

SOCIAL DEPENDENCE AND NEED OF SOCIAL SERVICES IN A COUNTY OF BUCHAREST

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Abstract: Introduction: In Romania there is a wide legislation framework referring to the persons with disabilities. The access to social services rises however equity questions due to a wide variation of the disabilities' dimensions even between persons with the same type and degree of disability. Aim: Our study aimed to assess the dependence of people with disabilities from a county of Bucharest and their real needs of social services. Methods: We used a new tool for assessment of dependence and need for social services in persons with disabilities from a county of Bucharest. The tool was based on five domains of activity and nine categories of social services. An overall disability score (ODS) was calculated and, based on it, we analyzed the need for social services. Results and discussion: We investigated 607 persons with disabilities, from which 20.4%, 62.8% and 16.8% were young, middle aged and elderly respectively. Among them, 28% didn't have any education and half didn't have any income source. Most of the cases had marked or severe disabilities, especially mental, psychic or physical. The overall disability score reached to 76.3/ 75.5 (mean/median) showing many variations within the same degrees and types of disability. The support services were recommended most often, followed very closely by rehabilitation services, services for adaptation of the environment and basic services and the palliative services were most rarely recommended. Conclusion: The proposed technique could serve as framework to assess the need for social services in persons with disabilities, starting from the level of dependence and it might be useful in decreasing variability in social services provision.

Cuvinte cheie: tipul și gradul de handicap, nivelul de dependență, tipul de servicii sociale

Rezumat: Introducere: În România există o legislație cadru referitoare la persoanele cu handicap. Accesul la serviciile sociale ridică totuși întrebări legate de echitate, din cauza marii varietăți de dimensiuni ale dizabilității, care se manifestă chiar la persoane cu același tip și grad de handicap. Scop: Studiul nostru a avut drept scop evaluarea dependenței persoanelor cu handicap dintr-un sector din București și a nevoilor lor reale de servicii sociale. Metodologie: Am folosit un nou instrument de evaluare a dependenței și a nevoii de servicii sociale la persoanele cu handicap dintr-un sector din București, care se bazează pe cinci domenii de activitate și nouă categorii de servicii sociale. Am calculat un scor general de dependență (ODS), și pe baza lui am analizat nevoia de servicii sociale. Rezultate și discuții: Am investigat 607 de persoane cu handicap, din care 20,4%, 62,8% și 16,8% erau tineri, de vârstă mijlocie și respectiv vârstnici. Dintre acestea, 28% nu aveau studii și jumătate nu aveau nicio sursă de venit. Cele mai multe dintre cazuri au avut handicap accentuat sau grav, mai ales mental, psihic sau fizic. Scorul general de dependență a fost de 76,3 / 75,5 (medie / mediana), demonstrând variații multiple pentru aceleași grade și tipuri de handicap. Serviciile sociale recomandate cel mai frecvent au fost serviciile de suport, urmate îndeaproape de serviciile de recuperare și reabilitare, serviciile de adaptare a mediului și servicii de bază, iar serviciile paliative au fost cel mai rar recomandate. Concluzii: Tehnica propusă ar putea servi drept cadru pentru evaluare nevoilor de servicii sociale la persoanele cu handicap, pornind de la nivelul de dependență și ar putea fi util în reducerea variațiilor în furnizarea de servicii sociale.

INTRODUCTION

World Health Organization defined the disability as an umbrella term for impairments, activity limitations and participation restrictions, consisting in interaction between individuals with a certain health condition and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).(1) A person with disability has, in principle, guaranteed access to the basic social, educational and health

related rights and the state supposes to assure this access in the widest possible manner.

In Romania, there is a wide legislation framework referring to the persons with disabilities. According to the law, the persons with disabilities are “those persons for whom the social environment, non-adapted to their physical and/or mental disabilities, prevents or limits the equal access to the societal life. These persons need support for their social inclusion and integration”.(2) Also according to the law, the persons with disabilities have the access to: health services (preventive,

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curative and for rehabilitation), education, work (appropriate conditions, including workplace adaptation), social assistance (social services and social allowances), decent houses, adapted environment and transport, juridical assistance and fiscal facilities.(2) The main responsible for assuring the access to the legal rights is the local public administration from the place where the person lives.(2)

The disabilities are classified in Romania by type and degree (table no.1).

Table no. 1. Types and degrees of disabilities in Romania

Degree	Type										
	physical	somatic	auditive	visual	mental	psychic	associated	HIV/AIDS	rare diseases	associated	deafness-blindness
minor											
medium											
marked											
severe											

Source: Law No. 448/2006 (2)

According to the official statistics, at the end of 2012, 697169 persons were formally registered in Romania as having a disability (3), representing 3.5% of the general population (4), which is generally much below the EU or global proportion of persons with disabilities).(5) This might be due to different types of barriers (geographical, economical, bureaucratic, cultural) in receiving the statute of "person with disabilities".

2.5% of persons with disabilities live in an institution and the rest live with their families. All of them are "classified" as type and degree of disability, based on medical and psycho-social criteria (6) having consequently the right to receive social support and social allowance. The ceiling of social allowance is regulated depending on the degree of disability. The access to social services rises however equity questions. The social services are defined by law as framework and category (7) and they are included in the personalised rehabilitation plan of the subject.

The general perception of the professionals involved in the field is that a wide variation of the disabilities' dimensions does exist even between persons with the same type and degree of disability. On another hand, there is a wide variety of social services that could be needed, in relation to degree of dependence and to the surrounding environment. Consequently, these persons face a wide variation in access to social services and their real needs are satisfied in very different degrees, even all the involved stakeholders act in respect of legislation and equity principles.

PURPOSE

Our study aimed to assess the dependence of people with disabilities from a county of Bucharest and their real needs of social services, in order to develop strategies for assuring equity in their access to the necessary social services.

METHODS

We performed a descriptive survey in the adult population registered as having disabilities, in a county of Bucharest (sector 2). Target population was represented by persons with disabilities (old or new cases), coming to the Mayoralty - Social Protection Department for the evaluation of disability status. A new developed study tool was filled by trained professionals for each person included in the study through face to face interview and observation. Data collection took place between March-September 2012. A sample volume of 600 persons was projected, from feasibility reasons, considering a total population of 12000 persons with disabilities

and a flow of visits of around 1000 per month (50 /day). A daily target of 5 enrolled subjects was established and every 10th person coming for evaluation each day was selected to be included in the study, based on a informed consent (person or legal guardian). If the person refused, next person was asked to participate.

Study tools: we developed a new tool for dependence assessment in persons with disabilities, based on five main domains of activity, each having four to six sub-domains (table 1, section 1) and we calculated disability scores by domain (DDS) and overall (ODS). Each sub-domain was scored as a Likert scale from 1 to 5 (one meaning normality and 5 the highest level of dependence). The total score could range from 0 to 125. The domains and sub-domains disability scores were weighted as relative importance, based on expert opinion. The full procedure of scoring the tool and its pretesting and validity analysis were described elsewhere.(8)

Table no. 2. Main domains and sub-domains of the scale and the corresponding social services

Domain	Sub-domains	Section 2								
		Type of social service								
		1	2	3	4	5	6	7	8	9
Understanding and Communication	Focusing the attention									
	Problems solving									
	Learning and abilities									
	Sight									
	Hearing									
Mobility	Communication									
	Transfer									
	In-house mobility									
	Outside mobility									
	Using the medical devices									
Self Care	Using the stairs									
	Feeding									
	Body hygiene									
	Getting dressed									
	Continenence									
Self Managing the House	Self health care									
	Housekeeping									
	Cooking									
	Washing clothes									
	Budget administration and shopping									
Social Involvement	Interpersonal relationship									
	Using phone									
	Education, working									
	Using transport									
	Community living									

Legend:

No.	Abbreviation	Type of social service and description
1	SS	Support services (cooking, shopping, housekeeping, accompanying during transport, accompanying in outdoor activities, accompanying in household budgeting and administration)
2	BS	Basic services (washing, dressing – undressing, continence, feeding, drinking, transfer and mobilization, indoor walking, communication)
3	RAES	Services for rehabilitation and adaptation of the environment (small repairs, refurbishment)
4	SSC	Services of school/professional counselling (support for lifelong learning, integration in the workforce)
5	SSL	Services for social life (free time activities)
6	MS	Medical services (diagnosis, treatment, access to preventive services or rehabilitation)
7	EES	Non-formal extracurricular education EES (special education for young people with disabilities and adaptation problems, for an independent life)
8	PS	Palliative care services
9	RS	Rehabilitation services (kinotherapy, physiotherapy, occupational therapy, psychotherapy, psycho pedagogy, logopedy etc)

Further on, nine categories of social services, provided by the Social Assistance Department of the Mayoralty were defined according to the law and a score per social service (SSS) was calculated.

The need for each category of social services was assessed in each subject by trained professionals. The needed services were weighed by the domain relative importance. If same person needed the same service for more than one field, the SSS was cumulated using the formula bellow:

$$SSS = \sum_{i=1}^5 i \text{ specific weight per domain}$$

A simple prioritization of the social services was performed using the SSS.

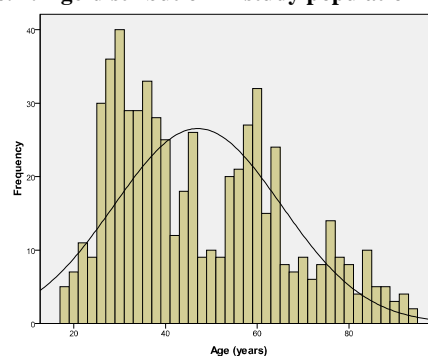
Data analysis: We analyzed distributions and means for the calculated scores (DDS, ODS and SSS). The quantitative variables were assessed for normality using the Kolmogorov-Smirnov test. For qualitative variables were calculated proportions. All analyses were performed using the Statistical Package for the Social Sciences (SPSS) v 17.0.

RESULTS AND DISCUSSIONS

We investigated 607 persons with disabilities, with an almost perfect balance between genders (males:females 298:309), having a mean age of 47.04±18.25 years (19 – 94 years).

Age distribution on the subjects was non-symmetric and bimodal (figure no. 1) and remained non-symmetric after log10 transformation (p<0.001, Kolmogorov Smirnov test).

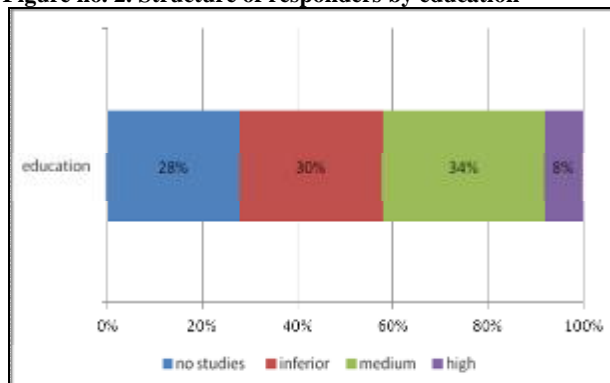
Figure no. 1. Age-distribution in study population



Globally, 20.4% of the responders were young adults (18 – 29 years old), 62.8% were middle aged (30 – 64 years) and 16.8% were elderly (65+ years of age).

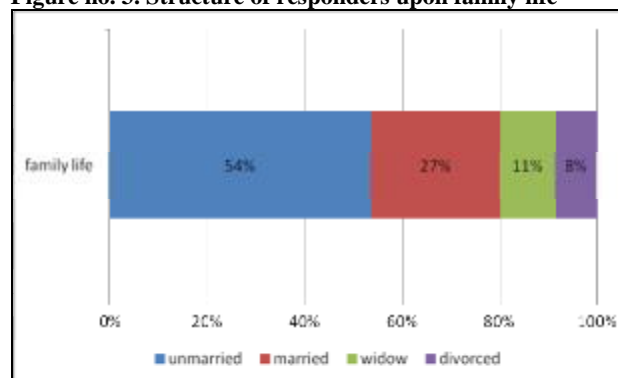
Regarding the education level, 28% of our responders didn't have any education, 30% and 34% had low (less than eight years, including special education) or medium (more than eight years of school, including qualification) level of education and 8% had high education (university degree) (figure no. 2).

Figure no. 2. Structure of responders by education



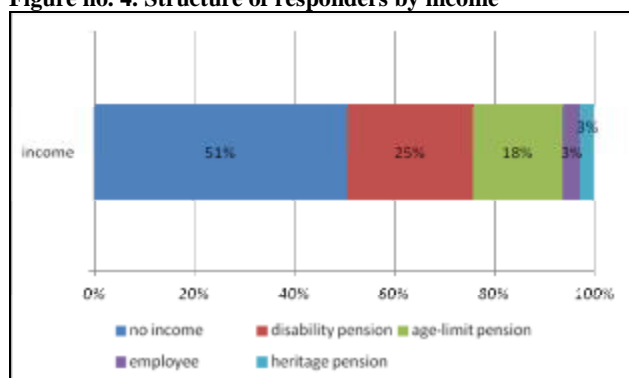
The family life analysis showed that only a quarter of the responders are married (figure no. 3)

Figure no. 3. Structure of responders upon family life



Analysis of financial situation showed than half of the responders didn't have any income source (event they are adults) and only 3% among them (meaning 4% of the population bellow 65 years old– usual age of retirement) had an active role in the society (employees).

Figure no. 4. Structure of responders by income



The structure of our population by type and degree of disability is shown in table no. 2. Most of the cases had marked (54.8%) or severe (42.9%) disabilities. Most common types of disabilities were mental (36%), psychic (23.1%) or physical (21.5%). No cases of minor disability were met during the study period.

Table no. 3. Structure of responders by type and degree of disability

Degree of disability	severe		marked		medium		Total	
	no	%	no	%	no	%	no	%
physical	55	21.2%	71	21.4%	4	28.6%	130	21.5%
somatic	3	1.2%	26	7.8%	3	21.4%	32	5.3%
visual	8	3.1%	4	1.2%	0	0.0%	12	2.0%
mental	125	48.1%	89	26.8%	4	28.6%	218	36.0%
psychic	31	11.9%	107	32.2%	2	14.3%	140	23.1%
associated	38	14.6%	35	10.5%	1	7.1%	74	12.2%
Total - no	260	100%	332	100%	14	100%	606*	100%
Total - %	42.9%	NA	54.8%	NA	2.3%	NA	606*	100%

* in one case the degree of disability was not registered

The mean and median ODS reached to 76.3± 24.7 and 75.5 respectively (not symmetric distribution). The mean (SD) and medians by type and degree of disability are presented in table no. 4. We can notice many variations in ODS within the same degree of disability and also between different types with the same degree.

Disability scores by domain (DDS) and analysis of scores by demographic variables will be presented in a next stage of the study.

The need for social services was analyzed starting from the nine defined categories of social services and on the basis of the professionals' recommendations per case. Using the SSS calculated per case, the social services were prioritised in

each case, ranking from 1 (highest level of priority) to 9 (lowest priority level).

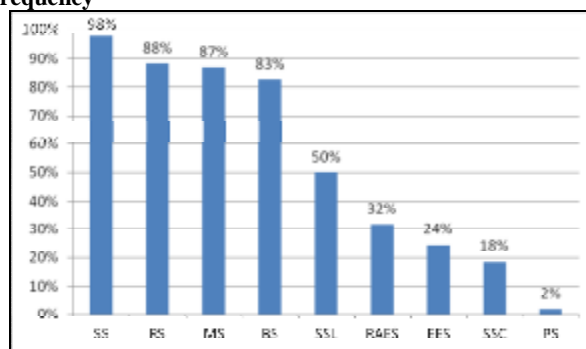
Table no. 4. Mean (SD) and median of ODS by type and degree of disability

Degree	Severe		Marked		Medium	
	Mean (SD)	Median	Mean (SD)	Median	Mean (SD)	Median
physical	96.3 (15.9)	99.3	58.9 (21.9)	53.2	46.88 (24.13)	44.8
somatic	86.6 (24.9)	88.4	65.4 (24.9)	57.6	68.9 (41.8)	60.4
visual	86 (14.9)	87	63.6 (16.3)	64.9	80.3	NA*
mental	92.3(15.3)	91.3	67.8 (19.3)	63.6	80.3(6.8)	82.3
psychic	104.8 (20.1)	114	56.1 (12.5)	56.1	41.7 (2.9)	41.7
associated	100.5 (13.1)	103.3	67.8 (0.6)	64.3	1	NA**

* 0 cases, not appropriate to calculate

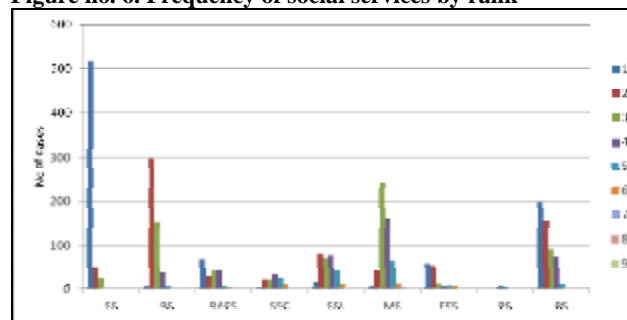
** 1 case, not appropriate to calculate

Figure no. 5. Needed social services by category - relative frequency



The support services were recommended most often (in 98% of the examined persons), followed very closely by rehabilitation services, services for adaptation of the environment and basic services (figure no. 6). Most rarely recommended were the palliative services (2% of the subjects), which are very specific for the end of life.

Figure no. 6. Frequency of social services by rank



The support services and the rehabilitation services were recommended most often as the first priority, the basic services as second or third priority. The R4ES frequency recommendation ranked almost equally between 1 to 4, and the SSC and SSL between 2 to 5 (figure no. 6).

Using the above described tool we succeeded to quantify the level of dependence and the real need for social services.

Main limitation of our study is the limited representation of the study sample for the whole population with disabilities from our county.

Further research is needed to analyze the need for social services by level of dependence, type and degree of disability.

CONCLUSIONS

Our study confirmed that people with disabilities have lower education, less economic participation and higher rates of poverty compared to general population. We tried to better quantify the disability, considering five domains of personal and social life. Based on this, we tried to measure the real need of social services, following the degree of dependence. The proposed technique could serve as framework to assess the need for social services starting from the level of dependence in the future. It might be useful to decrease variability in social services provision and to assure a more equitable access to them.

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