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CONCEPTS OF SOCIAL INCLUSION MANAGEMENT FOR STUDENTS WITH DISABILITIES

CONCEPTE ALE MANAGEMENTULUI INCLUZIUNII SOCIALE PENTRU STUDENȚII CU DIZABILITĂȚI

Ammar MREISAT, PhD student,
Free International University of Moldova,
psychologist, primary school Tamra, Israel

Ammar MREISAT, doctorand,
Universitatea Liberă Internațională din Moldova,
psiholog, școala primară Tamra, Israel

Annotation: *This article reveals the concept of disability, university inclusion, as well as the differences between the concepts of deficiency and disability, which may increase the data leeway to investigate the efficiency and attitudes of the educational environment regarding the university inclusion of young people with physical disabilities, the evolution of the number of students with disabilities in the last years are reflected. Also there is compared the global demographic situation to the national one, the statistical data, as well as the specialists' forecasts regarding the situation of young people with disabilities are analyzed too. There are also presented in this section the social policies that support the young people with disabilities, the protection of young people with disabilities in the world and at the national level.*

Adnotare: *În acest articol se reflectă conceptul de dizabilitate, incluziune, precum și diferențele dintre conceptele de deficiență și dizabilitate, care pot spori spațiul de date pentru a investiga eficiența și atitudinile mediului educațional în ceea ce privește incluziunea în universitate a tinerilor cu dizabilități fizice, evoluția numărului de studenți cu dizabilități din ultimii ani. De asemenea, este comparată situația demografică globală cu cea națională, sunt analizate și datele statistice, precum și previziunile specialiștilor privind situația tinerilor cu dizabilități. De asemenea, în această publicație sunt prezentate politicile sociale care sprijină tinerii cu dizabilități, protecția tinerilor cu dizabilități în lume și la nivel național.*

Keywords: *social inclusion, disability, individual education plan.*
Cuvinte-cheie: *incluziune socială, handicap, plan individual de educație.*

Introduction

Today, learning gains another dimension and gradually being developed for any young person, including people with disabilities. Under the guidance of teachers, the learning process is progressing and widening according to the curricular area of the steps taken. In this respect, people with disabilities are facing problems. The humanization of education allows and implies the materialization of a varied education of all young people, considering their interests and particularities as a priority. The processes of training and education of young people with disabilities are particularly complex, variable and diverse and have a probabilistic result from the point of view of social integration. Their character and deployment are determined by the most complex correlations between the objective and the subjective factors involved in the teaching-learning process. These processes impress both the peculiarities of the personality of the teacher and the social worker and the young person with disabilities, but especially the specifics of the strategies used for his socio-professional integration and the physical access to the educational institutions. In

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other words, the problem of training people with disabilities is not just a vocational option and a curricular option, but one related to the physical possibility of having access to training [7].

The social inclusion of students with disabilities is a subject of controversial discussion, which must surely overcome the theoretical level on the given topic and reach an objective factor analysis that would allow a young person with any type of disability, those with mental deficiencies, have access to the alleys of the unpredictability [3].

Next, we will refer to the basic concepts describing disability, because this concept hides the whole issue of the social inclusion of these young people. A person is not bad, but has some disabilities linked to the physical integration of physically healthy people. In no case is the isolation of these people to be accepted simply because a poor physical condition does not allow them access to the street in public institutions, thus limiting the freedom to be socially active. It is the duty of the society (taken in all its complexity) to provide the necessary educational and environmental conditions for people with disabilities not to be brought into state of inactivity and dependence on the state, to the social aids that allow their subsistence [6].

Results and considerations

In 1980, the terminological group was defined: Deficiency - Disability - Disability that has governed the field issues for 2 decades. The definition was controversial and criticized, mainly because it was predominantly influenced by the medical model, which does not sufficiently to reflect human rights [4].

Over the years, the concept of disability has seen many approaches that have been reflected in social, medical, and interpersonal relationships. The oldest approach to disability is the one that proposes the medical understanding of disability, treating disability as a disease that needs to be "repaired" by various types of medical interventions or even isolation. This approach can be considered the "Black Age" of disability, because people with disabilities have been in most of the isolated time, separated and treated as a burden on society [8]. Subsequently, the concept of disability evolved into a "soft" type of cartel, which led to the charitable approach. According to this approach, disability was understood as an innate condition of a person or acquired during his or her life, which limits his ability to participate in social life. The result of this type of disability understanding has led to the emergence of more charitable programs, and people with disabilities have begun to benefit from social welfare services, but the idea of segregation was still in place. People with disabilities did not have effective rights, they could not make decisions, and special protection programs effectively isolated their participation in social life, becoming subjects of public pity.

An important moment in the history of disability, which contributed to creating the premises of a paradigm shift in addressing this phenomenon, is the year 1994 when, at the UNESCO initiative in Salamanca, Spain, took place the *Conference of States Parties* on the education of people with disabilities [apud 9]. The conclusions of the Conference were made in a strategic statement, known as the Salamanca Declaration, which established action lines for the inclusion of young people / people with disabilities in the mass education system of the 92 participating states.

After several decades this vision has begun to change, at least theoretically and conceptually. The key point in legitimizing the new approach is 2008, when the UN adopted the Convention on the Rights of Persons with Disabilities and the Optional Protocol. The emergence of this international instrument is the result of a broad social movement of people with disabilities who have publicly claimed their rights, especially in North America, but the petitions that substantiated the Convention have been signed by millions of people around the world [apud 9].

The new approach to disability has represented by the social or human rights perspective that has brought about a fundamental change in understanding this phenomenon. According to this new perspective, disability is understood as a consequence of the interaction of the individual with

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an environment that is not adapted to the particular needs of that individual, thus preventing his participation in social life.

This approach has led to the emergence of the concept of "adapted environment, which basically states that the environment needs to be modified according to a person's needs and not the other way round" [8].

Disability seen from the perspective of human rights implies an evolution of thought and determination from the State and those sectors of society so that people with disabilities are no longer considered recipients of charity works or objects of decisions of others but rights holders. A rights-based approach seeks ways to respect, support and celebrate human diversity by creating conditions that allow for the significant participation of a large number of people, including people with disabilities. Currently, many states have signed and / or ratified the Convention on the Rights of Persons with Disabilities and the Optional Protocol throughout the world [1].

The United Nations Convention on the Rights of Persons with Disabilities is the first legally binding human rights instrument to which the EU and the Member States are party.EU signed the United Nations Convention on the Rights of Persons with Disabilities on 30 March 2007 (IP / 07 / 446), the date of its opening for signature.

Since then, the convention has been signed by all 27 EU Member States and 155 other countries in the world. Following the conclusion of the ratification process, the EU as an entity is now the first international organization to become an official party to the convention (as well as 16 of the EU Member States). The Convention obliges the parties to ensure that people with disabilities can fully exercise their rights, on an equal footing with all other citizens. For the EU, this means ensuring that all Community legislation, policies and programs comply with the provisions of the Convention on the Rights of Persons with Disabilities, within the limits of the EU's competences.

The countries that have ratified the Convention, such as EU Member States, should take action in the following areas: access to education, employment, transport, infrastructure and buildings open to public access, the right to vote, improved political participation and insurance the full legal capacity of all persons with disabilities [1].

Unlike the medical model of disability, the UN Convention on the Rights of Persons with Disabilities offers an alternative perspective that conceptualizes disability as a "pathology of society, incapable of including everyone and adapting to individual differences". Developed in the social movement of persons with physical disabilities, the "social model" interprets disability as "a situation caused by social conditions that, in order to be eliminated, requires: (a) that no aspect, such as income, mobility or institutions, treated separately; (b) that persons with disabilities take control of their own lives, with the help and encouragement of others, and (c) that specialists, experts and others who want to help, must undertake to promote the exercise of control by persons with disabilities" [1]

The Convention on the Rights of Persons with Disabilities requires States that are party to it to protect and ensure that persons with disabilities can enjoy all human rights and fundamental freedoms.

The concept of disability appears obviously as a result of the interaction of several factors - both those who are mainly dependent on the individual (health conditions, linked to the structures and functions of the body), those related to activity and participation, as well as to the contextual ones (environment and personal factors).

Due to the lack of a clear operational definition, conceptualization of disabilities varies from one author to another, which makes the term difficult to define and evasive. However, for the present study, the following definition of disability will be used*: "Disability is a condition of someone who has suffered one or more mental or physical disorders from an early age that could continue indefinitely"* [13]. Thus, the age of onset and permanence are the unique factors that determine the term of disability.

The terms "people with disabilities", "people with neuro-motor disorders" and "people with special needs" are used as synonyms throughout this thesis.

The origin of the disability term can be classified into two distinct categories:

(a) a genetic condition; and

(b) the environmental factors that led to disability (accident, illness, pregnancy complications, etc.).

It is important to note that these two categories are not mutually exclusive (for example, a disability can have both genetic components and environmental components).

In contrast, psychopathology studies disabilities from a contextual approach in terms of normal development, focusing on the following three areas of development: the community, the home and the institution [3].

Lenhart shares developmental disabilities in the following categories: cognitive impairments (for example, communication disorders, learning disorders such as dyslexia, descale and attention deficit hyperactivity disorder [ADHD], genetic disorders (e.g. Down syndrome, Fragile X syndrome and Phenytoinuria (PKU)), and neurological disorders (autism, cerebral palsy and epilepsy) These categories are not mutually exclusive: For example, PKU (a genetic disorder characterized by hyperactivity and mental retardation) a cognitive disorder and a genetic disorder [apud 9].

There are still difficulties in defining and classifying disabilities as far as the census offices of each state are concerned. For example, the US Census Bureau, measures disability by collecting data for only a few specific deficiencies. Due to incoherent operational definitions for disabilities, it is difficult to provide accurate statistics globally [13].

Inclusive education provides for continuous change and adaptation to the educational system to respond to the diversity of challenges and needs arising from the integration process of people with disabilities to provide quality education for all in contexts and in common learning environments. In any educational institution, the administration has a considerable contribution to the implementation, management, monitoring and evaluation of this process. For example, for the secondary and high school stage, the Deputy Director has major responsibilities at the level of documentation necessary to integrate the child with disabilities, monitoring its evolution, drawing up and approving the Individual Education Plan (IEP), collaborating with the Psychopathological Assistance Service, etc. [apud 2].

In what follows we will refer to the attitudes of the educational environment regarding the university inclusion of young people with physical disabilities. Although people with deficiencies have always existed, few authors have left data or studies on the attitude of society towards them at different historical stages.

According to Roth, the attitude of society towards deficient people in general has gone through radical changes, according to the stages of development of social consciousness characteristic of every historical age, beginning in antiquity - when those with disabilities were perceived as objects of mercy and even killed the basis of religious beliefs to the emergence of the social model of disability and movements for the rights of persons with disabilities in the last 5-6 decades [apud 2]. Perceiving people with disabilities as objects of mercy and charity also has its roots in religious thinking. In the New Testament, the focus is on healing, with people with disabilities becoming the center of miracles and proverbs of Jesus, but disability is still considered a punishment for sins.

Attitudes towards people with disabilities were influenced by the culture of the people concerned and by certain religious concepts. The belief that the disease was caused by an angry deity or a supernatural force was widespread in antiquity, the Middle Ages, but also today in some societies.

Despite these discriminatory behaviors in which people with disabilities were even challenged the right to life, in antiquity we find the first attempts at scientific research of various types of deficiencies as well as attempts to recover through various methods. The separation of "abnormal"

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individuals into special institutions such as asylums was somewhat likely to "protect" the individual, but also the society of them. Institutions have taken these undesirable and unattractive individuals as their physical presence, pulling them out of the public and thus from public consciousness. It is only in the modern age that there are first concerns about the education of young people with disabilities. The first schools for blind people was founded at the end of the 18th century in England [11].

Real attempts to overcome the segregated education model of people with disabilities arise between the two world wars. The onset of institutional concerns for educating young people with disabilities is an important step in the evolution of social attitudes towards people with disabilities. Young people were allowed to access schools even if they were special. These people have begun to be regarded as having a certain value in society, even if they work and learn partially or incompletely with their peers and even if they need special assistance.

However, there is a mentality that people with disabilities need to be educated in segregated programs or schools, often away from cities or very populated areas. This institutionalization was usually alive - especially in the case of those with severe physical disabilities. The conditions in these institutions were often inhuman, far from the idea of recovery.

The educational analysts say that general education systems have consistently excluded young people with special learning needs, creating marginal structures for those who do not meet the expected performance standards. Exclusion was based on a predominantly medical diagnosis: hearing deficiency, vision deficiency, intellectual or motor impairment, etc. [2].

In the Republic of Moldova, the concern and interest for inclusive education has been attested since 2000 and is manifested both at the level of state institutions (Ministry of Education, Institute of Education Sciences, general education institutions) and at the level of non-governmental organizations.

Conclusions

In conclusion, we can say that the attitudes of society towards these deficient people have essentially changed over the centuries: from their extermination or radicalization in antiquity, to the coexistence in the Middle Ages of prejudices and superstitions with humanistic attitudes. Currently, radical social transformations in the Republic of Moldova and the world, openings to the values of the whole world, including the modern concepts of assisting people with disabilities, also have important changes in the social and educational attitudes towards this category of people [8].

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