences from the inside (the cooperating conditions, the quality of the teacher-scholar interaction, the classes preparation) and from the outside on the school are decisive in the matter of social inequalities. (Giddens, 2008).

The activities with the persons with disabilities have been characterised for a long time by a shortage due to an unilateral perspective: it has been highlighted what these people don't know, what they can't do, and how they can not adapt to society's requests. In the present it is paid a higher and higher attention *to adjust the social environment* to the persons with disabilities' problems, it becomes a priority not only the creation of equal chances, but also the improvement of these people's social lives, the diminution of the obstacles that these people confront day by day. From this perspective, disability must not be seen as a problem, neither a medical one, nor a social one: „people with disabilities can frequently confront with issues generated by their health.” (OMS, 2012). Paul Hunt affirms that the disability problem appears not only in a

function limitation and its effect on individuals, but also in forming their relationships with „normal people”. (Hunt in Giddens, 2008, p.219).

A step forward on the way of public institutionalization of the concept of social inclusion has been made as a result to the modification of the European Union Treaty, the social politic and the occupational politic becoming components of the public politics at an union level. In 2000 the European Commission adopted the Report regarding Europe without barriers (European Commission, 2000), and during the same year the Council of the European Union emitted a mandatory directive for the member states regarding the ensuring of equal chances for persons with disabilities. The action plan regarding the accomplishment of this objective, which had been adopted during the same year, has formulated concrete tasks for the whole decade 2001-2010 (Council of the European Union 2003).

The most recent document in this matter, The European Strategy Regarding Disability for the period of time 2010-2020 has been adopted by the European Commission on 17th of November 2010 (European Commission, 2010). The strategy mentions eight main fields of intervention: accessibility, participation, equality of chances, occupation, education and training, social protection, health and social intervention. These fields have been selected by the level in which they can contribute to accomplishment of the objectives included in The Strategy and in the ONU Convention regarding the rights of persons with disabilities’.

Families who have a child with visual disabilities face a number of difficult issues. These children have difficulty in making detailed, carefully coordinated physical movements and develop slower the ability to get things done, as they cannot learn by watching others (Gherguț 2006, p. 176) These parents need especially counseling. These problems can cause the teasing of the family, especially when tension, despair and frustration are encountered. In these situations, parents can isolate from everyone else, deliberately or not. For them it is hard to accept the fact that they have a child with disabilities. In this case, the best thing for parents to do is to help him or her to learn, to develop, to love him or her and to ensure him or her that he or she is not alone in this battle. In case of rejection, the child can close to himself/herself, or the rejection can facilitate the development of some aggressive behaviours. The parents’ encouragement will confer the child self-confidence.

Starting from the considerations mentioned above, the objective of this study is to investigate the role and the ways of optimization of the family and the child with disabilities protection services, in the context of the resources that the community have and can dispose of, in helping the families where the parents assume the roles of teachers of the child with disabilities.

Public social services destined to children with disabilities in Bihor county

According to art.27, alin(1) from the Law 292/2011, „*the social services represent the activity or the group of activities realized in order to accomplish the social needs, and also the special ones, the individual ones or the group ones, in order of outreaching the difficult situations, of averting and combating the risk of social exclusion, of promoting the social inclusion and increasing the quality of life.*”.

By the legal regime of the provider, the social services can be organized as public or private structures. In the table below, we can follow the categories of social services providers:

Table 1.

Social service providers

<i>Public Social Services Providers</i>	<i>Private Social Services Providers</i>
<p>a) specialized structures included/subordinated to the authorities of local public administration and executive authorities from the territorial-administrative units, organized at level of village, town, city or sectors from Bucharest;</p> <p>b) the central public administration authorities or other institutions subordinated or coordonated by them, which have established by law atributions regarding the grant of social services for some categories of beneficiaries;</p>	<p>a) NGOs, respectively associations and foundations;</p> <p>b) the cults that are accredited by law;</p> <p>c) authorized persons, in legal conditions;</p> <p>d) the subsidiaries of the international associations and foundations accredited according to the active legislation;</p> <p>e) economic operators, in special conditions provided by law.</p>

c) sanitary units, education units and other public institutions that develop, at a comunitary level, integrated social services.	
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Source: The Law of Social Assistance 292 from 20th of December 2011

We can mention the following public social services providers from Bihor county, destined to children with disabilities: General Directorate of Social Assistance and Child Protection Bihor (DGASPC), Social Community Administration Oradea, County Centre for Resources and Educational Assistance Bihor, education institutions like: Center for Inclusive Education School No.1 Oradea, School Center for Inclusive Education "Cristal" Oradea, School Center for Inclusive Education "Horizon", School Center for Inclusive Education No.1 Tileagd, School Center for Inclusive Education No.1 Popești, School Center for Inclusive Education No.1 Valea lui Mihai, Technology High School "Ioan Bococi" Oradea, Technology High School "George Barițiu".

In order to gain information related to the social services provided by the NGOs, I used *The Guide of Social Services Provided by Associations and Foundations in Bihor County*. The mentioned guide, 3rd edition, from 2012, has been accomplished at the request of the Coalition for strengthening NGO Sector in Bihor with the help of Social Work specialization Emanuel University in Oradea. In order to obtain the requested information, there have been contacted face-to-face, by phone, through fax and e-mail a number of 80 NGOs. Of these, have answered a number of 45 NGOs, respectively 56% of those contacted.

According to the SWOT analysis of the NGO sector involved in providing social services (GHID 2012, p. 18) may be mentioned as positive factors that Bihor County is among the top 10 counties in which associations and foundations demonstrated quality in providing social services, and a large number of partnerships between the public and nongovernmental sector of public administration, among the negative factors appear a small number of social services in rural areas and a few community services.

Table 2.

Social services for children, families in need, children, youth with disabilities, provided by associations and foundations in Bihor

<i>The NGO sector From Bihor</i>		<i>Social Services Provided By the NGO sector</i>	<i>Educational services</i>	<i>Occupational services</i>	<i>Program Free time</i>	<i>Categories of beneficiaries</i>	
Associations	Foundations	90%	46%	28%	21%	Children, families in need	Children, youth with disabilities
37%	63%					88%	35%

Source: The Guide of Social Services Provided by Associations and Foundations in Bihor

In the table above we can see that 37% of the NGO sector is composed of associations and 63% of foundations. From the providers, 90% provide social services, 46% provide educational services, 28% provide occupational services, and only 21% offer programs related to leisure. As regards the categories of beneficiaries we can mention that 35% of private

providers perform social services for children with disabilities, and 88% offer services to children and families in need.

Among public providers we can mention the General Directorate of Social Assistance and Child Protection (DGASPC) Bihor, which provides social services for children with disabilities in 25 operational subunits in Bihor county, of which 16 work for children and 9 for adults. Orphanages for children with disabilities have 203 beneficiaries. DGASPC Bihor cooperates with 106 accredited social service providers, of which 48 are public providers and 58 are private providers. In DGASPC Bihor works the Child Complex Evaluation Service, which carries out the activity of evaluation of the children with disabilities.

Research methodology

The research is based on a qualitative-type methodology. I have conducted an interview with a focus group, consisting of eight specialists, including special education teachers, psychologists, early childhood development specialists, heads of department and social workers. They represented the following institutions: the Bihor County Child Protection Services, the Oradea Office of Social and Community Affairs, the Crystal Inclusive Education Centre, the Inclusive Education Centre I, the County Centre for Educational Resources and Assistance, the Oradea Caritas Catolica Association and the Life with Autism Association. The question addressed to them was the following: What is your view on the role of early childhood development and on the way it functions in the present?

Research outcomes

According to special education teachers, early childhood development has a much larger role than most people would think. One of the most important things to consider in the case of many problems, is how early on development has been started. In Oradea, however, it seems that this is taken less into consideration. Fewer people are concerned with development and its

importance than what is necessary to tackle these problems, and even among the practicing specialists there are those who possess insufficient expertise or experience.

Unfortunately, there are an increasing number of cases where children from ages 0-6, in different stages of development, are in need of aid in order for them to be able to develop and use their abilities to their fullest potential. The purpose of early development in cases where neglected areas of development, or disabilities are detected early on, is to provide support for the families, and to aid the development of those skills and capabilities of children that are hindered by disability, or that are developing slower than normal.

It entails the provision of special education teaching, physical development and other therapeutic services to children whose development is different. Few institutions provide such services locally. The Oradea Inclusive Education Centre I, that is actually situated in the village of Valea lui Mihai, provides for the individual needs of developing young children who are suffering from mental disabilities, Down syndrome, autism or physical disabilities.

According to the early childhood development specialist working at the Crystal Inclusive Education Centre, they were officially the first group to conduct activities of such nature in Bihor County. The Life with Autism Association deals exclusively with adults. Between 2006 and 2010, a government-funded program functioned at the Oradea Number 20 kindergarten. Specialists would frequent the maternity ward and contact the families in whose cases it was already evident at birth, that the child would face problems in development. Unfortunately, they faced a lot of resistance from the part of the parents.

During the interview, it was also mentioned that no parent support groups exist, where parents facing similar problems could meet and help parents who are new to this situation. While the development centres of the Bihor County Child Protection Services do offer early childhood development activities, families receive information on these only if they contact the institution in order to obtain a disability certificate, following the diagnosis of the disability.

The present specialists have encountered the following situation on many occasions: The parent contacts the general practitioner. According to his or her diagnosis the child does not suffer from anything serious and he or she will „grow out of it”. By giving this diagnosis, the doctor deprives the disabled child of the possibility of early development, and specialists get a late start. This situation is partially caused by the poor flow of information. As Down syndrome is

noticeable immediately after birth, the Down Association would spread flyers in the maternity ward. In this way, they could reach out to families through the hospital's social workers.

Conclusions

While it is understandable that everyone starts out as a beginner without any experience, the problem of the ineffective system remains: the current system does not provide sufficient support, neither in terms of professional training, nor in terms experience exchange or joint consultations.

Naturally, it is not only the flow of information that must change, but the general mentality as well. The parent will most often deny, hide and ignore the truth. Acceptance is difficult, that is why many families shun aid from the outside. According to many parents, finding specialists is hard, as few people are willing to take on the necessary steps for development.

To achieve more efficient cooperation, there is a need for partnerships at local and county level, strong and well functioning of all social actors involved. In pursuit of this objective, in 2014 it continued cooperation based on partnership agreements between DGASPC Bihor and 8 social services in local Bihor County (ASCO Oradea, municipalities in Tinca, Husasău de Tinca, Borș, Sântandrei, Vadu Crișului, Tileagd, Paleu) for their access to rehabilitation services at the Rehabilitation Centre for Children with Disabilities Oradea and the Rehabilitation Centre for Children with Disabilities Tinca, according to the recommendations of the recovery plan approved by the Commission of disabled children for Child Protection. Ensuring continuity specialist mobile team intervention to children with disabilities residing in the county of Bihor is realized according to their needs of recovery identified by the specialists of SECC in the complex evaluation process.

We believe that it takes more active mobilization of political forces, specialized institutions at central and local level, civil society and the scientific one, towards a more stable legislation; additional resources; improve the education system of vocational guidance; development of services and therapeutic activities, vocational and training for independent and family life; stability and professionalization of staff, creating a motivational system for experts in

the field; involvement and harnessing the potential of professional organizations, social and scientific environment and positive experiences in the field.

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