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**COPING STRATEGIES OF YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES  
HAVING GRADUATED FROM VOCATIONAL TRAINING INSTITUTIONS**

*Master Thesis*

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## Summary of Master Thesis

The Master's thesis analyses the coping strategies of young people with intellectual disabilities having graduated from vocational education and training institutions. The aim of the research is to reveal the difficulties faced by young people with intellectual disabilities after their graduation from vocational education and training centers. In order to analyse the research problem in more detail, a quantitative research method has been chosen – the questionnaire survey of the people who interact with the young people with intellectual disabilities (social workers, administrative staff, family members and etc.). The quantitative research aims to disclose a more general provisions and prevailing trends.

The data collected were analysed and classified according to distinct research objectives, from more general to more specific issues.

238 middle-aged respondents took part in the survey. The data were assessed by using SPSS programme software, which is convenient for processing of the collected information and is designed for the work with the data, its analysis and assessing the relationship between variables. The data were processed by using SPSS 17 version and Microsoft Office Excel 2007.

To check the hypothesis on the normality of the distribution the **Kolmogorov–Smirnov test** and **Shapiro–Wilk test** have been employed. Shapiro–Wilk test is recommended for small sample sizes, while Kolmogorov-Smirnov test – for large sample sizes. In addition, the advantage of Shapiro–Wilk test is that it provides the statistics on the qualitative assessment of the deviation of the variable from the normal distribution.

**Key words:** young people with intellectual disabilities, quality of life skills, independent living.

## INTRODUCTION

**Social relevance.** Though the laws of Lithuania establish equal rights and opportunities for the people with disabilities in society, the right to education and work of the disabled have been acknowledged (the Law on the Social Integration of the Disabled (2011, the Law on Equal Treatment (2008), the Law on Employment Support (2010); European Social Charter, 2011), the capacities of the people with disabilities to participate in social life are being assessed, some part of our society still considers that isolation of people with disabilities in terms of their work and life is still a proper practice.

The Opinion (2012) on *Young Persons' with Disabilities Employment, Integration and Participation in Society* drafted by the European Economic and Social Committee emphasizes that young people with disabilities encounter various difficulties such as: societal prejudice and negative attitude, discrimination, lack of opportunities to use the facilities meeting their needs and work on a more flexible schedule. As a result, they are not allowed to enjoy their life, integrate and actively participate in social life. Thus, disability may limit one's opportunities to feel an equal member of society, the people with disabilities may feel vulnerable due to the challenges they face; moreover, they are likely to lack self-confidence in assessing their abilities and possibilities and they may lose motivation to pursue their goals. The integration process of young people with intellectual disabilities who have graduated from vocational education and training institutions and who lack work experience is extremely difficult.

According to the data of Labour Exchange under the Ministry of Social Security and Labour and the Ministry of Education of the Republic of Lithuania, in 2014 the total number of the disabled was 253409, 15042 of them were children. There were 1323 students with disabilities in vocational education and training schools. 11 222 people with disabilities were registered at Labour Exchange and 5253 people with disabilities were employed through Labour Exchange, the major part of them (4419) were employed under fixed-term employment contracts (Statistics, the data of the Department for the Affairs of the Disabled, 2015).

*The National Programme for Social Integration of the Disabled for 2013-2019* (2012) is very significant for social integration of the young people with intellectual disabilities who have graduated from vocational education and training institutions as well as other people with disabilities as it aims "to create a favourable environment and conditions for a dignified life of people with disabilities in Lithuania, moreover, to ensure their equal opportunities and the quality of life."

Furthermore, vocational rehabilitation services program for people with disabilities is being implemented in our country, which helps to develop and restore the employability of the people with disabilities, to increase their employability as well as to ensure their remaining in employment as long as possible. In addition, different projects on social integration of the people with disabilities are being implemented. They aim to improve access to different services and enhance functional independence of the people with disabilities (Social Report of the Ministry of Social Security and Labour for 2014-2015).

**Scientific Relevance.** The scientific sources are more focused on examining the integration and challenges faced by people with disabilities in general without distinguishing people with intellectual disabilities. For instance, the difficulties encountered by the disabled when integrating into labour market have been discussed (Mališauskaitė, 2007); Šėporaitytė, Treškinas, 2007; Gudžinskienė, Jurgutienė, 2010; Okunevičiūtė Neverauskienė, 2012), the peculiarities of professional adaptation have been revealed (Baranauskienė, 2007; Baranauskienė, Juodraitis, 2008), and the opportunities of improvement of vocational rehabilitation system have been foreseen (Baranauskienė, Gudinavičius, 2008; Ruškus 2008).

The challenges faced by people with intellectual disabilities after graduation from vocational education and training institutions was analysed in the article by I. Baranauskienė (2008). Moreover, the issue was discussed in the study by I. Baranauskienė and A. Juodraitis (2008) whereby these challenges were associated with professional adaptation.

The studies on the peculiarities of professional adaptation of the people having mild intellectual disabilities after their graduation from vocational training institutions conducted by I. Baranauskienė (2007) have revealed that the people with disabilities face various difficulties due to the lack of professional and social preparation, inefficient support of employment, inadequate psychosocial environment and employers' lack of trust in them.

J. Ruškus (2008) examined the career development and planning trends of the people with disabilities. The studies convey that successful development of professional career of the people with disabilities requires the provision of advisory and intermediation services, ensurance of adaptation of physical environment, workplaces and education facilities to satisfy their needs, arrangement of specialized transport and seeking favourable attitude of employers.

Furthermore, I. Baranauskienė and others (2008) conducted a research on the attitude of the students of vocational educational and training towards integrated education of the people with disabilities and found out that "integrated education was a prerequisite for the people with disabilities to have equal rights to participate in public life" (p.52). It is presumable that vocational education and training institutions contribute to young people's with intellectual disabilities

integration into society; moreover, after graduation they can more easily integrate into the labour market.

Though many works on the issues of the integration of the people with disabilities into society and the problems they encounter are available, but there is a lack of studies aiming to examine and reveal the challenges faced by specific group of people with disabilities, i.e. young people with intellectual disabilities who have graduated from vocational education and training institutions. Therefore, the results of the research presented in this Master thesis will allow us to find out the challenges and problems faced by the young people with intellectual disabilities having vocational education as well as to outline how to overcome these challenges and problems.

**The following research questions have been raised:** what problems do young people with intellectual disabilities having graduated from vocational education and training institutions encounter? What are the coping strategies of the young people with intellectual disabilities having graduated from vocational education and training institutions?

The **subject of the research** is the challenges faced by young people with intellectual disabilities, who have graduated from vocational education and training institutions.

The research **hypothesis** states that the selection of the coping strategies depends on personal character traits and social environment of the young people. The young people with disabilities are less likely to employ the coping strategies requiring adaptive abilities.

The aim of this research is to reveal the challenges faced by young people with intellectual disabilities having graduated from vocational education and training institutions and to provide the coping strategies for these challenges.

The work seeks to achieve the following **objectives**:

- 1.To analyse the psychological and behavioural characteristics and the quality of social and independent living skills of the young people with intellectual disabilities studying at/or having graduated from vocational education and training institutions.
- 2.To examine the coping methods, theories and the structure of coping strategies.
- 3.To distinguish the coping strategies used by young people with intellectual disabilities.
- 4.To find out the coping strategies by employing qualitative research methods (with youth) and quantitative research methods (with employees, family members).
5. To develop a theoretical – hypothetical model of coping with difficulties.

**Research participants:**

- Young people with intellectual disabilities who have graduated from vocational education and training institutions.
- Pedagogues of vocational education and training institutions.

- The parents of young people with intellectual disabilities.

The present research employs the following **research methods**:

1. Analysis and review of scientific literature and legislation.
2. Qualitative research (interview with young people).
3. Quantitative research (questionnaire survey of pedagogues and parents).
4. Qualitative research data analysis.
5. Statistical research data analysis.

The qualitative and quantitative researches are complementary to each other and will enable us to examine the issue in more detail. Having assessed the difficulties experienced by people with intellectual disabilities having vocational education, and later on by taking into account the pedagogues and parents' point of view, it will be possible to anticipate potential strategies for coping with these difficulties.

# ***Part I. PSYCHOSOCIAL CHARACTERISTICS OF YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES HAVING GRADUATED FROM VOCATIONAL EDUCATION AND TRAINING INSTITUTIONS***

## **1.1. Psychosocial Characteristics of Young People with Intellectual Disabilities**

According to Kalinuskienė (2006, p. 168), young people with intellectual disabilities can be defined as young people having slow mental reaction speed. They have rather sufficient procedural memory, but they lack declarative memory. Although they can be taught to read and write, but they do not analyze the text they have read, because they are unable to consistently recount it. Their language is poor, they lack enunciation skills and their vocabulary ranges from a few dozen to hundreds of words. Their reasonings are primitive and concrete. They can live independently, but sometimes some assistance is necessary. They can be taught to perform household tasks and engage in crafts.

Kalinauskienė (2006 p. 169) also states that such young people are often sad and revengeful, they remember injustice done to them for a long time, while others are timid, shy and sensitive. They all feel strong attachment to their relatives. Though the causes and forms of mental retardation vary widely, but the inadequacy of cognitive processes and social adaptation are characteristic to all of them (Radzevičienė, 2003).

**Self-regulation.** One of the main problems is the lack of self-regulation because such people have memory problems. Self-regulation is a broad concept which defines one's personal ability to control his/her behaviour. For instance, having received the list of words to remember the majority of young people repeat these words aloud or silently in order to maintain them in memory. In other words, they are actively regulating their behaviour by employing the strategy which enhances their memory skills. While young people with intellectual disabilities are less likely to use self-regulation strategies. The ability to control one's behaviour is closely related to the concept of metacognition. Metacognition is the ability of young people to perceive what strategies they need to employ to implement the task and also to be able to use a self-regulating mechanism, for example, to plan actions, assess the effectiveness of the activities carried out or verify the results. Thus, self-regulation is a part of metacognition. Young people with intellectual disabilities face difficulties due to their lack of metacognitive skills (Hallahan, Kauffman, 2003).

**Language development.** Slow language development and language disorders are characteristic to almost all young people with intellectual disabilities. These young people often have problems both with articulation and fluency of speech production. In general, the stages of



language development of young people with mild mental retardation are usually the same as of healthy young children, only the pace of language development skills is slower. (Hallahan, Kauffman, 2003) Therefore, the language skills of such young people are usually not as well developed and they do not correspond to his/her actual age (Radzevičienė, 2003)

**The peculiarities of communication.** The communication of young people with intellectual disabilities or the ones having cognitive disorders is very specific and causes negative emotions to the people around. Both information understanding and its communication are impaired. Figurative expressions, misunderstanding of the meaning of various symbols and inability to relate them to specific situation are the factors, which have negative impact on informational aspect of communication. These individuals find it difficult to understand the meaning of different advertisements, slogans and other symbols of material environment as well as the systems of various electronic control units, passwords and cards, which are widely used in nowadays society. All these factors substantially reduce their opportunities to take part in public life, aggravate their personal life and make them dependent on other people. In this stage of information society development the mentally disabled young people are becoming increasingly helpless, because the information technology development increases the gap between their ability to receive and understand the information. Communicative aspect of interaction is closely related to understanding of information and encompasses many problems, which are faced by young people with intellectual disabilities. They found it difficult not only to convey the desired information (due to insufficiently developed language and thinking skills, lack of memory, perception, planning and volitional activity skills, and sometimes motor skills disorders), but also to accept and adequately understand it. As a result, the communication becomes ineffective and have negative impact on all the young people involved in such interaction, because effective, because effective communication is characterized by: 1) trust in interlocutor, 2) benevolent attitude to the interlocutor, 3) a positive attitude to the interlocutor and the information being transmitted, 4) the maintenance of one's identity and 5) empathy. Social perception of young people with intellectual disabilities depends on the degree of the disorder, the level of mental and emotional development, social experience, attitude and motives. The social perception of every young person is individual. However, if taking into account generally accepted social stereotypes, mentally disabled young people do not always show adequate behaviour, especially in situational adaptation behaviour. Therefore, the peculiarities of communication of mentally disabled young people and people's reaction to such their communication can lead to their social isolation. This does not mean complete isolation (forced separation from other people), but even partial isolation can lead to the loss of mental balance and can provoke retaliatory negative reactions. (Radzevičienė, 2003)

**Motivation.** There is a good chance that many problems related to attention, memory, self-regulation and language development can lead to motivational problems. The experience of many setbacks increases the risk of learned helplessness – i.e. the state when people feel helpless to avoid negative situations and succeed because of previous experience. (Hallahan, Kauffman, 2003)

**Attention.** Attention is crucial to learning and working. Before engaging in any learning activity or implementing the tasks the young person must be able to focus his/her attention on it. The inability of young people with intellectual disabilities to focus their attention on the task is one of the major factors leading to learning, communication and labour organization problems. Young people with intellectual disabilities usually quickly draw their attention to various extraneous objects or things because they find it difficult to focus their attention (Hallahan, Kauffman, 2003). As a result, flounce and generalised reactions are characteristic to these young people. (Radzevičienė, 2003).

**Memory.** Young people with mental retardation have difficulty remembering information. The researchers have found out that the tasks which are designed for memory improvement and require deeper and more complex information processing are much more difficult for young people with intellectual disabilities than the healthy ones. (Hallahan, Kauffman, 2003).

To sum up, we can state that young people with mental retardation have a number of problems which lead to cognitive inadequacy. These people usually have language, self-regulation, motivation and memory disorders which usually cause social, emotional and psychological problems. However, the learning outcomes and ability to adapt to new environment of the people with mild mental retardation are rather good.

## **1.2.The Concept of Mental Disability**

In order to analyse the concept of mental disability we will provide its definitions. The definitions of disability have been studied by Vaičekuskaitė (2008), Gardiner and Braddon (2009), Gilmore and Chambers (2010).

Vaičekuskaitė (2008) states that “disability refers to procedures, which are used by people to attribute the role of disabled and the lower status to individuals having health problems”(p. 27). She also points out “that disability can be treated as interpretation of oneself and one’s activity through communicational experience” (Vaičekuskaitė, 2008, p. 27).

Gilmore and Chambers (2010) conceptualize the attitude to disability and highlight a positive approach to it, which aims to change traditional concepts by creating environment that promotes the integration of people with disabilities and encourages the healthy ones to learn from

people with intellectual disabilities. Intellectual disability is defined as the impairment of general mental abilities leading to behavioral, emotional and social adjustment disorders. Such definition testifies medical approach to disability and forms a negative attitude, which can interfere with the initiation of enabling programs.

Gardiner and Braddon (2009) emphasize that "intellectual disability and mental disorders are distinct." The people with intellectual disabilities have to live with it all their life and have to learn to live with it and adapt to the rules of society. Mental disorders can be acquired, but they can receive treatment and recover. Mental disorders affect human feelings and behavior, usually they are defined within the scope of major diseases (schizophrenia, depression, anxiety disorders). The concept of intellectual disability is sometimes compared with a learning disability. Learning disabilities can be confused with learning difficulties, therefore the term is too narrow to describe the intellectual disability (Gardiner, Braddon, 2009).

Kandratavičienė (2015) states that anxiety disorders are common among people with intellectual disabilities and their family members. Moreover, environment can have impact on mental disorders. Negative public attitude, employer discrimination and availability of social and health services are the problems which affect both people with intellectual disabilities and people with mental disorders. (Kandratavičienė, 2015)

Ruškus (2002) emphasizes that on the one hand, formation of the definition of disability depends on social and cultural factors, on the other hand, on sociological, political, symbolic and psychological processes. The studies show that every era and every culture form (construct) a specific image of "different" person or group and have a specific way to call the deviation from social norm. It is noted that disability is defined on the grounds of the values that prevail in the society. In modern Western society the dominating values, which can define the social aspect of disability are as follows: capability, competitiveness and the ability to interact. (Ruškus, 2002).

Naktinienė, Paulauskas and others (2005) distinguish the concepts of indisposition and disability. The latter is defined as "helplessness". Meanwhile J. Ruškus' (2002) definition of disability encompasses the meanings of spirituality, time limitation and group phenomenon. The first one evidences the evil of the past or the gift of God. The researcher points out that this is "a time limited phenomenon", which is seen as temporary. At the same time he associates disability with other individuals, the family and the karma. Such interpretation of disability also reveals the importance of its acceptance because it is like "a gift from God."

Before starting to discuss psychological and behavioural characteristics of young people with intellectual disabilities, we should highlight that not all of them can be attributed to every young person with intellectual disability. The behaviour of these young people varies widely, therefore

every time it is necessary to take into account the uniqueness of each young person (Radzevičienė, 2003)

To conclude, disability is defined in several different ways: as a physiological disorder, illness or disease, and it can also be associated with spiritual phenomenon or a gift from God. These young people have a lot of problems caused by inferior cognitive functions.

### **1.3 Approach to Intellectual Disability**

Although recent research reveals positive attitude of the society to young people with intellectual disabilities (ID) (Ouellette-Kuntz, Burge, Ruda, and Arsenault, 2010), previous research evidence rather hostile attitude and discrimination of these people (Jahoda & Markova, 2004) and it means that young people with intellectual disabilities experience social exclusion, they have limited social relationships, reduced occupation and reduced possibilities to participate in community activities (Verdonschot de Witte, 2009). In addition, some studies report that our society feel cautious and hostile regarding the integration of the people with intellectual disabilities. (Myers, Ager, 1998). In recent years, attention has been paid to hate crimes against people with mental disabilities (Mencap 2012; Quarmby, 2011). It shows that although the de-institutionalization and inclusive education network has grown up, however, society's attitude continues to pose a potential obstacle for social inclusion and equal rights of the people with intellectual disabilities. (Sheridan, Scior, 2013).

Each author has different perception of intellectual disability and describes it in different way. Most frequently intellectual disability is described as a condition which affects the development of one's abilities and disrupts social adaptation. When describing intellectual disability groups the researchers emphasize that disability affects all areas of child's development, including emotions.

Intellectual disability is a disorder that results in "cognitive performance, language and motor skills impairment, as well as adaptive behavior disorder". (Description of the Procedure for Identification and Assessment of the Students with Special Educational Needs and Determination of the Level of the Severity of Their Special Needs, 2011).

Intellectual disability is associated with mental retardation. Often people do not realize what they have just talked about or what they have just thought about, thus such people are called mentally backward. (Luckasson et al. 2002).

Intellectual disability is a disability characterized by a restricted intellectual functions, therefore due to the special needs of such people it is difficult for them to participate in activities

with healthy people (Wehmeyer, BUNTINX, LaChapelle, Luckasson, Schalock, Verdugo et al., 2008)

Bakk and Grunewald (1997) state that “since an early stage of personal development a person with intellectual disability has had a significantly slower and weaker maturity of mental functions”. (Bakk and Grunewald, 1997)

There are many definitions and classifications of intellectual disability. Hallahan and Kauffman (2003) offer to use the definition coined by American Association on Mental Retardation, which sounds as follows: “Intellectual disability is characterised by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. The disability originates before the age of 18”. (American Association on Mental Refardation, 1992). According to the authors, the functioning of intellect is the ability to solve learning problems, while adaptation skills are vital skills, which are necessary for adaptation to the environment.

Liaudanskienė and Vilūnienė (2006) describe the intellectual disability as deviation of mental capacity from the norm. This disability encompasses mental retardation, intellectual regression and causes behavioral, emotional and social integration difficulties. However, intellectual disability is not a disease and it should not be confused with mental illness. Večkienė and others (2012) define intellectual disability as the neurodevelopmental disorder caused by biological and psychological factors.

Meyerson (1948) argues that the disorder is only the variation of physical state to which we give a negative value. A person with certain disorders may be disabled or not and the disabled person may have or not have any disorders (Wright, 1983).

This negative value is composed of three dimensions, resulting from:

- society;
- own personality;
- atypical physical appearance.

According to the idea of social construction, it is perceived that there is no objective reality: the reality is reflected in social images, which in turn create a new reality. In terms of social construction the social policy and intervention are also based on the dominant social images, therefore, those who say that the attitude towards disabled people is an essential part of social integration are right. (Zolkoski, Bullock, 2012).

According to previously valid Procedure for Determination and Assessment of the Severity of Disorders of People with Special Needs and Attributing of the People with Special Needs to the

Group of Special Educational Needs (2002), disability is identified by assessing a number of criteria:

- physical functions (motion and status), the degree of impairment and time of its occurrence;
- the level of mental functions development in accordance to person's age;
- expected further development of physical and mental functions;
- for school-age people – the level of educational (learning) outcomes and ability to learn.

Defining of cognitive disabilities:

- It's a variety of conditions causing cognitive impairment. It is a broad concept encompassing various intellectual or cognitive deficits, including intellectual disability or mental retardation, developmental delay or developmental disability (learning disabilities), and conditions such as acquired brain injuries or neurodegenerative diseases like dementia. These impairments can occur at any age.
- Intellectual functioning refers to a person's ability to plan, understand and reason. Child's intellectual performance can be judged by the intelligence test. The most common intelligence test that you have probably heard about is the IQ test. Generally, a child with scores of 70 to 75 or lower is classified as having a cognitive disability.
- Adaptive behaviour is an individual's ability to apply social and practical skills in everyday life. Examples of adaptive behavior may be personal hygiene, social problem-solving skills, dressing and eating skills, money management skills and ability to follow the rules.
- Mild cognitive disability accounts for about 85% of all cognitive disabilities. Children in this category have IQ scores between 55 and 70, and most frequently they attend regular classes at school.
- Moderate cognitive disability: students with this type of disability have IQ scores between 30 and 55.
- Severe cognitive disabilities: children with severe cognitive disabilities have IQ scores that fall under 30, they have a number of communication skills and need supervision. Of all the cognitive disabilities, only about 3 to 4% of children have severe cognitive disabilities. (Cognitive Disability: Information on Intellectual Disabilities, 2016)

Intellectual disabilities are divided into five levels: mild, moderate, severe, profound and unspecified:

- Mild intellectual disability – the intelligence quotient (IQ) scores within interval - 50-69 ;

- Moderate intellectual disability – the intelligence quotient (IQ) scores within interval - 35-49;
- Severe intellectual disability – the intelligence quotient (IQ) scores within interval - 20-34;
- Profound intellectual disability – the intelligence quotient (IQ) scores are less than 20;
- Unspecified intellectual disability is one in which it is clear that the person has intellectual disability, but there is a lack of information to attribute the person to any IQ scores. (Levels of severity)

On the grounds of the data provided by American Association on Mental Retardation, the authors offer the following classification schema based on the nature and level of support needed by such individuals:

- Intermittent support refers to support on an "as needed basis, which is episodic and is needed only for a certain period of time.
- Limited support refers to more intense assistance provided on regular basis, but it is not a constant support.
- Extensive support refers to support provided on regular basis in specific adaptive areas.
- Ongoing support refers to a constant, intensive support, when participation of professionals is needed and it requires additional costs.

Bakk and Grunewald (1997) divide the intellectual disability into mild, moderate and severe. The degree of defective intelligence is determined by taking into account the difficulties faced by the person while meeting certain requirements at school or work, when he/she has to cope with a task independently. (Bakk, Grunewald, 1997)

The specialists usually divide intellectual disabilities into certain categories based on the severity of the problems encountered by the individuals with intellectual disabilities, i.e. mild intellectual disability, moderate intellectual disability, severe intellectual disability, profound intellectual disability and intellectual regression. Such classification of the intellectual disabilities is provided in the Order issued jointly by the Ministry of Education and Science and the Ministry of Health of the Republic of Lithuania *Regarding the Procedure for Determination and Assessment of the Severity of Disorders of People with Special Needs and Attributing of the People with Special Needs to the Group of Special Educational Needs* (2002).

Individuals with a mild intellectual disability is able to function independently, they do not need intensive support. Their appearance usually do not differ from non-disabled peers appearance. The disorder is determined only after starting attend school and lagging behind in learning.

In contrast to the individuals with mild intellectual disabilities, the appearance of individuals with moderate, severe or profound intellectual disabilities usually differ from their healthy peers. Their mental retardation is generally determined in infancy or before they start going to school. The disorder affects all areas of child's development, starting with cognitive functions, volition, emotions and the sensory mechanism.

Kalyanpur (1999) distinguishes the following epistemological criteria of clinical treatment and special education:

- Disability is like a deviation from the norm. The norms of mental, intellectual and physical health of the human being have been formed after creation of the medical and statistical models of abnormal development (based on the IQ criteria)
- Disability is seen as a natural phenomenon. All disorders are explained by physical or organic causes, even mental disorders are interpreted as a neurochemical imbalance in the brain. Thus, individuals are classified according to the nature of the organic disorder.
- Disability is referred to as a chronic disease. It is noted that the organic disorders are often of irreversible character and last all life.
- Disability is seen as an individual phenomenon. As the disorder is organic in nature, the disability is perceived as an individual and not as a social phenomenon. Child's failure at school is described as his own inability, rather than the result of inadequate educational environment.
- Diagnosis and Correction of Disability. Diagnosis of disability is dissociated from social context. 'Normalization' of the disabled and modification of their behaviour become the key goal of correction. The fact that the correction and normalizatio of disrupted cognitive, emotional and behavioral functions of an individual is taken as the aim of special education, while integration into labour market is taken as the aim of social integration reflects mentality, which is affected by the idea of economic profitability.

According to Petrulionienė and Valantinaitė (2015), the characteristics of people with intellectual disabilities is affected by the specificity of disorder, the level of experience, social impact and etc.- all these factors determine the educational process of these individuals. (Petrulionienė, Valantinaitė, 2015),



People with intellectual disabilities usually have limitations in adaptive behaviour, which manifests in such areas as communication, self-regulation, when applying social, health and self-protection skills, planning and implementation of household and leisure activities (Description of the Procedure for Identification and Assessment of the Students with Special Educational Needs and Determination of the Level of the severity of their Special Needs, 2011).

Slightly impaired intellect (mild mental retardation) is determined by assessing intellectual functioning and adaptation skills. It is characterised by lower than average intellectual functioning (students' IQ range is between 50 and 70), limited adaptive skills to adapt to the environment, eg., autonomy, family life, communication, social participation, health or safety issues, problem solving, leisure and work activities (Subotkevičienė, 2014).

Kaffeman (2005) distinguishes these slightly mentally retarded children organic brain damage caused by cognitive activity peculiarities: total, irreversible, equivalent to all the mental functions, particularly thinking (logical connections, figuratively understanding) disorders, low language development level of operational strategies defects stereotypical behaviour, etc. (Kaffeman, 2005)

Kaffeman (2005) distinguishes the following peculiarities of the cognitive functions of children with mild intellectual disabilities caused by organic brain damage: total, irreversible disorders of all mental functions, especially thinking (logical connections, understanding of figurative language), non-critical, language development delay, stereotypical behaviour and etc. (Kaffeman, 2005)

Having analysed the scientific sources (Jurevičienė, Kaffemanienė, 2009; Jurevičienė and others, 2011; Petrulionienė, Valantinaitė, 2015), we could note that moderate intellectual disabilities are characterized by:

- Poor social motivation;
- Lack of focus;
- Reduced or inappropriately expressed communication initiative;
- More frequently used nonverbal communication;
- Limited interactions; but the need for emotional contact is present;
- The ability to know himself/herself, to control and recognize social situations;
- Behavioural problems;
- Strange manners;
- Difficult adaptation in social environments;
- Slowly accumulated life experience;

- inadequate expression of feelings or behaviour;
- emerging conflict situations;
- Deficiencies in language development.

According to Jurevičienė and others (2011), the majority of young people with intellectual disabilities face communication, orientation in difficult situations and social interaction problems, they lack some social functioning abilities, but they usually have good nonverbal communication skills, they seek emotional contact, they are tidy and careful, in addition, some of them recognize and are empathic to the feelings of others.

According to Mockevičienė and others (2008), young people with intellectual disabilities often have too high self-esteem because their attitude to their activities and pretensions depend on the adequacy of the conditions of education to disability.

Having analysed the characteristics of the people with intellectual disabilities we should mention that their health problems "do not allow them to properly cognize and explore their environment, to achieve academic excellence, disturbs social, emotional and personal development. These individuals may need other people's care, social and medical services, as well as educational assistance. The educational programs are adapted on the grounds of the severity of person's disability and the nature of his/her educational needs (Description of the Procedure for Identification and Assessment of the Students with Special Educational Needs and Determination of the Level of the severity of their Special Needs, 2011).

People with moderate and severe intellectual disabilities are educated under special programs or individual special (adapted) programs. The ones with profound intellectual disabilities are educated under individual special (adapted) programs. Individuals with mild intellectual disabilities have small special education (learning) needs, their education does not lag behind the pace of all the class, therefore general education textbooks and other educational materials are used. However, their learning/education achievement level in all subjects is lower. The amplitude of the children with moderate and severe intellectual disabilities is low or very low (Liaudanskienė, Vilūnienė, 2006).

### **1.3. Adaptation and Socialization in Society**

Young people with intellectual disabilities face various adaptation difficulties when participation in public life, as well as receiving different social integration services (social security, health care and education). Having graduated from vocational education and training centers, when

a person starts his/her independent living, the major problems he/she encounters are related to adaptation to professional activity and integration into labour market.

The young people with intellectual disabilities have few opportunities to actively participate in the research, which affect the implementation of programs and policies. Photovoice is a group analysis method, which is often used for underrepresented groups and is effective to engage in the research of people with intellectual disabilities and development programs. (Janine, Jurkowski, 2008).

The historical and religious review of the relationship between society and people with disabilities suggest that the form and nature of social integration of the disabled mostly depend on the social images prevailing in a particular social-cultural environment. (Ruškus, 2002, p. 83).

The term "integration" is understood as the disabled people to the society. If you are using this term, we express the opinion that people with disabilities are excluded from society, and that they, overcoming psychological, material and other obstacles that have become full-fledged members of society. Professor V. Dove (1994) argues that the integration issue is a sensitive and complicated.

The term 'integration' is perceived as the inclusion of the disabled in the society. By using this term we express the attitude that people with disabilities are excluded from the society and that they have to become a full-fledged members of society by overcoming psychological, material and other obstacles. Professor V. Karvelis (1994) argues that the issue of integration is both pressing and complicated.

The disabled form the group of society which faces specific problems and needs (Ludziš, 2005).

**The causes of failures in an 'open' labour market** (Source Baranauskienė and Ruškus, 2004 p. 85-86):

- Socially unacceptable behaviour. The scientists state that "Young people with intellectual disabilities fail at work usually due to their behaviour, related to the responsibility at work as well as social skills, but not the working environment itself". (Buttenvorth, Strauch study cited from Hallahan, Kauffman, 2003, p.149). In other words, the problem is that young people with intellectual disabilities cannot perform the work due to certain difficulties/rules which they have to follow: attendance, responding to criticism, social interaction with co-workers and supervisors. (Hallahan, Kauffman, 2003, p. 149-150)
- Lack of vocational preparation and qualification. The scientists state that there is a significant lack of vocational preparation and qualifications of the disabled young people. The Association of Adult Vocational Preparation (AFPA) claim that "the employment of

young people with disabilities depends on their competence and not on their disability”. (Blanc, 1998, p.325-348).

- Insufficient preparation for an independent life. Scientists state that young people with intellectual disabilities are not prepared enough for independent life: they do not have fully developed perspective of life, positive attitude to work; they fail to establish useful social contacts as well as to use them (mepSaicoBa, MOCKOJICHKO, 2001).
- Negative image. Scientists state that "the way the disabled view themselves, as well as the image they have in their minds about healthy young people, and healthy young people's image of people with disabilities significantly affect the employment of these young people.” (Gendron, 1998, p.285-324). “Too little of disabled young people are employed. “The Employment of People with Disabilities in Small and Medium- sized Enterprises, 1998).
- Fear of stigma. The scientists state that “the disabled themselves do not want to declare themselves as disabled.” (The Employment of People with Disabilities in Small and Medium - sized Enterprises, 1998). “The disabled are unwilling to indicate the severity of their disability because they want to avoid discrimination or because they perceive that disability is a shame. (The Employment of People with Disabilities in Small and Medium-sized Enterprises, 1998). “It is important to emphasize the negative emotions, which are faced by young people when they want to get a job.” ( Jones, 2001).
- Lack of employer awareness. The scientist state that “the employers are not aware of the abilities of the disabled and in general they do not believe that they are able to do the job well”. (Bleidich, 2003).

The above presented analysis of the reasons of failures in an ‘open” labour market suggests that the reasons are diverse: internal, external, global and situational. The society, the disabled, their family members as well as employers must collaborate in order to reduce these problems.

According to the data of the United Nations, 450 million people with mental or physical developmental disorders make 1/10 of the world's population (Ruškus, 1997, p. 37).

As stated by Pūras, the integration of the people with disabilities into society is a complex process. An open society always poses more problems than the closed one. Although a disabled person’s accommodation in a closed institution for a life time seems like the solution of all problems, but it costs too much if we look at such a prospect from the perspective of human rights. Meanwhile, an open society can offer multiple opportunities for people with intellectual disabilities

to discover their abundant natural powers and abilities (The Basics of Representation of the Rights of Persons with Disabilities, 2005, p. 4).

In Žvikaitė's opinion (2000), the essential principle and the task of the program of integration of persons with disabilities consist of the unification of opportunities. This expresses the process of accessibility of a public system (physical and cultural environment, buildings and transportation, social and health service, education and work opportunities, cultural and social life) to everyone, including people with disabilities. The principle of equality is evidenced by an equal approach to the needs of each person in the planning of public life while the resources are used to grant each person equal opportunities with others. People with disabilities are members of the society and have the right to remain in their community where they must be provided with all kinds of education, training, health, employment and social services (Žvikaitė, 2000, p.10).

According to Ruškus (2002), the social integration of people with disabilities is a scientific and practical paradigm rather than a theory. Social integration is a way of thinking and evaluation that connects all theories based on social interaction and social structures. J. Ruškus estimates the quality of social integration by the environmental criteria that closely correlate with social images dominant in the society such as the existence of sufficient opportunities to create or restore social relationships that were impossible or disrupted because of disabilities; to express his/her personal feelings; to have recourse to the emotional support for the disabled; to receive supporting information to enable planning for the future, etc. (Ruškus, 2002, p. 113).

In his monograph *The Phenomenon of Disability*, Ruškus (2002) describes inclusion, also known as "involvement, participation, or empowerment" and understood as "being together". In fact, inclusion represents the very principle of social integration which is to create equal conditions for all persons to participate in any activities. Inclusion expresses the essence of a new principle which is a term that is already familiar to Lithuania: cooperative learning, critical thinking, partnership, etc. Inclusion means the philosophy of being together and tolerance of distinctions. The essence of inclusion is reflected by the principles such as belonging to the community and being accepted as its member; permanent various social relations and friendship; full implementation of human rights; the ability to integrate oneself and others; decrease of dependence on other people.

Inclusion advocates believe that social provisions are the basic determinant of the social integration success (or failure). The principle of inclusion focuses on social relations and membership in the community rather than academic knowledge and categorizing and classification of problems that lead to negative stereotypes and prejudices. Inclusion advocates argue that negative social attitudes and images are largely learned and acquired through individual experience. The essence of inclusion is holding hands all together. We must admit that the idea of inclusion is

not yet clearly defined in theory. The basic issues still require lot of investigation. Inclusion should not be seen as a tool; it is the ultimate goal and value (Ruškus, 2002, p. 114-115).

The main provisions of unifying the opportunities for persons with disabilities in public have been described by Žvikaitė (2000) as follows:

- remaining in their community and participating in regular life;
- participating in the development of all levels of decision-making;
- receiving necessary assistance in education, health, social service and other systems;
- actively participating in the general public's social and economic development and including their needs in the state planning;
- having an equal opportunity to contribute to the national development of the product.

In Lithuania, after the restoration of independence, there have been significant changes in the social integration of people with disabilities. The necessity of complex education system encompassing cognitive and social elements is undoubted for the development of harmonious personality (Ruškus, 2002, p. 84).

The analysis of the studies carried out by Mališauskaitė, 2007; Kaffemanienė, Vinikaitytė, 2007; Šėporaitytė, Treškinas, 2007; Jurevičienė, Radzevičienė, 2009; Gudžinskienė, Jurgutienė, 2010; Okunevičiūtė Neverauskienė et al., 2012 reveals that the difficulties of integration into the labour market is probably the main problem faced by people with disabilities.

Scarlet (2001) indicates that the employer's attitude towards disability and what the employer first sees: jobseeker's eyes, clothing style, tidiness and etc. or a wheelchair (other compensatory techniques) are especially important factors for a disabled person seeking to get a job. It is important what the employer cares about - the candidate's skills, qualification and work experience, or what has happened to the jobseeker? Employers, given a choice, do not give priority to the disabled because due to the lack of information about the abilities of people with disabilities, their professional background and personal qualities they do not trust them. (Scarlet, 2001)

Okunevičiūtė Neverauskienė and others (2012) have found out that the main obstacles to integration and participation in the labour market are the physical state of health of the disabled, employers' negative attitude towards people with disabilities, low wages, limited mobility of people with disabilities and the environment, which is not adapted to their needs, as well as the lack of the people's with disabilities motivation to work.

Similar problems are distinguished by Šėporaitytė and Tereškinas (2007, p. 50): inaccessible environment; negative attitudes of employers and co-workers; lack of people's with disabilities motivation to work; the limitations resulting from disability and inability to perform some kind of work.

Jurevičienė and Radzevičienė (2009, p. 104) distinguish the following factors that inhibit participation in the labour market:

- Psychological (willingness to learn, motivation, character traits, abilities and skills).
- Social (environment, economic, social and cultural policy, organizational structure, interpersonal relationships).
- Physiological (disabilities, inherited features, diseases).

Okunevičiūtė Neverauskienė (2012, p. 139) indicates the following challenges faced by the people with disabilities when integrating into the labour market:

- people with disabilities are considered the subject of social policy rather than a potential source of labour force;
- limited access to labour market services due to the lack of funding;
- non-flexible selection of labour market measures and insufficient coordination with social services;
- people with disabilities being unemployed for a long period of time often lack confidence in their abilities and they need additional support;
- rather a negative attitude towards disabled people as a potential labour force prevail due to the lack of general understanding of disability;
- direct and indirect discrimination against the people with disabilities;
- employers do not have motivation to employ people with disabilities;
- relatively low level of education of the people with disabilities, because it is difficult for them to acquire general education;
- lack of funds for adaptation of school environment and the specific teacher training’
- scarce labour skills;
- reluctance to change a career.

Seeking employment for persons with disabilities is a difficult process because they have to compete in an open market, to have a high level specialization and possess general skills. Therefore, we can presume that their own initiative in finding a job is important. And the “entrenchment in the labour market of the people with severe disabilities is regarded as his/her personal achievement as well as an outstanding achievement of social security system authorities and other intermediaries ” (Mališauskaitė, 2007, p.31).

Kaffemanienė and Vinikaitytė (2007) have examined the factors leading to unsuccessful integration into the labour market according to certain groups of factors related to the disabled

person's inadequate efforts, lack of independence and education as well as the lack of vocational rehabilitation services, negative attitude of society and employers:

- **Factors associated with a disabled person's insufficient efforts and similar circumstances:** insufficient efforts to find a job, inactivity; lack of practical skills; long-term unemployment; insufficient information of employers about people with disabilities ability to work; adaptation problems of the disabled people; lack of professional adaptation of people with disabilities; lack of awareness about people with disabilities access to employment opportunities; biased assessment of the capabilities of the disabled themselves.
- **Factors related to the lack of services, the problems of health and earnings:** the lack of vocational rehabilitation services; the lack of compensatory technique; inadequate remuneration; dissatisfaction with in the proposed work; health factors of the disabled.
- **Negative attitude of the society and employers:** employers' negative attitudes towards the disabled worker; negative public attitudes towards the disabled.
- **Insufficient vocational preparation and the lack of independence:** the vocational education acquired by the person does not meet the needs of the labour market; insufficient education of people with disabilities; excessive care by family members and relatives.
- **Emotional problems:** lack of confidence in themselves and their professional competence; emotional difficulties impeding the integration into the labour market. (The Factors leading to unsuccessful integration into the labour market).

The above presented difficulties of integration into the labour market have a negative impact on the process of vocational adaptation. This process is perceived as an engagement in the activity and employment, as a complex mechanism by which the balance between the personal and the surrounding social environment is formed. (Barkauskaitė, Mišeikytė, 2006). Adaptation to the labour market and in society in general is important for socially vulnerable people, including the young people with intellectual disabilities, because having adapted to the society these individuals may have a chance to be an integral part of the society, and not to feel like outcasts (Tsai et al., 2012).

Social integration of the people with disabilities is not a theory, but rather a scientific and practical paradigm. In a joint document twenty-one national experts (OECD, 1994, Baylyss, 1996) has identified the social integration as a process that maximizes the interaction of the disabled and



other people. In scientific literature the term social ecology construct, emphasizing the continuing personal and environmental adaptive interaction, analysing the nature of the interaction, impact and consequences of the relationship between the two participants: the individual and the physical and psychosocial environment in which he/she operates, is used. This approach emphasizes person's maturity, development, social adaptation, improvement, his/her existing potential, environmental characteristics and conditions that support or frustrate the usage of human potential. (Miller, 1983).

According to the supporters of the social ecology, the individuals live and adapt by maintaining a constant interaction with all environmental elements, but they are not passive observers of the environment, on the contrary, they have a dynamic and mutual interaction with it. Social integration encompasses three processes: 1) assimilation, i.e. people with disabilities have to follow a path of the majority; 2) accommodation, i.e. people with disabilities have the same rights as others; 3) adaptation, i.e. a mutual harmonization of the disabled and non-disabled with regard to the needs of each and adapting the physical and mental environment to them (Detraux, 1997). A favourable social environment is the one which flexibility combines both human and educational factors. Social integration is not "given or provided to the disabled; this is primarily a way of thinking of all the people (Detraux, 1997).

Social integration paradigm of the disabled combines theories that are not only closely related together but also derive from each other. Inclusion, which is also sometimes called "the involvement or participation", is understood as "being together". Basically inclusion expresses the same principle of social integration - to create equal conditions for all to participate in all forms of activities. The normalization principles were started to use in the Scandinavian countries in 1950. The basic idea is that people with mental disabilities have equal rights; it means that they have to live as other citizens (Bank-Mikkelsen, 1991). The concept of normalization may seem ambiguous to some people, therefore it is important to highlight the main principles of the theory and practice of normalization. The normalization aims to create normal living conditions for the disabled, while the clinical - correctional paradigm, on the contrary, aim to normalize the disabled person. N. E. Bank-Mikkelsen does not deny the necessity of medical care, but also declares that the institutions providing certain support should be prepared to help children with intellectual disabilities under the same conditions as the other children. W. Wolfensberger (1972) defines normalization as an adaptation of as normal as possible cultural measures in order to develop and/or maintain as much culturally normal as possible behaviour and personal characteristics of individuals. One of the most important criteria of normalization has become the quality of social educational services. Nirje (1969), one of the creators of normalization theory in Sweden, formulated the following principles of normalization: normal rhythm of day; separation of the places for work, recreation and living; the

normal rhythm of the year; normal developmental experiences of the life cycle; respect for individual's needs; living in a bisexual world; "family" type social and educational environment, possibility to apply normal economic standards; the standards of the physical facilities should be the same as those regularly applied in society; collaboration of the family members and specialists; active participation of the media; supervision of the legal justification profile of the care and education services of the disabled people; decentralization of education and care systems.

The research carried out by Baranauskienė (2007) reveals that the vocational adaptation of the young people with mild intellectual disabilities is a difficult process and they face various problems ranging from the lack of preparation to the employers' distrust. The author finds out that the employment process gets complicated due to the following factors: absence of mediator, lack of practical skills, lack of communicative competence, education does not meet the labour market requirements, emotional difficulties (i.e. when negative emotions and uncertainty about the future are replaced by the joy of success when finding a job, however, the protracted recruitment process again drives to despair and frustration).

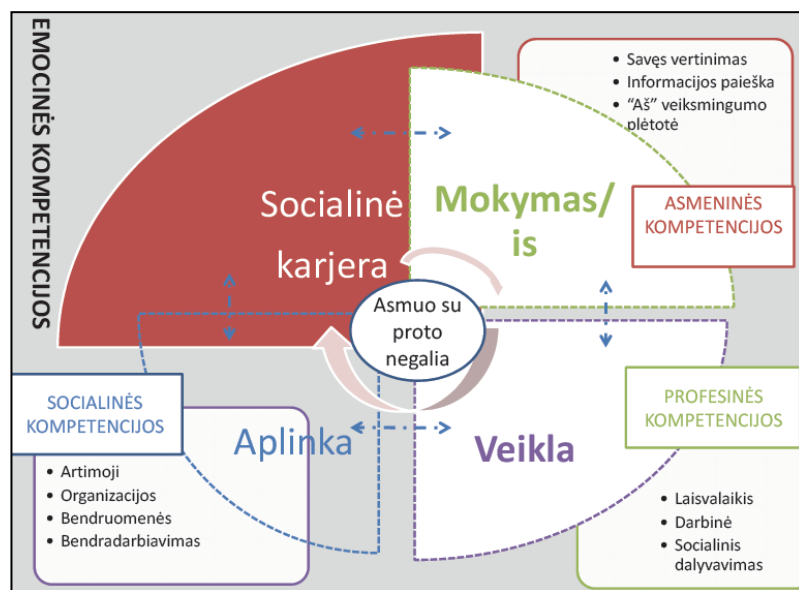
Formidable difficulties: rejection due to stigma and shame, employers' negative responses and long-term unemployment, poverty, acknowledgement of disability as a reality. Financial and material deprivation, heavy physical work and constant fatigue, specific and unfavourable working conditions, insecurity, poor working tools, materials, exploitation, stigmatization, psychological professional insecurity and etc. usually create an unfavourable environment for vocational adaptation (Baranauskienė, 2007).

Thus, people with disabilities when integrating into the labour market and trying to adapt to vocational activities, face a number of difficulties affecting their career.

According to Večkienė and others (2012), the career of people with intellectual disabilities cannot be distinguished from social participation leading to social career. Therefore, the career of these people is usually discussed by taking into account both the vocational and social aspects.

The authors emphasize that the status of the people with disabilities in the labour market is still not equal. For example, women and men have unequal rights in distributing economic resources, i.e. women's income (even for the same position held) is lower, as well as women tend to occupy lower positions, and their career opportunities are more limited than men's. The researchers state that human development is determined by two programs: internal (inherent) and external (environment, development and life circumstances). The difficulties usually arise due to incompatibility of these two programs. Activity limitations and participation restrictions are caused by the impairment of movement and other body functions. (Including Students with Severe Disabilities, 2004; Nutbrownt, 2006).

Social career of the people with disabilities is related to the environment, learning and engagement in activities – the interaction of these three elements as well as social participation promote the people with disabilities to pursue career (see. Fig. 4). However, the difficulties may arise not only due to environmental factors, but also due to the self-assessment (eg., lack of confidence, fear), lack of skills (e.g., practical, communication), reluctance to act, learn, communicate and etc.



**Fig.1** The model of social career of the people with intellectual disabilities

**Source:** Večkienė, N.P., Navikienė, Ž., Kandravičienė, A. (2012). Asmenų, turinčių proto negalią, socialinės karjeros modelis. *Tiltai*, Nr. 4, p. 178.

In the National Social Integration Program of 2013-2019 (2012) it is noted that due to the nature of the disabilities (including intellectual disabilities) the disabled are often unable to participate in public events, to use different services related to culture and tourism, to visit various monuments and sites of cultural heritage, to develop and utilize their creative, artistic and intellectual potential, not only for their own sake, but also for the enrichment of society.

The program also notes that integration into society also gets complicated due to the dominant attitude of mass media, which forms a negative image of the disabled as well as prejudice, which prevent people from acknowledging the contribution of the disabled in the society. Due to the lack of employment opportunities, the disabled are dependent on the support and benefits provided by the state. In addition, there is a lack of systematic approach to the problems of the disabled; the legal framework is also unfavourable to the needs of the people with disabilities. State and municipal authorities do not ensure effectively the rights and fundamental freedoms of the disabled.

Having analysed legal regulation of social integration of the disabled, Gudžinskienė and Jurgutienė (2010) state that the situation of the people with intellectual disabilities in labour market

is really complicated and the possibility of their employment in recent years is declining. “The Lithuanian law guarantees the fundamental right to work for all people; it also provides additional employment guarantees and a quota system for employment of people with disabilities. However, in practice these rules are not effective for people with intellectual disabilities, because only those who are determined as "capable for work" can use them”. (Gudžinskienė, Jurgutienė, 2010, p. 23).

### **1.5. Vocational Training of the Young People with Intellectual Disabilities**

The basis for the enhancement of professional development of one’s skills and purposeful vocational training is general and vocational training, practical work and analysis of the results based on objective self-assessment. Practical activities have a huge impact on the development of one’s professional purposefulness and acquisition of work experience. МИТИНА (2004) claims that the first thing in this process is propensity (i.e. motivation) and only then the actions to realize it comes. R. Laužackas (2005) explains the pre-vocational education by taking into account the ideas of C. Busshof., (1984). C. Busshof identifies 6 steps which should be taken by every young man when choosing a career.

- Stage I: choosing a career must be understood as a serious task (appropriate attitude is necessary).
- Stage II: it is necessary to be able to analyse the choice of career as a problem.
- Stage III: it is necessary to understand the reality of the possibilities of one’s choices.
- Stage IV: it is necessary to prepare the possible variants of the choices by using one’s experience.
- Stage V: it is necessary to understand the personal and social responsibility.
- Stage VI– it is necessary to know how to make decisions in life.

According to the data of the Ministry of Social Security and Labour, the vocational education and training of the disabled is conducted in the following 7 main educational institutions: Rehabilitation Center of Vocational Training of Lithuania, Vocational Rehabilitation Department of Kaunas Builders School, Gelgaudiškis Special Boarding –School in Šilutė District, Vilnius Vocational Training Centre for Service Business Specialists, Kaunas Food Industry and Trade Training Centre and etc. Such type of training should be expanded (by adapting study programmes, school environment, providing appropriate qualifications for teachers) because, first of all, it provides possibility to make a good choice of career, it is also one of the most efficient ways of

students' with SEN integration into society. In addition, it is necessary to expand the development of the facilities of vocational training in regions and ensure the collaboration of the regional state authorities and individual parts of complex rehabilitation system.

Students with special needs who want to access and be successful in job training can receive vocational training at vocational training schools, offering 21 basic vocational training programs for people with mild intellectual disabilities. During 2005-2006 academic year 1685 such students were enrolled (in 2004 the total number of students enrolled was 1749). Obviously, the number of the disabled students enrolled in vocational training schools in the academic year 2005-2006 decreased.

Although Lithuanian legislation provides people with intellectual disabilities the right to receive vocational training, the vast majority of the young people with intellectual disabilities are not able to exercise this right in practice. Parents and specialists indicate that the most important factor in this situation is implicit negative attitudes towards people with intellectual disabilities. This is especially felt in small rural communities. Although in recent years the vocational training services have become more accessible to people with intellectual disabilities, however, only the young people with mild intellectual disabilities can take this advantage and acquire vocational training. Young people with mild intellectual disabilities can receive vocational training at public vocational training schools, special boarding schools, and vocational training departments or in special centers for vocational training. Currently there are 3 such facilities in Lithuania. Vocational training and employment of people with disabilities is also provided by Lithuanian Labour Exchange, but these services do not meet special needs of the people with intellectual disabilities.

Most people with intellectual disabilities cannot even take advantage of the Labour Exchange services, because they are considered incapable. Non-governmental organizations representing the interests of the disabled play a key role in this situation. They are the only institutions providing vocational training and day care services to young people with a bit more severe intellectual disabilities after they graduate from school. The Council for the Affairs of the Disabled under the Government of the Republic of Lithuania have prepared and submitted the project on the Development of Vocational Rehabilitation Strategy to the Ministry of Social Security, whereby the principles of vocational rehabilitation of the people with disabilities are established. The main objective of the reform is to establish a common legal, organizational and economic system to help the people with disabilities, including people with intellectual disabilities, to integrate into the vocational training system.

Constantly increasing demands of the new "information society" put emphasis on the opportunities offered by education and new technologies, therefore people with special educational needs have more difficulties to enter the labour market. (Baranauskienė, 2003, p. 196–209.)

People with intellectual disabilities wishing to get a job need additional vocational training, vocational reorientation or rehabilitation. The specialists of social integration of the people with intellectual disabilities note that the possibilities of these people to acquire vocational education and later on find their place in the labour market depend on the conditions provided by the 'healthy' part of the society. A common obstacle in seeking vocational education for these people is physical environment, especially in rural areas.

The specialists and the parents growing children with intellectual disabilities indicate that in fact they cannot exercise their right to vocational training, even though it is enshrined in law. Another problem is that the list of vocational training programs offered to the young people with intellectual disabilities is rather limited.

In addition, only young people with mild intellectual disabilities are able to study at vocational training institutions. Paradoxically, even in the capital of Lithuania, which is rich in educational institutions, after graduating from secondary or special education school, a young person with intellectual disability has very limited possibilities to seek further vocational training. Usually young people are forced to separate from their families and move to vocational training centers situated somewhere in the provinces. (Galkienė, Šapolienė, 2003)

The vocational training and vocational rehabilitation reform being implemented in Lithuania is expected to open more opportunities for people with intellectual disabilities. In accordance with the Law on Social Integration of the Disabled adopted in 2004, which entered into force on 1 July 2005, basic vocational rehabilitation services provided to the disabled include vocational guidance, counselling, assessment of vocational skills, restoration or development of new skills and requalification. The Vocational Rehabilitation Strategy prepared by the Council for the Affairs of the Disabled includes an action plan for the next decade. The strategy describes the measures which are provided for each type of disability (including people with intellectual disabilities). The vocational rehabilitation services for the people with intellectual disabilities should be provided in Day Activity Centers, vocational training institutions, social enterprises and non-governmental organizations, having expanded their vocational rehabilitation activities. Young person with intellectual disability who graduates from vocational rehabilitation program should be employed by social enterprise or in a free labour market. (The Law on Social Integration, 2004)

The young people with intellectual disabilities usually have the following vocational training opportunities:

- general public vocational training schools providing vocational training of Level 1 programs or study in mainstream or special general vocational school groups, for individuals who have not completed basic education programs;
- three vocational training schools for the people with special needs;
- specialized vocational training units in special boarding schools;
- vocational training services offered by the Labour Exchange;
- non-formal vocational training groups, established by the Archdiocese of Vilnius. Here young people with disabilities are taught some kind of restoration and handicraft.

In Lithuania the vocational education and training system consists of four levels (stages), and only the programs of Level 1 and Level 2 are available to the young people with intellectual disabilities. The vocational education and training programs of Level 1 provide the opportunity to acquire basic vocational (simple) professions, while the range of specialities offered under Level 2 programs is a bit wider. In recent years vocational training programs have been revised and have become more flexible and more in line with the students' needs; the situation of the young people with intellectual disabilities has improved after abolishing the requirement to enrol to the vocational school only those students who have already completed a certain educational program. More opportunities have opened up to the young people with intellectual disabilities after simplification of the admission to professional school procedure. The recently adopted legislation provides that even those young people who have failed to complete the special or adapted program at general education school may be admitted to the Level 2 vocational training programs at vocational training institutions. Previously those who have failed to complete the curriculum of general education

Level 1: is intended for children under 14 year-olds who have not completed the basic program at general education or special boarding school and are seeking to gain vocational education. Level 2: is intended for students who have completed basic education program and are seeking to acquire vocational education (professional qualifications). Level 3 is intended for students who have completed basic education and are seeking to acquire vocational education (professional qualification) as well as secondary school-leaving certificate (Maturity Certificate). Level 4 is intended for students who have completed secondary education and are seeking to acquire vocational education (to gain professional qualification).

About 60 state vocational schools offer the young people to choose a career of a decorator, shoe master, mason, finisher, carpenter, locksmith, cook and other. Individuals who do not have basic (lower-secondary) education are admitted to state vocational schools. People with intellectual

disabilities are integrated into groups, special groups are formed. At the moment there are three specialized vocational training schools in Lithuania – Radviliškis Vocational Rehabilitation Center, Kaunas Builders School and Žemaičių Naumiestis Polytechnic School.

Within three years of study at these educational institutions the young people can acquire the qualification of a carpenter, tailor, decorator, plantation manager or a cook. Young people who have completed special schools or studied at lower secondary/secondary schools under the special or adapted programs (not younger than 15-16 years) are admitted to study there. The disabled young people can also study at these schools, but the young people with intellectual disabilities constitute the main part of the students. Radviliškis Vocational Rehabilitation Center could be considered an exemplary model of vocational education organization.

Rehabilitation Center of Vocational Training of Lithuania, where people with different disabilities, including deaf and hard of hearing, impaired motor and movement function as well as mental retardation, are consulted. During vocational guidance of a young person, especially the one with intellectual disabilities, it is necessary and even important to get the assessment and advice of the specialists. The youths who have not yet decided whether to study at the center or not are also welcome for advice. This institution provides not only vocational guidance and teaching, but also much attention is paid to young people's cultural education, their occupation after school, extra curriculum activities and especially the socio-psychological rehabilitation. During social and psychological rehabilitation the young people are monitored, their adaptation and orientation in a new environment are evaluated, as well as motivation of vocational interests, the tendencies of collective work are assessed and personal social competence is fostered.

Choosing a career for a young man who cannot come to Radviliškis can also help his parents and teachers by applying for advice to the educational psychological services located in each city and district. The specialists working in this Service evaluate young people's skills and interests.

The information will be more comprehensive after the Ministry of Education and Science starts to systematize the diverse statistical data.

The center was established in 1993, having received the support from German government. Only the specialist having a deep knowledge on the nature of person's disability and its causes can consult the young person on specialty choice. This specialization is necessary because people with disabilities, especially young ones, do not adequately assess their capabilities. It is especially important to take into account each person's level of development; his/her own specific set of features. It is important to fully assess the psychological and pedagogical aspects of the person's



physiological characteristics. Maturing young person, especially the one with a mild intellectual disabilities, needs an advice from the team of specialists.

The specialists, who are competent to work with people having disabilities, offer a vocational training program, bearing in mind the capacity of each young person and taking into account the type and peculiarities of each disability. It should be noted that an oral consultation is not enough for making a choice of a vocational program. It is equally important that the young person could practically engage in and test the career that he/she is going to choose in order to become familiar with the working environment. To do this the young person must apply to employers or a certain school. It is very useful for a young person to have an opportunity to stay in the work environment and to do some simple actions. Unfortunately, employers usually do not agree to carry out such experiments due to strict safety requirements and laws.

Young people who have completed a special school or adapted secondary school can be trained in a segregated environment - vocational education and training departments of special boarding schools. Only disabled young people study at these vocational education and training departments, where they acquire professional qualifications and also prepare for independent living. Unfortunately, career choices in these institutions are narrow - young people have the opportunity to choose the career of a household assistant, decorator or a cook.

The Labour Exchange together with the labour market training service are responsible for disabled for education and training of the young people of 18 years old and over. Local Labour Exchanges provide vocational training services to help individuals having difficulties in employment, as well as people who are registered as unemployed. Unfortunately, these vocational training and employment assistance services are almost inaccessible to people with intellectual disabilities, as most of them are recognized incapable. Only a small percentage of young people with mild intellectual disabilities are an exception. Furthermore, none of these vocational training programs are tailored specifically for people with intellectual disabilities. Labour Exchange sets a goal to recruit up to 70% of vocational training courses graduates; so, people with intellectual disabilities are almost excluded from the above rates because otherwise the job market would not reach its set goals. It should also be noted that short vocational training programs oriented only to vocational training do not help young people to enter the labour market. Much better results are reached when young people with intellectual disabilities already have a professional qualification and they enter labour market vocational training centre to deepen their skills or get a new career.

Vocational training and vocational rehabilitation services are provided by non-governmental organizations.

Vocational education and training services for people with disabilities are provided by various institutions and organizations, as well as NGOs 250. The training, guidance and day care services provided by NGOs are very important because often they are the only possibility for the people with severe intellectual disabilities. NGOs provide the opportunity to the people with intellectual disabilities to improve their social and professional skills and receive special training at day care and training centers. For example, the association "Viltis" has established family support centers in nearly all of its regional branches, where services are of high demand and useful. The family support centers of the association "Viltis" are providing day care services for people with intellectual disabilities, where young people are taught essential social skills, such as shopping in a store or coffee making, and participate in vocational training programs, such as sewing, embroidery, gardening or pottery works.

The Training Center "Mes esame" can be an example of a good practice of the provision of vocational training, day care and employment services for people with intellectual disabilities. The center is established and operates in the sector of Vilnius City Municipality social services. The programs adapted to the young people with intellectual disabilities are approved by the Ministry of Social Security and Labour as well as the Ministry of Education and Science. Young people over 18 years old with intellectual disabilities can attend the center. Priority is given to those individuals who have not attended any special school and have not been educated at home. Currently the territorial Lithuanian Labour Exchange offices bear the costs of sending the people for vocational training. This includes the transport, accommodation and health insurance expenses. In addition, upon submission the certificate issued by vocation training institution about attending the vocational training courses, the unemployed are entitled to get a monthly allowance. The vocational training courses organized by Labour Exchange usually last up to six months, but if the mastery of the profession requires a longer time, training can be extended up to ten months. However, the training period is too short for the people with intellectual disabilities.

Social security departments of the municipalities, social care institutions, educational institutions, employers, public organizations and specialized institutions providing vocational rehabilitation services for disabled persons can assist the disabled. Eight different 3-year vocational training programs have been prepared and adapted. Successful graduation leads to a qualification certificate, which is a legal proof of qualification in a job market. The vocational training services provided at the Centre are mostly intended for people with moderate and severe intellectual disabilities. 51 certificates have been issued since 1998.

Unfortunately, after completion of the programs offered by the Center the number of successfully employed people is not big. Since the establishment of the Center on 21 November

1998 only a few people with intellectual disabilities have been integrated into the open labour market with the help of the Center and Vilnius Labour Exchange. Currently 9 people are employed on the grounds of the subsidization procedure, but it is not related to the quota requirements for workplaces.

The scientific sources reflect a diversity of methods used by the people with intellectual disabilities to cope with difficulties related to both the external environment and with the disability itself, their emotional state, attitude towards themselves, their capabilities, motivation and etc.

Having investigated career development and design trends of the people with disabilities, Ruškus (2008) notes that in order to overcome the difficulties it is important to expand their social network, to broaden and activate engagement in various social and organizational environments. From the author's point of view, another important factor is social partnership that could function not only in marginalized communities but could function in cooperation of various public organizations, including the ones of the disabled. Social communication is a significant factor in the professional career of the disabled. It is also important to provide counselling and mediation services, to educate employers on employment of the people with disabilities, to ensure the possibility to the disabled to choose vocational institutions and to allow the young people to move from one occupational scheme to another (e.g., From learning to practice, from practice - to the market, market - the re-training), promotion of entrepreneurship of people with disabilities and etc.

The various coping techniques distinguished by Ruškus (2008) can be also applied to the young people with intellectual disabilities who have completed vocational training institutions, for their integration into society and the labour market:

- The communication and cooperation of the organizations representing the disabled and other public organizations – creation of a joint association for greater cooperation between the various organizations, the involvement of the assistants (students): making contracts with educational institutions; seeking closer cooperation between the disabled groups and representatives of society.
- Consulting, mediation – qualified consultant is needed in elderships to give advice on career prospects and on job search for the disabled.
- Successful cases in enterprises – creation of positive provisions - preparation of the community to accept the person with disability (organize meetings and etc.), the emphasis of the benefit the employer receives by employing a disabled person; development of positive attitudes of employers; creation of successful cases of practical training in business sector, creation a real movies about real cases of successful employment; giving emphasis on work skills.

- Inter-institutional continuity and clarity of the system - a unified state; the system established by law; vocational rehabilitation institutions with employers, vocational retraining accessible to the disabled, possibility to choose vocational training.
- Strengthening of vocational motivation by creating successful cases – to increase the interest in one’s vocational career (to force to get out of one’s home); disclosure of inner motives and interests, strengthening of vocational motivation based on good experiences of people with disabilities, vocational testing and “trying of the career”.
- Development and encouragement of entrepreneurship of the disabled - project development skills training, business development training, teaching to introduce oneself and one’s abilities; to promote the organizations providing services to the disabled to be more active; to encourage entrepreneurship skills of the people with disabilities.
- Information about the possibilities – to create a web page about the services provided by the organizations on disability; service marketing (informing the public about the possible services), internet access, dissemination of success precedents and informing about opportunities for social enterprises.
- The competence to work and communicate with the disabled – acquisition of the competence to work and communicate with the disabled; getting to know the person, ability to listen.
- Creation of a positive attitude towards oneself – development of stress management skills, acceptance of one’s disability, psychological preparation of the disabled, development of conflict management skills, self-knowledge, introduction of one’s abilities, seeing disability as advantage, adequate self-assessment, emotional disposition, development of independent living skills of the disabled independence in the family, support to the family (psychological, informational, legal, social), communication of the disabled with each other and sharing of experiences.
- Lack and necessity of legal clarity – revision of legislation regarding the employment flexibility of the disabled, provision of clear information to the employers and the disabled about the employment and its conditions, provision of the information to the employers about legal benefits resulting from employment of the people with disabilities.

Thus, it appears that in addition to external factors relating to the legal aspects, collaboration of the educational institutions, social institutions and enterprises as well as provision of consultation and mediation services on employment, also the strengthening of motivation, independence and emotional disposition of the disabled as well as positive attitude towards themselves, cognition of their abilities, interest in their vocational career (i.e. strengthening of

internal factors), are necessary. Moreover, meeting with other disabled people can help the young people with intellectual disabilities who have completed vocational education and training institutions to overcome the difficulties. They could share best practices and experiences.

Okunevičiūtė Neverauskienė (2012) also believes that labour assistant (mediator, case manager or supervisor) could help to cope with the difficulties for a person with intellectual disabilities who is looking for a job. Mediation specialists not only assist in finding a job and integrate into the labour market, but also help the disabled to deal with emerging social adaptation problems. According to Baranauskienė and Gudiničius (2007, p. 102), in this case the quality of the “relationship between the disabled and the mediation specialist is important, which should be based on trust, respect and compatibility principles. “

The importance of the help of competent mediation specialist or assistant is also emphasized by I. Baranauskienė and A. Juodraitis (2008). They argue that during the pre-preparation for the vocational training, when commencing an employment as well as during vocational adaptation period competent and motivated specialists can help to solve arising personal difficulties related to personal career and integration into the labour market by focusing on the psychological environment change and support in choosing a career.

The results of Baranauskienė’s (2007) research reveal that people who help to sort out the arising problems and overcome them (e.g. relatives or friends who work together, colleagues or emphatic employers) are the ones who help the people with mild intellectual disabilities to cope the vocational adaptation challenges. In addition, for the employer to receive a state support for employing the disabled and the disabled to receive a mediation specialist’s services as well as social support, the young people with mild intellectual disabilities should choose a career, which meets the job market demands and the needs of the person himself/herself.

Okunevičiūtė Neverauskienė’s (2012) research results show that more flexible forms of work organization (e.g. the possibility to work part time) and increased vocational training possibilities could help to solve the problems of the integration of the disabled into the labor market.

The analysis of scientific sources (Baranauskienė, 2007; Baranauskienė et al., 2008), reveals that psychological and material security can also help the young people with intellectual disabilities to cope with difficulties. It is important that educational and working environment would be in line with the nature of the disability and allow the people with disabilities to improve.

In addition, accessibility and flexibility of institutional vocational rehabilitation system can determine people’s with disabilities success in vocational participation and help them to avoid difficulties. Career opportunities expansion, employment support, continuous response to changes

in labour market and adjustment of training (learning) conditions to satisfy the market demands are significant factors for the young people with intellectual disabilities after graduation from vocational education and training institutions. Furthermore, active participation of the young people in the vocational rehabilitation process (recognition of their skills, perception of the concept of lifelong learning, development of the motivation to actively engage in occupational activities, recognition of their responsibility for career and active participation in its creation) are also significant determinants. (Baranauskienė, Juodraitis, 2008)

V. Hajkova (2007) notes that the aim of modern diagnostics is to identify situations in which customers are experiencing difficulties. It is necessary to help them to find the optimal solution in a stressful situation. The diagnostician must try to detract the customer from his/her problems. The author also believes that selection of certain strategies depends on the impact of psychosocial environment, social network, as well as person's perception of the information and support he/she receives. (Hajkova, 2007)

Carver, Connor – Smith (2010) present a personality and five –factor model. They distinguish five factors that determine what strategies an individual is going to choose to overcome the difficulties. The first factor is extraversion, which is equated to communication skills. A person having this character trait is self-confident, sensitive and has positive emotions. Moreover, social network is also important. Thus, the usage of social support coping strategies is characteristic to them. The second factor is neurocity. It refers to sadness, suffering and avoidance. Thus, emotion-focused strategies (denial) are used. The third factor is trust, which is related to caring for others, helpfulness and friendliness. Hereby social support strategies are employed. The fourth factor is integrity, which is associated with the persistence, considering the phenomena not as threats, but as problems. Postponed coping strategy is employed. The fifth factor is the openness associated with creativity, flexibility, new activities and ideas. Behavioural and thinking change strategies are employed. (Carver, Connor - Smith, 2010).

Connor - Smith (2010) also point out that there is one more significant feature that does not fit into the five-factor model – i.e. optimism. It helps to overcome the difficulties. Carver and others (1989) suggests that optimists tend to have positive expectations about the future. Extraversion is associated with an active overcoming of difficulties; neurocity is associated with withdrawal and avoidance to solve problems, while integrity and openness are associated with postponement of problem solving. (Carver, Connor – Smith, 2010)

Difficulty coping depends on personality character traits, social resources and the ability to assess the situation. The level of mental health of the person (mental stability) determines how easy the person can deal with difficulties. Lack or absence of necessary resources lead to inability to use

appropriate coping strategies. To some up the above respective views on coping strategies, this model meets all the above features, which are necessary for coping.

## ***Part 2. RESEARCH ON COPING STRATEGIES OF YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES HAVING GRADUATED FROM VOCATIONAL TRAINING INSTITUTIONS***

### **1.4. Research Methods**

A quantitative research has been carried out by using a questionnaire survey method. The questionnaire was prepared. In order to analyse the issue in more detail the quantitative research method was chosen – i.e. the questionnaire survey of the people surrounding the young people with intellectual disabilities studying at vocational training institutions (social workers, administration staff, family members and etc.) By selecting the quantitative research method we aim to disclose the prevailing general provisions and trends.

The questionnaire consists of 4 parts:

- 1. Demographical questions.** The respondents were asked about their sex (female, male), age (open question, requesting to indicate exact age), education (primary, lower-secondary, secondary, vocational, higher non-university, higher/university, Master's degree or Doctor's degree), work status (guardian, the member of the family taking care of the disabled young person, administration staff member, medical staff or other); place of residence (city, town or village).
- 2. Character traits of the youth.** The respondents were asked the question about the character traits of the youth. 16 categories were provided, they needed to choose from 1 to 5 positive or negative features; 1 - is negative and other 2, 3, 4, 5 are intermediate options. The given character traits were as follows: from caring to careless, peremptory or tolerant, happy or sad, kind or angry, gentle or rough, sympathetic or non-sympathetic, communicative or non-communicative, feuding or non-feuding, helpful or unwilling to help, friendly or hostile, has positive self-esteem or low self-esteem, calm or nervous, self-confident or diffident, honest or dishonest, frank or inhibited.
- 3. Social skills of the young people.** The respondents had to assess the skills of young people. They had to choose from the following categories: *is fully able, probably able, I do not know, probably not able, totally unable*. The following options were given: to communicate with adults, socialize with peers, interact with strangers, ask for help, to get the required information outside the home environment (at the shop, post office, etc.), to tidy one's room, personal hygiene, to look clean, to cook, to do the laundry, to use the iron, washing machine, TV and other devices, to count

money, to do the shopping list, to go shopping or to a concert/movie, etc. without an accompanying person, to plan the activities for next day/next week, to purposely spend leisure time.

4. **Social environment of the youth.** The respondents had to note only one possible variant by choosing: *never, sometimes, often* or *always*. The following categories have been given: there is a person who introduces to a new place; employees (caregivers, family members) are attentive and helpful to new residents; they maintain contacts with their family members or loved ones; they maintain relations with former employees, friends; they participate in community (village, town) life; have close people with whom can constantly communicate; have a close person who helps to deal with difficulties and consoles; are satisfied with their place of residence; have enough space to put their things, relax and socialize with others; take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities).

4. **The difficulties faced by young people in life.** The respondents had to evaluate the actions taken by young people facing difficulties, i.e. how they overcome them. (*Never, sometimes, often* or *always*). Categories: engage in any of the activities (watching TV, dreaming, etc.) to avoid thinking about the difficulties; take steps to help overcome the difficulties; refuse to believe that it has happened; drink, smoke or take drugs in order to think less about the problem; are looking for consolation and understanding from other people; are seeking advice from other people who had similar experiences; focus on problem solving; express their negative emotions (are sad, angry); try to find out positive aspects in the situation; are planning steps to overcome the difficulties; make jokes and are looking at the difficulties with a sense of humour; come to terms with the fact that nothing can be changed; are seeking solace in religion; blame themselves for the existing difficulties.

The data collected were analysed and classified in accordance with separate research objectives from more general to more specific topics.

Anonymous questionnaire was chosen in order to increase the openness of the respondents and receive more reliable data. The questionnaire survey served as sociological information collection method. The respondents filled in the questionnaire in writing by following the requirements set.

**The test of internal consistency of a set of the questionnaire items.** *Cronbach's Alfa* is used to assess the internal consistency of a set of questionnaire items. If the value of the Cronbach's alpha coefficient is greater than 0.7 the questionnaire will be treated as properly designed.

The data were assessed by using SPSS programme software, which is convenient for processing of the collected information and is designed for the work with the data, its analysis and



assessing the relationship between variables. The data were processed by using SPSS 17 version and Microsoft Office Excel 2007.

To check the hypothesis on the normality of the distribution the **Kolmogorov–Smirnov test** and **Shapiro – Wilk test** was employed. Shapiro–Wilk test is recommended for small sample sizes, while Kolmogorov-Smirnov tests – for large sample sizes. In addition, the advantage of Shapiro – Wilk test is that it provides the statistics on the qualitative assessment of the deviation of the variable from the normal distribution. The closer the statistics is to 1, the closer the distinction is to normal.

**Presentation of data analysis:** The analysis was conducted in writing. Diagrams and tables are used for presentation of the collected data. Mean values (*M*) and standard deviations (*SD*) were calculated from Likert scale data and rates (per cents) were calculated from ordinal or rank data. Mann-Whitney-Wilcoxon test was used to compare how the results differ in different socio-demographic groups of respondents. This criterion is used to detect differences in the two populations when the compared variable is ordinal /relational or interval and when parametric criterion do not meet the conditions of use (this is the alternative test to the independent sample t-test). The premise of this criterion is that the value distribution in both populations is equal, but in one population the distribution might possibly be displaced in respect to other population distribution and the variable being compared in the samples must not be lower than ordinal measurement level, also ordinal variable should have sufficient number of different meanings (in most cases seven different values are enough).

In all cases, a statistically significant difference will be the one the reliability of which is higher than 95 per cent., i.e.  $p < 0.05$ .

**The survey sample.** 220 individuals whose average age was 48.7 years participated in the research. As we can see from the table below, 54 per cent of the respondents were male and 46 per cent – female. According to the place of residence of the respondents, 57 per cent of them were the inhabitants of cities and 43 per cent – the inhabitants of small towns and villages. The majority of the respondents had higher non-university education (68 per cent). Social workers constituted the biggest part of the respondents (75 per cent). In order to compare the results in different age groups all the respondents under the age median, which was equal to 49 years, were classified into two groups - under 49 years and 50 years old and over (for the distribution of these groups see the table below).

Table 1. **Socio-demographic Characteristics of the Respondents**

		N	Perc.
Sex	Females	100	46,1%

	Males	117	53,9%
Age	under 49 years old	84	53,8%
	50 years old and over	72	46,2%
Place of residence	Village, small town	91	43,1%
	City	120	56,9%
Education	Primary	0	0,0%
	Basic (lower-secondary)	0	0,0%
	Secondary	4	1,8%
	Vocational	9	4,1%
	Higher non-university	148	68,2%
	Higher university	56	25,8%
	Master's degree	0	0,0%
	Doctor's degree	0	0,0%
Status	Guardians	0	0,0%
	Families taking care of the young man, family member	6	2,8%
	Administration staff member	37	17,2%
	Social workers	162	75,3%
	Medical staff	6	2,8%
	Other	0	0,0%
	Assistant social workers	4	1,9%

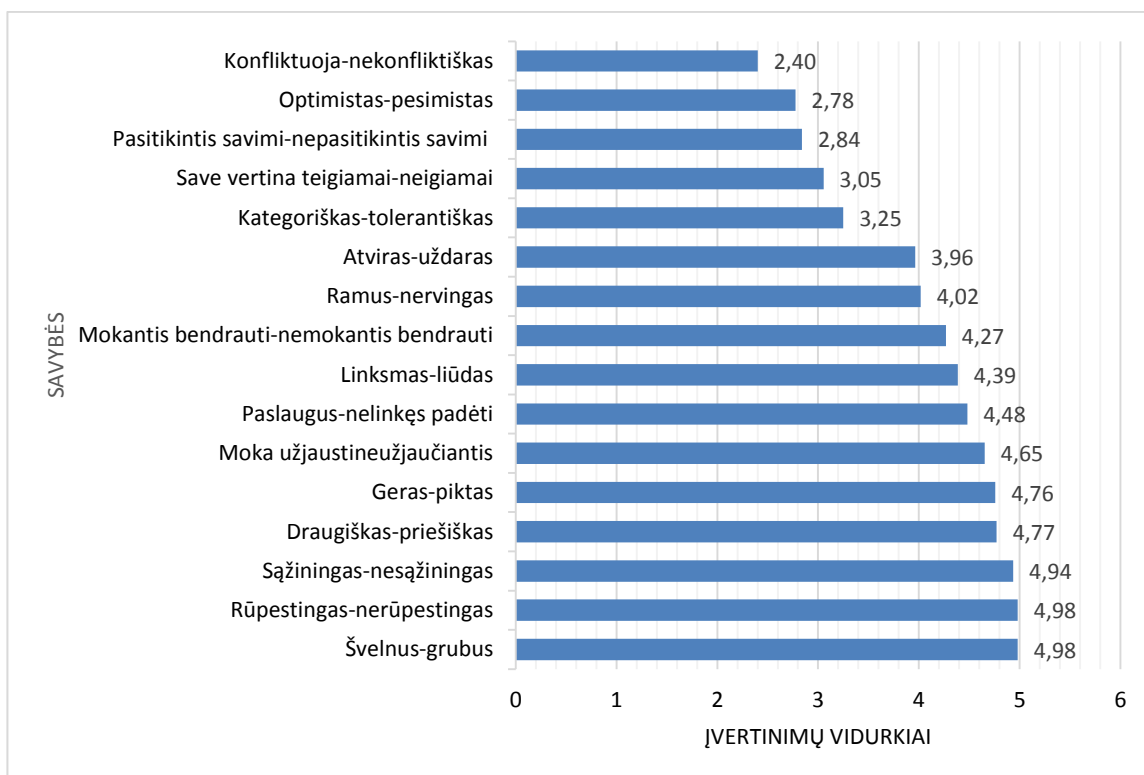
In addition, in order to compare the results of different residential groups of respondents and taking into account the fact that the number of the respondents living in the city is relatively small, we have merged the city and town groups.

## 2.2. Research Results

### 2.2.1. Assessment of the Features of Young People in a Certain Place

The respondents were asked to fill in a 16-item questionnaire on the assessment of the features of the youth in an appropriate place. A 6- point evaluation should be given to the trait which is assessed positively, 1- negatively and 2,3,4,5- points are intermediate evaluations. It should be noted that the Cronbach alpha coefficient of the questionnaire is 0.768 ( $> 0.7$ ), which means that the questionnaire has been well designed.

The figure below shows that the most positively assessed features are gentleness, honesty, kindness, reluctance to get involved in conflicts and friendliness. The most negatively assessed are pessimism, self-doubt, negative self- assessment and assertiveness.



**Fig. 3 Mean Values of the Assessments of the Features of the Young people in a Certain Place**

In order to compare the assessments of the features of the young people in a certain place between socio-demographic groups, we must determine whether the distributions of these assessments are distributed by the normal distribution. As we can see from the data presented in the table below, based on both Kolmogorov-Smirnov and Shapiro-Wolf tests, these statistics were significant ( $p < 0.05$ ). It shows that statistically significant distribution of variables from the normal distribution differs, thus nonparametric Mann-Whitney U test should be used for the comparison of the results.

**Table 2. The Characteristics of the Assessments of the Features of Young People in a Certain Place (n=147)**

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
Careful- careless	4,98	1,91	0,267	220	0,000	0,826	220	0,000
Peremptory – tolerant	3,25	2,15	0,221	220	0,000	0,869	220	0,000
Cheerful - sad	4,39	1,94	0,233	220	0,000	0,880	220	0,000
Kind - angry	4,76	1,69	0,211	220	0,000	0,894	220	0,000
Gentle – rough	4,98	1,41	0,169	220	0,000	0,914	220	0,000
Sympathetic - non-sympathetic	4,65	1,79	0,176	220	0,000	0,907	220	0,000
Communicative - non-communicative	4,27	1,86	0,171	220	0,000	0,922	220	0,000
Feuding -non-feuding	2,40	1,79	0,288	220	0,000	0,804	220	0,000
Helpful – unwilling to help	4,48	1,63	0,220	220	0,000	0,901	220	0,000

Friendly- unfriendly	4,77	1,69	0,185	220	0,000	0,917	220	0,000
Has positive self-esteem - low self-esteem	3,05	2,14	0,259	220	0,000	0,836	220	0,000
Calm - nervous	4,02	1,96	0,205	220	0,000	0,909	220	0,000
Self-confident – diffident	2,84	1,96	0,253	220	0,000	0,860	220	0,000
Honest – dishonest	4,94	1,67	0,165	220	0,000	0,911	220	0,000
Frank – inhibited	3,96	2,22	0,153	220	0,000	0,879	220	0,000
Optimistic – pessimistic	2,78	2,21	0,330	220	0,000	0,754	220	0,000

Having compared the assessments of certain features of the young people in a certain place between male and female groups, it has been found out that women are statistically more likely than men to indicate the sympathy of the young people ( $U=4748,00$ ,  $p=0,015$ ), while the men significantly more frequently indicate that the young people are peremptory ( $U=4887,50$ ,  $p=0,032$ ). In respect of other features the assessments of men and women did not differ significantly ( $p>0,05$ ).

**Table 3 . Assessment Ranks of the Features of Young People in an Appropriate Place of Male and Female Groups**

	Female			Male			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Careful- careless	5,06	1,75	109,55	4,90	2,04	108,53	5795,500	0,903
Peremptory – tolerant	2,83	1,89	99,38	3,52	2,26	117,23	<b>4887,500</b>	<b>0,032</b>
Cheerful - sad	4,67	1,69	117,15	4,10	2,10	102,03	5035,000	0,071
Kind - angry	4,68	1,55	105,94	4,80	1,80	111,62	5544,000	0,496
Gentle – rough	4,83	1,42	103,65	5,08	1,38	113,57	5315,000	0,234
Sympathetic - non-sympathetic	4,93	1,67	120,02	4,38	1,86	99,58	<b>4748,000</b>	<b>0,015</b>
Communicative - non-communicative	4,42	1,73	112,28	4,21	1,93	106,20	5522,500	0,470
Feuding -non-feuding	2,29	1,76	105,57	2,42	1,74	111,94	5506,500	0,425
Helpful – unwilling to help	4,61	1,36	112,53	4,45	1,77	105,98	5497,000	0,430
Friendly- unfriendly	4,81	1,36	108,46	4,73	1,91	109,46	5796,000	0,905
Has positive self-esteem - low self-esteem	3,05	2,14	107,88	3,10	2,15	109,96	5738,000	0,800
Calm - nervous	4,17	1,79	114,34	3,85	2,07	104,44	5316,000	0,237
Self-confident – diffident	2,61	1,85	102,01	3,08	2,05	114,97	5151,000	0,115
Honest – dishonest	4,92	1,54	107,74	4,93	1,78	110,08	5723,500	0,780
Frank – inhibited	3,77	2,23	102,31	4,20	2,18	114,72	5180,500	0,141
Optimistic – pessimistic	2,97	2,25	113,99	2,63	2,19	104,74	5351,500	0,237

Having compared the assessments of certain features of the young people in appropriate place between different age groups, it has been determined that people under 49 years old statistically are more likely than older people (over 50 years old) to indicate the sympathy of the

young people ( $U=2282, 50, p=0,007$ ) and they consider them significantly more cheerful, than older people ( $U=2464,00, p=0,038$ ). In respect of other features the assessments of different age groups did not differ significantly ( $p>0,05$ ).

**Table 4. Assessment Ranks of the Features of Young People in a Certain Place of Different Age Groups**

	under 49 years old			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Careful- careless	5,43	1,31	78,83	5,53	0,98	78,11	2996,000	0,917
Peremptory – tolerant	2,79	1,93	80,14	2,63	1,78	76,58	2886,000	0,608
Cheerful - sad	4,83	1,69	85,17	4,43	1,74	70,72	<b>2464,000</b>	<b>0,038</b>
Kind - angry	4,61	1,54	78,63	4,85	1,27	78,35	3013,000	0,968
Gentle – rough	4,98	1,12	77,54	5,06	1,16	79,62	2943,500	0,767
Sympathetic - non-sympathetic	5,02	1,46	87,33	4,38	1,72	68,19	<b>2282,000</b>	<b>0,007</b>
Communicative - non-communicative	4,61	1,58	84,46	4,18	1,72	71,55	2523,500	0,069
Feuding -non-feuding	1,98	1,51	74,80	2,28	1,61	82,81	2713,500	0,228
Helpful – unwilling to help	4,74	1,02	83,86	4,38	1,52	72,25	2574,000	0,093
Friendly- unfriendly	4,99	1,10	80,79	4,85	1,55	75,83	2832,000	0,480
Has positive self-esteem - low self-esteem	2,51	1,94	75,60	2,79	1,95	81,89	2780,000	0,352
Calm - nervous	4,18	1,78	81,48	4,01	1,92	75,03	2774,000	0,363
Self-confident – diffident	2,52	1,87	78,21	2,49	1,62	78,83	3000,000	0,928
Honest – dishonest	5,05	1,40	77,40	5,21	1,28	79,78	2932,000	0,737
Frank – inhibited	3,79	2,20	75,26	4,11	2,11	82,28	2751,500	0,325
Optimistic – pessimistic	2,55	2,16	81,59	2,24	2,06	74,90	2764,500	0,281

As we can see from the data below, the urban population considers that young people are significantly more careful ( $U = 4508.50, p = 0.028$ ) and more optimistic ( $U = 4452.00, p = 0.012$ ) while villagers consider that young people are significantly more peremptory ( $U = 4529.50, p = 0.029$ ).

**Table 5. Assessment Ranks of the Features of Young People in a Certain Place of the Respondents Living in Different Localities**

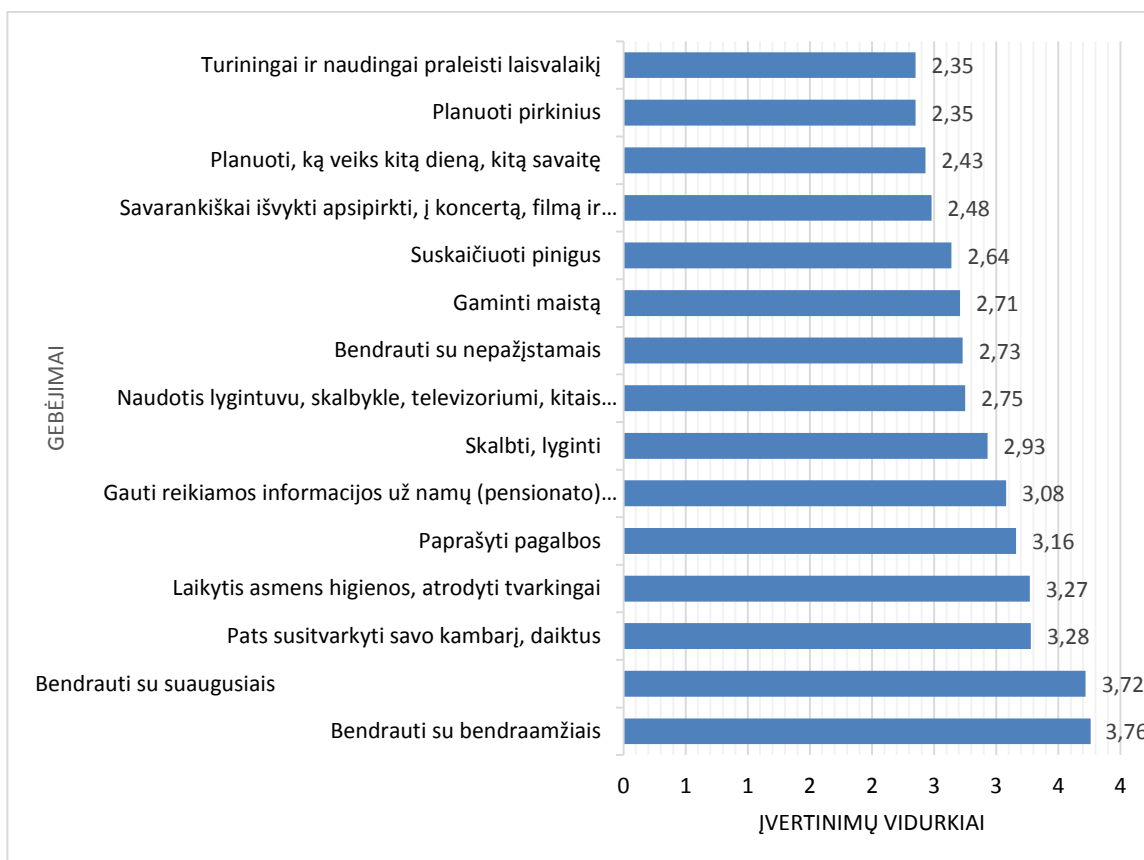
	Village, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Careful- careless	4,31	2,46	95,54	5,46	1,11	113,93	<b>4508,500</b>	<b>0,026</b>
Peremptory – tolerant	3,66	2,34	116,23	2,95	1,90	98,25	<b>4529,500</b>	<b>0,029</b>
Cheerful - sad	4,03	2,19	96,52	4,63	1,66	113,19	<b>4597,000</b>	<b>0,044</b>
Kind - angry	4,87	1,93	114,38	4,60	1,49	99,65	4697,500	0,075
Gentle – rough	4,93	1,69	107,97	4,98	1,16	104,50	5280,500	0,675

Sympathetic - non-sympathetic	4,54	1,92	104,58	4,62	1,68	107,08	5331,000	0,764
Communicative - non-communicative	4,15	2,15	104,32	4,38	1,58	107,28	5307,000	0,723
Feuding -non-feuding	2,41	1,85	106,68	2,31	1,64	105,48	5398,000	0,880
Helpful – unwilling to help	4,54	1,95	108,92	4,50	1,31	103,78	5194,000	0,533
Friendly- unfriendly	4,60	2,06	102,84	4,98	1,14	108,40	5172,000	0,503
Has positive self-esteem - low self-esteem	3,37	2,35	112,78	2,85	1,95	100,86	4843,000	0,143
Calm - nervous	4,02	2,06	105,92	4,06	1,84	106,06	5452,500	0,986
Self-confident – diffident	3,01	2,17	108,24	2,78	1,83	104,30	5256,000	0,629
Honest – dishonest	4,77	1,92	103,01	5,03	1,48	108,27	5187,500	0,527
Frank – inhibited	4,07	2,40	108,31	3,99	2,07	104,25	5249,500	0,627
Optimistic – pessimistic	3,16	2,19	117,08	2,53	2,23	97,60	<b>4452,000</b>	<b>0,012</b>

### 2.2.2. Assessment of the Abilities of Young People

The respondents were asked to answer the questions on the abilities of the young people. The questionnaire consisted of 15 statements to which a 5-point scale applied, indicating the abilities of the young people (from “totally unable” – 1 point up to „fully able” (5 points). It should be noted that the *Cronbach alpha* coefficient of the questionnaire is 0,885 (>0,7), which means that the questionnaire has been well designed.

As we can see from the data presented in the figure below, the following abilities were assessed best: communication with peers, interaction with adults, good personal hygiene, tidying one’s room and getting the things in order, asking for assistance, while the purposeful leisure activities, shop list making, next day activities planning, independent shopping, money counting and communicating with strangers received the lowest assessments.



**Fig.4 Mean Values of the Assessments of the Abilities of Young People**

In order to compare the assessments of the abilities of the young people between socio-demographic groups, we must determine whether the distributions of these assessments are distributed by the normal distribution. As we can see from the data presented in the table below, based on both Kolmogorov-Smirnov and Shapiro-Wolf tests, these statistics were significant ( $p < 0.05$ ). It shows that statistically significant distribution of variables from the normal distribution differs, thus nonparametric Mann-Whitney U test should be used for the comparison of the results in different groups.

**Table 6. Characteristics of the Assessments of the Abilities of Young People**

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
To communicate with peers	3,76	1,12	0,395	220	0,000	0,743	220	0,000
To interact with adults	3,72	1,07	0,369	220	0,000	0,775	220	0,000
To tidy one's room and get the things in order	3,28	1,20	0,209	220	0,000	0,918	220	0,000
To manage one's personal hygiene, look clean	3,27	1,21	0,252	220	0,000	0,892	220	0,000
To ask for help	3,16	1,15	0,242	220	0,000	0,879	220	0,000

To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	3,08	1,09	0,299	220	0,000	0,852	220	0,000
To do the laundry, to iron	2,93	1,11	0,284	220	0,000	0,849	220	0,000
To use the iron, washing machine, TV and other devices	2,75	1,13	0,231	220	0,000	0,890	220	0,000
To interact with strangers	2,73	1,19	0,239	220	0,000	0,883	220	0,000
To cook	2,71	1,24	0,211	220	0,000	0,880	220	0,000
To count money	2,64	1,33	0,203	220	0,000	0,884	220	0,000
To go shopping, to the concert or movie without an accompanying person	2,48	1,10	0,255	220	0,000	0,902	220	0,000
To plan the activities for next day/next week	2,43	1,24	0,251	220	0,000	0,892	220	0,000
To make the shopping list	2,35	1,09	0,276	220	0,000	0,872	220	0,000
To purposely spend leisure time	2,35	1,09	0,260	220	0,000	0,876	220	0,000

As we can see from the data presented in the table below, the assessments on the abilities of young people provided by men and women, did not statistically reveal significant difference ( $p > 0.05$ ). This suggests that statistically men and women assess the abilities of the young people very similarly.

**Table 7. Assessment Ranks of the Abilities of Young People of Male and Female Groups**

	Male			Female			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
To interact with adults	3,77	0,91	108,02	3,65	1,27	109,84	5751,500	0,807
To communicate with peers	3,80	0,94	109,20	3,71	1,17	108,83	5830,500	0,962
To interact with strangers	2,74	1,12	111,56	2,67	1,25	106,81	5594,000	0,566
To ask for help	3,20	1,08	110,95	3,09	1,29	107,34	5655,500	0,659
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	3,13	1,01	112,51	3,00	1,25	106,00	5499,500	0,425
To tidy one's room and get the things in order	3,42	0,92	116,62	3,13	1,19	102,49	5088,000	0,076
To manage one's personal hygiene, look clean	3,20	1,07	106,29	3,30	1,14	111,32	5579,000	0,532
To cook	2,77	1,10	111,55	2,68	1,15	106,82	5595,500	0,565
To do the laundry, to iron	3,02	1,15	112,44	2,88	1,20	106,06	5506,000	0,433
To use the iron, washing machine, TV and other devices	2,82	1,24	112,57	2,69	1,25	105,95	5493,500	0,424
To count money	2,44	1,33	100,70	2,75	1,29	116,09	5020,000	0,064
To make the shopping list	2,27	1,06	107,01	2,37	1,11	110,70	5651,000	0,650



To go shopping, to the concert or movie without an accompanying person	2,50	1,20	111,24	2,43	1,28	107,09	5626,500	0,615
To plan the activities for next day/next week	2,25	1,02	100,47	2,54	1,11	116,29	4996,500	0,051
To purposely spend leisure time	2,20	0,92	103,22	2,44	1,18	113,94	5272,000	0,189

Having compared the assessments of the abilities of the young people between different age groups, it has been determined that people under 49 years old are statistically more likely than older people (over 50 years old) to assess better the interaction of the young people with adults ( $U=2500,50$ ,  $p=0,015$ ), their communication with peers ( $U=2301,00$ ,  $p=0,002$ ), as well as their ability to tidy their room and getting the things in order ( $U=2299,00$ ,  $p=0,005$ ). In respect of other abilities the assessments of the respondents of different age groups did not differ significantly ( $p>0,05$ ).

**Table 8. Assessment Ranks of the Abilities of Young People of Different Age Group Respondents**

	under 49 years old			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
To interact with adults	3,87	0,82	84,73	3,53	1,01	71,23	<b>2500,500</b>	<b>0,015</b>
To communicate with peers	3,95	0,88	87,11	3,56	0,92	68,46	<b>2301,000</b>	<b>0,002</b>
To interact with strangers	2,63	1,12	80,90	2,49	0,95	75,69	2822,000	0,454
To ask for help	2,95	1,06	76,02	3,10	1,20	81,39	2816,000	0,437
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	2,76	1,01	75,08	2,94	1,11	82,49	2737,000	0,278
To tidy one's room and get the things in order	3,36	0,95	87,13	2,94	0,95	68,43	<b>2299,000</b>	<b>0,005</b>
To manage one's personal hygiene, look clean	3,01	1,10	81,15	2,89	0,91	75,40	2801,000	0,392
To cook	2,51	1,10	74,44	2,74	1,05	83,24	2683,000	0,200
To do the laundry, to iron	2,94	1,14	78,14	2,96	1,01	78,92	2993,500	0,907
To use the iron, washing machine, TV and other devices	2,54	1,24	76,45	2,64	1,14	80,89	2852,000	0,526
To count money	2,17	1,18	78,68	2,10	1,01	78,29	3009,000	0,956
To make the shopping list	2,12	0,96	77,86	2,19	0,99	79,25	2970,000	0,838
To go shopping, to the concert or movie without an accompanying person	2,27	1,20	81,10	2,04	0,86	75,47	2806,000	0,411
To plan the activities for next day/next week	2,14	0,97	75,42	2,28	0,98	82,10	2765,000	0,325
To purposely spend leisure time	2,01	0,84	74,44	2,22	0,98	83,24	2683,000	0,199

Having compared the assessments of the abilities of the young people in the groups of respondents according to their place of residence, it has been determined that people living in villages and small towns significantly better assess such abilities of young people as getting the required information outside their home (U=1890,50, p=0,016), tidying one's room and getting the things in order (U=4068,50, p=0,001), personal hygiene (U=3967,50, p=0,000), doing the laundry and ironing, money counting (U=3564,50, p=0,000) and going shopping without an assistance (U=4528,50, p=0,027), while in respect of other abilities the assessments of rural and urban respondents did not differ significantly (p>0,05).

**Table 9. Assessment Ranks of the Abilities of Young People of Urban and Rural Respondents**

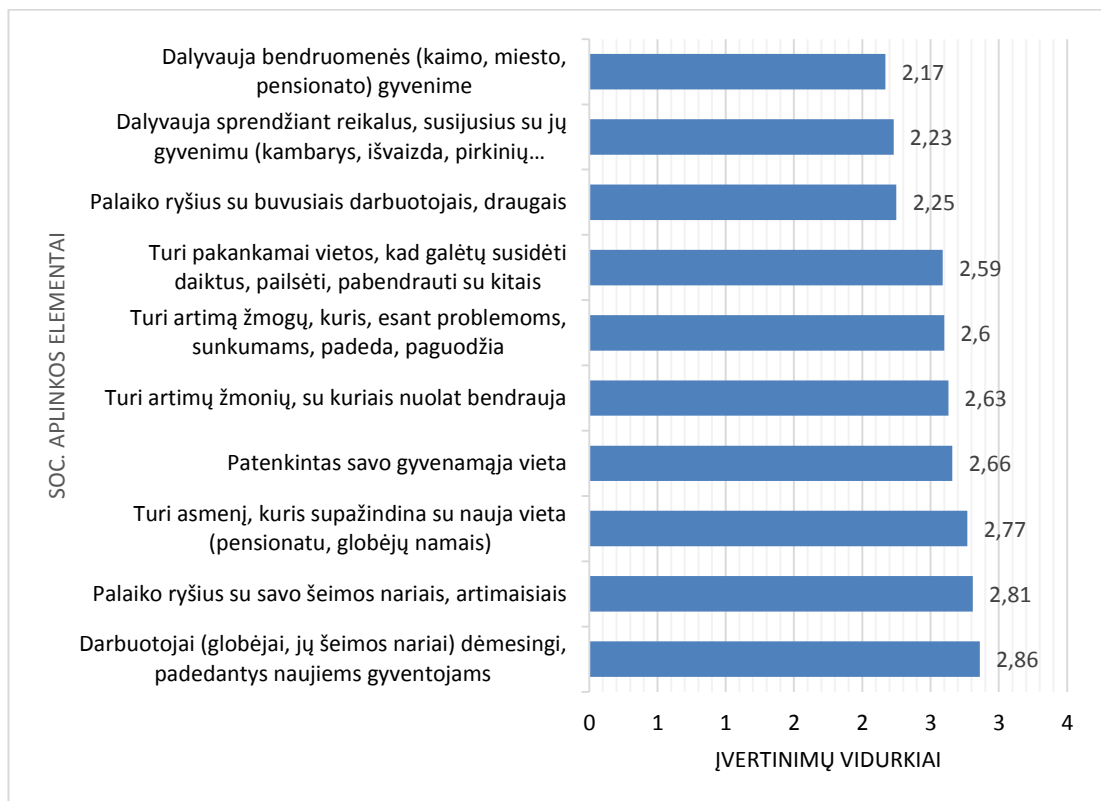
	Will age, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
To interact with adults	3,58	1,37	106,09	3,82	0,87	105,93	5452,000	0,983
To communicate with peers	3,74	1,21	107,84	3,78	0,96	104,60	5292,500	0,670
To interact with strangers	2,90	1,29	114,94	2,52	1,08	99,22	4646,500	0,056
To ask for help	3,24	1,26	111,80	3,05	1,15	101,60	4932,000	0,209
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	3,35	1,17	121,29	2,83	1,06	94,40	<b>4068,500</b>	<b>0,001</b>
To tidy one's room and get the things in order	3,47	1,15	118,64	3,10	1,02	96,42	<b>4310,000</b>	<b>0,005</b>
To manage one's personal hygiene, look clean	3,58	1,03	122,40	3,02	1,11	93,56	<b>3967,500</b>	<b>0,000</b>
To cook	2,76	1,18	107,02	2,70	1,09	105,23	5367,500	0,826
To do the laundry, to iron	3,14	1,23	115,19	2,80	1,09	99,03	<b>4624,000</b>	<b>0,045</b>
To use the iron, washing machine, TV and other devices	2,92	1,28	114,48	2,60	1,18	99,57	4688,500	0,069
To count money	3,09	1,35	126,83	2,26	1,16	90,20	<b>3564,500</b>	<b>0,000</b>
To make the shopping list	2,47	1,16	112,12	2,24	1,03	101,36	4903,000	0,183
To go shopping, to the concert or movie without an accompanying person	2,70	1,30	116,24	2,33	1,17	98,24	<b>4528,500</b>	<b>0,027</b>
To plan the activities for next day/next week	2,60	1,15	114,42	2,30	1,00	99,62	4694,000	0,066
To purposely spend leisure time	2,52	1,15	112,30	2,25	1,00	101,23	4887,000	0,171

### 2.2.3. Assessment of Social Environment of Young People

The respondents were given the questionnaire on social environment of the young people, consisting of 10 statements, to which 4-point scale applied, indicating the social engagement of

the young people ( from *Never*- 1 point, to *Always* – 4 points). It should be noted that the *Cronbach alpha* coefficient of the questionnaire is 0,817 ( $>0,7$ ), which means that the questionnaire has been well designed.

The data presented in the figure below reveal that such social factors as staff attentiveness, keeping in touch with family members are most frequently observed, while participation in community life, participation in dealing with matters related to their life, maintaining relationships with former employees and having close people who help to deal with difficulties are seldom observed.



**Fig. 5 Mean Values of the Assessments of Social Environment**

In order to compare the assessments of the factors of social environment of the young people between socio-demographic groups, we must determine whether the distributions of these assessments are distributed by the normal distribution. As we can see from the data presented in the table below, based on both Kolmogorov-Smirnov and Shapiro-Wolf tests, these statistics were significant ( $p < 0.05$ ). It shows that statistically significant distribution of variables from the normal distribution differs, thus nonparametric Mann-Whitney U test should be used for the comparison of the results of different groups.

**Table 10. Characteristics of the Assessments of Social Environment**

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
There is a person who introduces to a new place (boarding house, foster home)	2,77	0,90	0,224	217	0,000	0,861	217	0,000
Employees (caregivers, family members) are attentive and helpful to new residents	2,86	0,83	0,225	217	0,000	0,857	217	0,000
Keep in touch with family members and the loved ones	2,81	0,90	0,228	217	0,000	0,851	217	0,000
Maintain relations with former employees	2,25	0,85	0,273	217	0,000	0,870	217	0,000
Participate in community (village, town ) life	2,17	0,94	0,238	217	0,000	0,862	217	0,000
Have close people with whom can constantly communicate	2,63	0,82	0,247	217	0,000	0,869	217	0,000
Have a close person who helps to deal with difficulties and consoles	2,60	0,73	0,264	217	0,000	0,839	217	0,000
Are satisfied with their place of residence	2,66	0,86	0,223	217	0,000	0,872	217	0,000
Have enough space to put their things, relax and socialize with others	2,59	0,80	0,264	217	0,000	0,853	217	0,000
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,23	0,77	0,274	217	0,000	0,850	217	0,000

Having compared the assessments of social environment of the young people between male and female groups, it has been found out that women are statistically more likely than men to indicate that young people are satisfied with their place of residence ( $U=4927,50$ ,  $p=0,034$ ), while the assessments of men and women in respect to other factors of social environment did not differ significantly ( $p>0,05$ ).

**Table 11. Assessment Ranks of the Assessments of Social Environment of Male and Female Groups**

	Female			Male			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
There is a person who introduces to a new place (boarding house, foster home)	2,73	0,81	105,01	2,83	0,98	112,41	5451,000	0,363
Staff (caregivers, family members) are attentive and helpful to new residents	2,89	0,82	111,37	2,85	0,84	106,98	5613,500	0,585
Keep in touch with family members and the loved ones	2,83	0,89	109,08	2,82	0,92	108,94	5842,500	0,986
Maintain relations with	2,25	0,76	108,59	2,26	0,94	108,42	5791,000	0,983

former employees								
Participate in community (village, town ) life	2,06	0,89	102,26	2,27	1,00	114,76	5175,500	0,125
Have close people with whom can constantly communicate	2,71	0,80	113,63	2,58	0,83	104,16	5284,000	0,234
Have a close person who helps to deal with difficulties and consoles	2,59	0,67	107,99	2,62	0,78	109,87	5748,500	0,810
Are satisfied with their place of residence	2,82	0,83	118,23	2,54	0,87	101,12	<b>4927,500</b>	<b>0,034</b>
Have enough space to put their things, relax and socialize with others	2,69	0,83	115,67	2,52	0,79	102,32	5083,500	0,093
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,28	0,74	113,09	2,19	0,80	105,50	5441,000	0,336

The table below shows that statistically significant difference in the assessments of different age group respondents is observed only in one case, i.e. older people are more significantly certain that young people have a person who introduces them to a new place ( $U=2392,50$ ,  $p=0,017$ ).

**Table 12. Assessment Ranks of the Social Environment of Young People of Different Age Group Respondents**

	Under 49 years old			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
There is a person who introduces to a new place (boarding house, foster home)	2,85	0,75	70,98	3,14	0,88	87,27	<b>2392,500</b>	<b>0,017</b>
Employees (caregivers, family members) are attentive and helpful to new residents	2,93	0,76	73,32	3,14	0,72	84,54	2589,000	0,094
Keep in touch with family members and the loved ones	2,92	0,81	74,61	3,08	0,87	83,04	2697,000	0,217
Maintain relations with former employees	2,42	0,70	80,84	2,31	0,92	74,64	2743,500	0,347
Participate in community (village, town ) life	2,11	0,89	80,30	2,07	1,09	76,40	2872,500	0,573
Have close people with whom can constantly communicate	2,73	0,72	75,07	2,85	0,80	81,47	2735,500	0,335
Have a close person who helps to deal with difficulties and consoles	2,61	0,58	75,61	2,71	0,72	81,87	2781,500	0,338
Are satisfied with their place of residence	2,93	0,82	80,45	2,86	0,70	76,22	2860,000	0,532
Have enough space to put their things, relax and socialize with others	2,67	0,78	73,92	2,82	0,82	82,83	2639,000	0,188

Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,37	0,82	84,16	2,17	0,71	71,90	2548,500	0,067
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Having compared the assessments of the social environment of the young people in the groups of respondents according to their place of residence, it has been determined that urban people statistically more frequently agree that the young people have a person who introduces them to a new place ( $U=4157,50$ ,  $p=0,002$ ), employees are attentive and helpful to new residents ( $U=4091,50$ ,  $p=0,001$ ), have enough space to put their things, relax and socialize with others ( $U=3894,00$ ,  $p=0,008$ ), have a close person who consoles if needed ( $U=4394,00$ ,  $p=0,008$ ) and are satisfied with their place of residence ( $U=4394,50$ ,  $p=0,010$ ), while in respect of other abilities the assessments of rural and urban respondents did not differ significantly ( $p>0,05$ ).

**Table 13. Assessment Ranks of Social Environment of Young People of Urban and Rural Respondents**

	Village, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
There is a person who introduces to a new place (boarding house, foster home)	2,54	0,96	91,69	2,93	0,82	116,85	<b>4157,500</b>	<b>0,002</b>
Employees (caregivers, family members) are attentive and helpful to new residents	2,65	0,87	90,96	3,04	0,77	117,40	<b>4091,500</b>	<b>0,001</b>
Keep in touch with family members and the loved ones	2,66	0,91	97,95	2,92	0,88	112,11	4727,000	0,079
Maintain relations with former employees	2,19	0,99	98,68	2,32	0,75	110,71	4794,000	0,127
Participate in community (village, town ) life	2,19	0,93	107,19	2,14	0,95	105,10	5351,500	0,795
Have close people with whom can constantly communicate	2,49	0,85	97,64	2,73	0,79	111,51	4699,000	0,078
Have a close person who helps to deal with difficulties and consoles	2,45	0,81	94,29	2,72	0,65	114,88	<b>4394,000</b>	<b>0,008</b>
Are satisfied with their place of residence	2,46	0,93	94,27	2,79	0,77	114,90	<b>4392,500</b>	<b>0,010</b>
Have enough space to put their things, relax and socialize with others	2,35	0,77	88,79	2,79	0,80	118,28	<b>3894,000</b>	<b>0,000</b>
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,16	0,81	101,56	2,28	0,76	109,37	5056,000	0,319

#### 2.2.4. Assessment of Coping Techniques of the Young People

The respondents were given the questionnaire on difficulty coping techniques of the young people, consisting of 16 statements to which a 4- point scale applied, indicating the frequency of the coping strategies used by young people (from *Never* (1-point) to *Always* (4-points)). It should be noted that the Cronbach alpha coefficient of the questionnaire is 0,768 (>0,7), which means that the questionnaire has been well designed.

The data provided in the figure below convey that most frequently used coping techniques are as follows: expression of one's negative emotions, seeking consolation and understanding from the people around, seeking solace in religion, seeking advice from other people who had a similar experience, engagement in certain activities. And the most rarely used techniques are smoking and drinking, joking, self-blaming, planning steps to overcome difficulties, refusal to accept that it has happened.

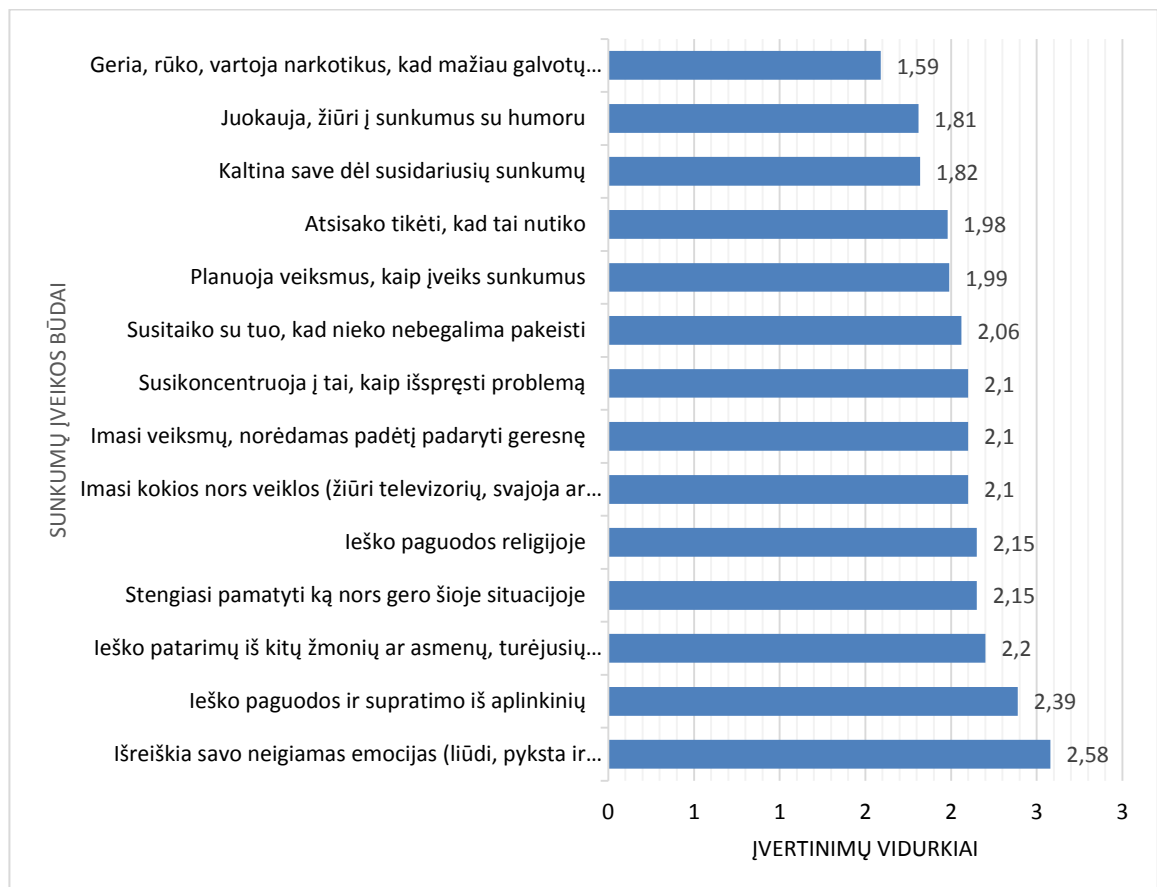


Fig. 6. Mean Values of Assessments of Coping Actions

In order to compare the assessments of the difficulty coping acts of the young people between socio-demographic groups, we must determine whether the distributions of these assessments are distributed by the normal distribution. As we can see from the data presented in the





Engage in certain activities (watch TV, dreaming) to avoid thinking about difficulties	2,11	0,83	109,45	2,10	0,98	107,68	5705,000	0,825
Take steps to improve the situation	2,06	0,80	105,35	2,14	0,86	111,22	5485,000	0,463
Refuse to believe that it has happened	1,96	0,96	104,86	1,98	0,91	106,93	5402,000	0,796
Drink, smoke or use drugs to avoid thinking about the problem	1,43	0,73	97,52	1,73	0,93	117,97	<b>4702,000</b>	<b>0,007</b>
Seek to be consoled and understood	2,49	0,88	113,92	2,32	0,87	103,83	5258,500	0,210
Seek advice from other people who had similar experiences	2,19	0,88	107,87	2,22	0,91	109,04	5737,000	0,884
Focus on problem solving	2,13	0,80	110,33	2,09	0,88	106,93	5617,500	0,672
Express their negative emotions (are sad, angry);	2,53	0,95	105,33	2,62	1,05	110,28	5478,000	0,544
Try to find out positive aspects in the situation	2,16	0,79	108,20	2,16	0,88	107,83	5722,000	0,963
Are planning steps to overcome the difficulties	2,02	0,72	110,18	1,99	0,81	107,06	5632,500	0,694
Make jokes and look at the difficulties with a sense of humour	1,78	0,85	107,42	1,83	0,93	109,44	5691,500	0,799
Come to terms with the fact that nothing can be changed	1,99	0,77	103,48	2,14	0,98	109,94	5285,000	0,421
Seek solace in religion	2,02	1,06	99,66	2,25	0,95	116,12	<b>4916,000</b>	<b>0,044</b>
Blame themselves for the existing difficulties	1,75	0,74	107,55	1,85	0,99	109,32	5704,500	0,823

The data presented in the table below on different age respondents' assessments of the frequency of coping strategies used by young people, show that younger people are significantly more certain that young people when facing difficulties take steps and plan the actions to overcome the difficulties ( $U = 2444.50$ ,  $p = 0.027$ ). In other cases the opinions of different age group respondents did not differ significantly ( $p > 0,05$ ).

**Table 16. Assessment Ranks of the Coping Methods of Different Age Groups**

	Under 49			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Engage in certain activities (watch TV, dreaming) to avoid thinking about difficulties	2,10	0,83	75,88	2,26	0,99	81,56	2803,500	0,402
Take steps to improve the situation	2,14	0,78	74,67	2,31	0,87	82,97	2702,000	0,219
Refuse to believe that it has happened	2,06	0,95	77,65	2,00	1,01	74,04	2694,000	0,596
Drink, smoke or use drugs to avoid thinking about the problem	1,36	0,65	75,14	1,51	0,84	82,42	2742,000	0,216

Seek to be consoled and understood	2,52	0,83	76,54	2,57	0,87	80,79	2859,000	0,532
Seek advice from other people who had similar experiences	2,25	0,89	76,94	2,36	0,95	80,32	2893,000	0,623
Focus on problem solving	2,29	0,77	78,31	2,31	0,85	78,72	3008,000	0,951
Express their negative emotions (are sad, angry);	2,66	0,97	80,19	2,60	0,96	75,47	2806,000	0,492
Try to find out positive aspects in the situation	2,24	0,79	74,82	2,39	0,78	81,67	2724,000	0,306
Are planning steps to overcome the difficulties	2,20	0,74	85,40	1,96	0,81	70,45	<b>2444,500</b>	<b>0,027</b>
Make jokes and look at the difficulties with a sense of humour	1,90	0,82	82,56	1,79	0,95	73,76	2683,000	0,194
Come to terms with the fact that nothing can be changed	2,08	0,80	78,58	2,06	0,85	75,12	2773,500	0,604
Seek solace in religion	2,14	1,04	77,05	2,22	1,06	80,19	2902,000	0,651
Blame themselves for the existing difficulties	1,76	0,77	80,18	1,74	0,87	76,53	2882,500	0,586

Having compared the assessments on the frequency of coping strategies used by young people of the rural and urban groups of respondents, it has been determined that the villagers statistically more frequently agree that when facing difficulties young people start to drink and smoke ( $U=4185,50$ ,  $p=0,002$ ), while city residents are significantly more certain that when facing difficulties young people seek to be consoled and understood by other people ( $U=4438,50$ ,  $p=0,019$ ), they express their negative emotions ( $U=4459,50$ ,  $p=0,024$ ) and try to find out some positive aspects in the situation ( $U=4026,00$ ,  $p=0,001$ ). In respect of other coping strategies the assessments of rural and urban respondents did not differ significantly ( $p>0,05$ ).

**Table 17. Assessment Ranks of the Coping Methods of Urban and Rural Respondent Groups**

	village, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Engage in a certain activity (watch TV, dreaming) to avoid thinking about difficulties	1,99	0,92	99,32	2,17	0,90	110,14	4843,500	0,174
Take steps to improve the situation	1,92	0,81	96,24	2,18	0,81	112,44	4567,000	0,041
Refuse to believe that it has happened	1,83	0,86	96,43	2,03	0,95	108,14	4583,500	0,137
Drink, smoke or use drugs to avoid thinking about the problem	1,77	0,91	118,99	1,43	0,73	95,38	<b>4185,500</b>	<b>0,002</b>
Seek to be consoled and understood	2,20	0,82	94,82	2,53	0,91	113,51	<b>4438,500</b>	<b>0,019</b>
Seek advice from other people who had similar experiences	2,14	0,84	104,19	2,20	0,92	106,48	5282,000	0,774

Focus on problem solving	2,01	0,83	100,14	2,18	0,86	109,52	4918,000	0,240
Express their negative emotions (are sad, angry);	2,40	1,08	95,05	2,73	0,91	113,34	<b>4459,500</b>	<b>0,024</b>
Try to find out positive aspects in the situation	1,90	0,87	90,24	2,28	0,72	115,95	<b>4026,000</b>	<b>0,001</b>
Are planning steps to overcome the difficulties	1,88	0,72	97,65	2,08	0,81	111,39	4693,500	0,082
Make jokes and look at the difficulties with a sense of humour	1,89	0,97	109,44	1,76	0,84	102,54	5045,000	0,382
Come to terms with the fact that nothing can be changed	2,07	0,93	102,94	2,07	0,83	104,81	5170,000	0,814
Seek solace in religion	2,21	0,94	110,07	2,12	1,06	102,08	4989,000	0,325
Blame themselves for the existing difficulties	1,91	0,97	111,57	1,72	0,80	100,95	4853,500	0,178

## CONCLUSIONS

1. The analysis of the scientific-pedagogical, psychological, medical and special literature has revealed that the concept of disability has changed. Nowadays disability is defined as a permanent or temporary inability of a person to carry out regular activities. The types of disabilities include: mental retardation, learning disabilities, emotional or behavioural disorders, and speech, hearing or vision impairments and as physical disabilities.
2. Further education and training of people with intellectual disabilities is provided in vocational educational and training schools and after graduating from these schools they apply to Labour Exchange, come back to live with their families or live independently.
3. Having analysed the psychological and behavioural characteristics of young people with intellectual disabilities who have completed vocational training centers, it has been determined that most frequently are mentioned such their positive features as gentleness, carefulness, honesty, kindness, unwillingness to enter into conflicts and friendliness, and the negative ones: pessimism, self-doubt and low self-esteem. However, having compared the results of different socio-demographic groups it has been determined that women are more likely than men to emphasize sympathy of these young people, while men indicate that these young people are peremptory. Younger individuals (under 49 years old) also indicate sympathy and consider them to be more cheerful than men. City dwellers tend to consider them to be more careful and optimistic, while villagers consider think that they are peremptory.
4. Having analysed the quality of social skills of young people with intellectual disabilities who have completed vocational training centers, it has been determined that such social skills as communication with peers, interaction with adults, personal hygiene management, tidying one's room and getting the things in order as well as asking for help prevail while such social skills as purposeful leisure activities, making a shopping list, planning activities for next day, shopping without assistant, money counting and interaction with strangers are least frequently observed. Moreover, it should be noted that people of different socio-demographic groups have a significantly different opinion on certain social skills of these young people; for instance, younger respondents (under 49 years old) better assess such young people's skills as communication with adults, interactions with peers and tidying their room. Rural respondents better assess their skills of getting the required information outside their home, personal hygiene, tidying their room, ironing and doing laundry, money counting and shopping without assistant.
5. Having analysed the quality of life skills of young people with intellectual disabilities studying at vocational training schools, it has been determined that staff attentiveness, keeping in touch with

family members, maintaining relationships with former employees are most frequently observed, while taking part in community life, taking part in addressing matters related to their life and having close people who help to deal with difficulties were least frequently mentioned. In addition, it should be noted that respondents of different socio-demographic groups have a significantly different opinion on certain issues. For example, men are more likely to admit that young people are satisfied with their place of residence, senior respondents believe that these young people have a person who introduces them to a new place; city dwellers also have more frequently observed that these young people have a person who introduces them to a new place, employees are attentive and helpful to new residents, the young people have enough space to put their things, relax and socialize with others and have a close person who consoles if needed, and are satisfied with their place of residence.

6. Having analysed the coping strategies used by young people with intellectual disabilities, it has been determined that the most frequently employed methods are as follows: expression of their negative emotions, seeking to be consoled and understood, seeking solace in religion, seeking advice from other people who have had similar experiences, engagement in certain activities, while smoking and drinking, joking, self-blaming, planning steps to overcome difficulties and refusal to admit that it has happened are the least frequently used techniques. If looking from different socio-demographic group perspective, we should note that the opinions on some issues significantly differ. For example, men are significantly more likely than women to agree that young people when facing difficulties start smoking and drinking or seek solace in religion. Younger respondents are significantly more certain that young people when facing difficulties take steps and plan the actions to overcome the difficulties. Villagers more frequently agree that when facing difficulties young people start to drink and smoke, while city residents are more certain that when facing difficulties young people seek to be consoled and understood by other people, they express their negative emotions and try to find out some positive aspects in the situation.

## **RECOMMENDATIONS**

1. Effective implementation of the program requires constant development of special competences (of family life and sex education) of the pedagogues, as well as the challenges faced by Lithuania must be taken into account. It is necessary to creatively use the positive experiences of our and other EU countries, to promote teachers' motivation to improve their competences on family life and sex education by including the topics of the program into General Education Curriculum.
2. Upon increased employment of parents and the spread of liberal ideas it is important to promote active involvement of parents in children and adolescent sex education and develop a responsible parents' approach to the upbringing of their children. Working with parents is rather a problematic area, encompassing not only the implementation of the program. Thus, there is a lack of solid movements in this field. The majority of European countries have already developed positive communication with family patterns and they should be more actively applied in our country. It is relevant to prepare programs and measures for parent education (to organize cycles of lectures, events to parents (foster parents) or guardians, to prepare methodological recommendations for teachers regarding the work with parents on family life and sex education.

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**Ernesta Gričiūtė**

**Coping Strategies of Young People with Intellectual Disabilities Having Graduated from Vocational Training Institutions**

**Master Thesis**

**Summary**

Though the laws of Lithuania establish equal rights and opportunities for the people with disabilities in society, the right to education and work of the disabled have been acknowledged (the Law on the Social Integration of the Disabled (2011, the Law on Equal Treatment (2008), the Law on Employment Support (2010); European Social Charter, 2011), the capacities of the people with disabilities to participate in social life are being assessed, some part of our society still considers that isolation of people with disabilities in terms of their work and life is still a proper practice.

**The aim of the research** is to reveal the difficulties faced by the young people with intellectual disabilities studying at vocational education and training institutions and provide the coping techniques.

**Objectives of the research:**

1. To analyse the psychological and behavioural characteristics and the quality of social and independent living skills of the young people with intellectual disabilities studying at vocational education and training institutions.
2. To examine the coping methods, theories and the structure of coping strategies.
3. To distinguish the coping strategies used by young people with intellectual disabilities.
4. To find out the coping strategies by employing qualitative research methods (with youth) and quantitative research methods (with staff).

# **ANNEXES**

## QUESTIONNAIRE

*Dear RESPONDENT*

**The aim of the questionnaire survey** is to find out how the quality of independent living skills have been improved from the social work aspect. Please choose the most appropriate answer. The data collected will be used for academic purposes for preparation of the Master thesis.

**The survey is ANONYMOUS, neither name nor surname need to be indicated.**

*Thank you for your help and sincere answers.*

**First of all, please answer a few questions about yourself, to be able to compare the survey data.**

**Please fill in your answer or marka cross ☒.**

**1. Your sex:**

Female

Male

**2. Your age is (indicate).....**

**3. You live in:**

a village or small town

Town

City

**4. Education:**

primary

basic (lower-secondary)

secondary

vocational

higher non-university





self-confident								diffident
honest								dishonest
frank								inhibited
optimistic								pessimistic

**7. Please assess the abilities of young people. In each line mark only one answer (mark x).**

	Fully able	Probably able	I don't know	Probably not able	Totally unable
To interact with adults					
To communicate with peers					
To interact with strangers					
To ask for help					
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)					
To tidy one's room and get the things in order					
To manage one's personal hygiene, look clean					
To cook					
To do the laundry, to iron					
To use the iron, washing machine, TV and other devices					
To count money					
To make the shopping list					
To go shopping, to the concert or movie without an accompanying person					
To plan the activities for next day/next week					
To purposely spend leisure time					

**8. Please assess the social environment of the young people. In each line choose only one answer.**

	Never	Sometimes	Often	Always
There is a person who introduces to a new place (boarding house, foster home)				
Staff (caregivers, family members) are attentive and helpful to new residents				
Keep in touch with family members and the loved ones				

Maintain relations with former employees				
Participate in community (village, town ) life				
Have close people with whom can constantly communicate				
Have a close person who helps to deal with difficulties and consoles				
Are satisfied with their place of residence				
Have enough space to put their things, relax and socialize with others				
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)				

**9. A young person who settles in a new place faces various difficulties due to unfamiliar place and people. A person needs time to adjust to new conditions. Please assess the methods of the young people, which they use to overcome the arising problems when they arrive to foster home (adult care home/boarding house). In each line mark only one suitable answer (mark x).**

	Never	Sometimes	Often	Always
Engage in a certain activity (watch TV, dreaming) to avoid thinking about difficulties				
Take steps to improve the situation				
Refuse to believe that it has happened				
Drink, smoke or use drugs to avoid thinking about the problem				
Seek to be consoled and understood				
Seek advice from other people who had similar experiences				
Focus on problem solving				
Express their negative emotions (are sad, angry);				
Try to find out positive aspects in the situation				
Are planning steps to overcome the difficulties				
Make jokes and look at the difficulties with a sense of humor				

Come to terms with the fact that nothing can be changed				
Seek solace in religion				
Blame themselves for the existing difficulties				

**Thank you for your answers!**

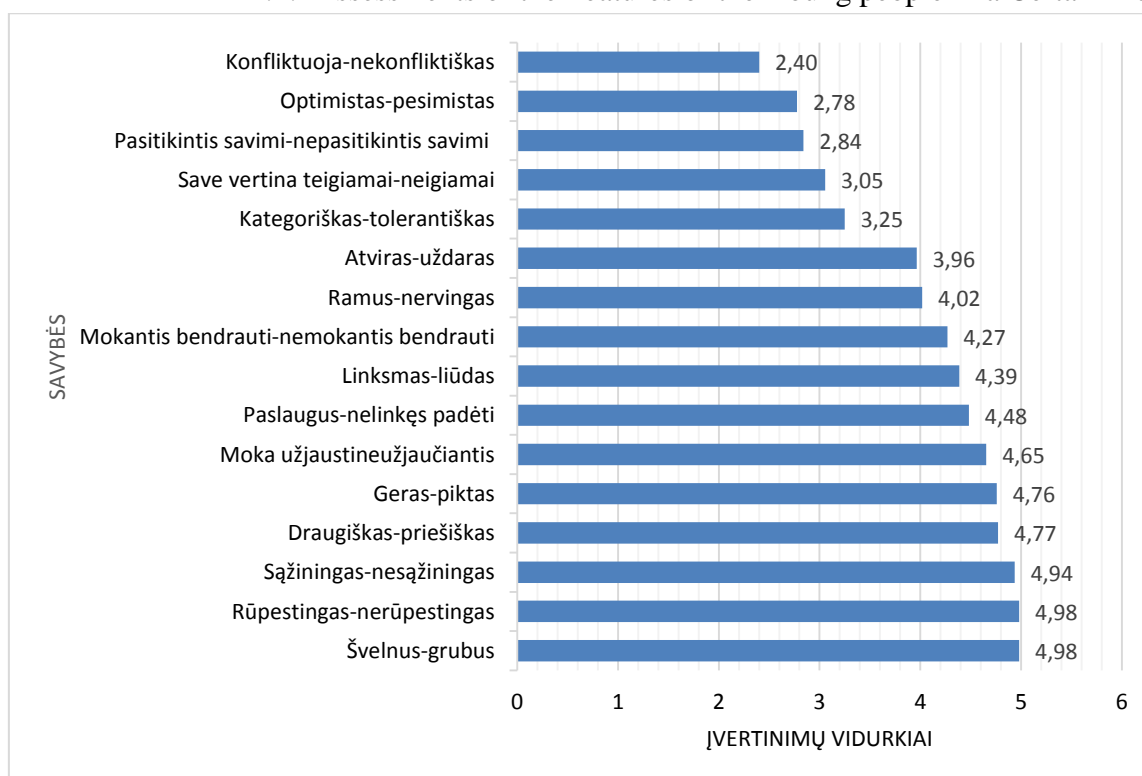
The questionnaire survey is conducted by the student of graduate program in Social Work Ernesta Griciūtė.

If you have any questions, please e-mail: [griquiteernesta@gmail.com](mailto:griquiteernesta@gmail.com)  
or call +370-620-64211

Table 1. Socio-demographic Characteristics of the Respondents

		N	Perc.
Sex	Females	100	46,1%
	Males	117	53,9%
Age	under 49 years old	84	53,8%
	50 years ol and over	72	46,2%
Place of residence	Village, small town	91	43,1%
	City	120	56,9%
Education	Primary	0	0,0%
	Basic (lower-secondary)	0	0,0%
	Secondary	4	1,8%
	Vocational	9	4,1%
	Higher non-university	148	68,2%
	Higher university	56	25,8%
	Master's degree	0	0,0%
	Doctor's degree	0	0,0%
Status	Guardians	0	0,0%
	Families taking care of the young man, family member	6	2,8%
	Administration staff member	37	17,2%
	Social workers	162	75,3%
	Medical staff	6	2,8%
	Other	0	0,0%
	Assistant social workers	4	1,9%

### 2.2.1 Assessments of the Features of the Young people in a Certain Place



**Table 2. The Characteristics of the Assessments of the Features of Young People in a Certain Place (n=147)**

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
Careful- careless	4,98	1,91	0,267	220	0,000	0,826	220	0,000
Peremptory – tolerant	3,25	2,15	0,221	220	0,000	0,869	220	0,000
Cheerful - sad	4,39	1,94	0,233	220	0,000	0,880	220	0,000
Kind - angry	4,76	1,69	0,211	220	0,000	0,894	220	0,000
Gentle – rough	4,98	1,41	0,169	220	0,000	0,914	220	0,000
Sympathetic - non-sympathetic	4,65	1,79	0,176	220	0,000	0,907	220	0,000
Communicative - non-communicative	4,27	1,86	0,171	220	0,000	0,922	220	0,000
Feuding -non-feuding	2,40	1,79	0,288	220	0,000	0,804	220	0,000
Helpful – unwilling to help	4,48	1,63	0,220	220	0,000	0,901	220	0,000
Friendly- unfriendly	4,77	1,69	0,185	220	0,000	0,917	220	0,000
Has positive self-esteem - low self-esteem	3,05	2,14	0,259	220	0,000	0,836	220	0,000
Calm - nervous	4,02	1,96	0,205	220	0,000	0,909	220	0,000
Self-confident – diffident	2,84	1,96	0,253	220	0,000	0,860	220	0,000
Honest – dishonest	4,94	1,67	0,165	220	0,000	0,911	220	0,000
Frank – inhibited	3,96	2,22	0,153	220	0,000	0,879	220	0,000
Optimistic – pessimistic	2,78	2,21	0,330	220	0,000	0,754	220	0,000

**Table 3 . Assessment Ranks of the Features of Young People in an Appropriate Place of Male and Female Groups**

	Female			Male			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Careful- careless	5,06	1,75	109,55	4,90	2,04	108,53	5795,500	0,903
Peremptory – tolerant	2,83	1,89	99,38	3,52	2,26	117,23	<b>4887,500</b>	<b>0,032</b>
Cheerful - sad	4,67	1,69	117,15	4,10	2,10	102,03	5035,000	0,071
Kind - angry	4,68	1,55	105,94	4,80	1,80	111,62	5544,000	0,496
Gentle – rough	4,83	1,42	103,65	5,08	1,38	113,57	5315,000	0,234
Sympathetic - non-sympathetic	4,93	1,67	120,02	4,38	1,86	99,58	<b>4748,000</b>	<b>0,015</b>
Communicative - non-communicative	4,42	1,73	112,28	4,21	1,93	106,20	5522,500	0,470
Feuding -non-feuding	2,29	1,76	105,57	2,42	1,74	111,94	5506,500	0,425
Helpful – unwilling to help	4,61	1,36	112,53	4,45	1,77	105,98	5497,000	0,430
Friendly- unfriendly	4,81	1,36	108,46	4,73	1,91	109,46	5796,000	0,905
Has positive self-esteem - low self-esteem	3,05	2,14	107,88	3,10	2,15	109,96	5738,000	0,800
Calm - nervous	4,17	1,79	114,34	3,85	2,07	104,44	5316,000	0,237
Self-confident – diffident	2,61	1,85	102,01	3,08	2,05	114,97	5151,000	0,115
Honest – dishonest	4,92	1,54	107,74	4,93	1,78	110,08	5723,500	0,780
Frank – inhibited	3,77	2,23	102,31	4,20	2,18	114,72	5180,500	0,141
Optimistic – pessimistic	2,97	2,25	113,99	2,63	2,19	104,74	5351,500	0,237

**Table 4. Assessment Ranks of the Features of Young People in a Certain Place of Different Age Groups**

	under 49 years old			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Careful- careless	5,43	1,31	78,83	5,53	0,98	78,11	2996,000	0,917
Peremptory – tolerant	2,79	1,93	80,14	2,63	1,78	76,58	2886,000	0,608
Cheerful - sad	4,83	1,69	85,17	4,43	1,74	70,72	<b>2464,000</b>	<b>0,038</b>
Kind - angry	4,61	1,54	78,63	4,85	1,27	78,35	3013,000	0,968
Gentle – rough	4,98	1,12	77,54	5,06	1,16	79,62	2943,500	0,767
Sympathetic - non-sympathetic	5,02	1,46	87,33	4,38	1,72	68,19	<b>2282,000</b>	<b>0,007</b>
Communicative - non-communicative	4,61	1,58	84,46	4,18	1,72	71,55	2523,500	0,069
Feuding -non-feuding	1,98	1,51	74,80	2,28	1,61	82,81	2713,500	0,228
Helpful – unwilling to help	4,74	1,02	83,86	4,38	1,52	72,25	2574,000	0,093
Friendly- unfriendly	4,99	1,10	80,79	4,85	1,55	75,83	2832,000	0,480
Has positive self-esteem - low self-esteem	2,51	1,94	75,60	2,79	1,95	81,89	2780,000	0,352
Calm - nervous	4,18	1,78	81,48	4,01	1,92	75,03	2774,000	0,363
Self-confident – diffident	2,52	1,87	78,21	2,49	1,62	78,83	3000,000	0,928
Honest – dishonest	5,05	1,40	77,40	5,21	1,28	79,78	2932,000	0,737
Frank – inhibited	3,79	2,20	75,26	4,11	2,11	82,28	2751,500	0,325
Optimistic – pessimistic	2,55	2,16	81,59	2,24	2,06	74,90	2764,500	0,281

**Table 5. Assessment Ranks of the Features of Young People in a Certain Place of the Respondents Living in Different Localities**

	Village, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Careful- careless	4,31	2,46	95,54	5,46	1,11	113,93	<b>4508,500</b>	<b>0,026</b>
Peremptory – tolerant	3,66	2,34	116,23	2,95	1,90	98,25	<b>4529,500</b>	<b>0,029</b>
Cheerful - sad	4,03	2,19	96,52	4,63	1,66	113,19	<b>4597,000</b>	<b>0,044</b>
Kind - angry	4,87	1,93	114,38	4,60	1,49	99,65	4697,500	0,075
Gentle – rough	4,93	1,69	107,97	4,98	1,16	104,50	5280,500	0,675
Sympathetic - non-sympathetic	4,54	1,92	104,58	4,62	1,68	107,08	5331,000	0,764
Communicative - non-communicative	4,15	2,15	104,32	4,38	1,58	107,28	5307,000	0,723
Feuding -non-feuding	2,41	1,85	106,68	2,31	1,64	105,48	5398,000	0,880
Helpful – unwilling to help	4,54	1,95	108,92	4,50	1,31	103,78	5194,000	0,533
Friendly- unfriendly	4,60	2,06	102,84	4,98	1,14	108,40	5172,000	0,503
Has positive self-esteem - low self-esteem	3,37	2,35	112,78	2,85	1,95	100,86	4843,000	0,143
Calm - nervous	4,02	2,06	105,92	4,06	1,84	106,06	5452,500	0,986
Self-confident – diffident	3,01	2,17	108,24	2,78	1,83	104,30	5256,000	0,629
Honest – dishonest	4,77	1,92	103,01	5,03	1,48	108,27	5187,500	0,527
Frank – inhibited	4,07	2,40	108,31	3,99	2,07	104,25	5249,500	0,627
Optimistic – pessimistic	3,16	2,19	117,08	2,53	2,23	97,60	<b>4452,000</b>	<b>0,012</b>

## 2.2.2. Assessments of the Abilities of Young People

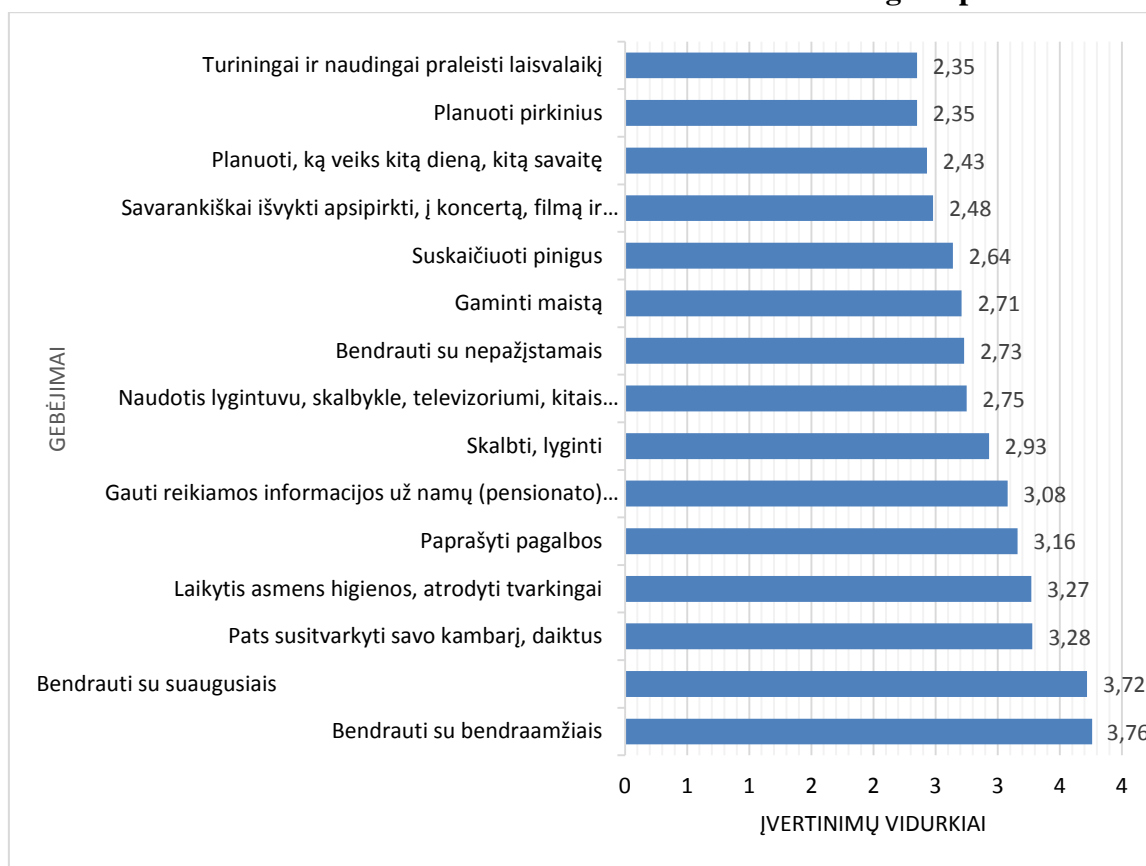


Table 6. Characteristics of the Assessments of the Abilities of Young People

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
To communicate with peers	3,76	1,12	0,395	220	0,000	0,743	220	0,000
To interact with adults	3,72	1,07	0,369	220	0,000	0,775	220	0,000
To tidy one's room and get the things in order	3,28	1,20	0,209	220	0,000	0,918	220	0,000
To manage one's personal hygiene, look clean	3,27	1,21	0,252	220	0,000	0,892	220	0,000
To ask for help	3,16	1,15	0,242	220	0,000	0,879	220	0,000
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	3,08	1,09	0,299	220	0,000	0,852	220	0,000
To do the laundry, to iron	2,93	1,11	0,284	220	0,000	0,849	220	0,000
To use the iron, washing machine, TV and other devices	2,75	1,13	0,231	220	0,000	0,890	220	0,000
To interact with strangers	2,73	1,19	0,239	220	0,000	0,883	220	0,000
To cook	2,71	1,24	0,211	220	0,000	0,880	220	0,000
To count money	2,64	1,33	0,203	220	0,000	0,884	220	0,000
To go shopping, to the concert or movie without an accompanying person	2,48	1,10	0,255	220	0,000	0,902	220	0,000
To plan the activities for next day/next week	2,43	1,24	0,251	220	0,000	0,892	220	0,000

To make the shopping list	2,35	1,09	0,276	220	0,000	0,872	220	0,000
To purposely spend leisure time	2,35	1,09	0,260	220	0,000	0,876	220	0,000

**Table 7. Assessment Ranks of the Abilities of Young People of Male and Female Groups**

	Male			Female			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
To interact with adults	3,77	0,91	108,02	3,65	1,27	109,84	5751,500	0,807
To communicate with peers	3,80	0,94	109,20	3,71	1,17	108,83	5830,500	0,962
To interact with strangers	2,74	1,12	111,56	2,67	1,25	106,81	5594,000	0,566
To ask for help	3,20	1,08	110,95	3,09	1,29	107,34	5655,500	0,659
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	3,13	1,01	112,51	3,00	1,25	106,00	5499,500	0,425
To tidy one's room and get the things in order	3,42	0,92	116,62	3,13	1,19	102,49	5088,000	0,076
To manage one's personal hygiene, look clean	3,20	1,07	106,29	3,30	1,14	111,32	5579,000	0,532
To cook	2,77	1,10	111,55	2,68	1,15	106,82	5595,500	0,565
To do the laundry, to iron	3,02	1,15	112,44	2,88	1,20	106,06	5506,000	0,433
To use the iron, washing machine, TV and other devices	2,82	1,24	112,57	2,69	1,25	105,95	5493,500	0,424
To count money	2,44	1,33	100,70	2,75	1,29	116,09	5020,000	0,064
To make the shopping list	2,27	1,06	107,01	2,37	1,11	110,70	5651,000	0,650
To go shopping, to the concert or movie without an accompanying person	2,50	1,20	111,24	2,43	1,28	107,09	5626,500	0,615
To plan the activities for next day/next week	2,25	1,02	100,47	2,54	1,11	116,29	4996,500	0,051
To purposely spend leisure time	2,20	0,92	103,22	2,44	1,18	113,94	5272,000	0,189

**Table 8. Assessment Ranks of the Abilities of Young People of Different Age Group Respondents**

	under 49 years old			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
To interact with adults	3,87	0,82	84,73	3,53	1,01	71,23	<b>2500,500</b>	<b>0,015</b>
To communicate with peers	3,95	0,88	87,11	3,56	0,92	68,46	<b>2301,000</b>	<b>0,002</b>
To interact with strangers	2,63	1,12	80,90	2,49	0,95	75,69	2822,000	0,454
To ask for help	2,95	1,06	76,02	3,10	1,20	81,39	2816,000	0,437
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	2,76	1,01	75,08	2,94	1,11	82,49	2737,000	0,278
To tidy one's room and get the things in order	3,36	0,95	87,13	2,94	0,95	68,43	<b>2299,000</b>	<b>0,005</b>
To manage one's personal hygiene, look clean	3,01	1,10	81,15	2,89	0,91	75,40	2801,000	0,392



To cook	2,51	1,10	74,44	2,74	1,05	83,24	2683,000	0,200
To do the laundry, to iron	2,94	1,14	78,14	2,96	1,01	78,92	2993,500	0,907
To use the iron, washing machine, TV and other devices	2,54	1,24	76,45	2,64	1,14	80,89	2852,000	0,526
To count money	2,17	1,18	78,68	2,10	1,01	78,29	3009,000	0,956
To make the shopping list	2,12	0,96	77,86	2,19	0,99	79,25	2970,000	0,838
To go shopping, to the concert or movie without an accompanying person	2,27	1,20	81,10	2,04	0,86	75,47	2806,000	0,411
To plan the activities for next day/next week	2,14	0,97	75,42	2,28	0,98	82,10	2765,000	0,325
To purposely spend leisure time	2,01	0,84	74,44	2,22	0,98	83,24	2683,000	0,199

2. Table 9. Assessment Ranks of the Abilities of Young People of Urban and Rural Respondents

	Willage, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
To interact with adults	3,58	1,37	106,09	3,82	0,87	105,93	5452,000	0,983
To communicate with peers	3,74	1,21	107,84	3,78	0,96	104,60	5292,500	0,670
To interact with strangers	2,90	1,29	114,94	2,52	1,08	99,22	4646,500	0,056
To ask for help	3,24	1,26	111,80	3,05	1,15	101,60	4932,000	0,209
To get the required information outside the home/boarding school environment (at the shop, post office and etc.)	3,35	1,17	121,29	2,83	1,06	94,40	<b>4068,500</b>	<b>0,001</b>
To tidy one's room and get the things in order	3,47	1,15	118,64	3,10	1,02	96,42	<b>4310,000</b>	<b>0,005</b>
To manage one's personal hygiene, look clean	3,58	1,03	122,40	3,02	1,11	93,56	<b>3967,500</b>	<b>0,000</b>
To cook	2,76	1,18	107,02	2,70	1,09	105,23	5367,500	0,826
To do the laundry, to iron	3,14	1,23	115,19	2,80	1,09	99,03	<b>4624,000</b>	<b>0,045</b>
To use the iron, washing machine, TV and other devices	2,92	1,28	114,48	2,60	1,18	99,57	4688,500	0,069
To count money	3,09	1,35	126,83	2,26	1,16	90,20	<b>3564,500</b>	<b>0,000</b>
To make the shopping list	2,47	1,16	112,12	2,24	1,03	101,36	4903,000	0,183
To go shopping, to the concert or movie without an accompanying person	2,70	1,30	116,24	2,33	1,17	98,24	<b>4528,500</b>	<b>0,027</b>
To plan the activities for next day/next week	2,60	1,15	114,42	2,30	1,00	99,62	4694,000	0,066
To purposely spend leisure time	2,52	1,15	112,30	2,25	1,00	101,23	4887,000	0,171

### 2.2.2.3 Assessments of Social Environment

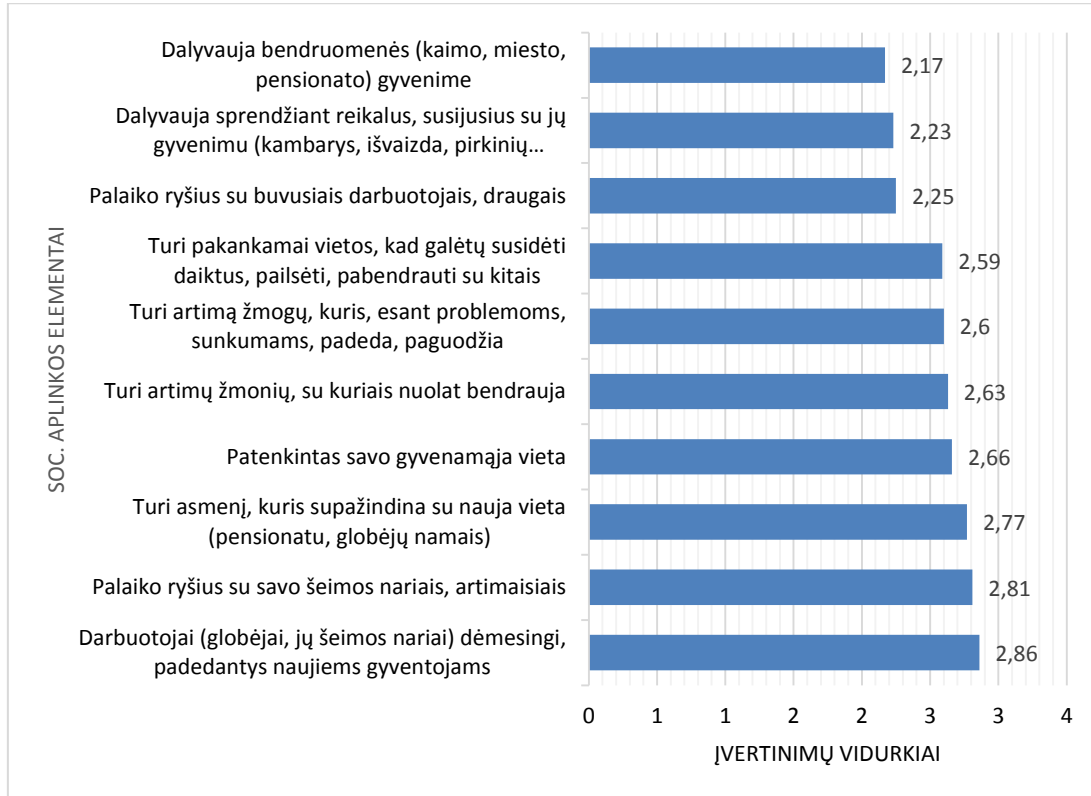


Table 10. Characteristics of the Assessments of Social Environment

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
There is a person who introduces to a new place (boarding house, foster home)	2,77	0,90	0,224	217	0,000	0,861	217	0,000
Employees (caregivers, family members) are attentive and helpful to new residents	2,86	0,83	0,225	217	0,000	0,857	217	0,000
Keep in touch with family members and the loved ones	2,81	0,90	0,228	217	0,000	0,851	217	0,000
Maintain relations with former employees	2,25	0,85	0,273	217	0,000	0,870	217	0,000
Participate in community (village, town ) life	2,17	0,94	0,238	217	0,000	0,862	217	0,000
Have close people with whom can constantly communicate	2,63	0,82	0,247	217	0,000	0,869	217	0,000
Have a close person who helps to deal with difficulties and consoles	2,60	0,73	0,264	217	0,000	0,839	217	0,000
Are satisfied with their place of residence	2,66	0,86	0,223	217	0,000	0,872	217	0,000
Have enough space to put their things, relax and socialize with others	2,59	0,80	0,264	217	0,000	0,853	217	0,000
Take part in addressing	2,23	0,77	0,274	217	0,000	0,850	217	0,000

matters related to their life (room, appearance, shopping planning, leisure activities)								
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**Table 11. Assessment Ranks of the Assessments of Social Environment of Male and Female Groups**

	Female			Male			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
There is a person who introduces to a new place (boarding house, foster home)	2,73	0,81	105,01	2,83	0,98	112,41	5451,000	0,363
Staff (caregivers, family members) are attentive and helpful to new residents	2,89	0,82	111,37	2,85	0,84	106,98	5613,500	0,585
Keep in touch with family members and the loved ones	2,83	0,89	109,08	2,82	0,92	108,94	5842,500	0,986
Maintain relations with former employees	2,25	0,76	108,59	2,26	0,94	108,42	5791,000	0,983
Participate in community (village, town ) life	2,06	0,89	102,26	2,27	1,00	114,76	5175,500	0,125
Have close people with whom can constantly communicate	2,71	0,80	113,63	2,58	0,83	104,16	5284,000	0,234
Have a close person who helps to deal with difficulties and consoles	2,59	0,67	107,99	2,62	0,78	109,87	5748,500	0,810
Are satisfied with their place of residence	2,82	0,83	118,23	2,54	0,87	101,12	<b>4927,500</b>	<b>0,034</b>
Have enough space to put their things, relax and socialize with others	2,69	0,83	115,67	2,52	0,79	102,32	5083,500	0,093
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,28	0,74	113,09	2,19	0,80	105,50	5441,000	0,336

**Table 12. Assessment Ranks of the Social Environment of Young People of Different Age Group Respondents**

	Under 49 years old			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
There is a person who introduces to a new place (boarding house, foster home)	2,85	0,75	70,98	3,14	0,88	87,27	<b>2392,500</b>	<b>0,017</b>
Employees (caregivers, family members) are attentive and helpful to new residents	2,93	0,76	73,32	3,14	0,72	84,54	2589,000	0,094
Keep in touch with family members and the loved ones	2,92	0,81	74,61	3,08	0,87	83,04	2697,000	0,217
Maintain relations with former employees	2,42	0,70	80,84	2,31	0,92	74,64	2743,500	0,347
Participate in community (village, town ) life	2,11	0,89	80,30	2,07	1,09	76,40	2872,500	0,573

Have close people with whom can constantly communicate	2,73	0,72	75,07	2,85	0,80	81,47	2735,500	0,335
Have a close person who helps to deal with difficulties and consoles	2,61	0,58	75,61	2,71	0,72	81,87	2781,500	0,338
Are satisfied with their place of residence	2,93	0,82	80,45	2,86	0,70	76,22	2860,000	0,532
Have enough space to put their things, relax and socialize with others	2,67	0,78	73,92	2,82	0,82	82,83	2639,000	0,188
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,37	0,82	84,16	2,17	0,71	71,90	2548,500	0,067

**Table 13. Assessment Ranks of Social Environment of Young People of Urban and Rural Respondents**

	Village, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
There is a person who introduces to a new place (boarding house, foster home)	2,54	0,96	91,69	2,93	0,82	116,85	<b>4157,500</b>	<b>0,002</b>
Employees (caregivers, family members) are attentive and helpful to new residents	2,65	0,87	90,96	3,04	0,77	117,40	<b>4091,500</b>	<b>0,001</b>
Keep in touch with family members and the loved ones	2,66	0,91	97,95	2,92	0,88	112,11	4727,000	0,079
Maintain relations with former employees	2,19	0,99	98,68	2,32	0,75	110,71	4794,000	0,127
Participate in community (village, town ) life	2,19	0,93	107,19	2,14	0,95	105,10	5351,500	0,795
Have close people with whom can constantly communicate	2,49	0,85	97,64	2,73	0,79	111,51	4699,000	0,078
Have a close person who helps to deal with difficulties and consoles	2,45	0,81	94,29	2,72	0,65	114,88	<b>4394,000</b>	<b>0,008</b>
Are satisfied with their place of residence	2,46	0,93	94,27	2,79	0,77	114,90	<b>4392,500</b>	<b>0,010</b>
Have enough space to put their things, relax and socialize with others	2,35	0,77	88,79	2,79	0,80	118,28	<b>3894,000</b>	<b>0,000</b>
Take part in addressing matters related to their life (room, appearance, shopping planning, leisure activities)	2,16	0,81	101,56	2,28	0,76	109,37	5056,000	0,319

## 2.2.4. Assessments of Coping Actions

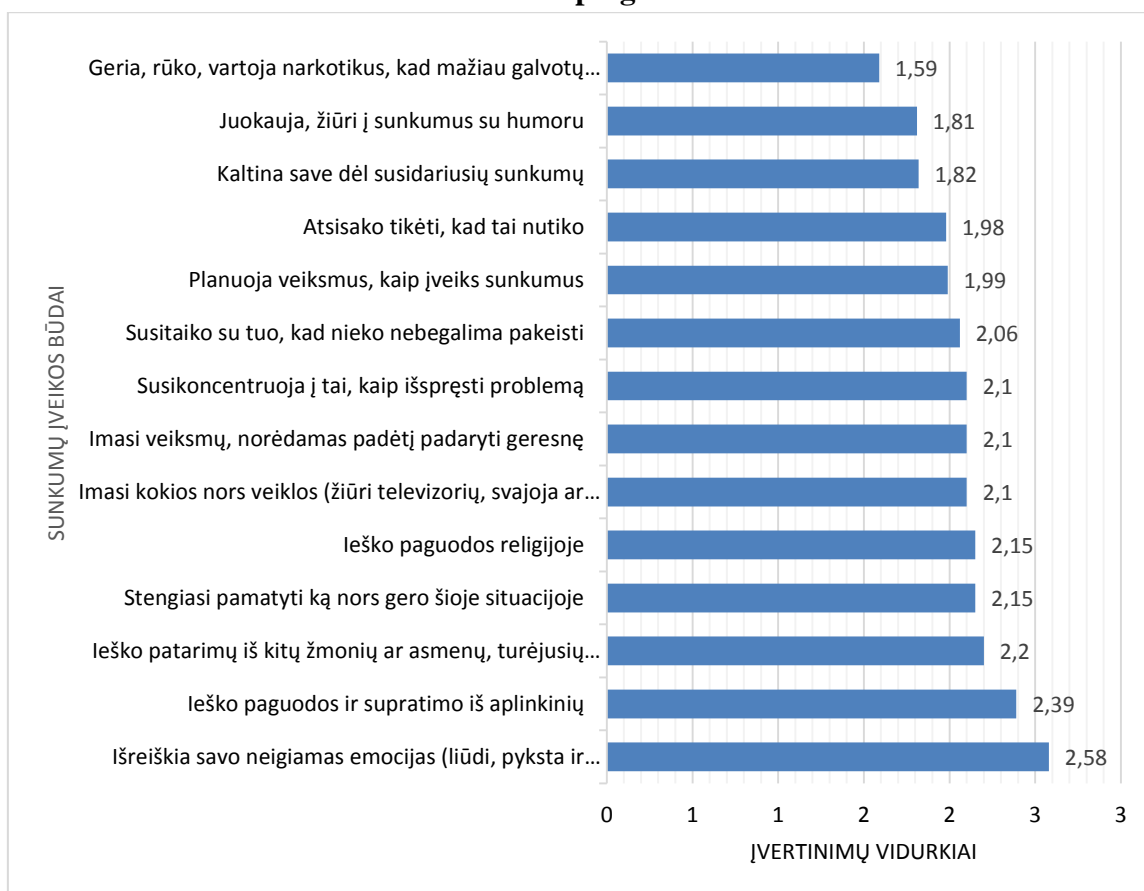


Table 14. Characteristics of the Assessments of Coping Actions

	Mean value	Standard deviation	Kolmogorov-Smirnov test			Shapiro-Wolf test		
			Statistics	df	p	Statistics	df	p
Engage in certain activities (watch TV, dreaming) to avoid thinking about difficulties	2,10	0,91	0,262	212	0,000	0,863	212	0,000
Take steps to improve the situation	2,10	0,83	0,250	212	0,000	0,868	212	0,000
Refuse to believe that it has happened	1,98	0,93	0,228	212	0,000	0,871	212	0,000
Drink, smoke or use drugs to avoid thinking about the problem	1,59	0,85	0,351	212	0,000	0,718	212	0,000
Seek consolation and understanding from other people	2,39	0,88	0,233	212	0,000	0,883	212	0,000
Seek advice from other people who had similar experiences	2,20	0,90	0,237	212	0,000	0,881	212	0,000
Focus on problem solving	2,10	0,85	0,237	212	0,000	0,870	212	0,000
Express their negative emotions (are sad, angry);	2,58	1,00	0,218	212	0,000	0,885	212	0,000
Try to find out positive aspects in the situation	2,15	0,84	0,208	212	0,000	0,870	212	0,000
Are planning steps to overcome the difficulties	1,99	0,77	0,241	212	0,000	0,848	212	0,000
Make jokes and look at the difficulties with a sense of	1,81	0,88	0,255	212	0,000	0,824	212	0,000

humour								
Come to terms with the fact that nothing can be changed	2,06	0,89	0,216	212	0,000	0,883	212	0,000
Seek solace in religion	2,15	1,00	0,208	212	0,000	0,874	212	0,000
Blame themselves for the existing difficulties	1,82	0,88	0,258	212	0,000	0,823	212	0,000

Table 16. Assessment Ranks of the Coping Methods of Different Age Groups

	Under 49			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Engage in certain activities (watch TV, dreaming) to avoid thinking about difficulties	2,10	0,83	75,88	2,26	0,99	81,56	2803,500	0,402
Take steps to improve the situation	2,14	0,78	74,67	2,31	0,87	82,97	2702,000	0,219
Refuse to believe that it has happened	2,06	0,95	77,65	2,00	1,01	74,04	2694,000	0,596
Drink, smoke or use drugs to avoid thinking about the problem	1,36	0,65	75,14	1,51	0,84	82,42	2742,000	0,216
Seek to be consoled and understood	2,52	0,83	76,54	2,57	0,87	80,79	2859,000	0,532
Seek advice from other people who had similar experiences	2,25	0,89	76,94	2,36	0,95	80,32	2893,000	0,623
Focus on problem solving	2,29	0,77	78,31	2,31	0,85	78,72	3008,000	0,951
Express their negative emotions (are sad, angry);	2,66	0,97	80,19	2,60	0,96	75,47	2806,000	0,492
Try to find out positive aspects in the situation	2,24	0,79	74,82	2,39	0,78	81,67	2724,000	0,306
Are planning steps to overcome the difficulties	2,20	0,74	85,40	1,96	0,81	70,45	<b>2444,500</b>	<b>0,027</b>
Make jokes and look at the difficulties with a sense of humour	1,90	0,82	82,56	1,79	0,95	73,76	2683,000	0,194
Come to terms with the fact that nothing can be changed	2,08	0,80	78,58	2,06	0,85	75,12	2773,500	0,604
Seek solace in religion	2,14	1,04	77,05	2,22	1,06	80,19	2902,000	0,651
Blame themselves for the existing difficulties	1,76	0,77	80,18	1,74	0,87	76,53	2882,500	0,586

Table 16. Assessment Ranks of the Coping Methods of Different Age Groups

	Under 49			50 years old and over			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Engage in certain activities (watch TV, dreaming) to avoid thinking about difficulties	2,10	0,83	75,88	2,26	0,99	81,56	2803,500	0,402
Take steps to improve the situation	2,14	0,78	74,67	2,31	0,87	82,97	2702,000	0,219

Refuse to believe that it has happened	2,06	0,95	77,65	2,00	1,01	74,04	2694,000	0,596
Drink, smoke or use drugs to avoid thinking about the problem	1,36	0,65	75,14	1,51	0,84	82,42	2742,000	0,216
Seek to be consoled and understood	2,52	0,83	76,54	2,57	0,87	80,79	2859,000	0,532
Seek advice from other people who had similar experiences	2,25	0,89	76,94	2,36	0,95	80,32	2893,000	0,623
Focus on problem solving	2,29	0,77	78,31	2,31	0,85	78,72	3008,000	0,951
Express their negative emotions (are sad, angry);	2,66	0,97	80,19	2,60	0,96	75,47	2806,000	0,492
Try to find out positive aspects in the situation	2,24	0,79	74,82	2,39	0,78	81,67	2724,000	0,306
Are planning steps to overcome the difficulties	2,20	0,74	85,40	1,96	0,81	70,45	<b>2444,500</b>	<b>0,027</b>
Make jokes and look at the difficulties with a sense of humour	1,90	0,82	82,56	1,79	0,95	73,76	2683,000	0,194
Come to terms with the fact that nothing can be changed	2,08	0,80	78,58	2,06	0,85	75,12	2773,500	0,604
Seek solace in religion	2,14	1,04	77,05	2,22	1,06	80,19	2902,000	0,651
Blame themselves for the existing difficulties	1,76	0,77	80,18	1,74	0,87	76,53	2882,500	0,586

**Table 17. Assessment Ranks of the Coping Methods of Urban and Rural Respondent Groups**

	Willage, small town			City			U	p
	Mean value	Standard deviation	Mean ranks	Mean value	Standard deviation	Mean ranks		
Engage in a certain activity (watch TV, dreaming) to avoid thinking about difficulties	1,99	0,92	99,32	2,17	0,90	110,14	4843,500	0,174
Take steps to improve the situation	1,92	0,81	96,24	2,18	0,81	112,44	4567,000	0,041
Refuse to believe that it has happened	1,83	0,86	96,43	2,03	0,95	108,14	4583,500	0,137
Drink, smoke or use drugs to avoid thinking about the problem	1,77	0,91	118,99	1,43	0,73	95,38	<b>4185,500</b>	<b>0,002</b>
Seek to be consoled and understood	2,20	0,82	94,82	2,53	0,91	113,51	<b>4438,500</b>	<b>0,019</b>
Seek advice from other people who had similar experiences	2,14	0,84	104,19	2,20	0,92	106,48	5282,000	0,774
Focus on problem solving	2,01	0,83	100,14	2,18	0,86	109,52	4918,000	0,240
Express their negative emotions (are sad, angry);	2,40	1,08	95,05	2,73	0,91	113,34	<b>4459,500</b>	<b>0,024</b>
Try to find out positive aspects in the situation	1,90	0,87	90,24	2,28	0,72	115,95	<b>4026,000</b>	<b>0,001</b>
Are planning steps to overcome the difficulties	1,88	0,72	97,65	2,08	0,81	111,39	4693,500	0,082
Make jokes and look at the difficulties with a sense of humour	1,89	0,97	109,44	1,76	0,84	102,54	5045,000	0,382

Come to terms with the fact that nothing can be changed	2,07	0,93	102,94	2,07	0,83	104,81	5170,000	0,814
Seek solace in religion	2,21	0,94	110,07	2,12	1,06	102,08	4989,000	0,325
Blame themselves for the existing difficulties	1,91	0,97	111,57	1,72	0,80	100,95	4853,500	0,178