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Social integration of unemployed young people and adults with disabilities

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Abstract. The study aims to achieve the objective of special psychopedagogy, which aims at two distinct aspects: improving the quality of life of people with disabilities and their social and professional integration. The central objective of this research is the identification of the social and professional integration of people with disabilities from Constanta county. Furthermore, the models of social and professional integration are observed with the help of three Questionnaires: Questionnaire of assessment of social and professional integration (ISP); Quality of life inventory-QOLI and „Happiness" scale from *The 46 AB5C Facetes*.

Keywords. quality of life, intellectual disability, neurodevelopmental disabilities, social integration, professional integration

1. Theoretical presentation of constructs.

1.1. Intellectual disability

Disability is the result of complex relationships between several factors (internal and external) and refers to the individual as a consequence of the deficiency that prevents him from reaching the desired or environmental performance level, through activity limitations and participation restrictions (Radu Gh., 1999).

Intellectual disability is conceived as a global deficiency following an organic or functional lesion of the central nervous system (CNS) with direct consequences in terms of socio-professional adaptation, skills and autonomy. It has its onset during development (most often in the first years of life) and is due to genetic dowry, environment and educational influences (Patlog D., Stanciu R., 2016)

Neuromotor disability is the consequence of injury or abnormal development of the central nervous system (brain). It is defined as an imbalance, long-term health disorder, conditioned by dysfunctions and losses of bodily integrity and the influence of harmful environmental factors, which reduce the activity and possibilities of the individual to develop personal autonomy and participate in social life (Radu Gh., 1999).

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Intellectual development disorder has its onset during the developmental period that includes both intellectual deficit and adaptive functioning at conceptual, social and practical levels (ap. DSM-V, trans. 2013):

The following three criteria must be met:

A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, organized learning and learning from one's own experience, memory, literacy and mathematical numeracy, confirmed by both clinical evaluation and individualized and standardized intelligence tests.

The social realm involves awareness of thoughts, feelings, and experiences; empathy; motivation of socialization, interpersonal relationships, etc. The practical field involves, among others, the development of the capacity for self-management of life, including personal care, taking responsibility, money management, recreation, self-control, organization of school and professional life.

B. Deficits in adaptive functioning that result in an inability to cope with the level of general and sociocultural development necessary for personal independence and social responsibility. Without ongoing assistance, adaptive deficits limit functioning in at least one or more activities of daily life, such as communication, social participation, and independent living, on multiple levels—home, school, work, and community.

C. The onset of intellectual and adaptive deficits are present during development, respectively during childhood or adolescence. (ap. DSM-V, trans. 2013)

The diagnostic criteria according to 315.39 (ICD-11) and F80.9 (DSM-V) are:

A. Constant difficulties in acquiring and using language in different ways (spoken, written, sign language or other) due to difficulties in understanding or realization that include the following aspects:

1. Reduced vocabulary (knowledge of words and their use).

2. Limited sentence structure (ability to follow the topic to form sentences based on grammar and morphology rules).

3. Speech difficulties (ability to use vocabulary and coherent expression to describe a topic, event or hold a conversation).

B. The level of language development is substantially below that expected for a given age, resulting in functional limitations in effective communication, social participation, individual academic and professional performance, or any combination.

C. The onset of symptoms is at the beginning of the development period. D. The difficulties are not due to hearing problems or other sensory disturbances, motor dysfunction or other neurological or medical conditions and are not explained by disability intellectual (intellectual developmental disorder) or delay in general development.

Intellectual disability has several causes. Some of these are preventable, others are not. These causes can be grouped into 4 (four) categories:

a. Medical conditions

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b. Brain/central nervous system damage
c. Genetic conditions
d. Psychiatric conditions

Among the medical causes of intellectual development disorder are the following: pre and post-natal exposure of the fetus to alcohol, drugs, toxins (drugs) and certain infections. Also, exposing the fetus to environmental toxins.

1.2. Neurodevelopmental disorders

The developmental pathway of the disabled individual, in essence, takes the same course as in the case of neurotypicals. Differences arise when comparing the skills and performance of the deficient individual (according to psychogenetic and psychodynamic criteria). In general, the development of people with deficiencies is manifested by: developmental delay, significant discrepancies between the maturation levels of different mental processes, communication/relationship difficulties, low learning/adaptation capacity, and disharmony of personality components (Roșan, A., 2015).

Neurodevelopmental disorders are caused by genetic, congenital and sometimes environmental factors. These disorders are manifested by poor neural abilities in processing information and performing functional tasks. The existence of a wide spectrum of such disorders makes it necessary to discuss intellectual developmental disorder, which affects the ability to reason and judge.

These disorders affect the ability to solve problems, learn, plan and function adaptively. Communication and social participation are affected and limited, with everything perceived as a bottleneck. Communication disorders, such as difficulties expressing words correctly or pronouncing words correctly, are also included in these neurodevelopmental disorders.

Under the umbrella of neurodevelopmental disorders are:

1. Language developmental disorder: difficulty learning and using words and language correctly in communication situations.
2. Global developmental disorder: presents difficulties in several areas of development, such as speech, affectivity, socialization , play.
3. Attention and Hyperactivity Disorder (ADHD): The person with ADHD has difficulty concentrating, being organized, and there is generally poor control of behavioral impulses.
4. Autism spectrum disorders (ASD): a wide range of disorders that limit and restrict: communication, social interaction and behavior.
5. Learning disorders: difficulty learning skills (writing-reading), subjects or skills.

Neurodevelopmental disorders present with varied symptoms, depending on the type and severity of the disorder. Common signs include communication difficulties, problems in social interaction, problem behaviors, learning difficulties, and motor problems. These may include delay in the development of motor coordination or difficulty learning and retaining new information (id. 2015).

The psychological profile of people with neurodevelopmental disorders according to Gherghuț Alois (2013) is characterized by:

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1. Genetic viscosity
2. Pathological heterochrony
3. Mental rigidity
4. Rigidity of conduct
5. Communication deficiencies, heterogeneity
6. Intellectual heterodevelopment

1.3 Socio-professional integration

Social integration is a complex phenomenon, which is currently based on the comprehensive inclusion of the individual according to the achievements achieved as a full-fledged citizen.

This term is associated with certain characteristics and is defined as the degree to which an individual feels that he belongs to a group or collective based on shared beliefs, values and norms.

The diversity of people in a community is necessary for its economic growth, therefore social integration is an important aspect for the well-being of all. About 15% of the global population lives with a disability (both physical and/or neuronal) (UNESCO, 2019).

Social inclusion is a set of measures in the field of social protection, employment, health, safety and culture, which ensure the active participation of all categories of people in all areas. Social protection is characterised by a series of measures that are taken to help disadvantaged or high-risk people to ensure an optimal level of well-being (Haslam, S. A., Reicher, S. D., & Levine, M. ,2012).

The process of school and vocational guidance involves assessing the capacities and interests of young people, identifying resources and development needs, providing relevant information about training and employment opportunities, encouraging young people to explore and experience different opportunities and make informed decisions, as well as continuous support throughout the professional integration process.

This orientation is based on collaboration between different individuals, institutions and organisations, such as schools, assessment and guidance centres, vocational training institutions and employers, with the aim of increasing employability and improving the quality of life of young people with disabilities, supported by a legislative framework.

People with intellectual disabilities have difficulties in finding a job due to lack of information and education of employers, lack of necessary adaptations and lack of adequate professional qualification. The severity of disability can also affect employability. In order to facilitate their access to the labour market, it would be necessary to involve their families and integrate them into regular apprenticeship schools in order to learn a trade in demand on the labour market, followed by guidance from parents, guardians or other qualified persons.

The legislative framework in Romania, in accordance with the European one, refers to the protection and promotion of the rights of persons with disabilities, in this respect the laws have been promulgated:

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1. *Law no. 448 of 6 December 2006* on the protection and promotion of the rights of persons with disabilities.
2. *Law no. 71/2011* amending and supplementing Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities refers to the rights of persons with disabilities and the measures to be taken to ensure the protection and promotion of these rights.
3. *Law no. 292/2011* is a framework law regulating the social assistance system in Romania. It sets out the principles, objectives and responsibilities of the state with regard to the provision of social services, the protection of vulnerable persons and the promotion of social inclusion.
4. *Law no. 116/2021* is a law regulating the rights of people with rare diseases. This law covers people suffering from rare diseases, a category of medical conditions characterized by low prevalence and high severity.

2. The purpose, objectives and hypotheses of the research.

The purpose of the paper is to highlight the level of overall quality of life of graduates of a special education institution.

2.1. Research objectives.

Objective 1: Establish the level of overall quality of life of unemployed persons with disabilities.

Objective 2 Identify the relationship between global quality of life and areas of life of unemployed persons with disabilities.

Objective 3: Establish the relationship between the level of overall quality of life in employed and unemployed persons with disabilities.

2.2. Research hypotheses.

Hypothesis 1: We assume that the overall level of quality of life is low in unemployed persons with disabilities.

Hypothesis 2: We assume that the most important level of significance for the general well-being of unemployed persons with disabilities is health, love, learning, and help.

Assumption 3: We assume that there are statistically significant differences between the level of overall quality of life in people with unemployed and employed intellectual disabilities.

3. Research participants and tools.

3.1. Research participants

Research subjects were chosen using convenience sampling. These are young graduates with disabilities of CSEI Albatros from Constanta. We chose this sampling method because of the direct inaccessibility to the information resource. Thus, through the former head teachers of the subjects, the social worker and the two psycho-pedagogue teachers, they were evaluated individually - by phone and face to face.

The research group consists of 60 people with intellectual disability and/or other disabilities. Of the 60 research participants, 30 are employed (control group) and 30 are unemployed (experimental group).

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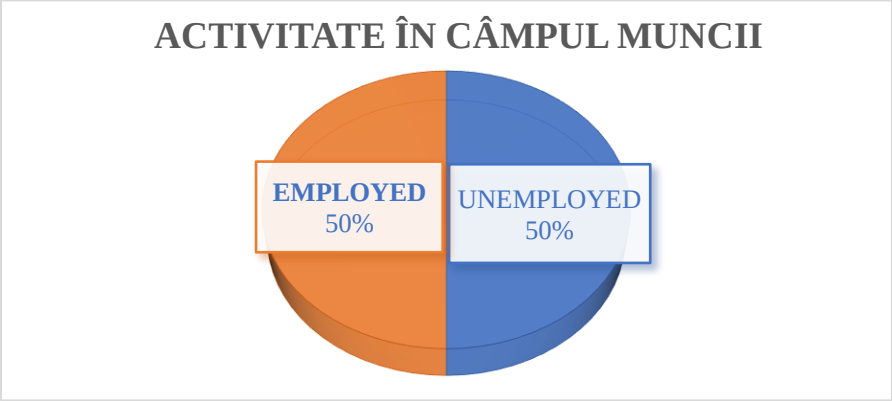

Figure 1. Percentage according to the social status of graduates.

3.2. Research tools

The QOLI (Quality of life inventori) questionnaire was created to support the need for mental health assessment, measurement and treatment viewed through the prism of a positive perspective. This questionnaire is a short and comprehensive method for measuring life satisfaction (quality of life). It analyzes the total quality of life score using 16 areas: health, goals and values, self-esteem, play, money, work, help, learning, creativity, children, love, friends, community, neighborhood, home.

Respondents rate each area in terms of satisfaction and importance. Thus, the questionnaire consists of 32 items, the wording is simple, can be completed quickly and without problems by participants.

The raw score is averaged between the sum of the weighted satisfaction scores and the number of areas each participant responded to. After finding the score, we consult the table where the intervals corresponding to T-scores and scores in centiles are presented to determine the overall level of quality of life as follows:

a) High level: indicates a high quality of life and good overall satisfaction in all areas evaluated. People who fall into these levels tend to feel satisfied and fulfilled in most aspects of their lives.

b) Moderate level: indicates an average quality of life and acceptable satisfaction in most areas assessed. People who fall into these levels may have certain aspects of life that need improvement, but they generally feel satisfied with their lives.

c) Low levels: indicates a reduced quality of life and low satisfaction in many of the assessed areas. People who fall into these levels may experience significant difficulties in their lives and may need support and intervention to improve their quality of life.

The socio-professional integration assessment questionnaire (ISP) is used to identify the specifics of social and professional integration.

Through a socio-professional integration questionnaire, general information is collected about the subject, his/her family/situation, education, previous work experience, interests and personal preferences of the individual. This information helps to identify suitable employment

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opportunities, professional development and support needed to achieve a satisfactory level of socio-professional integration.

The "Happiness" scale of The 45 AB5C Facetes personality test measures the subjective level of happiness and satisfaction in a person's life. This questionnaire explores the different aspects of happiness and satisfaction in life, based on the five dimensions of personality called the "Big Five": extraversion, kindness, conscientiousness, emotional stability, and openness to experiences. Participants must circle the answer that represents them the most on a scale of 1 to 5 (1 being "Absolutely False" and 5 being "Absolutely True") to 10 questions, with the total score falling into one of 3 levels:

a) High level
b) Medium level
c) Low

This tool contains 10 items, was translated by Dragoș Iliescu from International Personality Item Pool: A Scientific Collaboratory for the Development of Measures of Personality Traits and Other Individual Differences (http://ipip.ori.org/).

This scale was chosen to highlight the feeling of happiness and because it can be administered to young people with disabilities, especially intellectual.

4. Presentation, analysis and interpretation of results.

4.1. Hypothesis 1

Table 1. Frequency analysis of the level of Global Quality of Life for unemployed

Quality of LifeGlobal Unemployed

		Frequency	Percentage	Valid percentage
Valid	Low	2	6.7	6.7
	Medium level	22	73.3	73.3
	High level	6	20.0	20.0
	Total	30	100.0	100.0

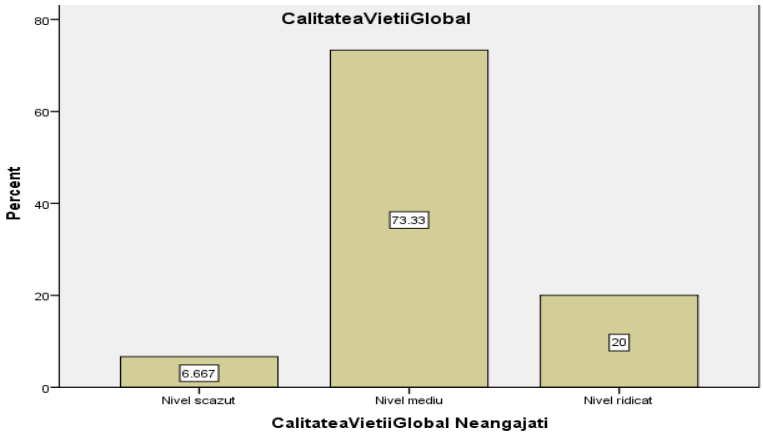

Figure 2. Global Quality of Life Level for Unemployed

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Following the frequency analysis of the group of non-employees, we observe: 2 (6.7%) subjects with a low level, 22 (73.3%) with a medium level and 6 (20%) with a high level as shown in Table 2 and Figure 1.

We note that unemployed people with disabilities rate their overall quality of life as having an average level. This level could be due to disability itself, in the form of restrictions and limitations, but also to lack of activity (work), an unfavorable financial situation, their skills and abilities, but also access to support services. On the other hand, this average level may be due to constant support from the family coming as an overcompensation, young people having fewer responsibilities thus managing to enjoy life more.

Thus**, we achieved our goal 1:** Establish the level of global quality of life of unemployed persons with disabilities. And at the same time, **hypothesis number 1 has not been validated** (We assume that the overall level of quality of life is low in unemployed people with disabilities).

4.2. Hypothesis 2

Table 2. Correlations between Global Quality of Life and the 16 Areas of Life

Correlations

				Quality of LifeGlobal
Spearman's rho	Quality of LifeGlobal		Correlation Coefficient	1.000
			Sig. (2-tailed)	.
			N	30
		Health	Correlation Coefficient	.550
			Sig. (2-tailed)	**.002**
			N	30
		Self-Esteem	Correlation Coefficient	.409
			Sig. (2-tailed)	**.025**
			N	30
		GoalsSiValues	Correlation Coefficient	.363
			Sig. (2-tailed)	**.049**
			N	30
		Money	Correlation Coefficient	.299
			Sig. (2-tailed)	.109
			N	30
		Work	Correlation Coefficient	.437
			Sig. (2-tailed)	**.016**
			N	30
		FreeTime	Correlation Coefficient	.413

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		Sig. (2-tailed)	**.023**
		N	30
	Learning	Correlation Coefficient	.507
		Sig. (2-tailed)	**.004**
		N	30
	Creativity	Correlation Coefficient	.282
		Sig. (2-tailed)	.130
		N	30
	Help	Correlation Coefficient	.475
		Sig. (2-tailed)	**.008**
		N	30
	Love	Correlation Coefficient	.701
		Sig. (2-tailed)	**.000**
		N	30
	Friends	Correlation Coefficient	.289
		Sig. (2-tailed)	.121
		N	30
	Children	Correlation Coefficient	.281
		Sig. (2-tailed)	.133
		N	30
	Relatives	Correlation Coefficient	.380
		Sig. (2-tailed)	**.038**
		N	30
	Home	Correlation Coefficient	.321
		Sig. (2-tailed)	.083
		N	30
	District	Correlation Coefficient	.120
		Sig. (2-tailed)	.528
		N	30
	Community	Correlation Coefficient	.327
		Sig. (2-tailed)	.078
		N	30

From a statistical point of view, it is noted that there are *strongly significant correlations (where p<0.01) between Global Quality of Life with health (p=0.002), learning (p=0.004), help*

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(p=0.008) and love (p=0.000), and significant correlations (**where p<0.05) between** Global Quality of Life and Relatives (p=0.038), Leisure (p=0.023), Self-Esteem (p=0.025) and Goals and Values (p=0.049*)*

Correlations between Global Quality of Life and Life Areas: Money, Creativity, Friends, Children, Home, Neighborhood and Community *are not statistically significant.*

Table 3. Hierarchy of Life Areas according to assigned scores

Importance	Life area
Foreground (over 60% at level 11, maximum)	**1. Home (80%)**
Secondary Plan (30% - 59%)	**2. Aid (46.7%)** 3. Relatives (43.3%) 4. Free time (33.3%) **5. Health (30%)** 6. Goals and values (30%) **7. Learning (30%)** 8. Creativity (30%) **9. Love (30%)**
Last (10% - 29%)	10. Children (23.3%) 11. Friends (20%) 12. Neighborhood (20%) 13. Money (16.7%) 14. Community (16.7%) 15. Self-esteem (16.7%) 16. Work (13.3%)

Thus, following the correlation, we notice that in this case, statistically speaking, there is a strongly significant relationship, where p<0.01, with health, learning, help and love and significant correlations (those colored green in the table), p>0.05, in the areas of relatives, leisure, goals/values and self-esteem.

It is noted that for people with unemployed intellectual disability they offer an important role to aspects such as: health, learning, help and love, and a lesser (but equally important) significance for them have relatives, leisure, self-esteem and goals and values. In conclusion, from a statistical point of view, goal 2**: Identify the relationship between global quality of life and areas of life of unemployed persons with disabilities** is achieved, and hypothesis 2 is validated **(We assume that the most important level of significance for general well-being is health, love, learning, and help).**

One explanation is that in terms of limitations and restrictions of activity as a result of disability, health is an area of particular importance in their lives. Unemployed people need permanent additional support (depending on each individual and the degree of disability), but also a lot of love and patience, especially in the learning process. Thus, the importance of the 4 areas of life as a whole is outlined.

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4.3. Hypothesis 3

Table 4. Independent Samples T-Test result

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Global Quality of Life	Equal variances assumed	2.770	.101	3.882	58	**.000**	.500	.129	.242	.758
	Equal variances not assumed			3.882	57.930	**.000**	.500	.129	.242	.758

Statistically significant differences are observed between the overall standard of living of employed and unemployed persons with disabilities ($p<0.01$). **Hypothesis 3 is confirmed**.

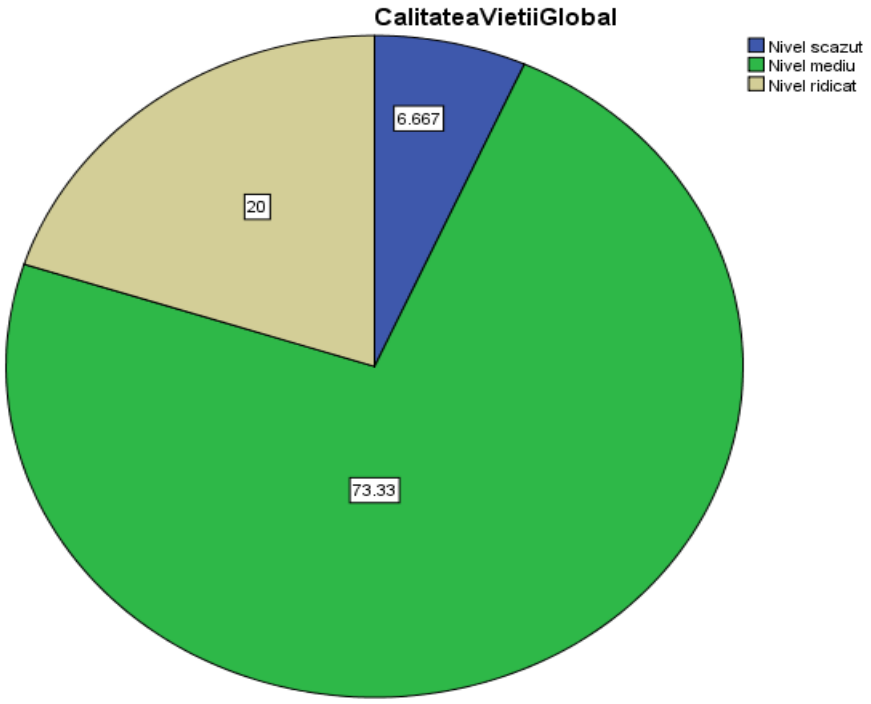

Figure 3. Distribution by levels of overall quality of life to the batch of unemployed

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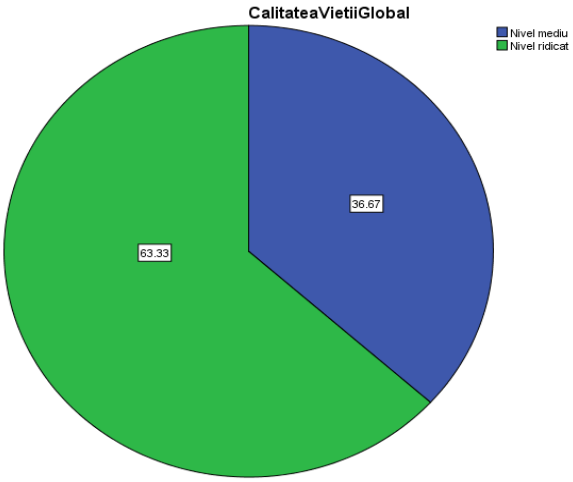

Figure 4. Distribution by levels of overall quality of life to the batch of employees

Following the frequency analysis of the batch of non-employees, we can observe: 2 (6.7%) respondents with a low level, 22 (73.3%) with a medium level and 6 (20%) with a high level as shown in Table 4 and Figure 3.

Following the frequency analysis of the group of employed persons, it is observed that 36.67% (11 subjects) of respondents assessed their general quality of living as moderate and 63.33% (19 subjects) assessed their general quality of life as being at a high level, according to figure 4.

The SPSS 20 program no longer created a low level heading due to respondents' lack of classification in this category.

In the Quality of life inventory questionnaire - QOLI (Quality of Life Assessment Questionnaire) according to the level of satisfaction and importance, weighted satisfaction is calculated which is measured on 11 levels: -6 (coded with number 1) being the lowest level of satisfaction and +6 (coded with no. 11) being the highest level, between these limits are the levels: -4; -3; -2;-1; 0; +1; +2; +3; +4. Thus, the analysis shows the differences shown in figure 5.

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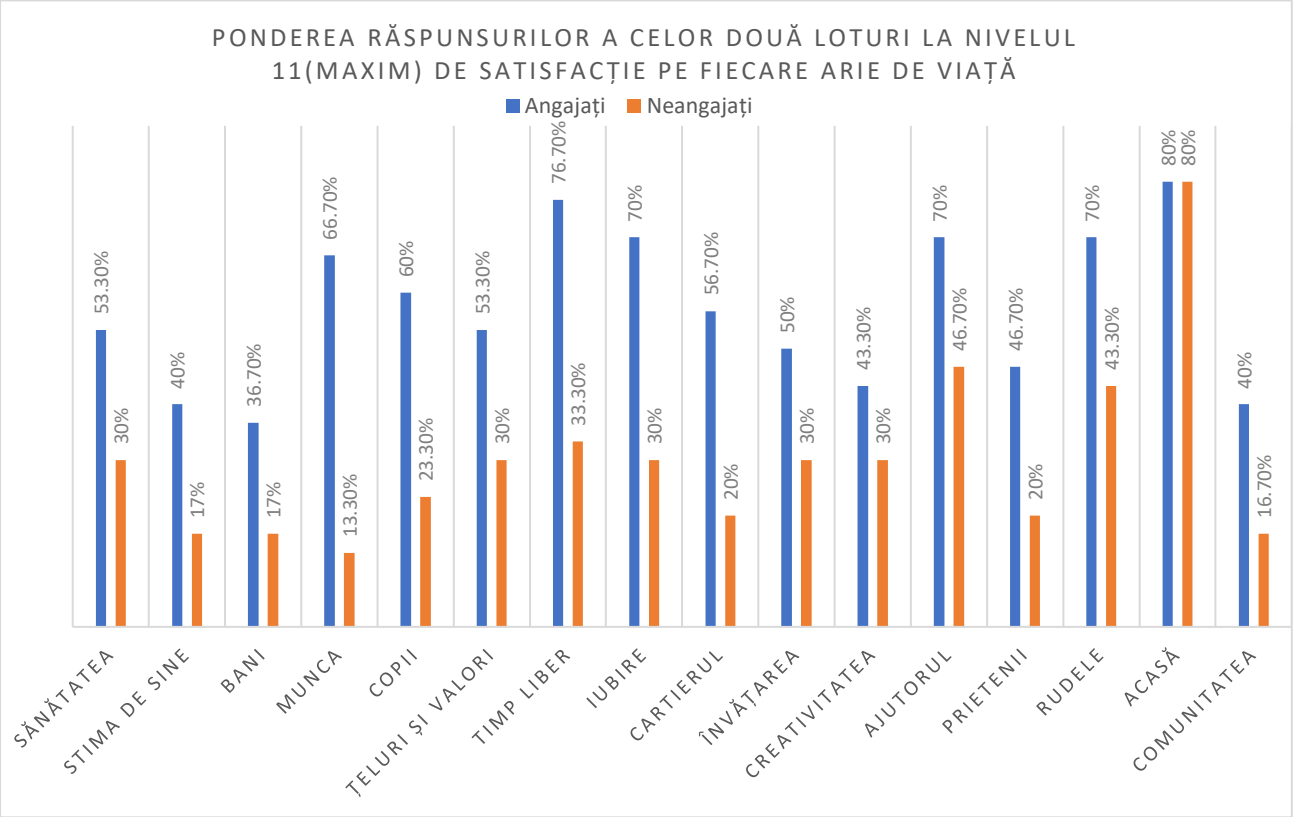

Figure 5. The satisfaction share of the two lots at level 11 (maximum) satisfaction

Disability can influence an individual's perception of the value and identity related to the work they do. People with employed disabilities may have higher self-esteem, feeling valued and integrated into society through their contribution to the workforce. This can lead to a positive and proactive approach to seeking opportunities for personal and professional development, as well as achieving a higher standard of living.

Employment brings practical and material benefits, such as regular income, health insurance and other benefits. Employed persons with disabilities have more access to these resources and opportunities, which can improve their overall standard of living. Through work, these people have greater chances to develop their skills and engage in social activities, contributing to improving their standard of living.

Unemployed persons with disabilities may suffer discrimination and prejudice in accessing employment opportunities and social services. This can lead to a lower overall standard of living as they are excluded from important resources and opportunities. Discrimination can affect their self-esteem and mental health, contributing to a lower quality of life and a lower overall standard of living.

In interpreting these differences, we must be cautious and take into account other factors. Each individual is unique, and the impact of disability on living standards can vary depending on context and individual characteristics.

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Conclusions

We note in this context that the subjective assessment of quality of life does not align with external and objective assessments, given the limitations imposed by cognitive functioning and ego defense mechanisms, which function as overcompensation. As a result of these findings, we conclude that the hypothesis originally formulated has been invalidated. It is important to recognize that individual perceptions and personal judgments are influenced by a number of subjective factors and cannot be considered representative of external and objective assessments. These limitations may include cognitive distortions, such as a tendency to assign more importance to positive or negative aspects of life than others, or ego defense mechanisms, which can distort the perception of reality in a way that provides a more favorable picture of quality of life than would be objectively justified. Therefore, we understand that subjective assessment of quality of life should be treated with caution and not be considered as the only indicator of well-being or the value of life.

The statistical results emphasize the importance of individual needs in subjectively assessing quality of life. The need for safety and comfort occupies a central position, accounting for 80% according to the table. Ensuring a safe and comfortable housing environmentis essential for the overall satisfaction of the individual and maintaining emotional balance.

Other aspects of life, such as the need for help (46.7%), health (30%), learning (30%) and love (30%), occupy secondary places in the subjective assessment of quality of life. They indicate the importance of social support, physical condition and general well-being, personal development and interpersonal relationships.

These results emphasize the diversity of individual needs and values in subjective assessment of quality of life. Each individual assigns different importance to these aspects depending on their personal experiences and priorities. It is important to understand that these results reflect the subjective perception of the individual and may vary depending on the cultural, social and individual context.

In the beginning and during the research, a number of limitations and difficulties were encountered. On the one hand, identifying, contacting unemployed people with intellectual disabilities and especially persuading them to participate in research has proved to be very difficult. Thus, we requested the information held by third parties (former principals, social worker and two psycho-pedagogue teachers) who showed professionalism, goodwill and openness. On the other hand, due to intellectual and/or associated disabilities, the items of the administered instruments were revised and adapted according to the specifics of each, some samples could not be administered either frontally or by self-administration.

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