

SOME ASPECTS REGARDING SOCIAL SERVICES FOR PEOPLE WITH DISABILITIES

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ABSTRACT: *Most of the time, people with special needs were hidden from the eyes of the world through institutions, and no one knew what was going on there or they were kept in the shadows within their own family. These individuals had no rights, no obligations, no facilities and thus their essential rights were violated among those provided for in the Constitution. Currently, more than one billion people suffer from a certain type of disability, and global trends such as an aging population and global growth in chronic health conditions show that there is an increase in the prevalence of disability. This is due to an aging population and an increased risk of disability among the elderly as well as a global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental illness.*

Poor health, poorer educational performance, lower economic strength and high poverty are aspects that require increased effort on the part of people with disabilities compared to people without disabilities. Since the entry into force of the United Nations Convention on the Rights of Persons with Disabilities, the focus has been on: ways to combat discrimination, promote accessibility and inclusion, and especially on increasing respect for people with disabilities.

Keywords: *authority; person with disability; solutions; protection; legislation;*

1. Introduction

At both international and national level we specify that there is clear and quite complex specific legislation that deals with the rights and obligations of persons with disabilities. People with disabilities are defined as those people whose social environment, unadapted to their physical, sensory, mental, mental and / or associated deficiencies, totally prevents or limits their equal access to society, requiring protection measures in support of integration and social inclusion [1].

According to specialized studies, “being a person with a disability is equivalent to the experience of isolation, discrimination, vulnerability and abuse of one’s identity and self-esteem”[2]. In the light of this fact we can understand an even more imperative elimination of the phrase world of the

minority in front of the phrase world of equality.

The explanatory dictionary of the Romanian language is limited to a very lacunar and simple definition of the term disability. Thus, this term is defined as: “physical, mental or mental state, which limits a person in movement, activity, reception; disabled. - from English. disability”[3].

Regarding the term handicap, according to the same source, we identify the following definitions: “HANDICÁP, handicapuri, 1. (Sports) Score given to a weaker competitor. É The totality of the points with which a team was placed inferior by the opposing team. 2. Figurative Weight, obstacle intervened in one’s work. 3. Sensory, motor, mental or any other disability of a person” [4].

Disability is also defined as “the

disadvantage from a social perspective that results from a deficiency or disability and that prevents or limits the affected person from fulfilling at least one of the normal roles in relation to age, sex, social and cultural factors. This disadvantage is outlined in relation to others or in relation to existing school values” [5].

2. Disability as part of the human condition

From the point of view of Ph. Wood (also shared by the World Health Organization) the term disability should be maintained with its specific meaning of disadvantage, disadvantage, situation as a result of disabilities and disabling diseases [6]. According to the World Disability Report, disability is a human rights issue. It is also “an important development issue with more and more research highlighting the fact that people with disabilities face poverty and poorer socio-economic outcomes than people without disabilities” [7]. Disability is a part of the human condition. “Almost everyone will have a temporary disability at some point in their lives, and those who reach old age will go through more and more frequent moments of difficulty” [8].

According to the International Organization of Persons with Disabilities (IPR), disability is defined as “the result of the interaction between a person who has a disability and the barriers related to the social and attitudinal environment that he may encounter” [9].

The World Health Organization proposes the following definition of disability: “disability is any restriction or lack (resulting from a disability) of the ability (ability) to perform an activity in the manner or at the level considered normal for a human being” [10].

The United Nations (UN), based on the Convention on the Rights of Persons with Disabilities, uses the following definition: restrict the full and effective participation of

persons in society, on an equal footing with others” [11]. Each era has faced the moral and political issue of how to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more and more people reach an advanced age [12].

Historically, people with disabilities have been largely cared for by segregating solutions, such as residential institutions and special schools [13]. Currently, policies in this area are undergoing some changes, in the sense that there is no longer so much emphasis on the medical condition that generates a certain functional impairment, but it is recognized that people are disabled by environmental factors and their own bodies. Disability is complex, dynamic, multidimensional and challenged. “In recent decades, the movement of people with disabilities - along with many researchers in the social sciences and medicine - has identified the role of social and physical barriers to disability” [14]. The transition from a structural, social perspective has been described as a shift from a medical model to a social model in which people are considered disabled by society rather than by their own bodies [15].

Disability is the umbrella term for impairment, activity limitations, and participation restrictions, which refers to the negative aspects of the interaction between an individual (with a certain health condition) and the contextual factors of that individual (personal and environmental factors) [16]. Although disability is an evolving concept, it is emphasized that “disability results from the interaction between people with disabilities and barriers to attitudes and the environment that prevent them from fully and effectively participating in society on an equal basis with others” [17]. This definition of disability as an interaction shows that it is not an attribute of the person.

People with disabilities are diverse and heterogeneous, while disability-related

stereotypes focus on wheelchair users and a few other classic groups such as the blind and deaf [18]. Cases of disability can be complex, multiple and different and include examples such as: the child who has a certain type of disability from birth, the soldier who acquires a disability as a result of an anti-personnel mine, etc. Health conditions can be visible or invisible; temporary or long-term; static, episodic, or degenerating; painful or without consequences. It is noteworthy that many people with disabilities do not consider themselves unhealthy [19].

Disability is a human rights issue because [20]:

1. There are many cases in which people with disabilities face unfair situations: for example situations in which the right to work, education or public life is annulled or restricted for these reasons;
2. There are also many situations in which the dignity or privacy of persons with disabilities is violated;
3. There are also extreme situations in which the autonomy of people with disabilities is affected: involuntary sterilizations, involuntary hospitalizations.

There has been a recent trend in the use of the term disabled to the detriment of the term disability. In other words, a person who has a certain type of disability, faces a disability when the relationship with the environment and the interaction with other individuals occurs. "Disability therefore refers to the lack of means offered to a person with disabilities to function in society just like an ordinary person, to go to school (benefiting from an access ramp, if he moves in a wheelchair), walking on the street (having traffic lights with sound signals, if they have vision problems), etc." [21]. We also mention the fact that the factors generating deficiencies are divided into four main categories:

- a. Genetic factors;
- b. Biological factors (various diseases);

- c. Accidents;
- d. Socio-cultural conditions.

3. People with disabilities and social services

The social assistance system can be defined as "the totality of institutions and organizations with social functions, of programs and services of a social nature, of concrete benefits and interventions from specialists, granted to people in difficulty, as well as the legislative framework on which they are based these" [22]. Beneficiaries of the social assistance system can be: people with disabilities, people with chronic diseases (including HIV), unemployed, discriminated and socially isolated people, abused or abused children (physically, emotionally, sexually), people with marital problems, the elderly, people addicted to drugs and alcohol, people whose human rights are violated, victims of domestic violence, homeless people and facing multiple losses, refugees, victims of human influence trafficking, commercial sex workers, victims of terrorism, victims of loneliness, people facing homelessness, economically exploited children, beggars, etc. [23]. Social assistance benefits can be classified according to the nature of the benefit:

- a. Cash benefits (benefits);
- b. In kind (goods and services).

Social assistance services and benefits can be provided in the natural living environment of the beneficiary or in the institutional one. For a short example, some aspects from European countries regarding the social assistance systems and the way they are organized will be presented.

Thus, countries such as Germany and the United Kingdom have a fairly developed and well-known tradition of protection and social assistance. Under the current German system, social services are organized in federal forms, grouped into six major organizations that manage services at the

national level, and volunteering plays an important role in their development. In highlighting the existing tradition in Great Britain, we mention a document quite mentioned by specialists, namely: Poor Law Act, 1601, promulgated by Queen Elizabeth I [24].

Among the rights provided by Law no. 448/2006 to persons with disabilities, there is also the right to social assistance, respectively social services and social benefits. The right to social assistance in the form of social services is granted upon request or ex officio, as the case may be, on the basis of supporting documents, in accordance with the law [25]. Rules for the application of these provisions [26] provide the procedure by which the person can access the realization of this right, the necessary documents, as well as the necessary way of working to be applied by the authorities, in the perspective of solving the request.

In the situation when solutions regarding the social services cannot be offered within the locality of domicile or residence, the disabled person will address the public administration at the level of the counties. The modern social assistance systems set up at the end of the last century are now facing the challenges of postmodernity, facing, on the one hand, global social trends and, on the other hand, local practices in the field [27].

After the '90s, in Romania we are talking about a process of development and configuration of the social assistance system. The positive aspects did not take long to appear, in the sense that the development of this system is an obvious one. However, we can also talk about issues that slow things down [28].

Thus, in this sense we list:

- insufficient development of social assistance services;
- focusing more on intervention in difficult situations and less on prevention;
- institutional fragmentation at central level;

- institutions developed mainly at county level [29].

The main feature of modern social assistance systems is the development of the local level, at the level of local communities [30].

Social assistance institutions are an extremely important structural element in the system, as they ensure, on the one hand, the protection of people in difficulty and, on the other hand, the organization and functioning of the system. Specialized social assistance institutions are established and organized as public or private units and provide protection, housing, care, recovery and social reintegration activities for children, the disabled, the elderly and other categories of people in need. [31]. These institutions are established at local level and financed from the county budget or from local budgets; they are either subordinated to the local councils or subordinated to the county councils.

From the point of view of the environment in which the social assistance services are provided, we meet two types:

- a. those granted in the natural living environment (in the family, at home, at school, at work);
- b. those provided in social assistance institutions (placement centers, recovery institutions for people with disabilities, institutions for the resocialization of children and adolescents with behavioral deviations, centers for the elderly).

Social services can also be classified into:

- a. community social assistance services (primary-general and provided at home, in the family and in the community - for example, assessment, information and counseling);
- b. specialized social assistance services (which are provided for special needs, both at home and in specialized institutions - for example, physiotherapy, speech therapy or recovery in case of disability).

Usually, in the institutional organization chart of a DGASPC we find the following types of services: professional personal assistants, the complex assessment service for adults with disabilities and the residential service for adults.

4. Conclusions

The rights of persons with disabilities are recognized and materialized without any differentiation, they are part of the spectrum of universal, indivisible and interdependent. "The promotion and protection of the rights and dignity of vulnerable persons must be based on a holistic approach to social development, human rights and non-discrimination."

In a natural society, the relationships between individuals are based on principles such as: equality, respect, freedom. These principles are applicable at both individual and Community level. There are also situations in which access to these principles is difficult. More specifically, there are people who have limited access to these principles, to legitimate rights and interests. People with disabilities are often put in these situations. All this, as we believe, there is a distortion of the understanding of this term and especially of the state of person with disabilities.

In this sense, we specify that it is not the disease itself or the existence of a disease that gives the individual the state of a disabled person, but the way of reporting the

disease, respectively to the parameters of the existential environment, to the socio-economic exigencies of the environment.

On the other hand, not every person with a disability is automatically a sick person, but not every sick person is automatically a person with a disability. There are three aspects that are complementary when it comes to the status of people with disabilities:

a. Deficiency - this involves a concretization and externalization of the pathological condition at the level of a certain organ or tissue;

b. Disability - is the impossibility of a person's ability to perform certain activities or duties under normal conditions for human beings. The forms and levels of incapacity concern the person in the integrity of his characteristic features.

c. Disability - is the disadvantage resulting from a deficiency or disability, which prevents or makes it impossible for the individual to fulfill a normal role.

Most of the time, in the evolution of society over time, everything has progressed. Thus, if people with disabilities were once kept out of the eyes of the world, hidden, given precarious care, today things are different. It was once obvious the lack of minimum legal respect, in the sense that they were not respected. Today, the sector of adults with disabilities is one that receives a lot of importance and attention in the general field of social assistance.

References

1. Article 2, para. (1) of Law no. 448/2006, on the protection and promotion of the rights of persons with disabilities (hereinafter Law no. 448/2006); The provisions of Law no. 448/2006 define the following terms as follows:
 - a. disability - the generic term for impairments / deficiencies, activity limitations and participation restrictions, defined according to the International Classification of Functioning, Disability and Health, adopted and approved by the World Health Organization, and which reveals the negative aspect of individual-context interaction;
 - b. equal opportunities - the result of the process of equal opportunities, through which the different structures of society and the environment are accessible to all, including people

with disabilities;

c. legal representative - the parent or the person designated, according to the law, to exercise the rights and to fulfill the obligations towards the disabled person;

d. social integration - the process of interaction between the individual or group and the social environment, through which a functional balance of the parties is achieved;

e. equalization of opportunities - the process by which the various social and environmental structures, infrastructure, services, information or documentation activities become available to people with disabilities;

f. adaptation - the process of transforming the physical and informational environment, of products or systems, in order to make them available to people with disabilities;

g. accessibility - the set of measures and works for adapting the physical environment, as well as the information and communication environment according to the needs of persons with disabilities, an essential factor for exercising the rights and fulfilling the obligations of persons with disabilities in society;

2. Social assistance magazine, no. 4/2004, Bucharest, Polirom Publishing House, 2004, p. 24.

3. <https://dexonline.ro/definitie/%20dizabilitate> (accessed on 15.09.2020)

4. <https://dexonline.ro/definitie/%20dizabilitate> (accessed on 15.09.2020))

5. Manea, L., 2000, *Protecția socială a persoanelor cu handicap*, București, Publishing House and Press „ansa” SRL, p. 91, apud Simona PONEA, op. cit., p. 12.

6. Rusu, C., 1997, *Deficiență, incapacitate, handicap. Ghid fundamental pentru protecția, educația specială, readaptarea și integrarea socio-profesională a persoanelor cu dificultate*, București, Publishing House Pro Humanitate, Bucuresti, apud Simona PONEA, op. cit., p. 20. According to this author, the term disability has a complex semantic evolution:

- Gambling in which the personal effects evaluated in advance by a referee are disputed;

- Additional weight or distance, necessary to equalize the chances in horse racing;

- Quantifiable difference between the performance of golfers;

- The totality of the landmarks with which a competitor was placed inferior (in sports);

- Disadvantage, disadvantageous difference, consequences of disabling diseases or social

difficulties;

- Illness, illness, deficiency, neuropsychiatric disorder, deviation from normal;

- Nonspecific disadvantage (by abusive extension);

- Adjective, with the meaning of disadvantageous, disadvantageous feature;

- Noun designating a sick person, with deviations from somato-psychic normality;

- With its own meaning to disturb or slow down someone's activity, to put someone in a state of inferiority;

- With limited significance to put someone in a position of abnormality compared to a certain reference system, different conventionally from the state of normalcy;

- (by analogy with disabling), characterizes the gnoseological entity or the etiological factors likely to cause a disability, a disadvantage, a disease (or which actually caused such a malfunction).

7. https://apps.who.int/iris/bitstream/handle/10665/44575/9789730135978_rum.pdf;jsessionid=088967239046B46F24A8E9E4635DDF24?sequence=20 (accesat la 10.09.2020).

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 16. Leonardi, M. et al. 2006, *MHADIE Consortium The definition of disability: what is in a name?* *Lancet*, 368:1219-1221. doi:10.1016/S0140-6736(06)69498-1 PMID:17027711, apud Raportul Mondial privind Dizabilitatea.
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 21. <http://www.imparte.ro/Cum-sa-donezi-inteligent/Ce-este-dizabilitatea-417.html> (accessed on 11.08.2020)
 22. Buzducea, D., 2009, *Sisteme moderne de asistență socială, tendințe globale și practici sociale*, Iași, Polirom Publishing House, p.19.
 23. Ibidem, p. 78.
 24. The law established a poverty tax paid by landowners, and the money was used to support people facing major difficulties: severe disabilities, serious illnesses, abandoned children. The poor were differentiated into three categories: the poor without disabilities, who were offered work or were punished with imprisonment if they refused to work, the helpless poor, who were housed in homes for the poor, and dependent children, who were sent to apprenticeship if their parents or their grandparents couldn't support them. As for the group of dependent children, the boys were apprentices until they were 24 years old, and the girls were either until they were 21 years old or until they got married., cf. O. W., Farley, L. L., Smith, S. W., Boyle, *Introduction to Social Work*, 2009, ed. A XI-a, Pearson Education, Inc, apud Doru Buzducea, op. cit., p. 94.

25. Article 31, para. (1) of Law no. 448/2006.
26. Government Decision no. 268/2007.
27. Doru Buzducea, op. cit., p. 15.
28. The current state of modern welfare systems must be seen in the broader context of globalization, as it, through its modern forms of manifestation, directly influences welfare systems through the development of modern management and infrastructure, as well as global communication networks. , by creating the conditions for the development of high-performing human capital with expertise in the field, by the emergence of new social problems, and, implicitly, of new categories of beneficiaries, according Doru Buzducea, op. cit., p. 16.
29. In this case the DGASPCs; however, the last period in which SPAS is also developing at the local level, at least at the level of municipalities and cities, is gratifying.
30. Of course, this trend can be seen in terms of several aspects. We only emphasize that the delegation of responsibilities at the local level also requires adequate financial support from local councils to develop specialized institutions, services and services.
31. Doru BUZDUCEA, op. cit., p. 139.
32. *** Romanian Institute for Human Rights, 2005, *Evoluția protecției și promovării drepturilor persoanelor cu dizabilități în România*, București, Romanian Institute for Human Rights Publishing House, p. 4.