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Institutionalization / deinstitutionalization of people with disabilities a contemporary social problem

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Abstract. In contemporary society, although many adolescents with disabilities are making social integration efforts, many of them are unemployed. Unemployment officially and open refers to direct exclusion from the labor market, but there is also a phenomenon of exclusion inside the labor market. Some groups are involved in segments where jobs are uncertain, poorly paid and do not require special or specialized training. Labor market segmentation tends to be built around immediately identifiable groups (eg by age, ethnicity, gender), so that the exclusion of the "decency" is doubled, associated with other forms of social exclusion. It is necessary to improve social policies in the field of disabled people and the strengthening of strategies in the development process of institutionalization of disabled adults.

Keywords. Institutionalization/deinstitutionalization, adults with disabilities, spirituality, moral values

Introduction

The emergence of social problems specific to people and vulnerable groups have emerged as a result of individual inequalities in society and as a result of natural disasters, epidemics, various accidents, armed conflicts, religious beliefs etc.

All nations based on social and cultural issues, over time, in order to support the vulnerable and disadvantaged, have tried to identify solutions to overcome the difficulty by applying sustainability measures.

As a result of the evolution of human society, social problems have diversified, causing states to adapt to the social configuration, to adopt rules and to organize at national and international level institutions specialized in practicing social assistance in order to cover the full spectrum of social needs, thus from empirical assistance to centralized social assistance.

The more a society makes every effort to identify vulnerable people and groups and provides the necessary methodology for their reintegration into the human social circuit, the more it can be considered civilized.

Social assistance emerged in response to human needs and suffering, and social need and, implicitly, the need for social assistance have existed and will always exist.^[1]

The elderly, orphans, people with different disabilities, have always been poor segments of the population, which alone could not meet all needs and therefore needed the support of others.

The first concern of social work is social welfare of all persons, by recognizing equal physically, mentally and spiritually values.

There have been identified evidence of care for the elderly, infirm, poor, sick in all civilizations and spiritual beliefs, by applying different forms of protection.

The Aztec civilization promoted care for orphans and the infirm, Ancient Greece protects war orphans and war invalids, the state pays their pensions, Ancient China sets up shelters for the elderly, sick, poor, schools for poor children, canteens for unskilled workers, clothing distribution associations donations and charities covering the costs of marriages and deaths of the poor. In India, during and after the religious leader Buddha, there was a strong charitable activity directed to beggars.[²]

In Byzantine philosophy, J.Constantelos Demetriosaid that Christians cared for their poor[³] - ultimately - it was one of the main duties of one of the three categories of the clergy, deacons - and offered a decent burial advocates a matter of great importance in the ancient world.

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The perception of people with disabilities and their attitude towards them has over time been influenced by the culture of that society and religious principles. At the same time, people with physical or mental disabilities were seen as holy but also as cursed or sinful[⁴].

Even though social assistance has its roots in the beginnings of mankind because it focused on the help and support of people in difficulty, as a science it acquired its status very late, when through centuries of experience and practical notions it captured the interest of institutions abilitated to care for social welfare.

As humanity has evolved and social needs have been identified, various categories of vulnerable people and groups have been identified who have needed organized support from the state, so it has been necessary to develop a specific theoretical and professional framework to achieve the goal of success in the interventions of the social assistance activity.

Specific theories in social work have emerged as a result of merging theories determined by professional practice with theories in other sciences that are correlated with social issues (medicine, psychology, sociology, law).

At present, the theoretical framework is vast and is applicable to the specific casuistry of each social need and is in a continuous process of change and development due to the dynamics of the social context.

Analysis:

In view of a quality intervention applied at the level of institutionalized people and not only, to improve the quality of life, we analyzed the way of helping from the perspective of the *theory of Humanistic Social Assistance*. (P.Ștefăroi, 2009)[⁵]

The term social humanist was used by the author for the first time in the article "Humanist perspective on customer welfare" appears in the 1-2 2009 Review of Social Work, University of Bucharest, published by Polirom.

At the same time, at the level of special residential institutions intended for both children and adults (the elderly, people with disabilities), the legal and institutional framework focuses mainly on biological and health care for survival.

These approaches at community and institutional level do not have a defining impact in solving the social problem as they concern only the external part of the beneficiary / client, the immediate physical needs and generate other problems through dependence, as the human side, the spiritual, cultural dimension is not involved, values and boundless resources of the human

personality could bring change and rehabilitation of vulnerable people in the community and happiness, spiritual welfare and mental preparation for independent living of institutionalized persons, will crystallize the humanist system of social assistance in the future with the aim of rehabilitation, recovery and social integration by capitalizing on human potential with personality and soul.[⁶]

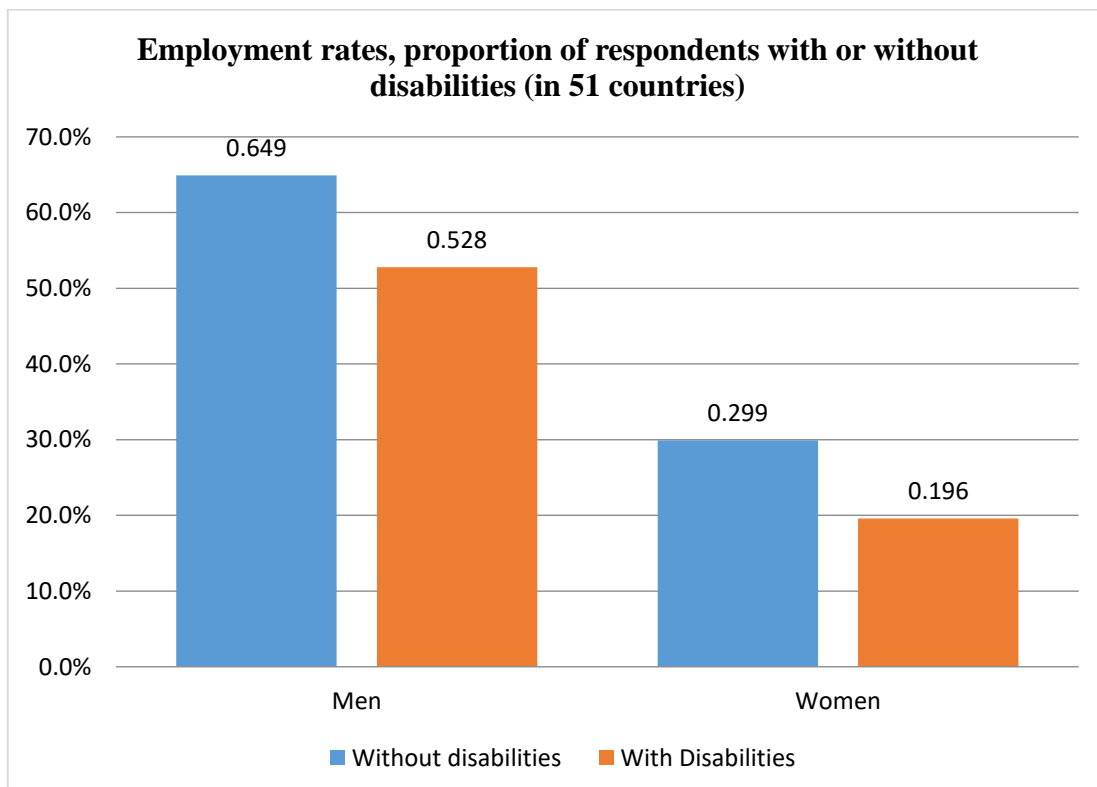
In Romania, institutional reform is ongoing and aims in addition to preventing institutionalization and deinstitutionalization, institutional restructuring by developing services adjacent to alternatives to institutionalization and ensuring special quality protection at the community level.

In contemporary society, although many adolescents with disabilities are making social integration efforts, many of them are unemployed.

Data from several countries show that the employment rates of people with disabilities are lower than those of the rest of the population, with employment ranging from low levels of 30% in South Africa and 38% in Japan to high levels of 81% in Switzerland and 92% in Malawi.[⁷]

Because people with disabilities who do not work often do not look for work and are thus not taken into account as part of the labor force, the unemployment rate may not provide a complete picture of their situation on the labor market. Instead, the employment rate is used more frequently as an indicator of the situation of people with disabilities in the labor market.

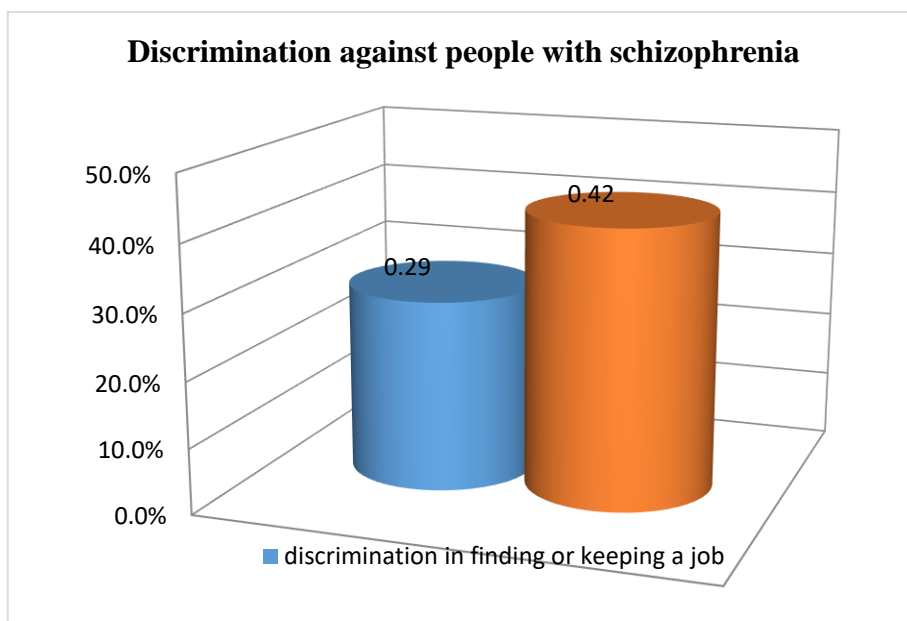
According to the World Report stated above, the analysis of the results of the World Health Survey in 51 countries (2002-2006) shows that the employment rate is 52.8% for men with disabilities and 19.6% for women with disabilities, compared to 64.9% for non-disabled men, and 29.9% for non-disabled women.[⁸]



The employment rate varies considerably for people with various disabilities, with individuals with mental health difficulties or intellectual impairment facing the lowest employment rates.

A British analysis showed that people with mental health difficulties faced greater difficulties in gaining access to the labor market and earning more than other workers.

Employers may discriminate against people with disabilities because of misconceptions about their abilities, or because they do not want to include them in their workforce. mental health condition. Of those with schizophrenia, 29% experienced discrimination in either finding or keeping a job, and 42% felt the need to hide their health when applying for a job, qualification or training.[⁹]



Shy attempts to solve it are made through the existence of Transitional Reintegration Centers that provide young people with disabilities, from institutions, assistance programs and support for integration into an active life and employment.

In such a center, the transitional reintegration programs aim at:

- taking young people from institutions and assisting them;
- investigating in the local horizon (city, commune, county) the jobs that involve simple activities, which can be performed by people with severe disabilities;
- the realization of an intensive program of general recovery and development of life skills;
- the development of the transitional integration program to ensure the development of the basic skills necessary for independent living in the community (or in a protected environment) and the fulfillment of the requirements of the locally identified job;
- integration of people with disabilities in the workplace, training of the environment and employees in parallel with the support of the center staff (support services necessary for integration).[10]

Conclusion:

For adults with disabilities, institutionalized, so far the emphasis has been on priority aspects of health care, it's imperious to take into account the need to be considered a distinct person despite the disability, to be helped to identify and manifest his personality, to stimulate his mental faculties in order to improve the quality[11] of life.

In order to achieve this goal, it is necessary to involve all decision-makers, but especially the specialized staff of the center who come into daily contact with the person assisted and who must be given special status as a person and not an object for which they must perform certain tasks to keep it running.

"The ontic-empathetic personality is, by its nature, differential and individualizes the person giving him a unique content, a specific feeling, a certain way of feeling, of living, of loving, it gives him more than all this, existential meaning, human content of life, the feeling, sense of self, feeling of life, uniqueness and relativity of self, justification of presence in itself, for oneself and, especially, outside oneself, but through oneself and for oneself, as well as for others, implicitly." [12]

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