

THE IDENTIFICATION OF SOCIAL INCLUSION OF ADOLESCENTS AND YOUTH IN  
VULNERABLE GROUPS IN NORTH LITHUANIA AND SOUTH LATVIA



**Interreg V-A Latvia-Lithuania Programme 2014-2020**

**THE IDENTIFICATION OF SOCIAL INCLUSION OF ADOLESCENTS AND YOUTH AT  
VULNERABLE GROUPS IN  
NORTH LITHUANIA AND SOUTH LATVIA<sup>1</sup>**

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## THE IDENTIFICATION OF SOCIAL INCLUSION OF ADOLESCENTS AND YOUTH IN VULNERABLE GROUPS IN NORTH LITHUANIA AND SOUTH LATVIA

### INTRODUCTION

The Interreg V-A Latvia – Lithuania Cross Border Cooperation Programme 2014-2020 aims to contribute to the sustainable and cohesive socio-economic development of the Programme regions by helping to make them competitive and attractive for living, working and visiting.

Šiauliai University together with partner (Rēzekne Technology Academy, Latvia) runs the project „Developing of Social Psychological Support Service System through Implementation of Method of Positive Coping Strategies and Enhancement of Social Inclusion for People in Vulnerable Groups“ (*„Socialinės psichologinės paramos paslaugų sistemos vystymas diegiant teigiamo poveikio strategijų metodą ir stiprinant labiausiai pažeidžiamų gyventojų grupių socialinę įtrauktį“*) POZCOPING, Nr. LLI-163 within the framework of **Interreg V-A Latvia–Lithuania Programme 2014–2020**. This project is funded by the European Union. Total projects size is **631 294,15** EUR. Out of them co-funding of European Regional Development Fund is **536.600,03** EUR. ***This report has been produced with the financial assistance of the European Union. The contents of this report are the sole responsibility of Siauliai University and can under no circumstances be regarded as reflecting the position of the European Union.***

The relevance of the study is determined by the practice and factors of social inclusion of youth and families experiencing social exclusion in Northern Lithuania and South Latvia, which raise new challenges for social work practice. This and other research and the results provided by the project will form the basis for developing with more qualitative and accessible psychosocial support and services for a person while meeting his or her needs.

The main objective is preparation for developing social psychological support service system while implementing Positive Coping Strategies methods for people in vulnerable groups by creating instrument for measure of social inclusion for adolescents and youth (young families) at social risk. So the research was conducted in 3 stages:

#### 1. STAGE:

To create instrument for measure of social inclusion for adolescents and youth (young families) at social risk

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### 2. STAGE:

To identify social inclusion of adolescents and youth in Lithuania (N = 700)

### 3. STAGE'

Analysis of data and interpretations.

In South Latvia and North Lithuania there are common social – economic challenges, poverty, unemployment which lead to social exclusion, as consequence high stress level, which causes difficulties of psychosocial functioning, social inclusion and participation in economic, social, political and cultural life. Besides, in cross-border regions there are challenging accessibility of psychological and social support, well undeveloped accessibility and support content in social services for vulnerable people. Suggested project activities are focused on the creation and efficiency of social services for socially excluded adolescent, youth. In the frame of this project the social inclusion, stress intensity, used coping strategies will be evaluated of adolescence and youth in N. Lithuania and S. Latvia. Then developing method of using multisensory rooms, social, psychological assistance methods (based on self-regulation, enlarging awareness, reflection, balancing emotions) will activate personal resources of target group persons for further integration into changing social cultural environment. The adoption of developed stress coping methodology could be transferred and spread to other counties and municipalities, and included in the social services catalogue. The accumulated experience and the methodology will be used in the preparation of prospective social workers at higher institutions in both countries and qualification process for current specialists. The innovations, that the Project suggest is new to all Baltic countries and suggests, that these methods of social inclusion, positive stress coping to use in social services are effective and qualitative comparing to economical investments in application in practice. Cross- border high education institutions complement each other and create additional value, joining experience, knowledge, expertise, and expand social psychological services repertoire to social services centres in both regions.

The analysis of the Social inclusion, its peculiarities and coping possibilities is a multidisciplinary concept that is relevant both in everyday life practice and for scientists of many branches of science. Stress coping is closely related to external and internal resources and processes of meeting the needs of a person and community (Rout, Rout, 1993).

According to data from the World Health Organization<sup>1</sup>, there are currently more than one billion

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people with disabilities in the world (15 percent of the world's population). According to the Department for the Affairs of Disabled<sup>2</sup>, the number of people with disabilities in Lithuania reaches (234 179) of the total population of the country. It is the largest group of social exclusion, representing 34.3 percent of all people receiving social services in Lithuania. There are more than 244 institutions providing social services in the country<sup>3</sup>, where the social workers provide services to 17 734 people with disabilities. People with disabilities are often unable to fully participate in social and economic activities due to public attitudes towards them, therefore, the number of people with disabilities and people receiving social services in the mentioned institutions tends to increase, while the need for high-quality and partnership-based social services is constantly growing (Lofquist, 1989).

The above-mentioned recommendations of the World Health Organization encourage moving away from still prevalent medical-clinical model of disability and move towards community-based model of the development of integration and Inclusion, which aims to involve people with disabilities in, the assistance processes.

The United Nations Convention on the Rights of Persons with Disabilities (2008) promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities based on the principle of effective participation and integration in society. Therefore, the social participation of people with disabilities and their participation in processes of social services become particularly relevant. Ruškus (2002) analysed the psychosocial portrait of people with disabilities and recognised the issues related to the coordination of paradigms regarding the education and social integration of people with disabilities in the aspect of social participation. According to the author, involvement of a person with disability in society is possible only with an active interaction between the society and the person with disability. As stated by Ruškus and Mažeikis (2007), the protective approach towards disability depreciates the skills of disabled people and emphasizes their weaknesses and disorders. The authors suggested viewing the participation of people with disabilities as an opportunity for changes, active participation, new practical experience, experimentation, allowing a person to search and share resources, which provide the potential development of involvement in society. Gerulaitis (2007) analysed the peculiarities of social participation of parents who are raising a child with disability and determined that the parents are fully involved in the process of child's education, when the interests and needs of all participants are combined, a common goal, responsibilities and resources are established, new activities are initiated

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and implemented by joint decision making. Ruškus, Mažeikienė, Naujanienė, Motiečienė and Dvarionas (2014) who analysed the empowering model of social services in the context of social welfare policy, determined that the recipients and providers of social services are critical of the current status of social services as the current service system does not legally provide any flexibility and the clients may only choose services that are planned in advance. Šatkauskienė (2016) examined the importance of the development of cooperation system in the process of social work intervention and determined that the involvement of the client in the assistance process is important during the whole period of social work intervention. Raipa and Petukienė (2009) emphasized the importance of ensuring the quality and efficiency of services in the general service development process. The researchers emphasised the fact that the services which require the most involvement from the client are the ones designed to change the condition or behaviour of a person. While analysing the relationship between the clients and organization in the context of involvement, Damkuvienė, Petukienė, Valuckienė, Tijūnaitienė, Balčiūnas, Bersėnaitė (2014) determined that the involvement of the client depends on the type of service and perceived benefits of participation for the client himself/herself. As stated by Benešėvičiūtė (2014), social involvement of people with disabilities in the activities of non-governmental organizations depends on the social participation of an open community and a person with disability. After reviewing the works of researchers it can be stated that most of them examine the importance of the participation of a person with disability in the process of social service provision.

The empowerment-oriented social participation of people with disabilities was analysed more by foreign researchers, they have been analysing this approach and applying it in a social work practice for a longer period of time than we do. The idea of social involvement of people with disabilities was presented by Ebersold (2004) in order to minimise the problems of social participation and create more possibilities for a more active involvement in society, develop potential opportunities for problem solving. Ebersold and Detraux, (2006) examine the process of social participation of people with disabilities, which distinguishes person's empowerment and involvement in society, develops a new approach towards people with disabilities - a person is seen as a personality capable to participate fully in society. According to Sadan (2004), the idea of the empowerment of people with disabilities seeks to pave the way based on opportunities rather than difficulties, when a social worker believes in the individual's ability to change and the benefits of his/her participation in decision-making. Lord (1991) models the possibilities of satisfying the needs of people with

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disabilities in the context of social services and acknowledges that the empowerment is a lifelong process, involving positive changes of a person with disability. Based on the theory of empowerment, Douglas and Zimmerman (1995) emphasize the competence and strengths of a person with disability, which allows creating an equal partnership between the worker and the client seeking for individual changes in life. Horkheimer (1995) stated that, by involving themselves in the processes of social services, people with disabilities seek for the control of their lives by changing the relationship of dominant power. Rodie and Kleine (2000) determined that the participation of the client is a deliberate and purposeful construct of behaviour, seeking for the involvement of the recipient in the service process by sharing tangible and intangible resources. The model of Lofquist (1989) describes the interaction between the specialist and the client as a partnership where the power of decision making is equal.

The analysis of scientific sources allows making an assumption that the involvement of people with disabilities in the aspect of social work is not widely applied in Lithuania in comparison with Northern Europe and other countries. There is still a lack of researches which could subjectively reveal the possibilities of involvement of people with disabilities in the process of social service provision. There is also a lack of analysis regarding the importance of involvement of people with disabilities in the process of social service provision, its impact on social institutions and how the activities of social workers should be carried out by developing the empowerment of people with disabilities.

**Subject of the research.** The Social inclusion of people in vulnerable groups (youth) in North Lithuania and South Latvia.

**Aim of the research.** To identify social inclusion of youth in North Lithuania and South Latvia.

**Research sample:** 700 people in people in vulnerable groups of youth: 350 in North Lithuania and 350 in South Latvia.

### **Methodology and methods.**

The research is based on the theories of social **constructivism, social participation and empowerment.**

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**Theories of social constructivism** [Berger, Luckman, 1999; Chermack, van der Merwe, 2003; Delanty, 1997; Edelman, 2002; Greenwood, Levin, 1998; Jonassen, 1991; Saraga, 1998; Schön, 1987; Searle, 1995; Taylor, 2000.] analysing the formation of awareness between the members of social relations state that reality is the result of social construction. One of the key ideas of this theory is that continuous experimentation takes place (Cherryholmes, 1999), and in the democratic society people act, change and discover their and others' mistakes. This way in the light of constructivism the disabled person is seen as being able to cope with disability related difficulties and to reorganize his resources as the society provides assistance to him.

One of the main postulates of constructivism [Delanty, 1997; Jonassen, 1991; Searle, 1995; Taylor, 2000.] is creation of knowledge in the presence of close interaction of the participants and equivalent participation. New knowledge about the disabled child and his education is created in common interactions between himself, family and specialists.

All paradigms of conflict, communicative action and construction used and discussed in the thesis are the basis for **empowerment theory**. Empowerment is “the process in which people, organisations or communities seek/attain participation” (Douglas, Zimmerman, 1995, p. 571). As stated by M. Zimmerman (1995), empowerment makes individuals replace the clinical attitude with the conceptions of wellness and convalescence, deficit and deficiencies – with competencies and strengths. Carrying out studies based on empowerment attitude, the cataloguing of needs and risk factors is pursued to be replaced by the identification of the disabled man's abilities and investigation of the environmental impact on the genesis of social problems. Empowerment directed practice improves and provides opportunities for the participants to develop awareness (Dettmer, Dyck, Thurston, 1996) and skills, to treat specialists as partners and not as authoritarian experts (Berger, 1991). Empowerment is related to the concept of resources when individuals seek to disclose their potential and this way to control their social life.

J. Lord (1991) distinguishes personal empowerment which is treated as the process of four stages. These are 1) comprehension and awareness (the disabled receive new information, appear in the new context either when life conditions have changed or this is achieved applying certain ways and methods of work with the disabled); 2) contacts and learning (having perceived his needs, the individual seeks contacts with other people or groups and resources, this way he receives new information and learns new skills); its main outcome is that the individual expands his opportunities

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and the range of choices; 3) mobilisation and acting (the individual seeks contacts with other people that have similar interests, learns new skills, becomes ready for actions because he may be involved in the activity that is meaningful to him or other social actions; successful accomplishment of new roles may arouse the feeling of joy of participation (“I can do it!”), which enforces self-respect, encourages to impart one’s right of choice); 4) contribution to joint activities (last stage of individual empowerment when new resources, skills and knowledge acquired in previous stages are integrated). The disabled or his family members can be assisted by intermediary or other staff providing social assistance to attain and go through all stages. Empowerment is a life-long process that involves positive changes related to the individual’s self-respect, self-image and assists to create and develop meaningful social contacts (friendship, formal and informal support).

Empowerment can be treated as promotion of changes in parents’ perception about their children’s opportunities (Short, Greer, Melvin, 1994). Nachshen (2004) carried out empowerment studies with families raising disabled children and identified that in empowerment processes families perceive themselves as active agents interacting with a larger community. Empowerment cannot be defined using one definition because there are various levels of empowerment and empowerment is a contextual phenomenon. Various types of empowerment are distinguished. Theories on enhancement of various powers refer to self-assistance. This perspective underlines enhancement of self-valuation, participation and fight for one’s rights being the receiver of services (Ruškus, Mažeikis, 2007). Still another, postmodernist attitude states that power is not a complete and localised unit, power manifests itself as a relation of different discourses, interests, cultures and motives. Empowerment may be viewed from the following perspectives: first, empowerment as an endeavour to increase individual’s self-confidence, providing him with necessary information, resources and knowledge; second, empowerment as creation of suitable environment which promotes the individual to develop his knowledge and competence capacitating the expression of autonomy, freedom and responsibility. Empowerment (Thorlakson, Murray, 1996) encompasses delegation, individual responsibility, independent decision making and the feeling of confidence of being able to act effectively.

The main idea of the empowerment paradigm represents the identification of the person’s strengths and competence rather than his/her weaknesses. The empowerment-oriented social work practice gives a possibility for every person with disability to control his/her life while emphasizing the fact



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that the empowerment is an attempt to unify the roles and powers of the participants by participating in and developing the processes of involvement together.

The research employs the concepts of harmonisation of needs and interest, peoples' involvement in social activities of society and social participation. **Social participation** [Campbell, Strickland, La Forme, 1992; Douglas, Zimmerman, 1995; Ebersold, 2004; Myrick, John, Williams, 1994; Richardson, 1983; Zimmerman, Rappaport, 1988.] is used in the meaning of empowering people to manage situation where the interaction is the community is a required element. Social participation enables to pursue cooperation system, based on equality of the people in vulnerable groups and specialists, to participate making decisions related to life quality. When the people in vulnerable groups and their families are active members of the community and society, social participation may acquire political participation and other forms.

Therefore, empowerment and social participation in the aspects of scientific discourse as well as of opportunities of practical changes create a basis **for methodological purposefulness of research.**

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**RESEARCH METHOD**

The structure of the questionnaire consisted of a manual, as well as of socio-demographic variables (gender, place of residence, etc.), and the main part is for diagnostic (constructive) variables (the structure of the questionnaire is presented in Table 1.)

1 table

*Diagnostic blocks and variables of the questionnaire*

<b>Diagnostic blocks</b>	<b>Number of statements (N)</b>	<b>Type of the scale</b>
Socio demographic variables	6	Nominal and ranking scales
Variable of social inclusion	36	Ranking scales

The internal compatibility factor for Cronbach alpha is 0.92. This means that this methodology is suitable for individual surveys, not just for group research.

The study data are calculated using the 17.0 SPSS program. The strategy for the statistical processing is focused on variables. Additional variables belong to the nominal scale, and the cross tabulation symbols were used to determine the interfaces for the Entity Indicators with the categories of problem solving. The Cramer's V coefficient is applied because the distribution in the frequency sections is uneven. The social inclusion rates were subdivided into 5 ranges using a standard deviation of 16.74 (17). Until 18 years old - there are no restrictions on social inclusion, 19-34 - little social inclusion; 35-51- the average social inclusion limitation; 52-68 - very limited social inclusion; 69 and more - very limited social inclusion.

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### THEORETHICAL ANALYSIS OF SOCIAL INCLUSION AND INVOLVEMENT OF PEOPLE IN VULNERABLE GROUPS IN SOCIETY AND PROCESSES OF SOCIAL SERVICES

The prevailing form of social work practice in the contemporary society is helpful to a person while providing social services (Žalimienė, 2003) aiming the growth and satisfaction of a person. The permanent interaction between the social worker and the client allows the social worker to see the client as an equal participant of the process who gains certain strengths which help him/her to overcome difficulties and take responsibility for their lives. Such interaction in social work is based on the idea of constructivism, which emphasizes the social aspect of disability and the possibility for a person with disability to fully participate in society. The theory of constructivism is a form of the approach towards a person, which examines the formation of knowledge of the participants creating social relations through the continuous experimentation in discovering the mistakes of your own and other people (Berger, Luckmann, 1999). Constructivism-based practice focuses on relevant concerns: the need to empower the clients, the right of the clients to make independent decisions, the aim to create conditions for maintaining dignity and respect of all groups (Turner, 2011). The paradigm of constructivism during the formation of knowledge recognizes the close interaction between the participants and equal participation in the activities of service development, when a person with disability is seen as a person capable of coping with difficulties related to disability and constructing the perception of the real world based on his/her experience (Delanty, 1997). The social work in the framework of the theory of constructivism starts with the perception of the reality of the recipient of the service while interacting with others, when each person understands the social reality in a different way in relation to his/her experience (Berger, Luckmann, 1999). In the perspective of constructivism, the process of social assistance is understood as activities where people create interpretations of their experience and new situations while working together with others (Payne, 2005). According to Adams, Dominelli, Payne (2009), the constructive social work practice must empower the clients as the limitation of possibilities does not comply with the priority objective - to achieve the positive change in people's lives.

The theoretical modelling of the involvement of people with disabilities in the process of service provision and the theoretical-hypothetical model of the involvement of people with disabilities in the context of social services are based on the theory of constructivism, which treats the social worker as an advisor, while people with disabilities construct the perception of the real world

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themselves based on his/her experience. The operationalization (determining the empirical indicators reflecting the subject of the research) and research instrument were designed based on the indications of the theory of constructivism. The interpretation of data obtained from the research was carried out based on the main ideas of constructivism.

The social workers often work with clients who are oppressed by the society, do not trust themselves when they are in a difficult life situation, but in any case seek to control their daily lives and participate in a community (Sadan, 2004). When the social workers try to help the clients discover their competence and strengths rather than their weaknesses, they participate in the empowerment process for the transition of a person from passive to active state (Zimmerman, 1995). The theorist Payne (2005) states that in accordance with the theory of empowerment the social work focuses on the participation of the recipient of services in the processes of developing services, provides an opportunity to control your life by emphasizing the client's independent decision-making and belief in the possibility to function effectively. The empowerment of a person begins when there occurs an opportunity in a person's life to independently establish his/her own needs and goals, take responsibility for your own actions, change your environment to a more acceptable and right one (Turner, 2011). The empowerment is understood as an individual and continuous process of personal development, during which the strengthening of self-assessment is emphasized, social skills and resources necessary for social participation are acquired, powers and abilities, with the help of which a person seeks for individual changes, are distributed (Ruškus, Mažeikis, 2007). The concept of empowerment when the client participates in the processes of service provision, emphasizes the equal partnership between the social worker and a person with disability, whose main goal is social participation (Douglas and Zimmerman, 1995). Adams (2008) understands the empowerment as a creative use of personal resources which help to reveal one's potential, achieve personal goals and be able to independently control the social life.

Lord (quote Gerulaitis, 2007) described four stages of empowerment: 1) understanding, awareness (new information is provided to the clients, the social worker, while acting as a mediator, tries to provide new conditions for a person with disability); 2) communication and learning (a person who understands his needs starts seeking for social relationships with other people and in this way develops and learns new skills); 3) mobilization and action (after the above mentioned stages a person with disability is ready to act, engage himself/herself in meaningful activities, while the participation in service processes causes joy, strengthens the self-esteem and encourages him to be

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active); 4) contribution to joint activities (during the empowerment the client integrates new resources, newly acquired skills and knowledge). The social worker can help to go through all these stages by taking the role of a mediator or partner, when he participates in the stages of empowerment, but the results of these stages belong to the progress of the processes of growth and development of a person with disability.

**Empowerment.** The concept of empowerment was created from motivation theories (Žydzūnaitė, 2001). Briefly, empowerment can be described as a process of personal growth and development, in which the main factors are certain characteristics of individuals: expectations, attitudes, values, perceptions and relationships with the environment. Environmental variables at the individual level include race, gender, as well as roles, status and interests. The concept of empowerment assumes that a person in a difficult living environment, through mediating concrete actions, develops the feeling that he or she can control his psychological and social reality (Bydam, 2000; Lenz, Stark, 2002).

Emphasis on the autonomy, peculiarity, power and ability of vulnerable people are given in empowerment theories. Empowerment involves increasing opportunities for individuals to engage in social participation (Myrick, John, Williams, 1994). P. Douglas, M. Zimmerman (1995) treats empowerment as a construct of individual powers and competences, natural aid systems and proactive social behavior and social change. Empowerment means that individuals seek their control of life and change the power of dominance (Horkheimer, 1995). The theory of empowerment relates the individual's well-being to a greater social and political environment. This is a process that continues to take place in the local community, involving mutual respect, critical reflection, care and group participation, in which people share resources, and receive more access and control of their resources (according to the Cornell Empowerment Group, 1989).

Empowerment is described as a development process (Acock, Demo, 1994; Thorlakson, Murray, 1996). There are three empowering dimensions that enhance empowering experience:

- 1) Positive self-identification,
- 2) Extensive learning and understanding,
- 3) personal reflection on the environment and the ability to realize mutual communication.

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Learning, support and information positively correlates with empowerment (McCubbin, Thompson, Han, Allen, 1997). When a person is well-informed about goals, he more realistically realizes personal identification, increases the motivation and efficiency of the activity. Expectations and mutually exclusive social roles negatively correlate with empowerment. Objectives are very important, the latter are not the final point, but rather as an intermediary in formulating a solution.

According to A. Lenz, W. Stark (2002), the concept of empowerment must be linked to law and needs. People can not be described as "a child who has fallen into distress" or "officials with his rights", a person is a much more significant being that has rights and responsibilities in the individual, group and social structure. Authors (Lenz, Stark, 2002) distinguish these empowerment dimensions:

- ✓ An active and positive feeling that I live in my world,
- ✓ Capacity building and strategies to meet goals;
- ✓ (Social) network creation
- ✓ A critical approach to each situation
- ✓ Self-identification in the process of social change
- ✓ Overcoming demoralization.

Empowerment (Hillert, Savlin, Berg, 2002; Nachshen, 2004) also means an interactive and effectively oriented process; responsibility for your life without leaving a family; search processes for compatibility; determining the payment, evaluating the accusations and meeting the challenges of life; the ability to promote the ability to solve problems in ways and methods as less destructive as possible during a conversation; empowerment involves community involvement and processes for specific changes. The theory of empowerment can be treated in two ways: both as a process involving actions, activities, and as a result, including the growth of interpersonal, behavioral competencies that results in a higher degree of empowerment (Curtis, Singh, 1996; Zimmerman, 1995).

Criticism of power theory (Wolfensberger, 2002), focused on "their power" and "other evaluations". It is argued that the theory of empowerment only operates with possibilities. Rhetorically, what is better for a person: to do other favored roles, or else to develop his powers in relation to other

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people? Wolfensberger (2002) doubts whether a person with limited mental skills can fully decide and decide independently. However, empowerment is not only understood as strengthening power and competitiveness. Empowerment is understood as the power of the disabled and their families to decide on their own learning environment and goals, on living conditions, on professional activities, etc. granting. It is not only specialists who are responsible for decisions and their implementation, but all participants, including the disabled themselves

Summarizing the postulates of the theory of empowerment and the arguments of critics, one can state that empowerment is understood as the acquisition of human support, skills and resources necessary for self-organization and participation in order to achieve social change. Empowerment is both a strategy and a concrete political activity in gaining power and distribution of governance in society.

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**RESULTS**

**1. Peculiarities of demographic characteristics**

Most respondents study at a high school and have completed high school (see table 1). Minorities are high school students and graduates. The gender distribution of respondents shows that more than half of the respondents are women in higher education, with a minority of women graduating from higher education institutions. Meanwhile, the majority of male respondents in this sample have graduated from secondary and basic schools, with some less vocational education. Male respondents are significantly less in high school students.

2 table

**Respondents in regard to education and gender**

Gender	Education						Total	p (Cramer's V)
	<i>Studying in vocational school</i>	<i>Studying in high school</i>	<i>Basic education</i>	<i>Secondary education</i>	<i>Vocational education</i>	<i>High education</i>		
<b>Female</b>	9,5%	61,9%	14,3%	4,8%	4,8%	4,8%	100%	<b>0.61</b> <b>P&lt;0,01</b>
<b>Male</b>	12,2 %	9,1%	27,3%	30,3%	18.2%	3,0%	100%	
<b>In total:</b>	11,2%	29,6%	22,2%	20,4%	13%	3,7%	100%	

This distribution of respondents in terms of gender and education is statistically significant ( $p < 0.01$ ) and indicates the importance of education among women.

Most of respondents have work experience up to 1 year and more than 1 year of age. The smallest part consists of respondents without work experience. Gender distribution of respondents shows (see Table 3) that almost two thirds of women have work experience of up to one year, while almost half of the sample men have a work experience of more than one year and almost one third of men have no work experience. The latter group of women was a minority.



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table 3

<b>Respondents in regard to work experience and gender</b>						
<b>Gender</b>	<b>Work experience</b>				<b>In total</b>	<b>p (Cramer's V)</b>
	<i>Without work experience</i>	<i>Up to 1 year</i>	<i>More than 1 year</i>	<i>Other</i>		
<b>Female</b>	14,3%	71,4%	14,3%	,0%	100,0%	<b>0,54 P&lt;0,01</b>
<b>Male</b>	30,3%	18,2%	48,5%	3,0%	100,0%	
<b>In total</b>	24,1%	38,9%	35,2%	1,9%	100,0%	

This distribution of respondents is statistically significant ( $p < 0.01$ ) and indicates a sample's imbalance in terms of work experience and the gender role of respondents in the context of work experience.

As can be seen from Table 4, more than half of the respondents' income is between € 300 and € 500, a significant minority of respondents receive less than € 300. The remaining respondents distributed almost equally among other income groups. It can be seen that two thirds of female respondents receive income of up to € 300, while male respondents receive a much lower income and are much more evenly paid than women in terms of income

Table 4

<b>Respondents in regard to income and gender</b>							
<b>Gender</b>	<b>Income per month (Euros)</b>					<b>In total</b>	<b>p (Cramer's V)</b>
	<i>Up to 300</i>	<i>300-500</i>	<i>501-1000</i>	<i>1001-1500</i>	<i>More than 1501</i>		
<b>Female</b>	81,0%	9,4%	,0%	,0%	9,6%	100,0%	<b>0,43 p&gt;0,05</b>
<b>Male</b>	42,4%	15,2%	24,2%	3,1%	15,1%	100,0%	
<b>In total</b>	3,7%	57,4%	13,0%	14,7%	11,2%	100,0%	

However, this regularity distribution with respect to income and sex is not statistically significant ( $p > 0.05$ ).

## 2. Peculiarities of social inclusion in regard to demographic indicators

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Respondents in this sample have been unevenly dispersed according to social inclusion indicators: almost half of them can be categorized as low social inclusion, and twice as likely to fall into moderate social inclusion. Meanwhile, a minority of respondents belong to unrestricted social inclusion, i.e. these respondents are fully involved in the social events of society and the family

Table 5

Respondents in regard to social inclusion indicators and gender

Lytis	Levels of Social Inclusion Indicators					In total	p (Cramer's V)
	<i>Unlimited</i>	<i>Slightly limited</i>	<i>Moderately limited</i>	<i>Very limited</i>	<i>Very much limited</i>		
<b>Female</b>	4,8%	47,6%	33,3%	14,3%	,0%	100,0%	0,24 p>0,05
<b>Male</b>	9,1%	48,5%	21,2%	12,1%	9,1%	100,0%	
<b>In total</b>	7,4%	48,1%	25,9%	13,0%	5,6%	100,0%	

Analogous trends can be observed in relation to gender. As can be seen from Table 5, the rates of social inclusion of both female and male respondents indicate that nearly half of the respondents have limited social inclusion. According to the inclusion indicators, respondents were more homogeneous than female respondents, including no one with a very high social inclusion incidence, while male respondents reported such incidence. Such social inclusion rate of distribution is not statistically significant ( $p > 0.05$ ).

Table 6

Respondents in regard to social inclusion indicators and education

Education	Levels of Social Inclusion Indicators					Iš viso	p (Cramer's V)
	<i>Unlimited</i>	<i>Slightly limited</i>	<i>Moderately limited</i>	<i>Very limited</i>	<i>Very much limited</i>		
<b>Studying in vocational school</b>	20,0%	20,0%	20,0%	40,0%	,0%	100,0%	0,57 P<0,01
<b>Studying in high school</b>	,0%	56,3%	37,5%	6,3%	,0%	100,0%	
<b>Basic education</b>	,0%	50,0%	33,3%	8,3%	8,3%	100,0%	
<b>Secondary education</b>	9,1%	72,7%	9,1%	9,1%	,0%	100,0%	
<b>Vocational education</b>	,0%	,0%	,0%	66,7%	33,3%	100,0%	

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<b>High education</b>	100,0%	,0%	,0%	,0%	,0%	100,0%
<b>Other</b>	,0%	50,0%	50,0%	,0%	,0%	100,0%
<b>In total:</b>	7,4%	48,1%	25,9%	13,0%	5,6%	100,0%

The majority of respondents with social inclusion participation showing very limited social inclusion have completed vocational schools or are studying there (see table 6). In addition, the indicators dominate among them, which show very much limited social inclusion. Meanwhile, respondents whose indicators show expressed social participation have graduated from higher education. This distribution of the indicators is statistically significant ( $p < 0.05$ )

Table 7

**Respondents in regard to social inclusion indicators and work experience**

Work experience	Levels of Social Inclusion Indicators					In total:	p (Cramer's V)
	<i>Unlimited</i>	<i>Slightly limited</i>	<i>Moderately limited</i>	<i>Very limited</i>	<i>Very much limited</i>		
<i>Without any experience</i>	15,4%	46,2%	15,4%	15,4%	7,7%	100,0%	0,22 $p > 0,05$
<i>Up to 1 year</i>	,0%	52,4%	33,3%	9,5%	4,8%	100,0%	
<i>More than 1 year</i>	10,5%	47,4%	21,1%	15,8%	5,3%	100,0%	
<i>Other</i>	,0%	,0%	100,0%	,0%	,0%	100,0%	
<b><i>In total:</i></b>	7,4%	48,1%	25,9%	13,0%	5,6%	100,0%	

As seen from Table 7, most respondents with little or no social inclusion have or have no work experience. Regarding the moderately limited inclusion, it can be noted that most respondents have experience of up to 1 year. Such a regularity distribution is not statistically significant ( $p > 0.05$ )

Table 8

**Respondents in regard to social inclusion indicators and income**

Income (euros)	Levels of Social Inclusion Indicators					In total	p (Cramer's V)
	<i>Unlimited</i>	<i>Slightly limited</i>	<i>Moderately limited</i>	<i>Very limited</i>	<i>Very much limited</i>		
<b>Up to 300</b>	,0%	48,4%	25,8%	19,4%	6,5%	100,0%	0,34 $p > 0,05$
<b>301-500</b>	14,3%	57,1%	28,6%	,0%	,0%	100,0%	
<b>501-1000</b>	12,5%	75,0%	,0%	,0%	12,5%	100,0%	
<b>1001-</b>	,0%	,0%	100,0%	,0%	,0%	100,0%	

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<b>1500</b>							
<b>More than 1501</b>	20,0%	,0%	60,0%	20,0%	,0%	100,0%	
<b>Iš viso</b>	7,4%	48,1%	25,9%	13,0%	5,6%	100,0%	

As can be seen from Table 8, the income of respondents who are enthusiastic about social participation is very diverse. Meanwhile, most who receive up to 300 euros have little social inclusion, as do most of those who receive from 301-500 and 500-1001 euros. However, this regularity of the distribution is statistically significant ( $p > 0.05$ ).

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### CONCLUSIONS

1. The Social inclusion consists of the components of involvement (partnership, satisfaction, resources, confidence, identity formation, open community, satisfaction of needs, social participation, decision making, continuous growth and changes, change of the perception of your own competence and skills, power to choose and control, sense of recognition, responsibilities and functions, rights and duties) and quality criteria for social services (rights, ethics, partnership, participation, focus towards the person, complexity, focus towards the results, continuous improvement. Parts of the theoretical-hypothetical model for the involvement are inseparable from one another as ensuring the quality of provided services leads to successful involvement of a person and availability of its components. The effective application of the model can only be possible if the individuals participating in the processes of service provision are not seen as objects for which the services are predefined, but as equal partners who are involved in the decision making, can choose and control as well as develop services meeting their needs together with the service provider.
2. In the case of this sample, the role of gender is determined in terms of education and work experience: among women more than men have significantly more graduates or learners in higher education. Most women have work experience of up to 1 year, while most men have a work experience of more than 1 year.
3. The role of education in terms of social inclusion was revealed, while other demographic indicators are not related to the level of social inclusion. It has been determined that most people with higher education are also characterized by more expressed social activity (social inclusion), while most with vocational or secondary education are highly restricted in social inclusion.

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