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SOCIAL-LABOR INCLUSION OF YOUNG PEOPLE WITH MENTAL DISABILITIES

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Abstract

The study analyses the results of experimental work with mental disabled young people to organize their social and labour inclusion in society. Organizational and pedagogical opportunities are revealed and positive effects are shown in the implementation of differentiated, developing and resource-oriented approaches in the professional diagnosis and socialization of young people living in different conditions. The practice-oriented method of studying motor skills “HAMET-2” for young people with disabilities living in families is described and tested. Features of social adaptability of young people, graduates of psychoneurological boarding schools, are revealed. It turned out that only 50% of the subjects found motor skills to perform monotonous work, follow instructions, relate the drawing to a real object and work with the contour. There is a need for detailed verbal support, increased attention to safety issues, and regular changes in work and rest periods. Half of the participants in the pedagogical experiment found a minimum stable level of social adaptability. The need for special training in the skills of socially responsible behaviour, the ability to choose and implement optimal communication with others is identified. Based on the results of the diagnostic survey, young people were actively involved in professional and socially-oriented project activities based on the principles of volunteerism, interest, consideration of existing motor and social skills. Positive effects were obtained to ensure the readiness of young people with mental disabilities to social and labour inclusion.

Keywords: Mental disabilities, professional diagnostics, social-labour inclusion.

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1. Introduction

There is an actual problem of social and labour employment of young people with disabilities and their real readiness for social-labour inclusion in our country. It is largely caused by serious shortage in the nature of their training for independent life, as well as in creating conditions for full-fledged social inclusion in society. The announced new social policy of human potential development, which addresses the development of the subject position and disabled practical readiness for labour is relevant not only to graduates of children's psychoneurological boarding schools, but also to young people living in families. The situation of "social hospitality" is aggravated by the insufficient development of hospital-replacing technologies, differentiated assessment of young people's potential resource in social institutions, ensuring the social-labour trials and selection of opportunities adequate to their possibilities for professional employment, a positive social experience. First of all, we concern the people with disabilities from childhood aged from 18 to 30 years, who have a leading intellectual development disorder, which results in a violation of the social interaction ability in various activities. The analysis of modern federal and regional practice of social rehabilitation and habilitation of young people with disabilities shows a significant progress in ensuring their rights to a full life, work and rest (Borodkin, 2000; Riva, 2016; Shemanov, 2014; Starobina, 2012)

Specifically, in order to study the resource opportunities and interests of young people with mental disabilities, to develop their social and professional-labour skills, specialized rehabilitation centres "Krasnoyarsk rehabilitation centre for people with mental disorders" and "Zelenogorsk rehabilitation centre for people with mental disorders" were established on the Krasnoyarsk territory on the basis of permanent social service institutions. A day-time employment centre for teenagers with mental disabilities "Raduga" was also opened in the Regional rehabilitation centre for invalid children and children and adolescents with disabilities.

In Russian and foreign human science, a significant body of data has been accumulated on the features of socialization of young people with mental retardation (Becker, 2012; Dementieva et al., 2013; Dementieva et al., 1985; Furyaeva, 2018; Furyaeva et al., 2017), medical-social and socio-psychological problems of their employment and adaptation to independent life were disclosed (Dementieva et al., 1985; Morozova, 2011).

For many years, Russian and foreign psychological and pedagogical research has been dominated by a clinical (medical) approach to the study of peculiarities in the development and support of young people with disabilities, without taking into account existing opportunities and interests. The main emphasis was focused on negative mental features static diagnosis, on fixing (stigmatizing) the diagnosis as the basis for subsequent correctional, pedagogical and organizational work. At the same time, scientific developments of recent years indicate an increasing interest of researchers in resource-based diagnostics, which involves understanding of his "Self" by a person with a disability through specially organized practical tests. They aim to actively include young people with mental problems in various activities related to social interaction and performing a certain type of physical labour. In science, conceptual models of social inclusion of people with disabilities have been developed. There is a testing of various technologies for their inclusion in mass educational and socio-cultural practices (Heimlich, 2008; Jantzen, 2011; Kurmysheva, 2015; Kuhlmann et al., 2018). The convincing data on the use of various (external and

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internal) factors in career guidance and training of young people with mental disabilities for independent social and labour life have been obtained (Ekzhanova & Strebeleva, 2005; Korablev, 2003; Korobeynikov, 2019; Lebedinskaya & Nikolskaya, 1991; Makhova, 2000; Yarskaya & Yarskaya-Smirnova, 2015).

2. Problem Statement

Currently, in pedagogical science and practice, there is an active search for ways of social inclusion for young people with disabilities, the search for age- and opportunities appropriate developing focused on their own tests diagnostics, which can allow them to optimally solve the problem of choosing their place in the public and professional life of society. This problem involves taking into account different categories of young people with mental disabilities who differ in their living conditions, i.e. in their place of residence. In this regard, we planned a special study on two groups of young people with mental disorders. The first group consisted of 19 people aged 14 to 21 who had different types of disorders, mainly autism spectrum disorders, and lived in families. The emphasis in the study of their readiness for social inclusion was focused on the identification and development of motor professional and labour skills. The second group of young people with intellectual disabilities, consisting of 12 people who had been residents of psychoneurological boarding schools since childhood, was included in the experimental work on the identification and development of social adaptability. Experimental work on the basis of two social institutions continued for two years.

3. Research Questions

Solving the problem of optimal social-labour inclusion of young people with mental disabilities involves searching for new ways to diagnose them professionally and introduce them to the world of labour and social relations. The pilot study includes two stages. At the first diagnostic stage of the study, special work was carried out to select and test a practice-oriented method for studying and evaluating the motor skills of young people with intellectual disabilities, identifying the nature of their social adaptability. At the second formative stage of experimental work, the inclusion of young people with mental disabilities in professional and social project-oriented activities was organized in order to obtain their own samples and form social and labour skills.

4. Purpose of the Study

It was to determine the ways of forming the readiness of young people with disabilities to social-labour inclusion through the organization of resource-oriented professional diagnostics and a differentiated, project-oriented approach in the process of entering the world of social and labour relations.

5. Research Methods

To determine the research methods that are adequate to our purpose, we turned to the diagnostic methods available in professional pedagogy. As it turned out, currently in the Russian diagnostic pedagogical practice, there is a significant array of strategies and procedures for professional diagnostics

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of people with problems or limitations in development. Largely, these methods have a survey character, particularly, differential-diagnostic questionnaire (DDQ) by Klimov (2004), the matrix profession choice by Rezapkina (2007), the questionnaire to identify professional interests and orientations by ISolomin (2006), the questionnaire by J. Holland on identification of suitable areas and etc. In professional diagnostics, there is an actual request for the activity nature of the procedure for evaluating the skills and qualities of a person with a disability in mental development. Analysis of foreign diagnostic tools has shown that such requirements are fully met by the strategy (test) measurement of motor skills, developed in the late 80's of the twentieth century by German specialists in the field of professional education (Dieterich, 1980; Dieterich et al., 2003). It received a short name from the initial letters of its full designation-HAMET-Handwerklich-motorischer-Eignungstest. Currently, HAMET is represented by the second version (the third one is being expected) In the professional community, it is known as HAMET-2 and is translated with the consent of the authors as "Professional diagnostics that promotes development". The expediency and success of its long-term (more than 30 years) use in vocational educational centres, institutions for vocational rehabilitation, medical and social rehabilitation clinics and other German institutions is confirmed by a number of arguments. They are related to the place of diagnosis - the workshop, the target orientation, the nature of the task itself, the possibility of identifying a personal attitude to work in a young person. In its structure, HAMET-2 consists of four modules. The first module reveals the nature of basic competencies for motor activity. The second module determines the ability to educate and involves the development of an individual assessment program for further development. The third module is designed to study the social competencies necessary for the implementation of professional and labour activities. The fourth module checks the nature of system-level thinking operations related to finding errors and problems vision. For a more meaningful understanding of the essence of practical tasks, we will give a brief description of the identified basic motor competencies required in manual professions. They are grouped into six functional groups, each of which includes from three to eight tasks. In total, there are twenty-six test tasks in the first module on identifying basic competencies in the framework of HAMET technology. A significant part of them we used in our experimental work with young people in the number of 19 people aged 14 to 21 years, who had different types of disorders, mainly behaviour disorders of the autistic spectrum.

The first group of tasks is focused on determining the ability to perform the simplest routine motor actions. It takes into account the speed, accuracy, purposefulness, consistency, and liveliness of the operations execution. This includes the skills of screwing and unscrewing large and small bolts, sorting registers, threading, folding napkins. The second group of tasks reveals the simplest skills to use and manage tools (machine) and perform actions related to working on a given line: cutting with a knife, colouring within the specified contours, performing a stitch on a sewing machine. Here, the emphasis is on identifying the ability to perform current visual and motor control of the execution process, as well as to observe the exact size. The tested are required to show confidence and flexibility in the use of tools. The third group of tests was aimed at determining our subjects' perception features and ability to perform symmetrical actions. We identified the ability to estimate distance, to understand symmetry, and to compare with samples. It was about the accuracy of perception of the object in terms of its visual feeling and correlation, as well as a sense of symmetry. Students were provided with tasks on a piece of paper: continue

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the line along the contour, draw a mirror image of the object. This also included tasks for the symmetrical arrangement of coloured disks according to a given scheme, as well as for comparing data displayed on paper with data on a computer monitor. At the same time, we tested attentiveness, accuracy, and ability to follow instructions. The fourth group of tasks was aimed at understanding the instructions and applying them. Here, the skills of correct and adequate understanding of written (printed) instructions, tasks and the ability to perform them correctly and quickly turned out to be important. This is a prerequisite for working with a computer. Computer tasks include tasks for correctly and quickly displaying certain coordinates of points on the monitor. It also offered a task related to programming the phone as part of the instructions for its use. The ability to transfer information from paper to electronic media was tested by a special task for printing text on a computer, which assumed the knowledge of letters, numbers, and the ability to read. In our experimental work, we limited ourselves to the above-described tasks from four groups (11 tasks in total), related to working with bolts, register, threading a needle, with napkins, cutting out boxes, colouring, using a sewing machine, continuing lines, reflection, disks distribution, and entering coordinates on the computer. Diagnostic work was carried out for several months in a special workshop.

When identifying readiness for social inclusion in the aspect of social adaptability, we relied on the research by Nikitina et al. (2015) and understood adaptability as a set of motivational, personal and communicative components. As the main tools for evaluating social adaptability, we used survey methods in addition to observation and expert assessments “Motivation for success and fear of failure” by Rean (2006), “Determining the level of self-esteem” by Kovalev (1987), “Diagnostics of communication features” by Nedashkovsky (2002) and the method of expert assessment of basic social skills by Belyaev and Trishina (2016).

6. Findings

The diagnostic results of the completed motor tasks, the time of their completion, and the behaviour of the subjects were recorded in detail in special protocols. It turned out that only about 50% of the subjects were able to cope with half of the tasks. At the same time, they found the ability to perform monotonous work, follow a given instruction, relate a drawing to an object, and follow a given contour. We also found that most of the subjects needed detailed verbal instructions to complete the tasks. It was necessary to carefully monitor the performance of the task, pay attention to safety, especially when working with sharp and hot tools. In general, the subjects were positive about the presence of relatives in the class. In some cases, we recorded aggression and increased anxiety. It turned out that young people get tired quickly and it is desirable to take a short break every 20-30 minutes, perhaps a rest in the sensory room.

The results of the ascertaining study of social adaptability psychoneurological boarding schools graduates showed that 50% of participants found a minimum-basic level of social adaptability. 17% of young people with disabilities indicated that they have a socially stable level of social adaptability. 33% showed the presence of socially responsible behaviour skills, ability to choose and optimal communication with others. Based on the obtained diagnostic results, the formative part of the study was organized. Young people of the first group were distributed taking into account the results of the “HAMET” diagnostics and their interests in various types of professional workshops: souvenir, printing, thermal printing, sewing, candle, etc. The souvenir workshop organized the production of souvenirs (production of postcards, key

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chains, magnets, sealed badges). In the ceramic industry, young people gained experience in laminating, making brochures and notebooks. Workshops for printing was intended both for obtaining experience in thermal printing on ceramic and textile products, and computer printing, i.e. three-dimensional printing on a 3D printer. At the same time, we took into account the personal characteristics of teenagers, the nature of their involvement in joint activities, in general, the mode of work. For example, for teenagers diagnosed with autism, a remote room was equipped with minimal sensory stimuli and soft equipment for recreation. All workplaces were equipped with step-by-step visual instructions, which visually indicated the algorithm of necessary actions (process maps). Instructions were presented with both a schematic and text image. Each workshop had anti-noise headphones. The experiment showed that for young people with autism spectrum disorder, the optimal activity is in workshops for the production of shoe covers, soap, sewing, souvenir, and printing products. For young people with significant physical disabilities, printing workshops, ceramic and souvenir shops were the optimal ones to help relieve spastic muscle tension. They required additional special equipment in the form of technical means such as strollers, weights, retainers, specialized computer mice, rollers, etc. Young people who had problems with metabolism and others, who did not find any limitations in motor diagnostics, focused mainly on their interests. Surveys, conversations, and interviews with young people and their parents about the future of their children indicate an increase in awareness of the choice of professions, differentiation of employment plans, increased selectivity of professional interests, and an increase in self-esteem. Most of the teenagers who received professional and labour tests in workshops took an active part in the city festivals of professional tests, in the presentation and sale of their own products.

In order to create social adaptability among graduates of permanent institutions, we organized a special school of social projects, conducted trainings to unite participants, and together with usually developing young people, developed and implemented two socially-oriented projects within the framework of the youth grant competition “Territory 2020”. The first project was aimed at the equipment of the playing space street site, the second is associated with the creation of a youth theatre and a play “Aladdin's magic lamp”, which was shown at the interregional festival “ArtBiryusa” and psychoneurological boarding school. As shown by the control diagnostics, half of the participants in the second experimental group were able to improve their indicators in the development of various components of social adaptability. 25% of young people showed a transition from the minimum-basic to a higher - socially stable level of social adaptability. In addition, active inclusion in socially-oriented project activities contributed to the restoration of activity capacity of one of the participants.

7. Conclusion

In general, the solution for actual problems of readiness formation for socio-employment inclusion of young people with mental disabilities, overcoming their dependency and gaining faith in their bright future implies the organization of special resource and practice-based assessment, creating differentiated organizational-pedagogical conditions for inclusion in the real professional and social activities of project type and receive their social-labour experiences. The latter is possible when using the educational and methodological and material-technical base of social service institutions.

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