

Research Article

The Current Factors of Ensuring the Activities of Public Administration Regarding the Organization of the System of Social Adaptation of Children with Disabilities

**Andrii Manzhula¹, Vitalii Kondratenko²
and Yevhen Sobol³**

¹Professor of the Department of Branch Law and Law Enforcement Activities
Volodymyr Vynnychenko Central Ukrainian State Pedagogical University,
Kropyvnytskyi, Ukraine

²Associate Professor of the Department of Branch Law and Law Enforcement Activities
Volodymyr Vynnychenko Central Ukrainian State Pedagogical University,
Kropyvnytskyi, Ukraine

³Head of the Department of State-legal Disciplines and Administrative Law
Volodymyr Vynnychenko Central Ukrainian State Pedagogical University,
Kropyvnytskyi, Ukraine

Corresponding author: Email: kondratenkovitals@gmail.com, Tel: +38-0665713038; Fax: +38-0522248544

[Received: 08/04/2019; Accepted: 25/04/2019; Published: 01/06/2019]

ABSTRACT

The article is devoted to the issues of organization and provision of proper level of social rehabilitation by state authorities and local self-government bodies in order to overcome maladaptation in children with disabilities. It has been substantiated that social adaptation is an active parity relationship between society and a person, aimed at finding out by society the possible conditions for adapting to the social life of the individual; bringing behavior of a person in accordance with generally accepted norms and values; ensuring economically stable and safe existence in an adapted environment; social integration of heterogeneous elements of society. Rehabilitation of people with disabilities considers one of the main areas of activity of public administration in the field of providing subjective rights, which consists in the creation of a system of legal, financial, medical, labor, social and everyday and other measures of state and public protection that are aimed at providing assistance in restoration and compensation of functions of an organism for social adaptation of such a category of people. The principles of activity of rehabilitation institutions have been described, individual, process-technological and state-regional levels of rehabilitation have been specified. The argumentation has been given concerning positive adaptive influence on the personality through the implementation of inclusive education, which is a flexible system of education with medical and social and psychological and pedagogical support. Among the main elements of the system for ensuring social adaptation the following have been defined: functioning of the system of institutions of rehabilitation; implementation of the principles of inclusive education; implementation of a set of state and public measures to prevent and counteract the manifestations and consequences of discrimination based on disability in all spheres of public life. The direct link between the processes of effective socialization of people with disabilities and the provision by public administration the rights and freedoms of this category of the population has been emphasized, since social maladaptation, combined with the pressure of discriminatory stereotypes and manifestations, is one of the main problems of re-socialization in childhood. As a result of the analysis of official statistics, the conclusion has been reached regarding the low level of social rehabilitation of children with disabilities, which leads to a negative dynamics in the development of their disadaptation. The social adaptation, social integration and medical and rehabilitation criteria for the implementation of state guarantees of the rights

and freedoms of people with disabilities, which should become the main component of the updated state policy in this area, have been developed.

Key words: disadaptation, children, inclusive education, persons with disabilities, public administration, rehabilitation institutions, social adaptation.

[I] INTRODUCTION

Disability as a social phenomenon is inherent in each state. Today, the level of disability of the inhabitants of the planet reaches an indicator of more than one billion people or 15%. In Ukraine, this figure is 2.6 million or 5.7% of the country's population, of which 156 thousand children [1]. The functioning of the public administration to ensure the rights and freedoms of people with disabilities envisages a range of activities carried out on the basis of doctrinal approaches of the international community on human rights, national humanitarian policy, targeted regional and local social development programs. Activities of the state, public and community institutions are to create social, economic, legal and other necessary conditions for meeting their needs related to the material state, education, labor activity, improvement and support of health, etc.

Instead, modern society is mostly accustomed to perceiving people with disabilities through the prism of negative stereotypes. The monitoring carried out in 2018 by the All-Ukrainian Public Association "National Assembly of People with Disabilities in Ukraine" [2] has shown that more than 60% of the population unjustifiably biased attitude towards people with long-term health damage. They are regarded as ineffective workers, attributed to negative character traits, whereas more than 20% of respondents expect them to be with unusual and deviant behavior. As a result of the outlined study, it has been stated that nowadays these people actually can not get comfortable education, a significant number of families do not have the opportunity of professional activity and personal development.

All mentioned above leads to the implementation of a number of legal and social mechanisms not only to enable the receipt of a certain systemic state or municipal material and financial assistance, but also the organization of the implementation of a comprehensive social

adaptation of people with disabilities. This position is supported by the European Social Charter (revised) (1996) [3], according to which every European state is obliged to promote their comprehensive integration and participation in society. Consequently, the aspects of the activities of public administration in guaranteeing the subjective rights of this category should be considered from the point of view of creating the proper conditions of social adaptation, which is ensured through the implementation of rehabilitation measures. The important issue is an effective combination of the efforts of the state and civil society institutions to create and maintain a barrier-free and non-discriminatory living environment for people with disabilities .

[II] MATERIALS AND METHODS

The study is based on official data published by the Ministry of Social Policy of Ukraine and the Ministry of Education and Science of Ukraine, and also the information from the State Rehabilitation Institution "Center for Complex Rehabilitation for Children with Disabilities" and the All-Ukrainian Public Association "National Assembly of People with Disabilities in Ukraine".

[III] RESULTS

The current state of implementation of social adaptation measures for children with disabilities does not allow to speak about their significant effectiveness. A large number of this category of people remains outside the rehabilitation process, which leads to an unfavorable dynamics of the development of maladaptation in a society in adulthood. An important task of the public administration is the development of updated conceptual foundations of state policy on people with disabilities. They are based on the provisions of the human rights model of disability, organically combined with a

human-centered approach in public administration.

State power and local self-government are obliged to depart from the principles of social protection in favor of the organization of favorable conditions of the social environment, which allows these people to exercise their rights on an equal basis with other citizens.

The outlined concept can not be realized without proper social adaptation of people with long-term damage to health from an early age. The combination of legal acts and the activities of public administration should be based on the accurate following of the core ideas of the implementation of state guarantees of the rights and freedoms of persons with disabilities, taking into account socio-adaptation, socio-integration and medical-rehabilitation criteria.

The socio-adaptive criterion for the implementation of state guarantees of the rights and freedoms of people with disabilities envisages optimization by the public administration of socio-economic, financial, legal and other necessary factors, conditions and processes for the proper self-adaptation of persons with disabilities to the social environment. In this way, the state contributes to the renewal and development of social ties for full-fledged life, the realization of their rights and freedoms on the principles of equality with other citizens.

The socio-integration criterion implement the state guarantees the rights and freedoms of people with disabilities is characterized by the requirement to enable the socialization of persons with disabilities, the completion of the process of social adaptation. The main overbearing influence directed at public and social institutions, and also certain categories of population to comply and performance of legal obligations to promote realisation and protection of the rights and freedoms of these people.

The determining role is played by the activities of public administration subjects in combating discrimination in all spheres of public life.

The medical and rehabilitation criterion for the implementation of state guarantees of the rights and freedoms of people with disabilities directly concerns physical, psychological, sensory or

intellectual persistent violations of health of such a category of people. At the national, regional and local level, for them, the subjects of the public administration are created all the necessary conditions for the restoration and maintenance of violated or lost functions of the organism. The state power influence covers the subjects in the medical, social, rehabilitation and other related fields responsible for the implementation of constitutional provisions and norms of special legislation on the legal guarantee of the functioning of the health care system.

The guarantees provided are aimed at ensuring the creation of equal legal opportunities in the state and society for the implementation of their rights and freedoms by persons with disabilities along with other citizens, as well as their effective protection by the subjects of public administration from violations. At the same time, as a whole, all general and special legal guarantees in the analyzed sphere potentially allow to reach an inclusive environment for the existence and social development of people with persistent health disorders.

[IV] DISCUSSION

Within the definition of the concept of social adaptation, it should be noted that the term "social" has two meanings, where in the broad sense it means society as a whole and is used when comparing society with nature, social form of motion of matter with biological. In the narrow sense - the existence of social connection between people, that is, the interaction of individuals and groups of individuals, pursuing certain social goals in specific conditions of place and time. "Adaptation" comes from the Latin word "adaptation" - adaptation and is seen as the ability of the system to change its state and behavior depending on the environment change through obtaining and using information about it; adaptation of the structure and functions of the body, its organs and cells to the environment [4].

The meaning of the content of social adaptation should be considered through analysis of reference literature in the field of sociology: the adaptation of a man to the social environment

and its requirements; the type of interaction of an individual, the social community with the environment, aimed at reconciling the requirements and expectations of its participants, implementing a system of measures to bring individual or collective social behavior of individuals in accordance with generally defined norms, rules, adaptation to safe social conditions of life [5]; the way in which social systems of any kind manage or respond to the environment of their existence. Consequently, social adaptation is an active parity relationship between society and the individual, aimed at finding out by society possible conditions for adapting to the social life of each individual individual; adaptation a behavior of a person to suit with generally accepted norms and values; ensuring economically stable and safe existence in an adapted environment; socio-psychological integration of heterogeneous elements of society.

In American and Western European science, the problem of social adaptation began to be studied under the special direction of cultural anthropology, which emerged in the second half of the twentieth century. The determinants for the solution to the problem were the position that these processes are provided by changes in the external world that human realise to brought them into line with their needs, as well as changes in the person, by which it adapts to the environment, is produced [6].

Today, the provisions of such studies continue to develop taking into account the peculiarities of the emergence of a globalized civil society [7-11], in particular with regard to people with persistent health disorders [12-16]. It remains unchanged opinion that the laws of adaptation are realized through the conditions of joint activity in society, marked by the interrelation of goals and motivational orientations of the collective of different levels.

In general, a well-adapted person is considered, whose productivity and mental balance are not disturbed. In the process of adaptation, both the person and the environment are actively changing, as a result of which an adaptation relationship is established between them. Social adaptability can be characterized as a state of

relations between a person and a group, when without long-term external and internal conflicts, leading activities are carried out, the main sociogenic needs are met, and in full compliance with the role expectations that the reference group presents to it, undergoes self-affirmation and free expression of their creative abilities [17].

The social adaptation of a person with a disability depends on two factors, firstly, on a social environment that has acceptable characteristics and creates the appropriate conditions for adaptation of the individual. Secondly, the personal adaptive potential is the individual characteristics of individuals who determine the degree of admissibility and the possibilities for further adaptation of the person to the social environment. It is a logical and compulsory phenomenon, since all members of society must be relatively united in the process of coexistence. Individuals acquire the status of a social object due to their individual qualities and with the help of family and social upbringing, education, and labor activities.

People with a disability are difficult to adapt and, in general, can not independently go through the stages of socialization, to restore or improve their health, to ensure their material well-being, etc. There is a need for systematic support through financial and material assistance, as well as the implementation of other rehabilitation measures. Definition of rehabilitation (from lat. Reabilitacio - recovery) in developed democratic countries began to be formed in parallel with the awareness of the need for implementation of protection of the rights and freedoms of this category of persons. However, even with the widespread use of the term "rehabilitation", there is still no consensus on the goals and objectives of rehabilitation measures.

The second report of the World Health Organization on rehabilitation issues (1969) identified it as a combination and coordinated using of medical, social, educational and professional measures, education of persons with functional disorders, to achieve by rehabilitants of the highest level of functional activity. In Resolution IX of the Conference of

the Ministers of Health of the Socialist Countries (1967), rehabilitation is defined as a system of state, socio-economic, medical, pedagogical and other measures aimed at preventing the development of abnormal pathological processes leading to effective and early the return of people with disabilities to society and to socially useful work.

The provisions of international legal acts state that rehabilitation is a process aimed at helping persons with disabilities achieve the optimal physical, intellectual, psychological and social level of activity and support it, provide means to change their lives. It contains a wide range of measures from initial and more general rehabilitation to purposeful activity; effective and appropriate measures to provide an opportunity to achieve and maintain maximum independence, full of physical, mental, social and professional abilities, as well as full inclusion and engagement in all aspects of life [18]. Under such an understanding does not reveal the essence of specific measures for rehabilitation, only its main goal is determined - optimal integration into society with simultaneous quality provision of material, spiritual, cultural and other levels of everyday life.

Due to the versatility of the issue of rehabilitation, it was reflected in the domestic and foreign studies of specialists of various orientations, in particular jurisprudence, economics, medicine, sociology, psychology, and others. In general, rehabilitation of persons with limited functional capabilities should be considered as a complex phenomenon, which is a combined activity to ensure the compliance of the psychological, personally-professional and emotional-volitional spheres with the medical, biological, psychological and social conditions of their real life.

The purpose of rehabilitation is to develop the rehabilitation potential of persons with disabilities, which has a complex structure (somatic, social and personal components). One part of rehabilitation services is directed directly to the individual in order to restore and compensate for violations by the structures and functions of the organism, increase its activity in

performing certain tasks or actions, overcoming the difficulties and barriers (physical, psychological) when included in various life situations. The second part - aimed at people who surround by people with disabilities, directly or indirectly interact with him, form conditions that promote or hinder the realization of its potential.

The above approach are founded expression in the domestic legislation [19], where the rehabilitation of persons with disabilities is a system of medical, psychological, pedagogical, physical, professional, labor, physical-culture and sports, social and domestic measures aimed at providing assistance to individuals in restoring and compensating violated or lost functions of an organism for achievement and maintenance of social and material independence, labor adaptation and social integration, provision of technical and other means of rehabilitation and products of medical appointment. Social rehabilitation is a system of measures aimed at creating and providing conditions for the return of a person to active participation in life, the restoration of his social status and the ability to independent social and family-related activities through socio-environment orientation and socio-domestic adaptation, social service in meeting needs in providing technical and other means of rehabilitation.

Authorities of executive power and bodies of local self-government within the limits of powers envisaged by regulatory legal acts in the field of rehabilitation solve important issues, in particular: take measures to expand the network of rehabilitation institutions, including through the establishment of non-state rehabilitation institutions; organizing the implementation of state programs in the field of rehabilitation; organizing the control over the activities of business entities that carry out rehabilitation measures in compliance with their licensing requirements; creating conditions for providing technical and other means of rehabilitation, medical products, rehabilitation services; approving the provisions of the rehabilitation institutions of communal ownership, coordinate the provisions of non-state-owned rehabilitation institutions; promoting the work of civic

organizations, including civic organizations of the disabled, involving them in cooperation and partnership in this area; participating in the creation and maintenance of an interdepartmental information space on disability issues; informing about changes in the legislation on rehabilitation.

From birth, any individual seeks to integrate with the environment for his survival and self-realization. A human being is a collective creature, therefore, in this process, he tries to take over the system of a particular society's life. There is a gradual socialization, which has a systematic character and largely corresponds to the age-old periodization of human life. At the same time, if an individual already has a disability from an early age, further social adaptation becomes complicated and not always an effective measure. The processes of maladaptation in a society are developing and deepening, which negatively affects all aspects of the life of such a person.

According to the information provided by the State Rehabilitation Institution "Center for Complex Rehabilitation for Children with Disabilities" [20], the beginning of social rehabilitation at an early age (from birth to 14 years) gives 65% positive results, while in the elderly (from 14 to 18 years) - 19%. Early corrective adaptation, although it is conducted mainly in specialized rehabilitation institutions, but involves the mandatory involvement of relatives. This allows you to make progress in overcoming the childrens' defects, integrating them into a team and society, which must ensure sufficient and appropriate conditions for this.

The data presented at the national level as a whole are confirmed by official statistics of the Department of Social Protection of Persons with Disabilities of the Ministry of Social Policy of Ukraine regarding the recording of recipients of rehabilitation services by age group [21]. Thus, in 2017, the total number of citizens who received rehabilitation services is 23,222 people, among which in percentage terms: 1) from 0 to 2 (inclusive) years (early age) - 7,1%; 2) from 2 to 7 years (preschool age) - 25,6%; 3) from 7 to 14 years old (school age) - 35,8%; 4) from 14 to 18 years (adolescence) - 11,6%; 5) from 18 to 35

years old (youth age) - 7,1%; 6) 35-60 years (adult age) - 8,9%; 7) from 60 years or more (retirement age) - 3,9%. Ultimately, more than 80% of people with disabilities need rehabilitation to ensure their social adaptation precisely in childhood. Therefore, individuals under the age of 18 are the main objects for which used measures taken to integrate into society and develop basic skills and practical skills of optimal socialization.

The analysis of the norms of international and national legislation allowed to determine the system of rehabilitation measures organized by the public administration. These measures of medical and social service characterize the following components.

1. Social services: social and domestic services (provision of food, transport services, socio-household patronage, socio-household adaptation); psychological services (counseling on mental health and relationships with the social environment, application of psychodiagnostics); social-pedagogical services (organization of individual educational, educational and correction processes, sports and recreation); social and medical services (preservation, support and health care, implementation of preventive, medical and sanitary measures); socio-economic services (satisfaction of material interests and needs realized in the form of providing natural or financial assistance); legal services (provision of consultations, protection of rights and legitimate interests); information services (providing reference, educational, advertising and advocacy services); employment services (job search, job placement assistance); other social services.

2. Rehabilitation services: Medical rehabilitation (rehabilitation therapy, reconstructive surgery, preventive measures sanatorium treatment); psychological and pedagogical rehabilitation (counseling, psychopedagogical diagnostics, psychological, pedagogical nursing, psychological and educational rehabilitation and correction for children, educational services, collective learning); physical rehabilitation (counseling, therapeutic physical education); vocational rehabilitation (examination of potential

professional skills, professional orientation, professional selection, training, retraining and advanced training, professional education); labor rehabilitation (adaptation and jobs tailored to the needs of people with disorders of body functions, rational employment (renovation work for the same or a new profession), sports rehabilitation (training sessions with physical training, educational training sessions for physical culture and sports, exercise), social and home rehabilitation (installation of equipment to adapt premises, learning basic social skills, social-welfare, ratseterapiya) ensure Rehabilitation equipment (orthopedic products, means of transportation, aids for personal mobility, moving and lifting, special tools for orientation, communication and information exchange).

In view of the above-stated rehabilitation of people with disabilities in the broad sense, should be understood as one of the main areas of public administration activity in the field of implementation and protection of the rights and freedoms of people with disabilities, which is to create a system of legal, financial, medical, labor, social and other public and civil protection measures aimed at assistance in recovery and compensation at providing assistance in restoration and compensation of the violated or lost functions of a body for social adaptation and material independence of such categories of people.

Most rehabilitation measures are carried out in special institutions, the system of which can be submitted as follows: 1) rehabilitation institutions for persons with disabilities; 2) special and sanatorium houses of the child and establishments of preschool education; special institutions of secondary education; 3) institutions of education of the system of labor and social protection of the population; 4) social service institutions for persons with disabilities; 5) sanatorium and resort establishments. Rehabilitation institutions, depending on the content of rehabilitation measures, are of the following types: medical rehabilitation; medical and social rehabilitation; social rehabilitation; psychological and pedagogical rehabilitation; physical rehabilitation; professional

rehabilitation; labor rehabilitation; physical education and sports rehabilitation.

According to the official data of the Ministry of Social Policy of Ukraine [22] there are 425 rehabilitation institutions of state and non-state ownership forms, including 224 - of the Ministry of Social Policy of Ukraine (200 centers for social rehabilitation of children with disabilities, 12 centers for professional rehabilitation, 10 mixed centers, 1 institution mixed type of people with mental retardation, 1 institution of permanent and temporary staying of people with mental retardation); 52 - of the Ministry of Health of Ukraine; 32 - of the Ministry of Education and Science of Ukraine; 10 - of the Ministry of Defense of Ukraine; 88 - non-state institutions.

Rehabilitation institutions of the state, communal or private ownership forms are formed, reorganized and liquidated on the basis of a decision of the founder in accordance with the legislation. They are located in territories with specially constructed and adapted premises corresponding to barrier-free architecture, sanitary-hygienic, fire safety requirements, safety engineering, have all types of communal amenities, taking into account the specifics of the diseases of persons visiting the institution.

Regardless of departmental subordination, rehabilitation institutions can interact with local labor and social protect authorities, health care, education and science, as well as with other organizations whose activities are aimed at rehabilitation measures. We support the position that the system of rehabilitation of people with disabilities, in addition to special rehabilitation institutions, contains a number of obligatory elements - citizens with psychophysical disorders, personnel, financial resources, norms of law, the environment of persons with disabilities, rehabilitation services, rehabilitation facilities, innovations etc.

The principles of rehabilitation can be divided into certain groups, according to the substantive content: the principles that ensure the fundamental rights and freedoms of man and citizen; principles aimed at ensuring the socio-psychological integrity of the individual; principles for ensuring the transparency of the

rehabilitation process; the principles of a medical nature regarding the confidentiality of patient information, etc.; principles that provide the financial component of rehabilitation.

In general, three levels of rehabilitation should be distinguished: a) the individual level - in relation to a specific person with disability, taking into account its needs for rehabilitation; b) process-technological level - rehabilitation of contingent in institutions of different departments; c) the state-regional level - the relationship of the rehabilitation system with the society as a whole, other systems of the social sphere, the general management of the system of rehabilitation, the distribution of resources, and the choice of the strategy of the development of rehabilitation.

The actual rehabilitation process has a predominantly narrow orientation. This is due to the fact that, firstly, the specialization of the rehabilitation center depends on the history of its creation and development, as well as on many other factors. Secondly, the scope and direction of appropriate rehabilitation measures directly depend on the needs of the person and the competently recommended type of rehabilitation [23]. Rehabilitation services are provided in accordance with an individual program of rehabilitation - a set of optimal types, forms, volumes, terms of rehabilitation measures with the definition of the order and place of their conduct, aimed at the restoration and compensation of the violated or lost functions of the body and human abilities. In order to provide services to a rehabilitation institution, it is necessary to apply with the application and documents to the Office of Labor and Social Protection of the Population, where the applicant's residence is registered. After which the competent state body examines the application for services within ten days, informs the applicant of the decision taken and sends the application together with the documents to the rehabilitation institution at the place of residence of the person with a disability.

The rehabilitation institution provides for a professional assessment of the individual needs of persons with disabilities and the family that upbrings them, drawing up an individual plan

for the provision of services and coordinating its implementation; organization and coordination of the work of the multidisciplinary team of specialists; organization of special training according to an individual plan taking into account the potential and characteristics of the recipient's development; rehabilitation measures aimed at preparing for the maintenance of life in an institution; organization of leisure, sports and recreation, technical and artistic activity, occupational therapy; assistance in providing the recipient with rehabilitation and auxiliary means; planning of the future, placement of the recipient in the community after the term of rehabilitation, etc.

The duration of the rehabilitation course in percentage terms from the total number of recipients of assistance is as follows: 1) up to 1 month - 33%; 2) from 1 to 6 months - 36%; 3) from 6 to 12 months - 20%; 4) from 1 to 2 years and more - 11%. Upon completion of the course of rehabilitation, a document is issued to the applicant stating the name and details of such institution, surname, first name and patronymic, the list and amount of services provided to him, the results of rehabilitation and further recommendations.

Rehabilitation institutions of various levels are indisputably a key component of the system of adaptation to the social life of children with disabilities, as noted above, over a calendar year, rehabilitation measures were carried out of almost 18,500 people. However, even the competent public administration entities agree with the statement on the relative effectiveness of the above measures, where only 4,125 children are socially integrated into educational institutions or 22.3% of the total [21]. Therefore, in recent years, the processes of implementing world standards for an inclusive educational environment have considerably intensified in Ukraine.

Inclusive education envisages an integrated process of ensuring equal access to quality education for children with special educational needs by organizing education taking into account the peculiarities of educational and cognitive activity. Such education is a flexible system of training for an individual development

plan in an institution of education at the place of residence, provided by medical-social and psycho-pedagogical support. Educational process based on inclusiveness is implemented by the subject of educational services, which adapts curricula and plans, construction objects and infrastructure, methods and forms of training, uses the necessary educational resources, attracts specialists, and provides a favorable climate in the educational environment [24].

In connection with the above mentioned, the national legislation on the provision of inclusive education acquires the features of the European educational space, which harness the ideals of child-obsession and equal opportunities for each child with special educational needs to exercise their constitutional right to education on an equal basis with others. The state and territorial communities gradually increase the financial and logistical support of the relevant subjects of providing educational services, as evidenced by the number of educational resources used by them. At the same time, the statistics of the Ministry of Education and Science of Ukraine [25] prove that this form of education is underutilized.

Today, less than 8% of these children are covered by inclusive education in pre-school and general secondary education institutions. Thus, the number of children studying in special classes of institutions of secondary education is 5669 people; in the inclusive classes of institutions of secondary education - 4180; in inclusive groups of pre-school establishments - 4731. Instead, the introduction of inclusive education is an extremely important innovation in the domestic educational environment, which has an invaluable impact on the development of the foundations of social rehabilitation of children with disabilities. In fact, no specialized institution is able to provide such a high level of adaptation to the social environment as everyday staying with healthy peers.

[V] CONCLUSION

Disability is a social and legal phenomenon, while its medical characteristics, which include the presence of persistent health problems, and

economic features of the implementation of the labor function, are additional features that should be taken into account for social and economic, rehabilitation and other similar activities. In most cases, such people suffer no less from the difficulties associated with the inappropriateness of the physical and informational environment to their particular needs than from their state of health. Therefore, social disadaptation, combined with the pressure of discriminatory stereotypes and manifestations, is one of the main problems of re-socialization of individuals with disabilities, especially in childhood. A determining role is played the organization by the proper administration of the public administration to ensure the effective realization of subjective rights of people with disabilities, in particular as a result of the use of anti-discrimination mechanisms.

Among the key elements of the system for ensuring social adaptation of children with persistent disorder of body functions, which is organized by competent subjects of state and local authorities, it is appropriate to distinguish: a) functioning of the system of institutions of rehabilitation, which carry out a complex of measures aimed at creating and providing conditions for the return of a person to active participation in life, restoration of its social status, ability to independent social activity; b) implementation of the principles of inclusive education in special or inclusive classes of institutions of secondary education, in inclusive groups of pre-school establishments, which provides for the organization of educational process taking into account the specific educational and cognitive activity of children with disabilities of different nosological forms of diseases; c) implementation of state and public measures to prevent and counteract the manifestations and consequences of discrimination on the basis of disability in all spheres of public life.

Passage of social rehabilitation in relevant state institutions is appropriate in most cases in the presence of moderate or severe forms of maladaptation in children who are no longer able to overcome psycho-emotional changes in

the individual on their own or with the help of relatives and close, and to adjust behavioral changes in the social sphere. Professional rehabilitation measures of a medical and social service nature are able to temporarily solve the above problem. Only simultaneous involvement of the entire elemental system of social adaptation of children with disabilities can bring the individual back into society.

Summing up, the primary task of effective corrective action of appropriate rehabilitation measures is the following: 1) creation of an inclusive educational environment for individual development, the acquisition of competences in educational institutions of different levels; 2) formation of general and special knowledge, skills and abilities to get the opportunity to carry out appropriate professional activity that takes into account the specifics of the specific disease; 3) primary and subsequent social adaptation and integration as a result of the acquisition of the vital and social skills necessary for the formation and development of practice of participation in social interaction; 4) assimilation of methods and techniques of effective communication for certain groups of children with disabilities, in particular those with mental illness and sensory disorders; 5) development of personal potential, which forms and develops the individual characteristics necessary for an independent social life.

REFERENCES

1. On the situation of invalids in Ukraine: a national report (2013). Kyiv: Ministry of Social Policy of Ukraine, 198.
2. Website of the All-Ukrainian public association "National Assembly of People with Disabilities of Ukraine". Available from: <https://naiu.org.ua>.
3. European Social Charter (revised) (2006). *Official Gazette of Ukraine*, 40, 37.
4. Modern Dictionary of Social Sciences. ed. O. Daniljan, M. Panov (2006). Kharkiv: Prapor, 432.
5. Sociology: dictionary of terms and concepts. emphasis E. Bilenko and others (2006). Kyiv: Condor, 372.
6. Hartmann, H. (1958). Ego psychology and the problem of adaptation. New York: International Universities Press, 126.
7. Terziev, V. (2017). Social adaptation and socialization as processes: characteristics, principles, factors. *European Journal of International Law*, 28, 914-922.
8. Garcia, T., Doulcier, G., De Monte, S. (2015). The evolution of adhesiveness as a social adaptation. *Elife*, 4, 1-26.
9. Ip, H.H., Wong, S.W., Chan, D.F., Byrne, J., Li, C., Yuan, V.S., Lau, K.S. and Wong, J.Y. (2018). Enhance emotional and social adaptation skills for children with autism spectrum disorder: A virtual reality enabled approach. *Computers & Education*, 117, 1-15.
10. Byrne, E., Brugha, R., & McGarvey, A. (2019). "A melting pot of cultures" – challenges in social adaptation and interactions amongst international medical students. *BMC Medical Education*, 19(1), 86.
11. Meng, Q., Zhu, C., & Cao, C. (2018). Chinese international students' social connectedness, social and academic adaptation: The mediating role of global competence. *Higher Education*, 75, 131-147.
12. Lunsford, D. L., & Dolison, C. N. (2019). The Roles of Human Resource Development in Developing the Whole Person with Disabilities: A Conceptual Model. *Performance Improvement Quarterly*, 31(4), 397-418.
13. Parchomiuk, M. (2019). Teacher empathy and attitudes towards individuals with disabilities. *International Journal of Disability, Development and Education*, 66(1), 56-69.
14. Hunt, X., Swartz, L., Carew, M. T., Braathen, S. H., Chiwaula, M., & Rohleder, P. (2018). Dating persons with physical disabilities: The perceptions of South Africans without disabilities. *Culture, health & sexuality*, 20(2), 141-155.
15. Honeycutt, T. C., Thompkins, A. V., Bardos, M. E., & Stern, S. N. (2017). Youth with disabilities at the crossroads: The

- intersection of vocational rehabilitation and disability benefits for youth with disabilities. *Rehabilitation Counseling Bulletin*, 60(3), 131-144.
16. Head, A., Ellis-Caird, H., Rhodes, L., & Parkinson, K. (2018). Transforming identities through Transforming Care: How people with learning disabilities experience moving out of hospital. *British Journal of Learning Disabilities*, 46(1), 64-70.
 17. Nalchadzhyan A. Socio-psychical adaptation of the person (forms, mechanisms and strategies) (1988). Yerevan: Publishing House of the Academy of Sciences of the ASSR, 236.
 18. Convention on the Rights of Persons with Disabilities (2010). *Official Gazette of Ukraine*, 17, 93.
 19. On Rehabilitation of Persons with Disabilities in Ukraine (2006). Law of Ukraine dated 06.10.2005. *Gazette of the Supreme Council of Ukraine*, 2-3, 36.
 20. Website of the State Rehabilitation Institution "Center for Complex Rehabilitation for Children with Disabilities". Available from: <http://www.dergkompleks.mk.ua>.
 21. Rehabilitation of persons with disabilities and children with disabilities: a statistical digest (2017). Kyiv: Department of Social Protection of Persons with Disabilities of the Ministry of Social Policy of Ukraine, 162 p.
 22. Website of the Ministry of Social Policy of Ukraine. Available from: <https://www.msp.gov.ua>.
 23. Introduction to the habilitation and rehabilitation of children with disabilities: teaching method. manual V. Burlaka et al. (2007). Kyiv: GERB, 288 p.
 24. Basics of inclusive education: tutorial-methodic manual. Ed. A. Kolupayeva (2012). Kyiv: "ASK", 308.
 25. Website of the Ministry of Education and Science of Ukraine. Available from: <https://mon.gov.ua>.