Life-Long Learning as a Way to Mainstreaming & Competencies: Competencies as a Way to Social Inclusion & Improvement in the Quality of Life of People with Disabilities

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Introduction
Human health is generally defined as a harmony of bio-psycho-social factors and as a balanced state between physical, mental, emotional, spiritual as well as social contentment of a person. It is a bigger or smaller disorder or intrusion in this harmony, together with the self-determined restriction and the approach to life’s events that transform health - (resp. functional) disorder or disability into a disadvantage - a handicap and a social exclusion threat. A disability or a handicap (or restriction in activity and participation – see WHO, 2007) are more or less social expressions, arising from the relationship between physical, intellectual, sensory or mental impairment and the social environment. For all individuals with various types of disabilities the term people with disabilities is used, though the disability does not necessarily eliminate the state of health according to the WHO definition. Often the role of patient is ascribed to people with disabilities. And, the role of a passive recipient of services and benefits which usually does not correspond with their situation and potential, designates them into a purposeless passivity.

Discrimination versus Civil Participation
In a number of cases, disability leads to a limitation in social activity and due to this to limitation of opportunities for lifelong learning. Solving this problem, as well as the support of emancipation of people with disabilities depends on the minimalization of not only architectural, but namely of social and psycho-social barriers and public prejudices. After all, the motto of the European Year of Equal Opportunities (2007) was “Different in life, equal in rights!” which indicates that the way to inclusion of people with disabilities (referred to as PWD hereafter) does not lead to their favoring but to the consideration of specificities of a person with disability; to the emphasis on his/her natural difference and uniqueness; to the compensation of possible inequalities; to the prevention of social exclusion; to elimination of discrimination in all its forms.

Nowadays, society is strongly focused on productivity, image and success. Anyone with a disadvantaging problem or difference (i.e. he/she is not like the beautiful, healthy and therefore so successful ones) is potentially as well as practically unsuccessful, pushed aside from social activity (“marginalized“) and can be discriminated against in the approach to both social activities and self-realization (Novosád, 2006).

Wasting of human skills, abilities and talents occurs as a result of discrimination!

As a result of this, the Council of the European Union issued a Directive implementing Principles of Equal Treatment of People with Disabilities which states:

To ensure full participation of all people with disabilities, it is necessary to develop a specific activity, among others, in the following fields:
  upbringing and education;
  social protection including social security and healthcare;
access to goods, services and information and their provision, including delivery and transport, transport facilities, buildings, accommodation, banking and insurance services.

People who are unfavorably affected by the discrimination based on a disability are also often exposed to unfavorable impacts of discrimination arising from other reasons. Therefore, it is necessary for the member states to ensure that appropriate attention will be paid to the fight against multiple discriminations.

Within the given social and legislation context the following can be said:

**Direct Discrimination** - such behavior, where due to his/her disability, the person is treated “less favorably” than any other person is, was or would be, treated in a comparable situation;

**Indirect discrimination** - such behavior where seemingly neutral provision, criteria or practice led a person with a disability into a concrete disadvantaged position compared with other people; unless the provision, criteria or practice are justified by a legitimate target; means of reaching this target are appropriate; necessary;

“Hidden” Form of Discrimination can be regarded the failure to provide an appropriate adjustment or measure in such a case that cannot be justified;

**Harassment** can also be considered as a form of discrimination, when an unwanted behavior in connection with a disability occurs leading to (or resulting in) degradation of dignity of an individual and creates an intimidating, unfriendly, humiliating, degrading and (or) offensive environment.

These mentioned principles of non-discrimination are included in the Czech Act of Equal Treatment and Legal Means of Protection From Discrimination (the Anti-discrimination Act 2009) which, besides other things, re-enforces the UNO Convention about The Rights of People with Disabilities (2006). The Convention, in addition, accepts two key concepts of approach to people with disabilities and their needs – **Mainstreaming** and **Design For All** which means life participating in social activities and taking place in the surroundings accessible to everyone.

The prevention and solution of discrimination and social isolation, as well as improvement of conditions for personal development of PWD lies, besides other, in consideration of possible lowering of their functional literacy and consequently in a 1) gradual increase of their social literacy and 2) development of necessary social skills so that they may adequately participate in social life.

Social participation is understood as an adequate and barrier-free engagement in social events or in the life of society including involvement in active citizenship i.e. an interest in trends and problems of society; participation in political life; involvement in dealing with the current questions or problems in the local community (Blomberg, Novosád 2002; Novosád 2003).

To become a participating citizen, one has to be a functionally literate citizen first. Connecting to this we understand social or functional literacy as the ability not only to read, write and count (trivia); but also to orientate within the society and its institutions; to manage the rules of interpersonal relations; to understand the legislation framework as well as the social context of citizenship; to know how to fill a form; how to formulate a written request; to work with information; etc. All this creates better preconditions for social and economic integration of a person into a technically and scientifically developing civilization; into the society where he/she lives. The signs of lowered functional literacy can be seen in various forms in the cases of PWD and seniors –
especially those who live or lived in institutional care; in care of overprotective or “enclosed” families; or in loneliness; in “stimulating poverty“ caused by barriers and any other circumstances. Real and factual socially-economic poverty can - by reason of a reduced approach to their life chances and public sources - endanger PWD namely, and can be considered as a modern phenomenon where the mentioned social exclusion is its post-modern equivalent.

Client (User) Literacy versus Competence
The relationship between a Helping Professional and a client (PWD) should be symmetrical and respectful; characterized as an open partnership between two equal citizens – one who can help, support, convey; one who is in a difficult situation and needs support but wants to be informed; wants to cooperate and make “knowledgeable” decisions about accepted ways of facilitation. From the side of clients i.e. users of Health and Social Services, it means to create conditions for the development of their health and social literacy in ways which allow them to orient in an Institutionalized world and to cooperate actively in solving their challenges.

Social or functional literacy is – as mentioned above – an “equipping” of a person to manage day-to-day tasks; to carry out various activities required by his/her existence in present day society; which expects his/her full empowerment in relation to dealing with his/her own life; takes one’s responsibility; making decisions about/changing for him/herself.

Health Literacy (altered in accordance with WHO) represents cognitive and social skills that determine motivation and ability of people to understand medical information and consequently to use them for the support of their health. It means to be able to deal with medical findings and information; to orientate in the health care system; to display active interest in their own health; to cooperate in its protection.

Part of health and personal competencies of a person is the ability to recognize, reflect and meet his/her spiritual needs. The spiritual side of human existence is a natural component and should not be underestimated in the field of Healthcare. A person filled with spiritual needs is more adaptable and resistant to stress; is motivated to care for his/her health and rehabilitation. Conditions for spiritual life are in the process of health and social care for people with disabilities that actually contributes to a person to feel well and full-blown.

With both these literacy’s the competence and being competent are connected: from the point of view of both the citizen and the helping person, competence is connected to power, rightfulness or authority; while being competent is to be understood more as an ability, capacity, expertise and good sense (loosely according to Krhutová, 2005). Effective acting between the citizen and the assisting person thus supposes the achievement of two-way competence; interconnection; communication compatibility. The above stated implies that only reasonably “literate” or oriented people with disabilities can communicate equally with the assisting Professionals; their opinions can be accepted; they can influence both the form and the quality of services they need. In this way, they can face an actual, or impending unequal position in obtaining, choosing or using Social or Healthcare Services. Only an understanding, informed and in the scope of powers oriented PWD can be full-fledged users of services which participate in creating his/her quality of life and to evaluation and forming of content and form of which he/she is fully competent.

Social Functioning
Social functioning and life situations are connected with competences for every person and probably still more for a person with disabilities. In the context of this article also the theory of construction of social reality in the concept of “situation definition” can be stimulating according to the W. I. Thomas thesis:

If a certain situation is defined by people as a real one, then it is real in its consequences (Berger, Luckman, 1999).

The term social functioning in Social Work and especially in the area of complete rehabilitation of people with disabilities where the Social Work represents an inseparable part is used for marking of interactions which are under way between the requirements of surroundings and people.

Ms. Bartlett adds to this:

Managing concerns a human effort to solve situations which can be understood as social tasks; life situations; or life problems. People go through these life tasks primarily as through pressures of their social surroundings. From this, two important thoughts come out: human managing on one side and requirements of the surroundings on the other side. To become a part of one compact concept these thoughts have to be interconnected through a dimension which is affected by the thought of social interaction” (Bartlett, 1970:100).

In this concept, the term of social functioning marks a complex of facts:

1) People and surroundings are in personal interaction.
2) The surroundings put certain requirements on a person (it forms expectations; defines social roles) and the person is forced to react to these.
3) There usually is a balance between the requirements of the surroundings and a person. In case that people do not manage the requirements of the surroundings sufficiently, the balance is disturbed and a problem may arise.
4) Some people are able to solve the problem and establish the balance themselves; others do not have this ability (or this ability is limited or disturbed for various reasons or event. These people cannot or do not want to use it – note of author) and they cannot manage their problemsituatjon.
5) The reason of problems, or lack of facility for managing them, may be caused by a deficiency of skills on the part of a client and inappropriateness of requirements of the environment towards him/her.
6) The subject of intervention of a Social Worker is the interaction between the capability of a client to manage and what is expected from him by the environment. His/her task is to support social functioning of a client by helping him/her to restore or keep balance between more or less sufficient capacity of managing, and to provide this capacity by more or less adequate requirements of the surroundings (Bartlett in Musil, Navrátil, 2000:14).

Carlton defines Social Functioning as:

Ability of people to carry out the tasks of daily life and to get involved in relations with other people in a way satisfying both themselves and others; and corresponding with the needs of an organized community (Carlton, 1984:7).

This is a key idea respecting the situation of people with disabilities.

Barker defines Social Functioning as:

Fulfillment of roles of a person in society, in relationship to people in his/her immediate closeness as well as in the relationship to him/herself. This functioning includes satisfying of both basic needs and those on which his/her use in the society is dependent. Human needs include physical aspects (food,
shelter, safety, Healthcare and protection); personal fulfillment (education, rest, values, aesthetics, religion, success achievement); emotional needs (sense of belonging, mutual care, community); adequate self-conception (self-confidence, self-respect and personal identity) (Baker, 1995:515).

According to Musil and Navrátil it is therefore in the interest of complexity and adequacy of intervention to become acquainted effectively with individual configurations of barriers and preconditions of social functioning of every client individually. This specific individual configuration is usually called by the term life situation. This term means:

1) Personal-layered and unrepeatable factors (and also diversity considered as a casual, phenomenal and consecutive heterogeneity - note of author) which protect or on the contrary facilitate social functioning of an individual client or a specific category of clients.

2) Specification of proper subject of intervention of a Social Worker (and another assisting Professional - note of author). Reflection of the life situation of a client (or a category of clients) is the first and necessary step to the choice of such targets and methods of intervention which can contribute to the change of the life situation of a client; to strengthen his ability to manage the requirements of the environment; to help in this way to restoration or sustaining of his/her social functioning” (Musil, Navrátil, 2000:20)

The concept of social functioning puts emphasis on the ability of a person to manage difficult life situations which arise as a result of his/her unbalanced interaction with the social surroundings. One of the important tools for strengthening of mentioned managing abilities is the life long learning.

Lifelong Learning as a Way to the Full Life of a PWD
In the context of this article, we understand learning as a lifelong process of often informal and “unguided” acquisition of recognitions and experiences as well as interactive use of gained knowledge or impulses for orienting in the world and the existence of a person in human society. The experience gained proves clearly that a disability can be an obstacle or a limitation in the lifelong learning process. Problematic in a similar way - in the consequences of uncertain life perspectives - can even be the motivation of a PWD for further self-education as a way to personal development, social integration and better quality of life in general. The advising on studies, and social advising, are becoming keys helping to solve this problem, reflecting the fact that the openness to a lifelong learning and education and the correctly grasped needs or interests of a person with a disability will lead to choosing an appropriate course, which can be profession-specialized, hobby, activating or “pro-social” one (focusing on social skills and competences development).

The adequacy or validity of a chosen educational program is thus becoming a tool for securing and utilizing achieved education of every PWD. This may concern any potential client or a client who does not want to study any regular study program any more. Such a client could gradually lose all of his/her acquired knowledge and skills by the influence of personal circumstances because he/she is not using them any more in entirety and does not have any need to develop further, harming him/herself secondarily on the level of personal as well as civic, or social, functioning.

The educational support of disadvantaged citizens has to respect the holistic approach, i.e. that phenomena, events and circumstances are intertwined into a net, in which everything is connected to everything. Whoever is educating him/herself; or should
be educated; has to have the conditions for his/her education; has to have a personal predisposition and motivation in addition to the perspective of his/her self-assertion; improvement of his/her position within the society. (Novosad, 2006). Such courses proved to be very useful; contribute to improvement of social orientation and safety of a PWD; in this way eliminate the risk of their loneliness and their lowered adaptation to the increasing dependence on civic competency as well as the changes of the world around them.

To illustrate the case, the following are the subjects of one of such courses: Finances and household; managing energies; citizen in a legal state; home safety; computer literacy and electronic communication; work with information; health and lifestyle; psychology and human relationships; where can I get help in existential and personal difficulties; changes of society and global problems of the human race; how not to be alone - club and spare time activities; do we know our citizen rights and duties? Etc.

Final Word
We consider social inclusion as a process of removing of obstacles in inclusion of individuals and groups into the society; strengthening of elements of solidarity; reciprocity; co-responsibility; as well as common sharing and assumption of social cohesiveness. The diminished social inclusion and the civic participation of a PWD are undoubtedly factors which can influence the quality of life of these citizens negatively and are directly linked to their social acceptance. This means that if a citizen is capable to participate in the life of the society proportionately, he/she is (mostly) accepted despite to his/her personal specifics. However, if he/she is incapable of this, then he/she is not socially accepted and heads towards social exclusion - that is towards exclusion from the mainstream of life of society. The sense of the support of life long learning of PWD is to easily attain provision of their basic human rights, which are (Novosad, 2004):

- the right to be different
- the right to dignified and adequate lifestyle
- the right to integration within society
- the right to have their own opinion; to express it; to apply it
- the right to fully-fledged citizenship;
- an independent choice of the way of life and place of residence.

Modern support for people with disabilities lies in a common search for ways to make life choices or opportunities accessible and reducing the risk factors. It does not only lie in realization of some special or advantageous measures accepting some “defect”, dysfunction or anomaly and creating in this way an imaginary parallel world for people with disabilities.

Literature:


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