Features of inclusion of people with disabilities in regional conditions

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Abstract. Social inclusion implies equality of opportunity and equal participation of individuals in society. The key to social inclusion for people with disabilities is the creation of a barrier-free environment. This process has been carried out systematically in Russia and abroad in recent decades. The results of a qualitative study conducted by the author in 2019 in the territory of the Murmansk region among people with disabilities showed that the nature of the disease and their individual and personal characteristics, the state of urban planning and mental environments, employment and material situation, the presence of family and loved ones and many other factors play an important role in the independent life of persons with disabilities. The main ways of achieving inclusion of persons with disabilities are related to the solution of various difficulties at the level of the State and its social institutions - the implementation of measures to increase the accessibility of infrastructure, public spaces and transport, the provision of technical means of rehabilitation, the improvement of the accessibility and quality of medical care, the improvement of the material situation of persons with disabilities, employment and education. The study showed that the state of health of persons with disabilities directly affects the level of their social activity, but not the opportunity to participate in the life of society. The level of social participation of persons with disabilities today depends not so much on the level of accessibility of social infrastructure as on their desire to participate in society and the availability of adequate assistance and support. In this regard, it is important to work to ensure the satisfactory psychoemotional condition of persons with disabilities, their families and loved ones, as well as institutions of social assistance and support.

1. Introduction

In recent decades, measures have been taken in Russia to include persons with disabilities in society, but the problem of equal participation of these persons in the life of society remains relevant. People with disabilities do not fit into the usual way of social life, which adversely affects their social situation and access to public goods.

The social status of people with persistent health problems who are not able to lead a normal life and fully exercise their rights is discriminated against, and the disabled themselves actually constitute a group of people excluded from public life, being on the periphery of society.

The analysis carried out by D.A. Nevayeva of the works of Russian sociologists allowed her to identify external and internal factors of social exclusion. It includes "external" manifestations of exclusion from lack of means of subsistence, public social services, culture of consumption, access to participation in public organizations, obtaining information. Internal - human stereotypes, assessments of events, peculiarities of self-awareness [1].
According to A. Giddens [2], exclusion does not denote one of the gradations of inequality, it should be seen as a mechanism that distances some groups of people from the main social flow both in the form of "voluntary exclusion" at the top of the social hierarchy and in the form of "victims of structuring" at the bottom of the hierarchy.

Social exclusion of persons with disabilities is often accompanied by stigma and negative identity, which is enshrined in the legal and cultural system and social institutions. Certain symbols and attributes of persons with disabilities in the form of technical means of rehabilitation (wheelchairs, crutches), language of social communication (sign language), internal culture (subculture) distinguish persons with disabilities from other members of society; designs not only internal public space, but also external space, and thus institutionalizes strata [3].

Disability therefore involves processes of social exclusion. In a situation of social exclusion, inclusion is intended to minimize differences between citizens.

It is important to understand that social inclusion does not develop in a single subsystem or structure of society, but is the result of the development of all social systems at macro, meso and micro levels. With this in mind, F. Farrington [4] discloses social inclusion as a multidimensional phenomenon involving the interactions of the economic, political, sociocultural, social, territorial and symbolic subsystems of society.

The most important reason for the de facto inequality of persons with disabilities is the existence of numerous social barriers in society, which prevent, on the one hand, access to basic urban and social resources and, on the other, the possibility of being included in social ties and interactions to the same extent as other people.

These barriers lead to social exclusion and social dependence, and have a negative impact on both the quality of life of people with disabilities and on relations with persons with disabilities in local communities. The removal of these barriers is a key point of inclusion for persons with disabilities.

Since 1995, the Russian Federation has adopted many legislative acts to remove barriers to disability, as a result of which there are gradual changes in social environments towards their accessibility to persons with disabilities. Since 2011, this process has been carried out in accordance with the state program "Accessible Environment." The program includes a set of measures aimed at creating conditions for the realization of the fundamental rights and freedoms of persons with disabilities, their independent life and the full participation of persons with disabilities in the life of the country [5].

Given the ongoing inclusive processes taking place in modern Russia, it is important to understand the existing obstacles and difficulties faced by persons with disabilities, as well as the peculiarities of including these persons in society.

2. Results

According to the results of the study conducted under the direction and participation of the author in 2019 in the Murmansk region among people with disabilities (semi-formalized interview method, N = 30 people between the ages of 16 and 71, including 16 persons. (53,3%) men, 14 (46,7%) women with musculoskeletal disorders (60%), hearing (6,7%, vision (6,7%), general diseases (26,7%)), access to health care, transport and social infrastructure, employment, lack of material and financial difficulties were identified as the most important factors in the independent life of persons with disabilities.

The interviewees consider that it is most difficult for people with mental and mental disabilities (73,3%) and persons with musculoskeletal disorders (46,75) to participate in social life (Figure 1).

It should be noted that the problems of life activity of people with mental disorders and the attitude of society towards these persons are the most relevant, according to the results of the study S. Yoma [6], which analyzed the publications of scientists in recent years. One of the major challenges identified is Overcoming the Prejudice and Stigma of Persuasion, which act as barriers to effective user participation, and building the necessary devices that allow people with participation on an equal footing with the rest of the population.

Respondents further indicated that successful participation in society for persons with disabilities today is possible only through outside assistance. In conditions of uneven relief and unfavourable
weather conditions of the Murmansk region, especially in winter, people with disorders of the musculoskeletal system and mental disorders, as well as blind and visually impaired, need constant support, without which they will not be able to move on their own through the streets.

The next important social factors that increase the level of participation of persons with disabilities in public life, according to the respondents, are the level of accessibility of social infrastructure and the level of tolerance of citizens.

Figure 1. Categories of persons with disabilities who find it difficult to participate in society, %

Considering the personal factors of inclusion of persons with disabilities, the respondents put forward the desire of the person (46.7%), then - the level of health (26.7%) and others.

The respondents themselves rated the level of their inclusion in the society on average by 8.2 points out of 10 possible.

The high level of inclusion of respondents in public life is probably due to the fact that the survey was conducted on the basis of an accessible sample among persons with disabilities, who to some extent participate in the life of the society. Most respondents can visit public places on their own, and only 13.3% can visit them only with outside help. Respondents receive such assistance from their relatives, not from social services specialists.

Respondents include people who move with crutches, either walkers and wheelchairs or only with outside support, but most of them believe they live a full life. Here are examples of such life strategies:

'I’m leading an active lifestyle despite a spinal injury. I move with crutches. There ‘s a car I drive myself. Open to communication with friends and colleagues, they often come to visit us, and we travel to visit relatives "(man, 41, disorders of the musculoskeletal system);

"I am now studying in college as a telecommunications operator. I have friends, my parents and I like to travel (soon we are going on vacation to Turkey), I have a sister and recently a nephew was born... " (man, 16, visual impairment).

6 people (20%) have a low inclusion rate, of whom 3 people Indicated 3 points and the same amount - 4 points. The remaining interviewees have quite high and high self-assessments of the inclusion level, of which the highest score - 10 - has 18 people.
Low inclusion points put themselves in persons with disorders of the musculoskeletal system (4 people, 22.2%) and persons with common diseases (2 people, 25%), belonging to three age groups: from 16 to 30 years, from 31 to 55 years, from 56 to 71 years.

Most respondents are quite active members of society: 40% of respondents are constantly in public places, quite often – 33.3%, when as - 20%, rarely – 6.7%.

People with disabilities are not only in priority facilities in accordance with the Program "Accessible Environment," but also in shops and outlets, religious facilities, places of rest, on the streets.

The average score of the self-realization level of respondents was 7 points out of 10. The number of people who are not satisfied with self-realization is 6 (20%), including 4 men and 2 women. Persons who are unmet with self-realization belong to the age groups 45 to 71 and all have disorders of the musculoskeletal system.

According to a number of modern researchers, as E. Nastina notes [7], people with disabilities are less happy and satisfied with life than those without disabilities.

According to the results of the interview, the respondents have a rather high level of satisfaction with their lives - the average score was 7.3 out of 10. 4 people have low life satisfaction - 2 men and 2 women aged 45 to 71 with disorders of the musculoskeletal system.

The satisfaction of persons with disabilities with their self-realization and their lives depends, according to the respondents, on the availability of support and assistance of loved ones.

Despite the fact that respondents estimate their social inclusion at a rather high level, all of them pointed to the presence of a large number of social barriers existing in society in different spheres.

Respondents face most often social and psychological barriers (40%), architectural and town-planning (26.7%), transport and logistic (33.3%), professional and labor (20%), information (6.7%) and others (20%) (figure 2).

![Figure 2. Social barriers of people with disabilities in Murmansk region, %](image)

Psychological barriers are attributed by respondents to the intolerant of citizens, manifestations of malpractice, insensitivity, insults and refusal of assistance.
Let us give an example of the statement of the informant (wives, 38, hearing disorder): "...Society does not yet adequately perceive people with disabilities, especially... With mental disabilities or visible defects... I have a bad speech, and often meet the inadequate reaction of ordinary people to my speech".

20% of respondents faced in their lives manifestations of malevolence in their address, insensitivity, negative emotions and feelings, insults and refusal of assistance. Cases of ill-treatment were reported both by ordinary citizens and specialists, including medical personnel.

The attitude of society towards persons with disabilities depends, according to the respondents, on the degree of kinship and proximity to them.

According to the respondents, they are best treated by members of their families, worse - strangers and specialists. Respondents estimate the ratio of their families by 9,9 points out of 10, the ratio of friends - by 9,6 points, the ratio of colleagues/peers - by 8,6 points, specialists - by 7,6 points, fellow citizens - by 7,1 points.

Respondents themselves treat their family members and close people very positively, but their own attitude towards their fellow citizens is low, amounting to only 6,1 points out of 10.

All respondents have certain relations with others and note the presence of friends, with whom 60% of respondents communicate quite often, very often – 26,7%, when as – 13,3%. However, 3,3% experience a feeling of loneliness quite often, 33,3% experience this feeling very rarely, 26,7% - quite rarely, 26,7% - when how.

Speaking about the barriers of the urban environment, the respondents note the absence of special devices for persons with disabilities at the entrance to their homes, the inability to visit many urban institutions and institutions due to their non-compliance with accessibility requirements, the slow pace of infrastructure changes and the insufficient implementation of the State programme "Accessible Environment" in the region. Within the framework of this program, others note, "practically nothing has been done except the installation of ramps in public places" (man, 23, general disease).

Transport and logistics barriers, according to the respondents, are due to the unavailability of public transport and stops for disabled persons, ill-thought-out bus routes. As a result, disabled people have to drive taxis. The employment of parking lots for disabled people and the inconvenience of "affordable" transport were also reported, in particular: "Sometimes parking lots for disabled people are occupied near shopping malls... Are available … Buses with low platform but high seats "(man, 48, disorders of the musculoskeletal system).

Information barriers for respondents are due to the problems of communicating important information by social services to persons with disabilities, as a result of which they do not turn to the relevant specialists of the services, but search for information on the Internet.

Along with these barriers, respondents pointed to the development of inclusive processes in the region. In recent years, the informants noted, the number of ramps is increasing, more suitable transport, signs of accessibility, parking lots for disabled people are becoming. "But not all objects of the" accessible "environment are really accessible to disabled people," - explains the informant (man, 56, disorders of the musculoskeletal system), - in particular, it concerns ramps. " This was reported by other interviewees, such as: "A lot of ramps became, but the quality of them is in question" (wives, 38 l, hearing disorder).

In response to a question about the barriers in the region, respondents also spoke about the problems they face in everyday life: difficulties in medical provision, employment, lack of material and financial opportunities, difficulties in obtaining the desired vocational education, in the realization of their civil rights. Disabled people find it difficult to get to the right specialist for the next reception due to the existing bureaucratic procedures: "First you need to go to a therapist and an otolaryngologist at your place of residence, - "the informant says," - where they will put you in a queue for a surdologist, in which you will then stand for three months…» (woman, 38, with hearing impairment). There are also difficulties with timely diagnosis of diseases. The respondent (man, 16, visual disorders) notes that in his case doctors for a long time did not pay attention to the defect until it was discovered by the respondent ’s mother: When contacting doctors with the identified problem, it turned out that it was urgently necessary to remove the eye...".
The State, the authorities and social institutions play the greatest role in solving these problems. Among the proposed areas of assistance, the respondents indicated the following measures: improving the material and financial security of persons with disabilities, accessibility of social infrastructure, technical means of rehabilitation, assistance with employment, obtaining the required and desired education, improvement of health care, provision of various forms of support to persons with disabilities and members of their families, ensuring accessibility of information to persons with disabilities. All the proposed measures were institutional, and it was primarily up to the State and its social institutions to address the problems of persons with disabilities.

Assessing the level of readiness of the region to include persons with disabilities in the regional society, respondents noted higher readiness of the material and technical environment (readiness index – 0.66) compared to moral and psychological (index amounted to 0.33).

Assessing the extent to which the regional social environment has the resources to ensure the independent life of persons with disabilities in certain spheres (on a 10-point scale, where 1 is the smallest and 10 the largest), the respondents best rated the educational environment - the average score of the ratings was 6.8. This is followed by therapeutic (6.1), cultural and leisure (5.8) and vocational (5.1) environments, which have overall average ratings. Estimates below an average received such environments as architectural and town-planning (4.7 points) and sports and sports and improving (4.4 points) Wednesdays (figure 3). The average resource score of all social media was 5.5 points.

![Figure 3. Providing social resources for the independent life of people with disabilities in the Murmansk region, points](image)

3. Conclusion

Summarizing the results of the study, it should be noted that the main factors hindering the independent life of people with disabilities are the inaccessibility of the urban environment and transport; socio-psychological unpreparedness of society for interacting with people with disabilities; inaccessibility and insufficient quality of medical care, difficulties in finding a job; poor quality of life and material support for the disabled.
Disability barriers existing in the region are relevant for a wide range of categories of people with disabilities. However, the most difficulties in the process of participation in the life of a regional society today are experienced by people with mental illnesses.

A survey of people with disabilities shows that in the Murmansk region, an inclusive space for people with disabilities has not yet been built. The average resource potential score of various environments in the region is 5.5 out of 10 in the assessments of people with disabilities. Settlements of people with disabilities are only partially prepared for their acceptance, while the partial material and technical readiness of society is estimated to be 2 times better than moral and psychological.

Recently, ongoing processes to create an inclusive environment have been noted: they are equipped with the necessary facilities for accessibility of the building and transport, and parking for disabled people is expanding. However, technical transformations are often formal in nature and do not solve the problem of accessibility of facilities and services.

According to the results of the study, it was found that in conditions when the social environment does not meet the needs of people with disabilities, the inclusion of people with disabilities in society is determined to a greater extent not by institutional and urban conditions, but subjective and personal by the desire of people with disabilities to live a full life and participate in activities local communities, as well as the support and assistance of relatives in the implementation of these intentions. An important role is played by close people and the immediate environment of people with disabilities, who must have sufficient resources to provide such assistance.

**Acknowledgements**

This work was supported by the Russian Foundation for Basic Research (grant No. 18-011-00712)

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