PLAY AND LEARNING AT PRESCHOOL CHILD OPPORTUNITIES FOR IMPROVING THE LEGAL AND INSTITUTIONAL FRAMEWORK AIMED AT THE INCLUSION OF CHILDREN WITH DISABILITIES IN ROMANIA

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Opportunities for Improving the Legal and Institutional Framework Aimed at the Inclusion of Children with Disabilities in Romania

Maria HANYECZ-DEBELKA

Abstract

This paper is focusing on the current legal and institutional settings promoting the social and educational inclusion of children living with disabilities in Romania. 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. The research is discussing the following dimensions: support infrastructure and legal framework for children and young people with disabilities; the system of social services; accessibility and efficiency of services; human resources and issues related to professional development, curriculum of individualized child development programs, career orientation. The underlying hypothesis is 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 each child. The paper concludes that in order to alleviate or eliminate possible disadvantaging effects, social actions and policies undertaken by the family, school, civil society and community should be linked as parts of a coherent action strategy.

Keywords: social inclusion, social services, children with disabilities, legal and institutional services, Romania.

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1. Introduction

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 a huge challenge and also an important social problem.

Being a person with a disability means, on the one hand, being part of the society of people with disabilities, and, on the other hand, deprivation from the affiliation to healthy people’s world, of people without disabilities. Life conditions of people with disabilities and their social inclusion opportunities largely depend on their relationship with their environment. This relationship is interesting not just from the point of view of communication with the environment, but it also has a major influence on the persons with disabilities’ lives, as it has an important role in auto-expressing and auto-defining the identity of these people.

In the specialist 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 disability 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 cannot 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”. (Giddens, 2008: 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 emited 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). They need especially counselling. This problems can cause the teasing of the family, especially when they encounter tension, despair and frustration. 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 the relationship of the family and of 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.

2. 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, for 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>
<thead>
<tr>
<th>Table 1. Social service providers</th>
</tr>
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<tbody>
<tr>
<td><strong>Public Social Services Providers</strong></td>
</tr>
<tr>
<td>a) specialized structures</td>
</tr>
<tr>
<td>included/subordinated to the authorities</td>
</tr>
<tr>
<td>of local public administration and</td>
</tr>
</tbody>
</table>

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 Barțiu".

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: 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

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

*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. Within the framework of DGASPC Bihor works the Complex Child Evaluation Service, which carries out the complex activity of evaluation of the children with disabilities.
3. 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 (Bihar in Hungarian) County Child Protection Services, the Oradea (Nagyvárad in Hungarian) 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.

4. Research results

I’ve asked the subjects of the interview about the adequacy of the human resources that are at their disposable, i.e. do they have the necessary specialists? All of the participants agreed that more specialists and more auxiliary personnel are needed in all areas. Support personnel changes frequently, due to the fact that they cannot manage the high workload for a longer period of time. The size and specialisation of human resources at the institution’s disposal is regulated by norm A 23/2010. Specialists lack government-funded trainings, and while there are many possibilities in the field, few can afford paying from their own pockets for courses.

My next series of questions focused on the support infrastructure and legal framework for children and young people with disabilities. One or the questions raised, was whether the current support infrastructure and legal framework helps or hinders the efficiency of the institution’s work? According to one special education teacher, local support for persons with disabilities and their families is currently far behind the one provided by western governments. One of the most important rights of persons with disabilities is the right to rehabilitation, and it is the state’s responsibility to provide for this right. The purpose of rehabilitation is to develop and maintain the aptitudes of disabled people and to ensure their participation in social life, as well as their ability to lead independent lives.

According to the participants, very little funding is available for development tools. For many years now, all obtained tools are either...
received through private donations, donations from the Church, or they are homebuilt by the specialists themselves.

Much is expected of special education teachers. They have to be proficient at everything, must be able to switch roles at any time, and work with disabilities of any kind. Because disabilities differ, so do the tools necessary to tackle them. Most of the time, however, these tools are missing.

Most of the participants agree that adults have no opportunities for development or any kind of activities. This is where NGO’s come into play, by means of organising different development programs. The reasoning behind the structure of their development programs is that these persons no longer need to learn how to be independent, but rather how to maintain the aptitudes that they already possess.

The abilities of the specialist can become irrelevant if, for example, the curriculum requires that in 8th grade, he or she must write sentences with all 4 children under his or her care, whereas none of the children even speak. Upon closer inspection of the requirements for the other grades, one of the special education teachers noted that he has not found a single goal that is attainable by the class, even in the 3rd grade. And these requirements were written by professionals. Besides these requirements, the interest of the child and the expectations of the parents must also be taken into consideration, not to mention the school inspections performed by the inspectorates, the requirements of which they must also fulfil. And to top it all off, everything must be recorded in writing.

Another thing that makes development professionals’ lives more difficult is the persisting lack of textbooks. “We could change this, if only we had the energy to deal with this as well.” Most institutions dedicated to disabled children have established partnerships with other institutions, both local and international. The purpose of these partnerships: experience-exchange, professional development and integration.

The Crystal Centre has established joint visits and experience exchange programs with institutions from Timișoara (Temesvár in Hungarian) and Cluj-Napoca (Kolozsvár in Hungarian). While they have received positive feedback on these joint activities from the participants, the lack of time and money remains one of their main obstacles. Administrative activities, for example, make every day work needlessly difficult.

Next, we proceeded to analyse the role of career orientation and the employment possibilities of young persons with disabilities. The actual result of career orientation is maturity in career selection. Maturity, in this case,
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refers to the point where a person becomes capable of choosing a career that fits their personality, and is also available in the current pool of career options. The goal is for persons with disabilities to be able to perform well in their chosen professions. An optimal career-choice improves the chances of successfully taking part in professional trainings, of professional integration and of social integration. By providing competent professionals and the necessary materials, the labour market can be made more open to employing disabled persons.

Many western countries even organise competitions, where the goal is for participating institutions to provide services to as many people as they can. Of course, there are some financial reasons for this as well, e.g. tax benefits for those who have persons with disabilities in their “team”. There is also the Invisible Exhibition, for example, which provides jobs for many blind people in an environment where they can work with their heads held high, where they are appreciated and even admired. No such initiatives exist in our country so far.

In the case of persons with mild intellectual disabilities, their family’s background and their financial situation are important factors to consider. They may stand a good chance of obtaining employment (e.g. in a factory). Persons with severe intellectual disabilities, on the other hand, have very little chance of being employed. Most of them are placed in daytime centres belonging to the Autism Association, or the Down Association, or any other such group, and are therefore not employed.

The Orizont Centre accepts children with severe intellectual disabilities until the 10th grade. The same goes for any child whose disability is moderately severe, but has several other disabilities as well. Parents usually try to buy time, due to the fact that the child cannot attend a vocational school. Children can repeat years twice, and so parents usually ask the teachers to flunk their children so that they can stay in the institute for a bit longer, and have something to do during the day. Children with mild and moderate disabilities enter vocational schools after the 8th grade. Those that come from a supportive background usually finish this four-year school as well.

In terms of career orientation, there is a class that has had good results with severely intellectually disabled persons. In this type of class, they learn a few basic skills that will then allow them to perform simple tasks, such as gluing, sewing, cutting and assembling. Those present, however,
have no knowledge of a local company that would hire intellectually disabled people.

When the question was raised, whether there is any chance of this situation improving, one member of the focus group shared an encouraging example. In Spain, there is a partially private, partially state-owned institution where people with Down syndrome or other moderately severe intellectual disabilities would sit together at a long table. Boxes would be given to them, and each would have a specific task to perform. One would open the boxes, one would place it in the right position and another would put contents in the box, all with the purpose of packaging towel sets for tourists. There would even be one person overseeing the work, and they all received money for their work. There have been early development activities in Spain starting from kindergarten, as well as purpose-built rooms and development plan for children with severe disabilities.

In our region, when children with severe disabilities start to break down, they may end up in hospital homes, for example, especially if they display auto aggression. If, however, they manage to maintain the skill levels which they have obtained, then they remain in their little houses where they are grouped according to age. They then continue their lives there, and are not thrown out onto the streets once they turn 18. In their cases, the important thing is for them to be as independent as possible, for them to able to put on clothes, spread butter on a slice of bread, etc.

Conclusions

The most effective approach would be to promote specialisation in specific therapies or diagnostics, thus allowing specialists to offer services in which they are truly proficient. People should be informed of who specialises in what, and children should be assigned accordingly. Needless to say, this would require a complete infrastructural overhaul.

Parents are understandably concerned with what will become of their children, even at the age of infancy. This especially holds true for disabled children, although in their case, parents are not usually preoccupied with future careers, but rather with the question: will my child be able to lead an independent life? Given the right training, a young person can work in a profession, in spite of their disability. In our region, however, neither training, nor later employment are solved matters, though examples from abroad show us that it is indeed possible to solve them.
The lack of special workplaces is cause for concern - besides ergo therapeutic activities, those present cannot think of anything else that is being offered. More professional training is needed in order for specialists to develop professionally and in order for them to obtain multi-faceted theoretical and practical knowledge about the nursing and therapy of children with special needs. The training of specialists must be constant and their numbers need to grow.

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 the interests of children with disability in the family, 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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Maria Hanyecz-Debelka graduated in Social Work from Babes-Bolyai University in 1996 and from the European Social Policies MA programme at Partium Christian University of Oradea in 2013. She worked as collaborator of several NGO-s active in the field of social work. Since 2014 she is enrolled in the Sociology PhD programme at the University of Oradea. Her doctoral thesis will discuss the opportunities for the development of educational and social services available to children and young people with visual impairments. Currently she is recipient of a POSDRU doctoral grant within the framework of the Excellentia Project.