The Need For Awareness Of The Rights Of Persons With Disabilities

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Abstract:

The research aims to analyze, from a sociological perspective, the need for awareness of the rights of these persons, among social workers and other professionals. The study is based on a quantitative methodology, which uses a questionnaire applied to a sample of 103 social workers, teachers, psychologists, speech therapists, physiotherapists, doctors and other specialists involved in the field of social assistance and socio-medical services, but also a qualitative component. The main objective is to identify the level of knowledge of the rights provided by national and international legislation, as well as how this level of awareness influences the behavior and attitude of specialists in professional practice. The analysis follows the development of the triad: professional experience, specific training and openness to the social inclusion of people with disabilities. The results can help us understand better of the role of social assistance in promoting human rights and to the development of specific training programs that support the application of the principles of inclusion in professional activity. The study method underlines the importance of social construction, interdisciplinary collaboration, and ongoing education and training in developing a human rights-based practice for persons with disabilities.

Keywords: *disability; human rights; social construction; inclusion.*

Introduction

The contemporary approach to disability requires an integrated model that combines both the legal and social dimensions of human rights. The social perspective on disability are complementary to each other because the legal framework that ensures equality and the protection of human dignity can only be understood against the background of structural barriers that lead to exclusion. It is within social assistance practice that the space for change is created, where practitioners are invited to develop a reflexive and critical consciousness capable of orienting their interventions toward real participation and social inclusion (Lawson & Beckett, 2021: 350–352). Disability rights are more than legal entitlements; they affirm our humanity as interdependent beings who acknowledge diversity and fragility among us (Roets et al., 2019:5).

Rather, disability should be seen not as an individual misfortune but rather as a starting point from which one is able critically to re-think notions about citizenship, equality, and participation outside of and indeed in opposition to medical/administrative frameworks. On one hand, the social model sees disability as oppression by society while on the other hand the human rights model sees it through lenses of dignity, justice and solutions. Both models provide pathways from good will into real tools for inclusion-and accountability. This theory complementarity supports ongoing training, interdisciplinary work and institutional policies which allow moving from charity and compassion into justice and real participation (Lawson & Beckett, 2021: 360–365).

From a sociological perspective, the approach to the rights of persons with disabilities cannot be reduced exclusively to the legal dimension or to the formal implementation of public policies, but must be analyzed within the broader context of social mechanisms of inclusion and the construction of vulnerability in contemporary societies. Research on the social economy and vulnerable groups highlights that the effectiveness of interventions depends on the articulation between the normative framework, institutional capacity, and the social recognition of beneficiaries, elements that directly influence individual participation and autonomy (Otovescu, Cioacă & Calotă, 2019). In this sense, awareness of rights represents not only an informational process but also a structural condition for transforming professional practices and for developing intervention models oriented toward inclusion, empowerment, and the reduction of social barriers.

1. Theoretical and legal foundations of the rights of people with disabilities

Deinstitutionalisation and the development of the social interpretation of disability were important phases in the evolution of this group, signifying the shift from institutional control to social inclusion and citizenship recognition (Roets et al., 2019: 3–5).

Reevaluating professional competencies and structurally transforming institutions are necessary to frame disability as an expression of human diversity. An alternative to medical approaches that reduce disability to an individual impairment is the human rights approach of disability, which is based on the ideas of inclusive equality and autonomy. According to this framework, a person's status is determined by their recognition of universal dignity and their belonging to humanity (Degener, 2024: 438–440).

A society's degree of social solidarity and democratic maturity are reflected in the respect and advancement of these rights (Barnes and Mercer, 2010: 12–15).

However, unfavourable views of disability, which are seen as a disease or addiction, still have an impact on moral and political choices regarding life and death. Disability rights movements have reshaped perceptions of disability by highlighting the inherent worth and dignity of every human life (Barnes and Mercer, 2010: 98–102).

The COVID-19 pandemic was a decisive challenge for the human rights model. It brought out the existing tensions between the principle of equality and decisions about medical triage, and it reaffirmed that human dignity cannot be conditioned by functional capacity or comorbidities (Degener, 2024: 442-446).

After 1948, through the Universal Declaration of Human Rights and later on with the 2006 UN Convention on the Rights of Persons with Disabilities, there was a change in paradigm from passive assistance to active participation and exercising fundamental rights. This declaration is based on principles of legal equality, freedom and dignity; meanwhile, the CRPD reaffirms accessibility rights as well as social participation in full (United Nations, 1948; 2006).

However, the insufficiency of continuous training and institutional constraints limit the effective application of these principles. The persistence of a protectionist approach, associated with the lack of resources, highlights a significant gap between the principles enshrined in the CRPD and their transposition in practice, Coherent implementation of the convention depends on investment in the training of specialists, the development of human rights-based guidelines and the resettlement of social policies on ethical and participatory foundations (McCusker et al., 2023: 6927).

2. Social inclusion and public policies

In Romania as well as in the European Union, disability is more and more perceived as a social construct caused by the connection between personal disabilities and social and institutional barriers, rather than a medical condition.. The definitions used in the CRPD and national legislation converge towards the idea that equal participation depends on the removal of physical, communicational and attitudinal obstacles, although the local terminology still retains the term "disability".

Social integration is understood as a multidimensional process: physical, functional, social, personal, organizational and societal, aimed at guaranteeing self-determination and equal access to community life. The typology of disabilities includes various areas (physical, somatic, auditory, visual, intellectual, mental, associated, rare diseases, HIV/AIDS), and statistical data highlight the concentration of cases among the elderly, which implies the adaptation of services and public policies. Labor market integration remains a sensitive area: reasonable accommodations, accessibility of spaces and combating stigma are essential conditions for full professional participation. The decision whether or not to disclose a disability in employment reflects the tension between the need for support and the fear of discrimination.

The European and national framework provides clear directions, through strategies, laws and affirmative measures to promote equal opportunities and protection against discrimination, but effectiveness depends on consistency of implementation. A gap persists between legal norms and social reality: the accessibility of the environment, insufficient information and cultural prejudices inhibit integration.

Public communication, education and awareness-raising actions, co-designing policies together with people with disabilities and their organizations, as well as mechanisms for continuous monitoring of adopted measures are a priority. Recommendations target accessible infrastructure, educational and professional inclusion, support for independent living and community participation, in a policy logic based on evidence and periodic evaluation (Burduf and Moise, 2024).

Disability is the result of the interaction of personal characteristics and social barriers, not an isolated medical problem. Inclusion strategies must aim at eliminating structural, attitudinal and communicational obstacles. Consultation with researchers, parents, young people and organizations of people with disabilities is essential to creating effective policies and turning scientific knowledge into action (Shikako et al., 2024).

Social and health workers have a central role in this process, helping to remove physical barriers and promote accessibility by applying the principles of universal design (Owren, 2022). At the same time, policies must focus on the participation of children with disabilities and their families, recognizing them as active subjects of their own rights (Shikako et al., 2024).

In emergency situations such as those created by war in Ukraine, existing vulnerabilities of persons with disabilities will be worsened. The lack of accessible infrastructure and individualized support demonstrates the urgent need to replace the charitable-medical approach with one based on dignity and rights (Zaviršek and Cox, 2024).

At the governmental level, legislation and public policies require changes in behavior that can lead, over time, to the modification of social attitudes. The analysis highlights the fact that the effectiveness of the interventions depends on their simultaneous and coherent application at all three levels, in a logic of mutual reinforcement, in accordance with the principles of the CRPD and with a systemic approach to social inclusion (Fisher, 2024: 163-164)

In crisis contexts, such as the war in Ukraine, the vulnerabilities of people with disabilities become more acute. The lack of accessible infrastructure and individualized support demonstrates the urgent need to replace the charitable-medical approach with one based on dignity and rights (Zaviršek and Cox, 2024).

3. Professional competences, ethics and interdisciplinary collaboration

The practice of social work is based on professional ethical wisdom, that is, on the ability to combine moral judgment, sensitivity and respect for human dignity (Banks, 2022).

In times of crisis, this ethic manifests itself through solidarity, critical reflection, and a balance between risk, need, and freedom. Continuous training of specialists becomes a condition for sustainable inclusion, and university education based on human rights trains professionals capable of transforming legal principles into concrete actions (Klein et al., 2024).

Therefore, disability is viewed as a relational concept and the figure of the social worker is placed within the framework of a promoter of social justice and equity. The holistic perspective on disability requires the input of different professionals: social work, psychology, education, medicine, physical therapy or speech therapy. Interdisciplinary collaboration helps in understanding complex needs and supports integrated interventions based on solidarity and collective responsibility (Roets et al., 2019; Degener, 2024)

The protection of this group can be noticed through professional competences that merge ethical judgment, legal consciousness and interdisciplinary cooperation. Social workers constantly negotiate between legal requirements, professional values and the needs of beneficiaries, using the law as a tool for protection and inclusion. The integration of professional ethics in legal decisions and the cooperation with specialists from the social, educational and medical fields are essential for the transformation of CRPD principles into concrete practices based on dignity, participation and social justice(Claessen, 2025).

Developing a professional culture based on inclusion requires professionals to remove structural and attitudinal barriers and promote self-determination and human dignity. Social practice thus becomes an expression of moral responsibility and commitment to equity (Owren, 2022).

4. Research methodology

In the present context of social service development and policies aimed at fostering the inclusion of persons with disabilities, it is necessary to carry out an extensive analysis regarding the level of knowledge and application of specific legislation among professionals in the field. The present research aims to highlight how staff involved in the provision of social, educational and medical services perceive and apply the principles underlying the protection and integration.

The scientific approach relies on the interest to identify both the degree of information regarding the disability rights, as well as the perceptions of professionals on their own institutional role and on the barriers encountered in everyday practice. In this sense, the research does not only aim to describe an existing situation, but also outline some directions of intervention and professional training aimed at contributing to increasing the efficiency and quality of the services offered.

The research has a mixed character, integrating quantitative, qualitative methods and descriptive statistical analyses:

- *the quantitative component* used the questionnaire method applied to a sample of 103 professionals: social workers (66,02%), personal assistants (11,65%), psychologists and teachers (16,51%), medical and therapeutic staff (approximately 6%) and other specialists (5,82%);

- *the qualitative component* sought to analyze responses to three open questions designed to identify perceived barriers and practical constraints together with specialists' perceptions about their role in securing the rights concerned.

The present research has the following three objectives:

- *O1.* Evaluation of the level of information regarding the legislation and these rights;
- *O2.* Analysis of professionals' perceptions of continuing education and the institutional role in promoting inclusion;
- *O3*. Identification of barriers and practical limitations encountered in the application of rights in professional activity.

Starting from these objectives, the main idea of the study states that the level of awareness of rights associated with disability is significantly influenced by professional experience and participation in continuous training.

The instrument employed in this study was the: "Evaluation questionnaire - the need to be aware of the rights of people with disabilities", developed and applied between September and November 2025. The questionnaire was designed to assess the level of knowledge, attitudes and perceptions of professionals working in the social, educational and medical sectors regarding respecting and supporting them.

Before collecting data, all respondents were apprised about the study's purpose and objectives and were given informed consent for participation. Confidentiality was guaranteed; data collected would be used solely for scientific purposes per national legislation and ethical norms regarding personal data protection. Inclusion in the study was based on active involvement in providing services to persons with disabilities and relevant professional experience within the social sector. For validity and relevance purposes, only fully completed questionnaires meeting established criteria were included in this analysis. The data collection process allowed for diverse representation of professionals directly involved in supporting people with disabilities thus contributing to increasing transparency and methodological consistency of the research.

From a total of 103 people analyzed, there is an obvious majority of social workers who represent about 66,02% from the total staff; this category constitutes the main core of social services which reflects that orientation toward direct provision of social service plus community support institutionally. The next largest percentage is comprised by personal assistants to people with disabilities at 11,65%, indicating an ongoing emphasis on care and support for vulnerable segments of society. Professionals in education and psychology (teachers, psychologists, psychopedagogues school counselors) make up approximately 16,51%; they are involved in activities related to counseling integration as well as personal development efforts. Another category of other specialists: economists, mediators, cultural managers, and other related professions, particularly employees of non-profit associations. This group accounts for approximately 5.82% of the total. They fill in the team structure through administrative and coordination activities to ensure that the organization runs efficiently and promote projects as well as initiatives impacting the community.

The Human Rights Attitude Scale (HR-AS), which was developed by Kepenekci and Cilingir in 2015, served as the basis for developing the questionnaire. It was thematically adapted to fit this particular research study. The items had been reformulated in order to capture some of the major dimensions of UN CRPD: autonomy, participation in decision making, equality, and social inclusion The response structure followed a five-point Likert scale: 1=strongly disagree; 5=strongly agree while preserving positively and negatively valenced items according to the original model.

Results obtained from administering the questionnaire were statistically analyzed and interpreted concerning the general hypothesis of the study which aimed at identifying correlations between socio-professional variables and levels of awareness regarding rights belonging to people with disabilities.

5. Results and discussion

The research involved the processing of information and the interpretation of data collected in the initial study. A quantitative and descriptive research method was chosen, focused on data collection, their evaluation through statistical procedures and the objective interpretation of the results.

The tool comprises 3 main sections:

-*section A* - socio-demographic data, that aims to collect basic information about the respondents: age, gender, profession, seniority, professional training, offering the possibility of analyzing the correlations between the professional profile and the level of rights awareness;

-*section B* – knowledge of the rights of persons with disabilities: contains factual items (True/False/I don't know), which measure the degree of information of the respondents regarding the basic principles of equal rights of this group;

- *section C* – the need for awareness of the rights of people with disabilities: includes items scaled on the Likert model, which aim at professionals' perceptions of the need for continuous training, institutional responsibility, personal capacity to promote rights and the importance of interdisciplinary collaboration (social-educational-health).

The last three questions (Q16–Q18) are open-ended, allowing the free expression of respondents' opinions regarding the difficulties encountered in the application of rights, the identified barriers and the perception of the role of social assistance specialists.

Concerning the distribution of respondents by age group, data indicated a predominance of adults with consolidated professional experience. Thus, 5 respondents (4.85%) were between 18–25 years old; 9 people (8.74%) were in the group of 26–35 years old; 33 participants (32.03%) were between ages 36–45 years old and 44 respondents (42.71%) belonged to age category 46-55 years old. Twelve people (11.65%) represented the age group from 56 to 65. This distribution reveals a significant share of mature respondents aged between 36 and 55 about 75% of the total which reflects a high level of professional experience in social fields and active involvement in activities dedicated towards people living with disabilities.

Socio-demographic characteristics of the study group (N = 103) included variables such as gender, age, professional involvement in disability related services and professional experience within the social services field:

Table 1. Description of the Study Group (**N = 103**)

Characteristics	**%**	***N***
Sex		
- Female	86,41	89
- Male	13,59	14
Age group		
- 18-25 years	4,85	5
- 26-35 years	8,74	9
- 36-45 years	32,04	33
- 46-55 years	42,72	44
- 56-65 years	11,65	12
Professional work with people with disabilities?		
- Yes, direct work	63,11	65
- Yes, occasionally	36,89	38
Work experience in the field of social services:		
- Under 3 years	8,74	9
- 3–10 years	28,16	29
- Over 10 years	61,17	63
- Not applicable	1,94	2

Source: generated by the authors

The study group (N = 103) is made up mostly of women - 86,41%, and people aged between 36 and 55 years. The majority of respondents 63.11% work directly with disabled people and 36,89% are occasionally involved in this field.

Regarding professional experience, most (61,17%) have more than 10 years of experience in social services, which indicates a high level of expertise among the participants.

Regarding **Objective no. 1** – *Evaluation of the degree of information and knowledge of legislation and the rights of people with disabilities among professionals who work directly or indirectly with this category*, the answers corresponding to section B of the questionnaire, respectively questions Q7–Q9, were analyzed. The analysis of the relationship between participation in professional training on the topic of disability and inclusion (Q7) and opinions about consulting them in the decisions that concern them (Q9) highlights a strong consensus among the respondents. The majority of those who have benefited from professional training believe that disabled people should be consulted directly (38 out of 41 respondents, i.e. over 92%). Also, among those who have not benefited from training, a very large proportion (49 out of 53 people) share the same opinion.

The number of "False" answers is low in both groups (1 and 4, respectively) and the "Don't know / don't answer" options are minimal. These results indicate that, regardless of participation in vocational training, respondents expressed a generally positive view regarding the importance of consulting them. The results are illustrated in the diagram below, which captures the relationship between the degree of professional training (Q7) and the perception of the consultation of people with disabilities in decisions that concern them (Q9):

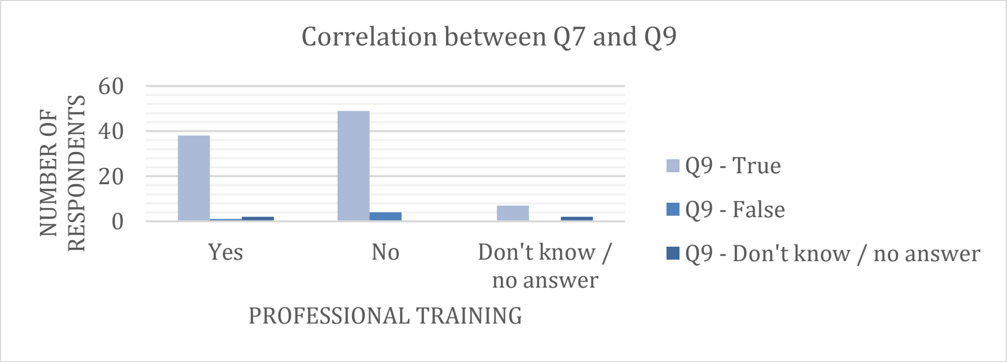

Figure 1. The relationship between professional training (Q7) and the perception of consulting people with disabilities (Q9)

Source: generated by the authors

Regarding **objective no. 2**- Analysis of the perception of professionals on the importance of continuous training and awareness of the role in supporting this process, the answers to the questions in Section C (Q10–Q13) were analyzed, which highlight a strong positive correlation between the perceptions of professionals:

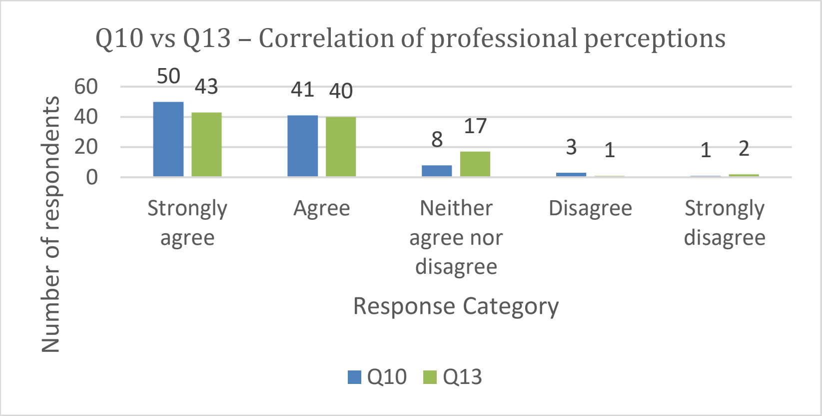

Figure 2. The correlation between professionals' perceptions of continuing education and the sanctioning of violations of the rights of persons with disabilities

Source: generated by the authors

The distribution of responses shows that most of the participants were located on the upper steps of the Likert scale. Thus, for Q10, 50 respondents (48,5%) selected “Strongly Agree” and 41 (39,8%) selected “Agree”, while for Q13, 43 (41,7%) selected “Strongly Agree” and 40 (38,8%) selected “Agree”. The number of 'Neither agree nor disagree', 'Disagree' or 'Strongly disagree' responses was low, together representing less than 12% of the total sample.

The analysis uses a Spearman’s correlation coefficient which was calculated ($r_s = 0{,}89$, $p < 0.01$) and confirms the existence of a very strong positive statistical association between the two variables, which indicates that respondents who appreciate the importance of continuous training and information are, in general, those who support the strict application of sanctions for violating the rights of individuals with disabilities.

Results show a high level of professional awareness as well as ethical responsibility among participants that confirms value coherence and commitment to inclusion promotion plus protection of rights belonging to people with disabilities.

Regarding the identification of barriers and practical limitations in the application of these rights and the exploration of the role of social assistance specialists in the promotion and defense of these rights - **objective no. 3**, we used the qualitative analysis to complement the results obtained, to deepen the understanding of the barriers and practical limitations. In this sense, the answers received to the open questions Q16, Q17 and Q18 were interpreted:

a) the answers related to Q16 indicate that the right to work and professional integration is perceived as having the greatest difficulties in applying it in practice. Participants mention barriers such as the lack of workplace adaptations, the absence of inclusive training programs and the reluctance of employers. Other areas identified as difficult to enforce include access to accessibility measures, social and health services, and independent living, all of which are constrained by bureaucracy, inadequate infrastructure and a shortage of specialist staff. The majority of respondents identified the right to work and professional integration as the most difficult to apply, citing "*the lack of adaptations at work and the reluctance of employers", "excessive dependence on the social protection system, instead of support for independent life", but also the fact that "the right to independent life is recognized in legislation, but in practice limited by the lack of accessibility and community services*".

b) Regarding question Q17, the thematic analysis of the answers reveals the main systemic and attitudinal barriers. Among them are excessive bureaucracy and lack of inter-institutional coordination, aspects illustrated by the statements: "*requiring so many applications and documents after the person has a disability certificate discourages the exercise of rights"; "laws are often incomplete or delayed in implementation*" and there is "*a lack of collaboration between the institutions that should protect these rights*". Other frequently mentioned barriers are insufficient financial resources and the lack of adapted community services, discriminatory attitudes and persistent social prejudices, legislative deficiencies and delays in the implementation of norms, as well as the lack of information and knowledge of rights, both among people with disabilities and professionals.

c) in responses to Q18, participants highlighted the essential and multifaceted role of social assistance specialists in supporting and advancing the rights of individuals with disabilities. Most consider this role very important, describing specialists as mediators, facilitators of social inclusion and central pillars of information and support. At the same time, the need for continuous training, institutional support and increased professional recognition was indicated, in order to increase the efficiency of their activity. Many describe them as "the bridge between the vulnerable person and the state institutions", and others consider that "they are the main pillar of inclusion, but with great efforts and few resources". Certain respondents also highlighted "lack of institutional support and professional overload".

The qualitative analysis confirms the existence of a gap between the legislative framework and the practical application of the rights of persons with disabilities. The barriers identified are mainly structural (bureaucracy, resources) and attitudinal (social prejudices, discrimination, lack of information). The role of social assistance specialists is perceived as fundamental in overcoming these obstacles, through information actions, advocacy and inter-institutional collaboration, but also by encouraging the active involvement of individuals with disabilities in decisions that affect them. The obtained results confirm the hypothesis that professional experience and participation in continuous training contribute significantly towards increasing awareness and application of the rights of individuals with disabilities among social sector professionals.

The statistical analysis indicates that most respondents (61,17%) have more than ten years of professional experience, and this group shows a higher level of legislative knowledge as well as a stronger orientation towards involving individuals with disabilities in decisions that affect them.. The significant positive correlation between the importance given to continuous training (Q10) and support for the application of sanctions in cases of violation of the rights of persons with disabilities (Q13), confirmed by the Spearman coefficient, indicating a direct association between the development of professional competences and ethical responsibility in the field of social inclusion.

Analyzing the answers to the open-ended questions (Q16–Q18) from a qualitative standpoint reveals a distinct perception of the function of social assistance specialists, who are thought to be essential to the successful execution of people with disabilities' rights.The participants' point of view highlights how the degree of ongoing training, institutional support, and interdisciplinary collaboration all affect how successful social interventions are.

These findings show that professional experience, access to resources for development, and the capacity to implement the core tenets of the UN Convention on the Rights of Persons with Disabilities in professional practice are all consistently correlated.

Conclusions

From a theoretical perspective, the empirical results support the integrated approach between the social model of disability and that of human rights (Lawson & Beckett, 2021; Degener, 2024), confirming that the application of the principles of equality and human dignity depends on the capacity of institutions and professionals to transform the normative framework into ethical and participatory practices.

Thus, the research contributes to the conceptual validation of the idea that disability cannot be understood in isolation, as an individual deficiency, but must be approached as a social phenomenon resulting from the interaction between structural barriers and the normative context (Roets et al., 2019; Barnes & Mercer, 2010).

The obtained results align with the specialized literature that emphasizes the importance of training based on human rights (Klein et al., 2024) and the development of a reflective professional ethic (Banks, 2022). They also confirm the findings of Owren (2022) and Shikako et al. (2024) on the need for interdisciplinary collaboration and universal design as tools to eliminate physical, communicational and social barriers.

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