

INTEGRATION OF PEOPLE WITH VISUAL DISABILITIES

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Abstract

People with disabilities represent a significant group of citizens in the Czech Republic. On the basis of qualified estimates, the number of these people in the Czech Republic is approximately 10% of the general population (the number of people with visual disabilities is about 0.6%). Integration of people with disabilities is currently a priority for both professional and amateur societies, as it plays an important role in many dimensions of a human life (social, health and economic importance, etc.). Integration is considered a situation in which an individual is able to live in the surrounding society. These people feel accepted by this society and they identify themselves with it. It is always a long, two-way process, where the ability of communication and mutual understanding or tolerance is a necessary prerequisite.

This contribution describes integration factors, barriers and issues, which a person with a disability comes into mutual relationship. It also describes the options which can be used during the integration process (system of social care and assistance, system of health care, system of supported employment, etc.). The main aim of this contribution was to describe the specifics regarding the integration of people with visual disabilities, their personal views on integration, and inclusion. The research was carried out in two regional subdivisions of the United Organizations of Blind and Visually Impaired of the Czech Republic (SONS of the CR) in the towns of Chomutov and Most. The research sample comprised individuals with visual disabilities of working age (18–65 years old). In the research, the strategy of qualitative research, form of so-called case study – studies of social groups (groups with visual disability) was used. During last 20 years the public attention (state institutions) has focused on improvement of the living conditions of people with disabilities. Nevertheless, discriminatory pressures figure in everyday life activities of these people. The pressures are particularly evident by the long-term disrespect of these people.

Key words: *integration; integration barriers; quality of life; person with visual disability*

INTRODUCTION

The life of people with disabilities is affected by determinants which can be divided into both subjective (health state and limitations arising from the state; personality traits of an individual, etc.), and objective traits (social awareness, attitudes to the handicapped population

and to existing social stigma, etc.). Some determinants can be changed, while some can be only compensated, or their negative impact can be eliminated. However, most of them have a mixed character, they mutually intermingle and their consequences are mixed (Novosad 2000). In terms of experiences, a disability represents a demanding life situation,

where the ways of responding or coping with such situation is very different. There is not a direct correlation between the severity of the disability and the severity of the situation (Vágnerová et al. 2004). The behaviour in people with disabilities is more affected than in intact people regarding many circumstances, particularly health, sickness and pension, social, batch including self-help (civil sector), labour and employers, tax, private facilities (family, friends, peers). The process of integration can be very easily disrupted by the so-called integration barriers. These barriers can be both legislative (frequent changes), and technical, locomotion, communication and especially psychosomatic origin – and not only on the side of intact society, but also a person with a disability (Metodika motivačních nástrojů... 2008). The existence of a governmental conception of integration for these individuals – long-term, targeted medical, psychosocial, educational, vocational rehabilitation (comprehensive rehabilitation) and retraining to a particular place, is the alpha and omega of the issue. The more deteriorating quality of life of individuals with disabilities and restricting of self-sufficiency, the less subjectively acceptable is the handicap of the individual. Due to this, an individual's self-concept, such as low self-esteem, feelings of inferiority, broadening of the sense of one's own difference from the intact society changes (Vágnerová 2008).

People with disabilities have the same needs (to educate themselves, to have a job, etc.), rights and obligations as the other individual of an intact society. Therefore, they need to maximize their integration and to arrange living conditions, in certain areas that support or the adjustment to conditions. This article focuses on visually impaired people, especially the elderly. Severe visual disorders increase with age. Severe visual handicaps threaten orientation, flow of information, mobility, self-fulfilment, autonomy and security. In Europe, there are approximately 11 million visually impaired and a million blind people (Kalvach 2011a).

The field of education

For the Czech Republic, the so-called mixed educational system of children, pupils and students (Act No. 561/2004 Coll.) is typical. In connection with integration tendencies,

the education of people with disabilities is based on the level and extent of the personal disability. A disability is considered a certain dimension. Individuals with more severe disabilities are educated and trained in specialized institutions. Other people with disabilities, whose disadvantage allows them at least partially, are educated and socially integrated within the intact population. Disabilities can be classified according to the type – visual, auditory, physical, mental, disorders of understanding abilities (communication), deaf or blindness, multiple disabilities, autism, behavioural disorders (dissocial, asocial, antisocial); according to the level – disorders of light degree (minimum differences from the norm – the use of common teaching means), disorders of medium type (they already require a special approach, methods and assistance – the participation of specialists and specialized institutions), disorders of severe degree (individuals are fully dependent on the help of surrounding social network and the society – limited possibilities of education and social self-fulfilment; according to the time of formation – prenatal disorders, perinatal disorders and postnatal disorders (Fischer and Škoda 2008).

The field of employment

People with disabilities generally belong to a group of people at increased risk of unemployment. Greatest risk factor is based on the extent of the disability and its specific type, low qualification, age and job availability (Buchtová et al. 2002). The main pillar in the area of employment for people with disabilities is vocational rehabilitation quoted by Act No. 435/2004 Coll., which is focused on obtaining and maintaining suitable employment for people with disabilities.

The concept of employment deals with an extensive range of topics – from education and vocational rehabilitation to integration of people with disabilities into an economically active society (Galton 2001). The situation regarding the labour market is influenced both by pressure for high productivity and high flexibility of an employee and the business entity, by increasing new professions and branches and particularly the globalization of the labour market – excess of demand over the supply of jobs, etc. (Michalík 2011). A suitable

solution is the use of people with disabilities in the open labour market. Where it is not possible to apply for various reasons, the key role is played by organizations employing mostly people with disabilities and possessing plenty of experience and experts to be able to create optimal working conditions for these citizens and the so-called protected job (*Problematika zaměstnávání...* 2002). Other forms of support are, for example, investment incentives which involve financial support to the employer for creating new jobs, providing retraining or training of new employees; community service; establishment of socially useful jobs. The Labour Office of the Czech Republic can provide tangible contributions to the employer for the transport of employees with disabilities; contribution for their incorporation (Michalík 2011).

The social field

The presence of people with disabilities in an intact society is accepted in different ways, depending on their own experience or generally applicable traditions (Vágnerová 2008). By integration we are referring to a situation where a person with a disability is included into the intact society, is able to live there and feels fully accepted into the society and identifies with the society (Slowik 2012). It is always about bilateral, long-term process and a person with a disability must be sufficiently motivated to integration (low motivation, high load in adapting to the given situation and requirements from the close social network leads to the fact that individuals with disabilities remain rather isolated or in a minority with similar disadvantages, where they feel more confident and their needs are accommodated more easily than if they were put under pressure of the intact society). The prerequisite here is the ability of communication, mutual tolerance and acceptance (Vágnerová 2008, Slowik 2010). The family and local support networks represent a great support and help. Besides the family, however, specialized public should provide the help – members of the multidisciplinary team (especially in the context of coping with a disability, motivation towards a new lifestyle or integration, straightening of relationships between the person with a disability and their local social support network, providing

consultancy and help for people caring for a family member with a disability). Social work for people with disabilities is based on and adapted to the current needs of the individual. During adulthood, in individuals in the working age (18–65 years old), this activity is mainly focused on family life; social fulfilment; socialization; acculturation; civic activities, job training and its fulfilment in the labour market (Jesenský 2007). People with disabilities may, according to the needs and local options (availability of the service system), benefit various offers of intervening subjects in the sphere of outpatient, residential or field social services (Michalík 2011). Social rehabilitation is a process, which is based on an effort to enhance the development of the reduced abilities in people with disabilities and on the basis of these abilities to prevent or avert failures of social functions (it means learning to live with a disorder, the process of overcoming inabilities in individual or socially significant activities, process of prevention and elimination of disorders and disabilities). The result of this process is acceptance of the disorder, overall welfare, and, not least, the integration of the self (Jesenský 2007).

Integration options are, however, inter-individually (personality of an individual, socialization of an individual, working fulfilment of an individual) and intra-individually (support of the family and local neighbourhood, socially recognized abilities and activities of an individual, private activity or motivation of an individual, acceptance of an individual by the majority of the intact society) quite different (Novosad 2000). The opposite of integration is segregation which has a huge impact on the overall state of people with disabilities (loss of social habits, onset of degradation of personality). The longer a person with a disability remains on the edge of the society, the more space and longer period of time is needed for reintegration into society.

MATERIAL AND METHODS

The research sample consisted of 30 people with visual disabilities (with different variations of diagnoses) of working age (18–65 years old), who are active members of the local subdivision SONS of the CR in Chomutov

and Most during the period from April 1, 2012 to April 1, 2014.

The research concerned these issues and solved in particular the following areas:

1. availability of the system of services, assistance and care for people with visual disabilities;
2. the quality of life of people with visual disabilities;
3. limitations and barriers to the integration process of people with visual disabilities;
4. provide a view and feedback of professional staff working with people with visual disabilities.

For the research, the strategy of qualitative research in the form of so-called case study – the study of social groups (people with visual disabilities) was used. The chosen method of qualitative research was factually questioning the technique of a structured questionnaire and an interview both with people with visual disabilities, and professional staff working with people with visual disabilities. For data collection, a standardized questionnaire SF-36 (questionnaire SF-36) and self structured questionnaire, and a dialogue were used as an additional factor. The answers from the

interviews were incorporated into illustrative graphs monitoring integration attitudes of people with visual disabilities.

RESULTS

Assignment for evaluation of the research was to verify whether and how the resulted links and processes, which are part of the integration process, participate in integration process and by its very nature also in quality of life of people with visual disabilities.

1. Availability of the system of services, assistance and care for people with visual disabilities.

Most of the 13 people (43%) of the tested respondents assessed the availability of social services intended for people with visual disabilities in their area insufficient, seven people (23%) as good, two people (7%) as very good and eight respondents (27%) could not evaluate this question (Chart 1).

2. Quality of life of people with visual disabilities

Quality of life is a multidimensional, multi-level and interdisciplinary concept. WHO defines the quality of life as “perception of

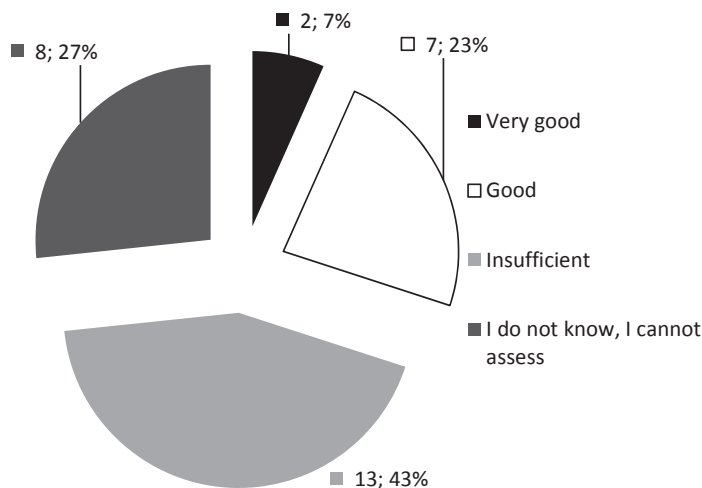


Chart 1 – Availability of social services intended for people with visual disabilities in respondent's surroundings

one's own position in life in the context of culture and value systems with regard to life goals, expectations, standards and interests", which is influenced by a complex health state, psychic state, level of independence, and last but not least relationships to surroundings (Heřmanová 2012).

There are two possible approaches to evaluating and measuring the quality of life:

- an objective view of physical, psychic, social and spiritual dimensions of an individual and his or her new life style or changed by the professional public;
- a subjective view of an individual based on aspects of his or her life (Chart 2).

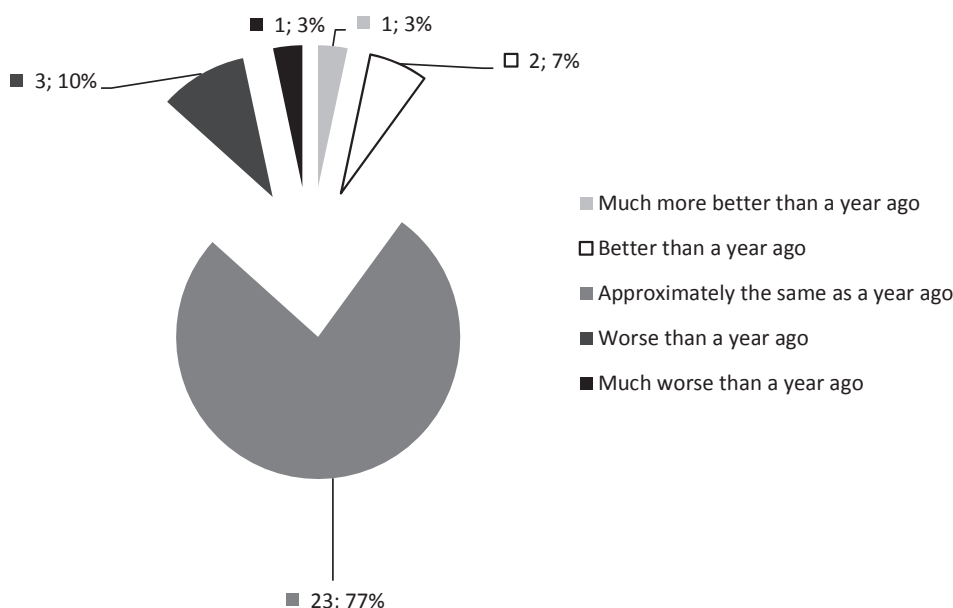


Chart 2 – Health comparison today compared to the state a year ago

Majority of respondents – 23 people (77%) evaluated their health now compared to the state a year ago as approximately the same. One person (3%) evaluated the health as much better than a year ago, two people (7%) assessed their health rather better than a year ago, three people (10%) assessed their health rather worse than a year ago, one person (3%) stated the health much worse than a year ago.

The research sample consisted of respondents with **various diagnoses of visual handicap**. For more complex views into this topic the author present the following classification of visual handicaps.

WHO in their 10th revision of the ICD (International Classification of Diseases) divides the weakening or loss of vision as follows:

- H00–H06 Disorders of eyelid, lacrimal system and eye socket
- H10–H13 Disorders of conjunctiva
- H15–H22 Disorders of sclera, cornea, iris and ciliary body
- H25–H28 Disorders of the lens
- H30–H36 Disorders of the uvea (choroid) and the retina
- H40–H42 Glaucoma
- H43–H45 Disorders of vitreous humour and eyeball
- H49–H52 Disorders of ocular muscles, binocular movement, accommodation and refraction
- H53–H54 Visual disorders and blindness
- H55–H59 Other disorders of an eye and ocular adnexa (International Statistical Classification... 1992)

3. Limitations or barriers of integration process of people with visual disabilities

The highest number of respondents (24 people) stated that they met the technical barriers, 11 people met psychic barriers, six people met emotional barriers, 15 people

met social barriers, 19 people met barriers regarding surroundings. Nobody mentioned the category other and 1 person met no barriers. In several cases, respondents reported more options, therefore percentages are not stated (Chart 3).

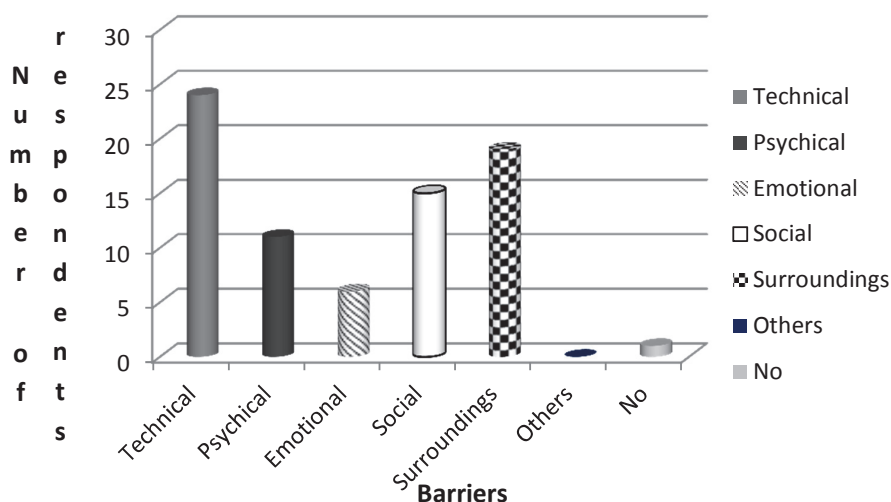


Chart 3 – Integration barriers

4. View and feedback of professional staff working with people with visual disabilities

- The level of awareness of the possibilities of social services intended for people with visual disabilities in your region – *good; insufficient*.
- Availability of social services intended for people with visual disabilities – *good; insufficient*.
- The level of awareness of the possibilities of social services intended for people with visual disabilities – *good; insufficient*.
- The system of health and social care for people with visual disabilities in your region – *good; insufficient*.
- The system of health and social care for people with visual disabilities in the Czech Republic – *good; insufficient*.
- The system of education of people with visual disabilities in your region – *good; insufficient*.
- The system of education of people with visual disabilities in the Czech Republic – *good; insufficient*.

- The area of employment of people with visual disabilities in your region – *good; insufficient*.
- The area of employment of people with visual disabilities in the Czech Republic – *good; insufficient*.
- The access of intact society to people with visual disabilities – *good; insufficient*.
- The greatest barriers to integration – from the view of an intact society (communication and lack of employment possibilities) – from the view of a person with a disability (communication and personal disinterest or involvement into the integration process, fear and anxiety of an unknown environment outside the home).

DISCUSSION

Research respects the specifics and conditions affecting the integration of people with visual disabilities. As reported by Michálek, it is

necessary to perceive the existence of “two normalities” – a line of intact individual vs. an individual with visual disability (where different expressions, needs and ways to cope with the situations, etc. are compared); and a line of visually disabled individual vs. visually disabled individual (comparison of expressions, needs and the ways of coping with the situation within a given group of people with the same kind of disability (Michálek 2011)). The aim was to approach the current topic of integration process of people with visual disabilities, to describe factors, barriers and views which people with visual disabilities meet during their lives, during integration process into mutual relationship, and to describe possibilities which can be used during the integration process (system of social care and assistance, system of health care, system of supported employment, etc.). The research has shown that the range and the manifestations of visual disabilities are individual and quite different in each individual. Thus, functional impact of visual disabilities influence in different extent and variable way life not only of an individual but also their families and wider neighbourhood. We perceive very positively the cooperation of local subdivisions of SONS of the Czech Republic with the families of visually handicapped people and active seeking of those interested in services of the organization (through enlightenment campaign at schools, information leaflets, etc.). Factors concerning social services intended for people with visual disabilities have been observed in several areas. It concerned the area of awareness of services for people with visual disabilities, the area of accessibility of services for people with visual disabilities and the area of awareness of social benefits for people with visual disabilities. Depending on acquired answers of respondents, the availability of social services for people with visual disabilities is good or rather insufficient. Regarding awareness of social services and social benefits for handicapped people, two big groups were largely represented, and that is medical facility and relative, neighbour or friend. These results have confirmed the fact that the family and the social network have irreplaceable impact on the individual, and the medical facility is mostly the first and unfortunately for a long time the only entity actively caring for the

handicapped person. The coherence and the connectedness of rehabilitation system (the system of comprehensive rehabilitation/care for the handicapped person) are absent.

From the point of providing comprehensive care for people with visual disabilities, an operating system of so-called comprehensive typhlorehabilitation (KTR) would be appropriate. The research shows that visually handicapped people have to overcome a large number of barriers in their re-socialization. This finding supports an idea of the necessity of coherence and continuity of the system of integration of these people, i.e. the system of comprehensive rehabilitation, enlightenment regarding the life and needs of people with visual disabilities, and the need to support their self-sufficiency and all activities leading to their inclusion by the intact society.

CONCLUSION

Disabled people in the Czech Republic have not been considered a minority group with specific rights and needs. However today, discriminatory pressure focused primarily on long-term disregard or ignorance of basic and fundamental differences that define this minority group of people appear. Outcomes of the research demonstrably confirmed the presence of barriers in the integration process of people with visual disabilities. They further show which of these barriers are the most restricting for an individual to overcome. For people with a visual disability the remaining senses can provide some compensation – touch, hearing, smell, taste; mental activities – thinking, memory, imagination, creativity and mobility aids – for self-care, spatial orientation and independent movement, working with texts and graphic information and other individuals. Interventions of the intact society in the Czech Republic concern mainly implementation and control of legislative measures to prevent physical barrier surroundings and also financial incentives for possible removing of technical and information barriers. Though, knowledge of specific differences of people with visual disabilities within the intact society and their subsequent adequate use in practice/ordinary life would often prevent the formation of integration barriers.

We positively perceive the cooperation with the family of visually handicapped individual and active seeking of people interested in the service of the organization according to the feedback of professional staff working with people with visual disabilities. The negative aspects are the lack of personnel, finance, active members in the working age (especially 18–45) and the absence of voluntary reading, assistance and guide services. From the view point of ensuring comprehensive care for people with visual disabilities would be appropriate a functioning system of so-called comprehensive typhlorehabilitation, which develops the potential of people with visual disabilities during their whole life. The principles of typhlo-rehabilitation (the principle of independence, equal opportunities and partnership of handicapped people; the principle of subsidiarity of handicapped people; the principle of tolerance, empathy, acculturation and assertiveness of handicapped people; the principle of integration and standardization; the principle

of facilitation – facilitate and support) lead effectively to the optimal solution of rehabilitation situation, to the integration of visually handicapped person. Above all else, it is necessary to provide these people all possible support for their full complete self-realization and social integration, for the development of their individual potential and the use of all abilities that their visual handicap allows. However, the re-socialization of visually handicapped people will never be put in practice without created conditions by the whole society, such as universal design and barrier-free surroundings (Kalvach 2011b). Therefore, it is needful to raise awareness of the majority population on the lives of people with visual disabilities and their possibilities of application in the society.

CONFLICT OF INTEREST

The author has no conflict of interest to disclose.

REFERENCES

1. Buchtová B et al. (2002). Nezaměstnanost – psychologický, ekonomický a sociální problém [Unemployment – psychological, economic and social problem]. Praha: Grada (Czech).
2. Dotazník SF-36 o zdravotním stavu [Questionnaire SF-36 on health state]. [online] [cit. 2012-02-20]. Available from: <http://www.sf-36.org/> (Czech).
3. Fischer S, Škoda J (2008). Speciální pedagogika, edukace a rozvoj osob se somatickým, psychickým a sociálním znevýhodněním [Special pedagogy, education and development of people with somatic, psychic and social handicap]. Praha: Triton, 205 p. (Czech).
4. Galton Y (2001). Zaměstnávání zdravotně postižených osob v EU a v zemích ekonomické transformace. In: Sborník materiálů z mezinárodní konference. Zaměstnávání zdravotně postižených s vlastním zaměřením na transformující se země [Employment of handicapped people in the EU and countries of economic transformation. In: Collection of contributions from an international conference. Employment of handicapped people focused on transforming countries] Praha, 26. 10. 2001 (Czech).
5. Heřmanová E (2012). Koncepty, teorie a měření kvality života [Concepts, theories and life quality measurement]. Praha: SLON (Czech).
6. International Statistical Classification of Diseases and Related Health Problems (1992). Geneva: WHO, 779 p.
7. Jesenský J (2007). Prolegomena systému tyflorehabilitace a metodiky tyflorehabilitačních výcviků [Introduction of the system of typhlorehabilitation and methods of typhlo-rehabilitation exercises]. Praha: Univerzita Jana Amose Komenského (Czech).
8. Kalvach Z (2011a). Potřeby a ohrožení lidí se zrakovým postižením. In: Kalvach Z a kol. Křehký pacient a primární péče [The needs and threats of people with visual handicap. In: Kalvach Z a kol. Frail patient and primary care]. Praha: Grada Publishing, p. 87–89 (Czech).
9. Kalvach Z (2011b). Podpora lidí se zrakovým postižením. In: Kalvach Z a kol. Křehký pacient a primární péče [The support of people with visual handicap. In: Kalvach Z a kol. Frail patient and primary care]. Praha: Grada Publishing, p. 284–285 (Czech).

10. Metodika motivačních nástrojů pro zaměstnávání osob se zdravotním postižením [The methods of motivation ways to employ people with a handicap] (2008). Vydalo Rozvojové partnerství PENTACOM v rámci projektu Iniciativy Společenství EQUAL „Rehabilitace – Aktivace – Práce“ (Czech).
11. Michalík J (2011). Zdravotní postižení a pomáhající profese [Handicap and helping professions]. Praha: Portál (Czech).
12. Novosad L (2000). Základy speciálního poradenství: struktura a formy poradenské pomoci lidem se zdravotním nebo sociálním znevýhodněním [The basics of special counselling: structure and forms of counselling to people with health or social handicap]. Praha: Portál (Czech).
13. Problematika zaměstnávání zdravotně postižených občanů [The problems of employment of handicapped people]. Available from: <http://www.infoposel.cz/index.php?idm=legislativa&idr=20&idc=1031328350>. [online] [cit. 2002-09-06] (Czech).
14. Slowík J (2010). Komunikace s lidmi s postižením [Communication with handicapped people]. Praha: Portál (Czech).
15. Slowík J (2012). Speciální pedagogika: Integrace a inkluze [Special pedagogy: Integration and inclusion]. [online] [cit. 2012-06-26]. Available from: <http://clanky.rvp.cz/clanek/c/S/16169/SPECIALNI-PEDAGOGIKA-INTEGRACE-A-INKLUZE.html/> (Czech).
16. Vágnerová M (2008). Psychopatologie pro pomáhající profese [Psychopathology for helping professions]. Praha: Portál (Czech).
17. Vágnerová M, Hady-Mousová Z, Štech S (2004). Psychologie handicapu [Psychology of the handicap]. Praha: Karolinum (Czech).
18. Zákon č. 435/2004 Sb., o zaměstnanosti, ve znění pozdějších předpisů [Act No. 435/2004 Coll., on employment, as amended] (Czech).
19. Zákon č. 561/2004 Sb., o předškolním, základním, středním, vyšším odborném a jiném vzdělávání a série prováděcích právních norem, ve znění pozdějších předpisů [Act No. 561/2004 Coll., on pre-school, basic, secondary, higher professional and other education and series of implementing legal norms, as amended] (Czech).

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