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The situation of professional integration of young people and adults with disabilities through the supported employment system

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Abstract. The general purpose of this research is to assess the level of social and professional integration of a sample of graduates with disabilities coming from the School Center for Inclusive Education "Albatros" Constanta who benefit from supported employment. In this regard, with the support of the school management, former principals, the two teachers-psycho-pedagogues and the social worker, we started identifying and collecting this information using as working methods and techniques: biographical method (anamnesis and catamnesis), analysis of school and archival documents, conversation and survey method based on the questionnaire technique (Social and Professional Integration Assessment Questionnaire - ISP) and administered a scale from a questionnaire of personality that measures the facet "happiness".

Keywords: Supported employment, disability, intellectual disability, happiness, professional integration.

1. Theoretical presentation of constructs.

1.1. Supported employment

„Supported employment is a method of working with people with disabilities and other disadvantaged groups in order to facilitate their access and maintain paid employment on the free labor market”. (EUSE Method Set, 2010, p.9)

The professional integration of persons with disabilities through the supported employment system involves the provision of support and resources to facilitate their access to the labour market. It aims to promote the independence and social integration of these people by engaging them in a working environment appropriate to their needs and capabilities. There are specific aspects of professional integration of people with disabilities through the supported employment system such as:



Individual assessment: An assessment of the capacities, abilities and needs of each person with disabilities is carried out. This may include medical assessments, aptitude assessments and support needs assessments.

Planning and counselling: Based on the individual assessment, a personalised career integration plan is developed for each person with disabilities. This plan may involve training, career guidance and advice on suitable job choices.

Training and preparation: People with disabilities can benefit from specialized training and training programs to develop skills needed for certain jobs. These programmes may be tailored to individual needs and may include training in technical and social skills.

Job search and selection: The support team or job integration counsellors can help people with disabilities find suitable jobs. This may involve identifying job opportunities, conducting interviews and negotiating employment conditions.

Adapting the work environment: To ensure successful professional integration, the work environment can be adapted to meet the needs of the person with disabilities. This may include changes in infrastructure, special equipment, adjusting working hours or providing support in the workplace.

Ongoing support: People with disabilities can benefit from ongoing support in the work environment. This support can be provided by a mentor, counsellor or designated co-worker to ensure a smooth transition and effective adaptation to the demands of the workplace.

Evaluation and adjustment: The onboarding process can be evaluated periodically to assess success and make adjustments if necessary. This is an important aspect to ensure that the person with disabilities develops and progresses in their professional career.

1.2. Disability

It is a condition that limits a person's physical, cognitive or emotional abilities and affects their ability to participate effectively in a certain activity or in society in general. It can be caused by a variety of factors, including medical conditions, trauma, or congenital conditions. People with disabilities may have special needs in terms of access to education, employment, health services, public facilities and other aspects of daily life. Disabilities can be visible, such as a person using a wheelchair or cane, or they can be invisible, such as a learning disorder or chronic condition. It is important to recognise the rights of persons with disabilities and provide them with the necessary support and resources to enable them to lead independent and participatory lives in society. The rights of persons with disabilities are protected by specific legislation in many countries, which provides measures to prevent discrimination and ensure equal access to opportunities and services.

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).

1.3 Intellectual disability

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
- 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 postnatal exposure of the fetus to alcohol, drugs, toxins (drugs) and certain infections. Also, exposing the fetus to environmental toxins.

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

The overall aim of this research is to assess the level of social and professional integration in young people and adults with disabilities.

2.1. Research objectives.

Objective 1: Establish the level of happiness of people with disabilities beneficiaries of employment assistance.

Objective 2: Identify statistically significant differences in happiness levels between disability, assisted and unemployed employees.

Objective 3: Identify the types of professional relationships of persons with disabilities assisted in work.

Objective 4: Identify the categories of work performed by employees with disabilities assisting in work.

2.2. Research hypotheses.

Hypothesis 1: We assume that people with disabilities in supported employment have an average level of happiness.

Hypothesis 2: We assume that employed disabled people are significantly happier than non-disabled people.

Hypothesis 3: We assume that the relationships of people with disabilities with colleagues at work are good

Hypothesis 4: We assume that most employees with disabilities perform unskilled and skilled work but not according to their professional training.

3. Research participants and tools.

3.1. Research participants

The research sample consists of 30 young people (20-29 years old) who benefit from supported employment services in Constanta County, graduates of the School Center for Inclusive Education "Albatros" Constanta.

A sampling of convenience was carried out, thus. With the support of the management, the social worker, the two psychodiagnosticians and three head teachers of CȘEI Albatros, graduates with disabilities, chronological age 20-29 years, who benefited from assistance for employment and at work, were contacted. First of all, the 22 beneficiaries of supported employment



through HAO Constanta were contacted, then the 8 employees who were and are assisted by parents together with former teachers of the special school were added.

Table 1. Distribution of subjects by disability category

Type of disability	No subjects	percentage(%)
intellectual disability associated with other disorders	22	73,3
disability other than intellectual disability	8	26,7
Total	30	100

3.2. Research tools

The biographical method aims to collect as much information as possible about the main events taken by the individual in his existence, about the present relationships between them, as well as about their significance, in order to know the personal "history" of each individual, so necessary in establishing his personality profile, as well as explaining the current behavior of the person.

The great advantages of the biographical method are represented by the naturalness and authenticity of the data provided. At the same time, given that it is not a method of laboratory reproduction of the individual's life, but only of its reconstitution, starting from various sources, it is not excluded that sometimes this reconstitution is incomplete or distorted.

Social and professional integration assessment questionnaire (ISP) is an investigative tool created by us that structures the anamnestic and catamnestic interview, obtaining relevant information regarding the situation of socio-family integration of graduates.

The 45 AB5C Facetes Happiness Scale This tool contains 10 items, was translated by Dragoş Iliescu from International Personality Item Pool: A Scientific Collaboratory for the Development of Measures of Personality Traits and Other Individual Differences.

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

This scale was chosen because it has few items, easy to understand by young people with intellectual disabilities, but especially because it does not contain items related to work.

The analysis of school documents presents the study of school materials necessary to establish the evolution of subjects from year to year. This method can accurately establish certain results, data on their social origin, health status (physical and mental) and level of schooling using medical certificates, admission tickets, results of clinical investigations, observation sheets, psycho-pedagogical sheets, speech therapy sheets, audiometry, etc. This involves the analysis of data from school documents reflecting the educational and recovery-therapeutic situation of the investigated participants.

4. Presentation, analysis and interpretation of results.

4.1. Hypothesis 1

In order to achieve this goal and verify hypothesis 1, the frequency analysis was performed, establishing the levels of the facet personality "Happiness". The instrument administered is the "Happiness" Scale of The **45 AB5C Facetes Personality Test**.

Table 2. The level of happiness of employees assisted in work



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00 (high level of happiness)	1	1.0	3.3	3.3
	2.00 (average level of happiness)	8	8.0	26.7	30.0
	3.00 (low level of happiness)	21	21.0	70.0	100.0
	Total	30	30.0	100.0	
Missing	System	70	70.0		
Total		100	100.0		

We note in Table no.2 and figure no.2. that most people with assisted disabilities have a high level of happiness - 70% (21 **subjects**), 26.6% (8 subjects) **have an average level of happiness and** 3.3% (one subject) a low level of happiness, and no subject **has** a very low level of happiness (SPSS is not the latter).

It results in **achieving objective 1** (Determining the level of happiness of people with disabilities receiving employment assistance) and **invalidating hypothesis 1** (We assume that people with disabilities benefiting from supported employment have an average level of happiness).

Although plausible hypothesis, we find that most of them are very happy. This can be interpreted as overcompensation or grip of consciousness limited by intellectual disability (most have intellectual disability). Another interpretation would be: the joy of some new employees and benefit, if needed, from counseling and support for adapting to the workplace.

4.2. Hypothesis 2

In order to achieve objective 2 and verify hypothesis 2, comparative analysis between means, independent samples was performed. The first batch is young people with disabilities who work and are beneficiaries of supported employment, and the second batch is also made up of 30 young people with disabilities but unemployed.



Table 3. Independent Sample T-Test for independent samples

		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
Happiness	Equal variances assumed	7.789	.007	-1.372	58	.175	-.167	.121	-.410	.076
	Equal variances not assumed			-1.372	51.649	.176	-.167	.121	-.410	.077

We note in table no. 3 that the difference between environments – the happiness variable of employed and unemployed disabled people is not significantly different.

This **achieved Goal 2** (Identify statistically significant differences in happiness between disability, assisted and unemployed employees) and **invalidated Hypothesis 2** (Assume that employed disabled people are significantly happier than non-disabled employees).

Although the hypothesis is plausible, self-assessed happiness with an instrument that does not contain work-related items would explain the insignificant differences between the two samples.

4.3. Hypothesis 3

In order to achieve objective 3 and verify hypothesis 3, the Social and Professional Integration Assessment Questionnaire (ISP) was administered to the 30 young people employed and assisted in work.

To begin with, we present an analysis of some variables that will help us interpret. We mention that there are aspects related to the school route, family of origin, housing space and other social aspects. Professional integration should not be split by social integration, the social environment where he lives and his state of health.



Table 4. Distribution of subjects according to previous school route

School route	No subjects	percentage
special education	18	60
mass education	12	40

Table 5. Supported employment services

Supported employment services	No subjects	percentage (%)
HAO (Health Action Overseas Foundation)	22	73,3
parents + former teachers	8	26,7

Table 6. Family of origin

Type of family of origin	No. Subjects	percentage (%)
Two-parent family	16	53,4
single-parent family	6	20
extended family (grandmother, aunt)	4	13,3
social guardianship (placement center or foster care)	4	13,3

Table 7. Housing situation

Housing situation	No. Subjects	percentage (%)
lives with the family of origin	19	63,3
lives independent / semi-independent	5	16,7
lives in CP or sheltered apartment	6	20

Table 8. Environment of provenance

Housing situation	No. Subjects	percentage (%)
lives with the family of origin	19	63,3
lives independent / semi-independent	5	16,7
lives in CP or sheltered apartment	6	20

Table 9. Financial support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00 (financially supported)	5	5.0	16.7	16.7
	2.00 (not financially supported)	25	25.0	83.3	100.0
	Total	30	30.0	100.0	
Missing	System	70	70.0		
Total		100	100.0		



Table 10. Share of subjects benefiting from family support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00 (permanent family care)	8	7.9	26.7	26.7
	2.00 (independent)	22	21.8	73.3	100.0
	Total	30	29.7	100.0	
Missing	System	71	70.3		
Total		101	100.0		

Table 11. Share of subjects undergoing drug treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00 (undergoing medical treatment)	7	7.0	23.3	23.3
	2.00 (no medical treatment)	23	23.0	76.7	100.0
	Total	30	30.0	100.0	
Missing	System	70	70.0		
Total		100	100.0		

Table 12. Share of subjects according to relationships with work colleagues

Categories: Relationships with co-workers	No. Subjects	Percentage (%)
Good relationships at work	26	86,6
Strained relationships at work	2	6,7
Non-response	2	6,7

Following the frequency analyzes, it is observed in Table 4 that subjects with disabilities learned in special school according to the special education curriculum 60% and 40% according to the curriculum mass education; most subjects (73.3%) benefit from the supported employment services of the HAO Foundation (Health Action Overseas), and 26.7% were/are supported in professional integration by parents together with the teachers of CSA Albatros (usually former class teacher, psycho-pedagogue teacher, social worker and even principal); that 13.3% come from some form of placement and 86.7% (53.4% + 20% + 13.3%) were/are in the care of at least one family member (Table 6); in Table 7, that most employed young people with disabilities remain dependent on family housing (63.3%) or social assistance services (20%). Only 16.7% live with their partner or friend in rented accommodation (we do not know if they are helped to cover the expenses of housing – rent payments and utilities).

We notice in Table no.11 that 26 subjects, ie 86% of employees with disabilities assisted in work have good relations with work colleagues. Consequently, we can affirm that **we have achieved our objective 3**: Identify the types of professional relationships of people with



disabilities and verify hypothesis 3: **We assume that the relationships of people with disabilities with colleagues at work are good.**

Only 2 respondents have strained relationships at work, and another 2 did not want to answer this question.

4.4. Hypothesis 4

Table 13. Training categories

Category Professional training	No. Subjects	percentage (%)
aesthetics (barber-hairdresser-manicurist-pedicurist, beautician)	6	20
food (nutritionist technician, gastronomy technician, cook, pastry chef)	22	73,3
masseur technician	2	6,7

We notice in Table 13 and Figure 12 that most young people with disabilities have training in production and food services (73.3%), then aesthetics of the human body (20%) and massage technician (6.6%).

Table 14. Category of work performed

Category of work performed	No. Subjects	percentage (%)
qualified (in the profession certified by the school)	2	6,6
qualified (not in the school-certified profession)	14	46,7
unqualified	14	46,7

We note in table no. and figure no. that 14 subjects (**46.7%**) **perform unskilled work** and 14 + 2=16 (**53.3%**) **perform work as skilled workers**. Unfortunately, only 2 subjects in the latter category seem to work in the profession certified by the school. They said they work in the kitchen at a pizzeria, but we are not sure that they do what the gastronomy technician professions require as it says on their graduation diploma.

We can say that **we have achieved our goal 4** (Identification of categories of work performed by employees with disabilities). **Hypothesis 4 (We assume that most employees with disabilities perform unskilled and skilled work but not according to their professional training) is suspended**, because there is a relative equality between employees in unskilled work (46.7%), those who perform skilled work, but not in the profession certified by the graduate school (46.7%) and those who work in the profession in which they are qualified (6.6%), Because the answers do not clarify exactly what tasks they have to accomplish at work.

Next, a hierarchy of employers from Constanta was created, which professionally integrates people with disabilities.



Table 15. Hierarchy of employers in Constanta who have employees with disabilities

Hierarchy of employers in Constanta	No. Employees
McDonalds	4
Pizza San Marco	4
<i>Carrefour</i>	3
<i>Hervis</i>	3
<i>Elion ice cream</i>	2
Cora	1
NMK	1
Biteou	1
Decathlon	1
G&G	1
Best IT	1
Seven	1
MGM	1
La Kifla	1
Cargus	1
Strong...	1
Carpentry	1
Unspecified a.	1
Unspecified b.	1

We notice in the table and figure that McDonalds and **Pizza San Marco** are tied **at the top of the hierarchy** (4 employees each), **followed by Carrefour and Hervis** (3 employees each). The list ends with the Elion ice cream factory (**2 employees**). The other institutions each have one employee.

The organizational culture, especially of institutions with foreign capital, makes them promote and actually achieve the professional inclusion of people with disabilities. We also mention that the project of the organization HAO (Health Action Overseas Foundation), regarding supported employment, is based on the same principles.

Conclusions

Employment benefits society, as well as the family and the individual. Working alongside a person with disabilities can make non-disabled employees more concerned about ensuring better working conditions for everyone. Staff turnover is, of course, lower when there is a well-coordinated disability awareness programme. Working with people with disabilities can provide a new perspective on how they learn, communicate and engage. As far as the family is concerned, child employment represents stability, an alleviation of fear about their child's future, financial independence when the inevitable end comes. The benefits of supported employment for graduates represent a step towards autonomy, changing the stigma placed by society and respecting it. Joining a community facilitates the social life of the disabled person, integration into a collective,



socialization, have positive effects on the individual. Supported employment facilitates both employment itself and job retention.

The difficulties and limits encountered during the research were represented by the pandemic, where the research activity was carried out by those from the HAO Constanta Supported Employment Center, another limit was represented by the fact that we could not control variables such as anxiety and fear of aging, a level that may differ depending on the situations of each parent. One of the major difficulties was represented by the subjects coming from the School Center for Inclusive Education "Albatros" Constanta, because the small number of students of a class who were not institutionalized made finding subjects a difficult process.

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