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REDUCING SOCIAL GAP BETWEEN DISABLED PERSONS AND
COMMUNITY – A COMPARATIVE STUDY

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Abstract

One of the major challenges nowadays is to provide equal opportunities for the social integration of children with disabilities by multiplying interactions with the communities and by rendering available quality health services for this type of population. In this regard, a relevant Healthy Communities Programme has been developed starting in 2012, within the Special Olympics. The study aims first at identifying the importance of volunteering in reducing social gap, and second, at comparing the perceptions of those involved in projects designed for the disabled to those of the people who have no contact with such activities. In this respect, we used the sociological survey by applying two types of questionnaires, one capturing data on how health professionals and other volunteers perceived their experience related to disability, and the other intending to picture the characteristics of the collective mentality on issues related to individuals with special needs. The study focused on 25 volunteers from different Romanian regions (with relevant experience in Special Olympics sport-oriented, educational and medical screening events) and 50 subjects randomly chosen for an online questionnaire, who have never had such an experience. In processing the data, we used both qualitative and quantitative approaches in order to reveal the types of perceptions, social stereotypes and stigma, attitudes and behaviours, the perspective of a cohesive community, all of these driven to create an equal status relationship among all people and an inclusive, empowering society for the less favoured persons.

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Keywords: Social gap, disabled persons, collective perceptions, social inclusion, educational programmes.



1. Introduction

One of the major challenges nowadays is to provide equal opportunities for the social integration of people with disabilities by multiplying interactions with the communities and by rendering available quality health services for this type of population. In this regard, Special Olympics International and Special Olympics Romania have developed an extensive framework of programmes, among which those related to health issues and social cohesion are of particular importance.

Starting in 2012, the Healthy Communities Programme has gradually developed toward increasing access to health care and improving the health status of people with intellectual disabilities (ID). It is widely known that people with (intellectual) disabilities have poor physical and mental health, followed by scarce social integration, and this is why Special Olympics International has started infusing Healthy Communities all over the world, Romania being one of the first 14 pilot countries to deliver it to children and adults with intellectual disabilities.

Changing societies by changing attitudes is another Special Olympics mission that emphasises the transformative power of sport in rendering the skills and dignity to people with intellectual disabilities involved in training and competitions. The Unified Sports framework, which is developed on three levels (from recreational to competitive ones), fights negative stereotypes, educates different people about the gifts of the disabled athletes and provides educational experiences for coaches, volunteers and teachers to improve their knowledge and show them how inclusive experience can transcend all aspects of life. It is obvious from research and has been scientifically proven that integrated or inclusive sport tends to enhance openness and wider interaction between ID and non-ID persons, the stress being put on the key-role of the community inclusion. Integrated approach is beneficial not only to the technical skills but also the interaction abilities of disabled persons, so that integrated sport can be seen as a strategic gateway for non-disabled to better understand intellectual disability and allow both parties to experience interaction, friendship and cohesion in different settings: schools, community, home etc.

2. Problem Statement

In 2015, governments, private corporations and civil society, along with the United Nations, began joining efforts to achieve the Sustainable Development Agenda by 2030 through concerted actions to build an inclusive, consistent and resilient future for people all over the world. Some of the seventeen goals to transform the world involve good health and well-being, quality education and promoting inclusive partnerships built on shared vision, principles and values which place people and planet in the core of our actions at global, national and local levels.

In the last decades, lots of organizations, public or private entities, have actively promoted this agenda, sometimes not enough supported by national legislation or decisive factors in the area.

The academic environment has strongly supported this mission advocating for health, educational and social programmes, endorsing this strong need of implementation by consistent research and studies delivered worldwide. These are some of the issues that we will briefly discuss, given the recent updates in the literature emphasising these major goals.

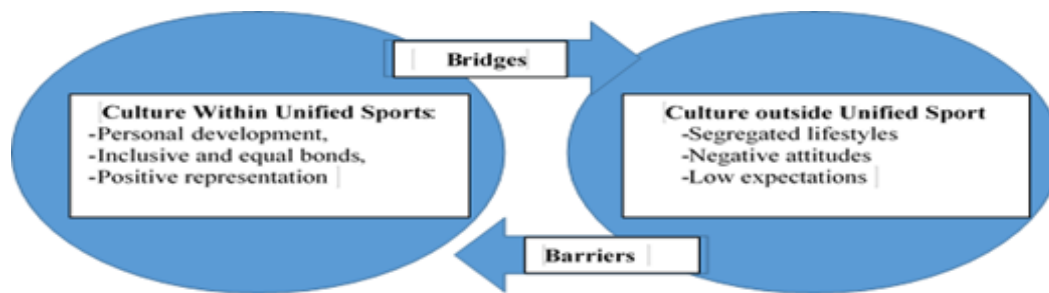


Figure 01. Socio-cultural models in and outside Unified Sports

Authors like Hassan, Dowling and McConkey (2014) stress on the necessity of the journey from marginalisation to mainstream, on reassessing how the concept of disability can be understood in a way that complies with the 2006 Convention on the Rights of Persons with Disabilities. At a conceptual level, experiencing sport activities for disabled persons is basically similar to that of any other societal group, so it remains an outlet for enjoyment, social cohesion and bond among athletes, partners and expanded family circle (Harada, Siperstein, Parker, & Lenox, 2011). The figure above emphasises Unified Sports as a bridge to social inclusion (Dowling, McConkey, Hassan, & Menke, 2010).

At the beginning of this century, three key-changes have marked the way people perceive disability: first, the 2006 Convention mentioned above, which celebrates differences in the respect of dignity and human rights, the second – the World Health Organisation resolution (2001), where disability is no longer viewed as a medical condition, but as a dynamic interaction between biological and social environments, which reduces the impact of bodily impairment upon one's development due to the social educational factors in which the individual develops. The third is related to finding a place for disability in the mainstream of society rather than being isolated in special services. The validity of these three concepts is widely supported by authors like Scior (2011), Coalter (2010), Sherrill (2004), Morin et al. (2013), Bota, Teodorescu and Serbanoiu (2014), who have acknowledged the need for changing perspectives, public attitudes and also building strategies to train human resources capable to deal with these myriad of medical, educational, social or economic issues encountered by the disabled persons.

In 2002, The Gallup Organization was commissioned by Special Olympics International to identify the public perception of around 800 persons from 10 countries regarding the intellectually disabled persons and their capabilities to compete in sport teams, attend mainstream schools, interact with non-disabled peers or be employed in mainstream business. Results show that the society's views of intellectual disability are quite different across countries and cultures. Another common finding is the low percentage of those who think that ID persons can be included in ordinary activities alongside their non-disabled peers, as well as their potential to exert a profession.

Another study delivered by the University of Massachusetts, in 2013, marked out that generally people seemed reluctant to personally interact with ID people due to discomfort, anxiety and lack of knowledge about how to behave around them.

On the other hand, studies carried out on people who socialize or/and volunteer for this category strongly highlighted their positive perceptions and an obvious willingness to be included in joint sport or educational activities enjoyable for both parties.

Concerning volunteering, some Western countries like UK, for example, have developed two policy streams encouraging voluntary activities within sport or other contexts: one is aimed at a civil renewal (assuming that citizens in modern societies are gradually disengaged from public life due to individualism), and the second involves social inclusion (Rochester, 2006) by promoting active citizenship, strengthened communities and partnerships between public bodies and local entities, which together are capable, motivated, skilled and confident to speak up for the people in risk, and working out shared solutions for a better life. Reaching out to socially excluded persons has been topic for social surveys, in terms of the area of interest for volunteers, the Helping Out research, for example (Low et al., 2007), which provides interesting data: 65% of formal volunteers joined the community sector, the most common field of interest being education (31%), followed by religion (24%), sport and exercise (22%), health and disability (22%). Male subjects are more likely to volunteer in sport activities (30%), while women are involved in this type of activities to a lower extent (16%).

Resuming the theoretical approaches and reviewing the examples of best practice worldwide related to disability issues, ending the “R” word and pledging “I choose to include” seem to be the true legacy of those who strive for sport, health and inclusion as a gateway for building a more just, inclusive society.

3. Research Questions

Following the experience gained in the last five years of work with intellectually disabled persons within the Special Olympics Healthy Communities and Unified Sports Programmes, we are keen to identify the benefits of volunteering among the health and educational professionals, as well as among the volunteers who participate on a regular basis in medical screenings, sports training and events or other education-directed activities, given that improving the professional background of the volunteers might be an important incentive for them to be committed in long-term activities with the disabled population.

By comparison, are there any invisible barriers, like misperception or misunderstanding among people that do not interact with disabled persons, having pervasive effects which might impede the social bond between the disabled and non-disabled?

Do public attitudes interfere with the volunteering drive of the mainstream individuals? Is social inclusion prevalent over social exclusion, as a general vision?

4. Purpose of the Study

The study aims first at identifying the importance of volunteering in reducing social gap, and second, at comparing the perceptions of those involved in projects designed for the disabled to those of the people who have no contact with such activities. The main research issue is related to the way in which intellectually disabled persons are perceived and what elements could influence this perception.

In this respect, an independent variable has been introduced, namely the personal contact the subjects have with the disabled, determining the identified type of perception. Assuming that people’s perceptions are positive if there is a direct contact with the disabled, the samples included persons who regularly interacted with them – volunteer health professionals, as well as individuals randomly selected

through the snow-ball method. Thus, the common traits of subjects could be emphasised, from discriminating to inclusive behaviours. Combining quality- and quantity-based research leads to a deep understanding of the topic and renders possible a comparison between the perceptions of the two categories of subjects, in connection with the volunteering spirit.

5. Research Methods

In this study, we used the sociological survey by applying two types of questionnaires, one capturing data on how health professionals and other volunteers perceived their experience related to disability, and the other intending to picture the characteristics of the collective mentality on issues related to individuals with special needs. The first survey, designed by Special Olympics International within a research evaluation grant for the Healthy Communities Programme, consisted of 28 items, most of them open, so that professionals and volunteers could freely express themselves. The second one, designed by the authors, with 21 items, included both close and open questions, with multiple choice answers, as well. This tool was developed by using the Google Docs application.

5.1. Participants

The study focused on 25 volunteers from different Romanian regions (with relevant experience in Special Olympics sport-oriented, educational and medical screening events), participating in the 2016 Special Olympics National Games, and 50 subjects randomly chosen for an online questionnaire, who have never had such a direct experience with the disabled.

5.2. Materials

In processing the data, we used both qualitative and quantitative approaches in order to reveal the types of perceptions, social stereotypes and stigma, attitudes and behaviours, the perspective of a cohesive community, all of these driven to create an equal status relationship among all people and an inclusive, empowering society for the less favoured persons.

5.3. Procedure

The research took place in two phases, using the two survey tools previously described. In the first phase, the collected data were subjected to special processing based on the NVIVO qualitative data analysis software, which allowed finding frequently used words and the connections between them, for a better insight of both the significance that people gave to the survey topic and the mechanisms leading to certain perceptions. The phase was also meant to gather relevant information about the interactions with the disabled, this exploratory study helping to construct the cues for the second phase of the research. The 25 series of data from the first sample have led to emphasising the importance of specific training sessions for the professional background as perceived by the volunteers, the potential resources for improving the volunteering experience or the technical aspects related to treating ID persons.



Figure 02. Cloud of words

The first sample was not randomly chosen, because we had to apply the survey to the volunteers/ professionals acting on the premises. The second phase addressed people we have never been in contact with and were completely outside the area of disability. We intended to reveal the multiple dimensions of the perception concept, which might be important to identify attitudes and the general trend in certain societal groups.

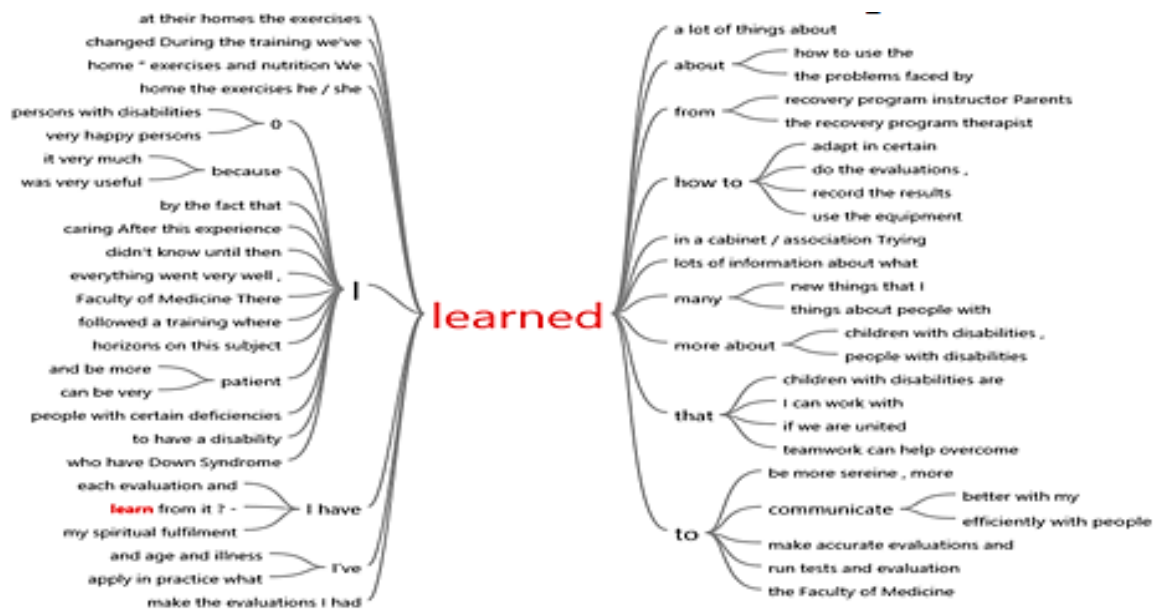


Figure 03. Semantic connections ``learning``

6. Findings

We will discuss first some of the significant data collected from the professionals and volunteers.

Figure 02 shows a cloud of words formed depending on the frequency of using words during interviews. It is noticed that “disabilities” is used most often, followed by “people”, “intellectual”, “health” and “children”. The use of these words in similar proportions suggests that volunteers work with

intellectually disabled individuals of different ages, who can be included in both the adult and children groups. It is also noticed the high rate of using the word “evaluation” and its derivatives, which suggests that most volunteers have already interacted with people with disabilities during health evaluations. The word “student” was used 18 times, suggesting the status of the volunteers who participated in various activities involving people with disabilities.

Also, one item in the interview guide makes reference to the way in which the experience of having frequent contacts with the disabled during screening sessions has changed the volunteers. The word “learned” appears with a frequency of 26 uses, which means that the volunteers’ perception and behaviour have changed after the experience involving their interaction with disabled people.

As can be seen in Figure 03, volunteers declare during interviews that they have learned to communicate better, have learned a lot about the problems faced by people with disabilities, about how much and how to adapt and react in different situations. Analysing the same Figure 04, we can conclude that finding out new information on people with disabilities has represented the main effect of the participation in volunteering.

One of the monitored indicators refers to the integration of people with disabilities and their perception of how this occurs; thus, Figure 04 shows how volunteers understand that the integration process should take place. Analysing the relationships between terms, it is clearly seen the importance of combining sports activities with the emergence of social integration.

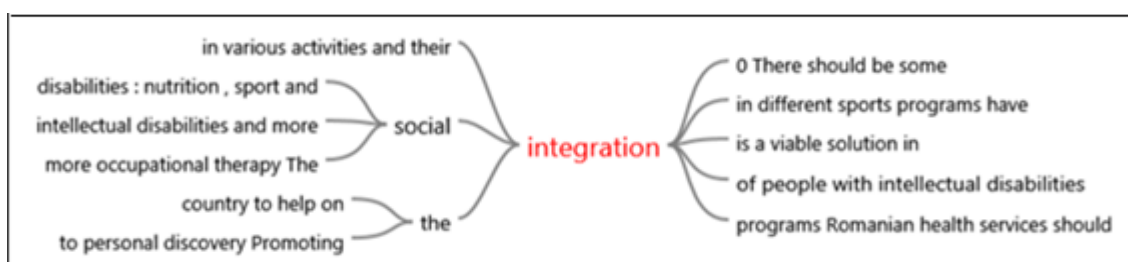


Figure 04. Semantic connections-“integration”

Correlating the responses to two questions in the interview guide, namely whether they had any other involvement except for the National Games and whether they wanted to take part in future volunteering activities with disabled people, 14 of 25 respondents declared they had already volunteered, and to the second question, all of them declared they wanted to further participate in such activities, this assertion denoting continuity and willingness to get involved in working with disabled people.

Therefore, as shown in Figure 05, after interacting with intellectually disabled people and being informed on different aspects of this condition, volunteers have expressed their desire to continue participating in various programmes for these people, which suggests both a reduction in the social gap between the two categories and a positive development of their perception about the disabled.

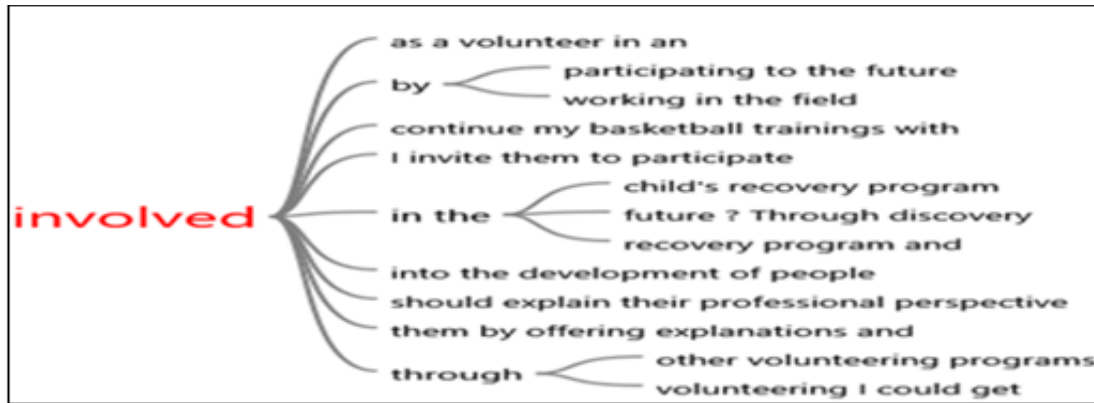


Figure 05. Semantic connections-``involvement``

Data from the second part of the study were analysed using Google Docs and the IBM SPSS Statistics 20 software.

The questionnaire items were constructed so as to evaluate three dimensions of the perception regarding people with intellectual disabilities. The cognitive dimension addressed questions relating to the respondents' information about these people, about their bio-psychomotor condition. The second dimension was the affective one, achieved by analysing the interactions between subjects and people with disabilities, the frequency of these interactions, as well as information related to cohabitation, friendship and collegiality with these people at the workplace. Finally, the third dimension, the evaluative one, allowed subjects to estimate the abilities and inabilities of intellectually disabled people, as well as to position them in society, conferring them an occupational status.

Using the three dimensions offers the study a complex view and a high degree of checking the information provided by the surveyed subjects. In constructing the questionnaire, we used several sections for subject filtering, in order to make a comparison between those who have already interacted with the disabled and those who have not yet done it.

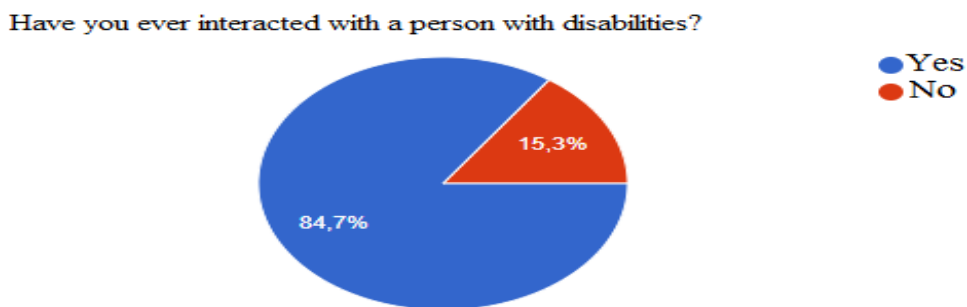


Figure 06. Interaction with disabled persons-ratio

The first indicator of the questionnaire, regarding the interaction with disabled people, has the role of introducing subjects to the research topic, and on the other hand, of providing general information about the studied sample. This is a filtering question, those who have responded in the negative skipping the questions in section 2, about the perception of how the interaction took place. Figure 06 shows that

over 80% of respondents have interacted at least once with the disabled, suggesting that the surveyed subjects are generally familiar with the research topic.

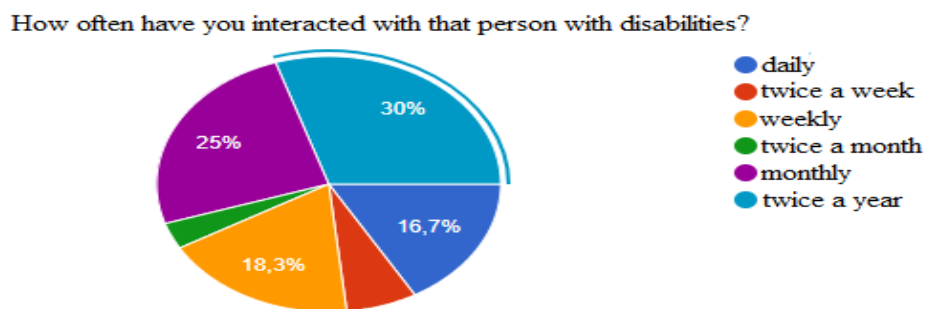


Table 07. Frequency of interaction with disabled persons

As shown in Figure 07, the highest frequency of interactions is “twice a year”, followed by “monthly”, which suggests that more than half of the studied subjects come rarely into contact with the disabled; at the same time, the lack of scores for “annually” and “less than once a year” suggests that this category of people is however present in society.

Figure 08 provides information on the possibility of “transmitting” the physical or intellectual disability. It is noticed that 7 respondents do not know whether the disability is transmissible or not, and 2 consider it as contagious.

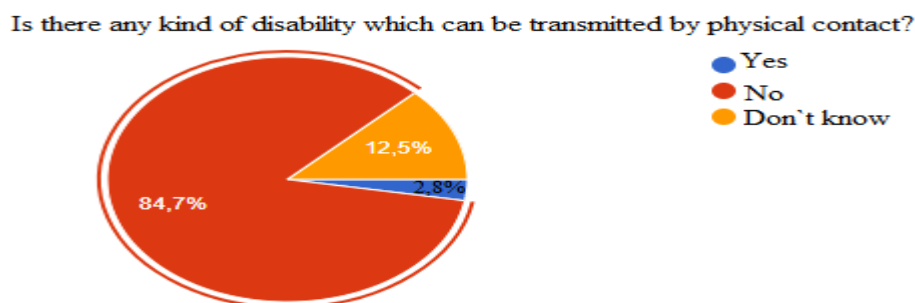


Figure 08. Knowledge about disability transmission

In the table below, there is an association between two variables, which aims at analysing the frequency of the contact with disabled people and their type of disability. Of the 53 subjects, 24 have interacted with people with both physical and intellectual disabilities, the contact with the physically disabled being more frequent, and 4 of 10 respondents declare they have daily contact with them. It is also noticed that the highest value of interactions occurs once per year, 14 of the 53 subjects giving this response.

Table 01. Type of disability and frequency of interactions-cross-tabulation

What type of disability had the person with whom you interacted? How frequent were your interactions with the disabled person?								
Cross-tabulation		How frequent were your interactions with the disabled person?						Total
		daily	twice a week	weekly	twice a month	monthly	annually	
What type of disability had the person with whom you interacted?	intellectual	1	1	1	2	2	2	9
	physical	4	0	6	0	6	4	20
	intellectual, physical	5	3	3	0	5	8	24
Total		10	4	10	2	13	14	53

The chart below (Figure 09) presents the indicator regarding the respondents' perception about the rights of people with disabilities in society, 1 meaning total disagreement, and 5, total agreement. Most respondents consider that people with disabilities have equal rights, and a quarter of respondents consider they should have fewer rights than them.

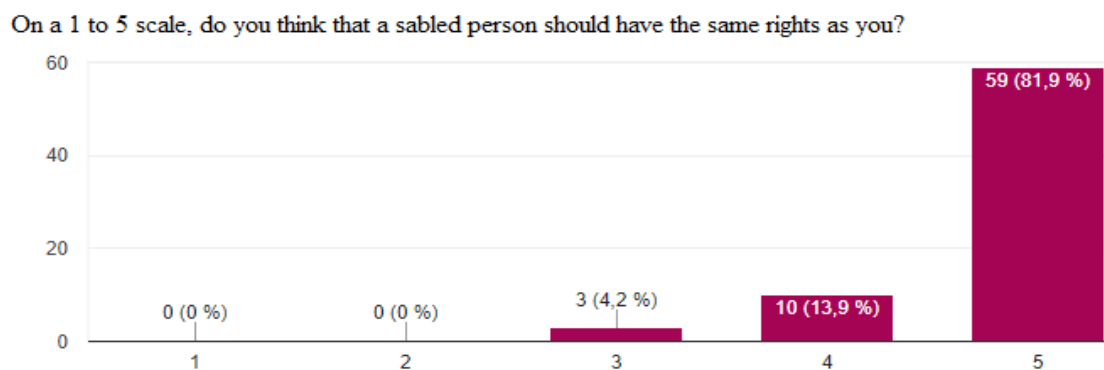


Figure 09. Perception about equal rights

The chart below (Figure 10) shows that most respondents think that a disabled person depends on the people around, but associate this with the adjective “active”, which suggests that there is an awareness of the behaviour of these people.

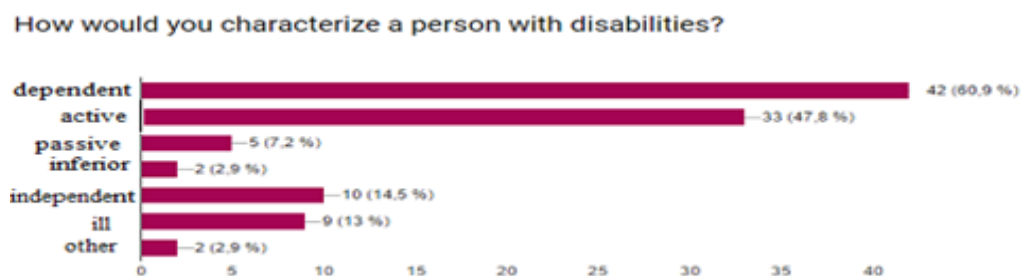


Figure 10. Characteristics of disabled persons

The chart below (Figure 11) shows that more than 10 people think they should not have a disabled colleague at the workplace, which suggests a certain degree of discrimination that creates barriers between the two categories.

On a scale of 1 to 5, how much do you consider you could work with a mate with disability?
 1-strongly disagree _____ 5-strongly agree

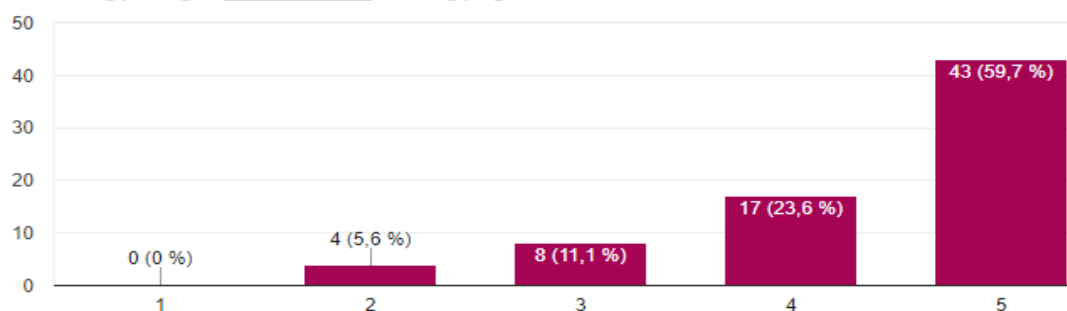


Figure 11. Possibility of working with a disabled person

Table 02. Correlation between volunteering and the gender of subjects

Cross-tabulation		To what extent do you consider that people with disabilities are integrated into the Romanian society?					Total
		to a very small extent	to a small extent	neither small nor large	to a large extent	to a very large extent	
Gender	Female	10	12	12	1	1	36
	Male	8	9	6	2	3	28
Total		18	21	18	3	4	64

As regards volunteering, another indicator of interest, women in the selected sample are more involved in these activities; 45 subjects reported they had volunteered, half of the programmes aiming at people with disabilities.

Table 03. Correlations between gender and the perception regarding the integration of disabled people

Participation in volunteering* Gender				
Correlation between volunteering and the gender of subjects				
Cross-tabulation		Gender		Total
		Female	Male	
Participation in volunteering	Yes	28	17	45
	No	9	13	22
Total		37	30	67

Perception regarding the integration of people with disabilities was measured and analysed by association with gender; thus, as can be seen in the table below, women consider to a lesser extent than men that those with disabilities are integrated into society. It is also noticed that both women and men tend to consider in a higher number that people with disabilities are not integrated rather than integrated into society.

The questionnaire also included personal identification data of the respondents, who were in different age groups. Generally, the number of respondents who think that people with disabilities are integrated into society is almost 5 times lesser than the number of those who think they are not integrated

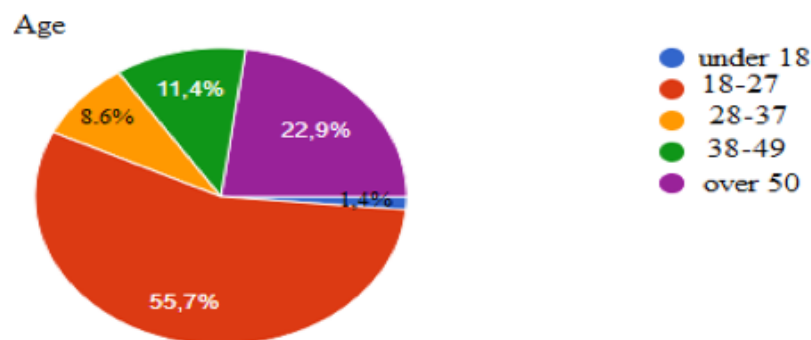


Figure 12. Age categories of volunteers.]

7. Conclusion

The last years have challenged societies by changing attitudes in a way that emphasises the transformative power of sport in rendering the skills and dignity to people with intellectual disabilities involved in training and sport competitions, in fighting negative stereotypes, educating different people about the potential of the disabled athletes and providing educational experiences for coaches, volunteers, teachers or health professionals.

Data collected in the first survey highlighted positive qualitative issues in terms of reducing the gap and stabilising long-term interactions between volunteers (students and health professionals) and Special Olympics athletes, the first being committed to continuous volunteering also by acknowledging the undergone process of learning and understanding regarding the person with disabilities, as a whole.

By comparison, the second survey analysed three dimensions of attitudes collected from subjects with almost no direct contact with intellectually disabled persons; these cognitive, emotional and evaluative cues revealed a rather complex distribution of perceptions about the level and frequency of interacting with ID people, their way of characterising a disabled person, but also about the social gap and the potential bond with this population.

Although we expected a more resilient attitude toward these people, the online questionnaire stated a certain degree of openness and acceptance, more than one third having already been involved in volunteering activities. This might be a favourable premise for stressing the importance of social integration and of being advocates for promoting equal rights within the society.

This study highlights a certain lack of cohesion between the individual positive perceptions about the ID people and the social leverages existing in our country, in terms of educational campaigns, health promotion events, media coverage and mostly specific policies designed to fight discrimination and stigma and promote health and empowerment for the less favoured.

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