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Development of social competences in youths with a visual impairment

Introduction

Adolescents and youths with visual impairments have more opportunities to build a brighter future today than during any other historical period. There are many educational programmes and assistive or rehabilitative services that are available, as well as a wide variety of ways to help youths achieve their full potential. Effective laws supervise and protect their education and employment rights as well as grant open access to their communities. Worldwide, there are many vocational departments, foundations and agencies, which provide or support rehabilitative services and transition programmes. Most of them offer services associated with six major skill areas: adjustment to blindness, independent living skills, communication, orientation and mobility skills, support systems, and vocational development. This article deals with the options that are available for supporting and aiding the development of social competences in adolescents and youths with visual impairments during their transition to a self-sufficient lifestyle in the Czech Republic.

Theoretical basis

Social competences enable establishing, maintaining, and adequately terminating social contacts with other individuals, institutions and groups. "They can be divided into several groups: interactive skills, perceptive skills, communication skills, organisational skills and behavioral skills" (Galvas, 2001, p. 89). An independent lifestyle also includes, among many other practical skills, task solving and social interaction skills in different environments, such as work, free time, shopping or transportation. Elementary social roles include those of a parent and a subordinate or superior. Therefore, adult social competences are defined by the ability to successfully orientate oneself in various communicative or social situations and in roles that are characteristic for an adult.

For many youths, the time of transiting into being on their own means a growing awareness of the number of social situations to be dealt with and solved without outside help. As a result, they review their capabilities and realize how

inexperienced they actually are[1]. This situation can be even more complicated in the case of youths with impairments, whose development and self-sufficiency is further limited.

If the individual has not acquired enough experience and sufficient practical skills to live an independent life, adolescence can bring about many conflicts which are a secondary cause of psychical stress and may eventually lead to attempts of postponing responsibility for one's own life and the actual process of becoming independent. Focused preparation for successful social interaction may ease this process and improve the situation, allowing for good quality socio-cultural participation in society. It should also be mentioned that the basis for successful social integration into "grown up" society (Lopúchová, 2006) lies in the optimal development of social competences at a young age.

According to Galvas (2001), improving communication and social competences allows for such quality of individual behaviour, communication, attitudes and self-perception, which would further enable visually impaired youths to feel a lower level of psychical stress during social contact, have more effective participation in society, be less dependant on the social environment and reach a higher level of life quality and success.

The contemporary situation in the Czech Republic

There have been major developments in the area of support aimed at the education and integration of persons with visual impairments in the recent decade in the Czech Republic. However, supporting social competence development in youths with visual impairments still remains rather outside the main scope of professional interests, which can be illustrated by comparing data on this support from the Czech Republic with data collected in other developed countries[2]. Based both on research carried out in the Czech Republic and on practical experience, we can assume that there is high potential for development in support of communicative and social skills (as shown, for example, in selected findings in the 2009[3] Ptáčková investigative survey).

> An investigative survey by Ptáčková (2009) shows that 5% of the respondents with low vision and 30% with blindness assess *their social skills level* with terms ranging from 'satisfactory' to 'highly unsatisfactory.' Boys tend to be less sure of their social behaviour (25%) than girls (10%); integrated education students tend to be less sure (20%) than special school students (15%). Up to 45% of students with visual impairments think that employing *assertive techniques* in their behaviour presents a problem for them. The level of *communication skills* was evaluated in a more concrete way. According to

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[1] Insufficient social skills are frequently palpably perceived in concrete situations when persons do not react in an appropriate way or are aware of the fact that they are not coping well with the situation (Jesenský, 2007).

[2] An example of this is The Texas Department of Assistive and Rehabilitative Services, a state agency that supports Vocational Rehabilitative Programs, and the Division for Blind Services Transition Programe.

[3] The survey dealt with estimating social and communicative skills in secondary school youth with visual impairments. It employed both an objective and subjective assessment (n=40) (Ptáčková 2009).

the collected data, 20% of girls and 25% of boys with a visual impairment considered their level of communicative skills unsatisfactory to highly unsatisfactory. This group consisted of 5% of students with low vision and 40% of students who were blind, with special school students (30%) prevailing over integrated school students (15%). This can be further illustrated by the following facts:

The ability to open communication with a stranger was seen as unsatisfactory by 10% of students with low vision and 50% of students who are blind (55% of these students were girls and 65% were boys).

The ability to ask other people for help was seen as unsatisfactory by 30% of girls and 45% of boys, with special school students and students who are blind combined. Surprisingly, many students felt uneasy about explaining their disability to other people. This skill was perceived as unsatisfactory by 25% of girls and 30% of boys. Again, special school students prevailed (45%) over integrated school students (20%). Students with low vision (30%) perceived informing other people about their visual impairment more troublesome than students who were blind. The situation slightly improved during secondary school education, as these problems were reported by 35% of first year students and only by 15% of final year students.

Another interesting fact became apparent when Ptáčková *investigated students' participation in these communicative activities.* Only 50% of girls and 25% of boys regularly participated in this type of activities; students who were blind (65%) prevailed over students who had low vision (15%).

Integrative free time activity participation brought other surprising findings. 35% of girls and 70% of boys seldom participated or did not participate at all in activities, which would bring them together with their unimpaired peers. There were 70% of blind students and 30% of low vision students in this group; special school students (45%) perceived the social barrier here more palpably than integrated students (20%).

The main outcomes of the survey were as follows: girls aged 14–22 perceived their social and communicative skills as more satisfactory than boys of the same age. Girls and boys who attended an integrated primary or secondary school (even for a limited time period) perceived their social and communicative skills as more satisfactory than special school graduates.

The next section of the article deals with the possibilities concerning special education and rehabilitation support for the development of social competence in adolescents and youths with visual impairments in the Czech Republic.

Social competence specifics throughout childhood and adolescence

Social learning starts at birth and continues throughout the lifespan. It is linked to mental development and is influenced by the quality of relationships and social experiences of an individual. Children learn about social interactions in the social environment they are surrounded by (Carver, Scheier, 1996).

The primary cause of uneven development is a visual impairment. Social learning is based mainly on imitation, though errors can be compensated for through verbal description. Better results can be obtained based on one's own experience or reflection training.

The secondary cause is lack of personal experience. A growing number of situations with limited perception in childhood causes communication problems and conflicts. School attendance increases demands on children's social skills without family support. In addition, peer relationships grow more complex. At this stage, it is very important what behaviour stereotypes the child acquires in communication. Therefore, development is *influenced by the child's social environment and by the amount and quality of their social experience*. Children with serious visual impairments are often unable to acquire optimal ways of socially acceptable behaviour only by imitation, although often they do not even have enough opportunities for that. Conflicts and their ill-handling give rise to undesirable social experiences and behavioural stereotypes, which further influence personal development. When children with visual impairments are concerned, Gűttnerová and Vítková (2002) speak of *the risk of acquiring ill-developed social skills* and the possibility of *developing behavioural abberancies*. Thus, school age is the best period for education in communicative and social skills and their practice. On the contrary, insufficient educational support in the given area leads to problems in self-acceptance and in relationships with the social environment. The family represents the basic platform for learning and practising social skills.

The fundamental role of family

The family holds the possibility for the intentional or unintentional development of an individual's special needs and for a development focused on certain areas of social competence. However, there are also factors that lower the efficiency of the above mentioned type of development or even make it impossible. Parents often do not realize how important their attitude towards the future independent life of a child with a visual impairment is. Their dotting care and fears complicate the process of social maturity (Tvoze, 1981).

The transfer of social skills within a family is realized mostly through imitation and incorrect stereotypes (found especially in low socio-economic status families) have a significant influence over a children's behaviour. Boarding school placement also shows a negative effect on the process, as the family struggles with providing low educational intensity and complexity of social skills. The troubled relationship between the parent and the child in pubescence can have a negative impact on the area of social learning. The family role here can be partly substituted with specialized institutional care or by another person.

The role of educational institutions

Clearly focused support of social competence in adolescents with visual impairments can be provided by special education centres in the Czech Republic. In order to aid individual, independent development, the curricula of special schools pay special attention to teaching orientation and mobility.

Given the right conditions, a class can represent a highly suitable environment for developing social competences. There are various situations and relationships that can be found here over a relatively long period of time. In order to use this educational potential effectively, school curricula should allow enough space for this issue. Unfortunately, the Czech educational system does not pay sufficient attention to this problem in the long run. The special educational needs of each individual with

a serious visual impairment should be part of an individual education plan. Consistent social competence development adjusted to suit special educational needs should be included in an individualized education plan for every person.

Support through the concept of social learning at school age

Clearly focused support of children's social competences can also be provided through vocational institutions. These can include educational and rehabilitative organizations, so forms of support can vary from short teambuilding courses to integrative free time activities and individual psychological care. For example, the concept of "Social Learning" (Strittmatterová, 1999) represents a sophisticated system of social learning support in school-aged children with serious visual impairments. It is based on a three-platform model: *blocked interaction, intervention and integration*. Its impact on the child is complex, dealing both with physical and mental aspects. The concept aims at reaching a social level that would allow the pupil to blend with society while maintaining his or her complex personality. The main support areas include:
– acceptance of the child's individuality,
– improvement of the life conditions that can be influenced,
– coping with delayed development and eliminating problems,
– influencing possible negative dispositions and aberrations in behaviour.

Specifics of teaching social skills in adolescence

Education in adolescence should be carried out mainly by allowing youths to experience different situations. Individual issues should be combined with practising formal and informal social skills and broadening the youth's experience. The goals can be identified in the following areas:
– setting up a good, well-balanced mental state by strengthening, "This is me"– buil-
   ding up self-confidence and trust in one's abilities;
– increasing mental resistence by positive self-evaluation;
– learning behaviour strategies which will allow the individual to take part in the life
   of the society, have satisfactory performance and actively acquire new tasks, roles
   and responsibilities;
– development of the ability to create relationships (communication and cooperation
   skills, being able to criticize and compromize, being able to plan and organize);
– learning about the rules of social behaviour, practising social roles by dealing with
   both mock and real life situations (Gűttnerová, Vítková, 2002).
"Adolescents need social networks, social support, friendships, and intimate relationships to feel like they belong and have a strong sense of self-worth as they move into adulthood" (Gold, Shaw, Wolffe, 2010).

Supporting the development of social competence in young adults

The main aim should lie in the ability of a young person to acquire basic social roles and typical formal and informal situations relatively independently and without excessive mental stress (Baekhoff, Kamp, 1994). For people with visual impairments, this means acquiring especially the *skills of social interaction and behaviour* without major errors and without perceiving excess mental stress. Other factors include *specific abilitie*, which make dealing with certain situations

easier (these situations, as a rule, have a major influence on the visual impairment). However, at this stage, transition programmes which would prepare young people for the transition from school to adult life, independence and employment, are not available in the Czech Republic. At the moment, most Czech institutions working in this area deal only marginally with developing social skills in youths. Tyfloservis (an institution offering social rehabilitation services) for this purpose uses the Course in Social Skills (Galvas, 2001). However, the demands of youths with visual impairments require further adjustments to the course in order to suit the special educational needs of this target group. For the next version of the programme for young adults, it would be suitable to make changes in the following issues:

1. Dropping the group form of the course, transforming its contents into a conceptual form, and including individual educational approaches and real life situation training.

2. Using the method of experience learning, which is well-received in the given target group and yields good results.

3. Running young adult groups separately from the older participants.

The so-called Goldstein method from the Netherlands for practising social skills for adults with a serious visual impairment is highly beneficial, but in the Czech Republic is, in fact, used very scarcely. This educational method uses roleplay for real life situations that participants find difficult to handle or works with those areas of social skills that they find troublesome. The basic element of the training is role playing using, for example, modelling techniques and practising various behaviour modes, including home preparation practice and subsequent feedback. The advantages of this method surely lie in its close link to reality, a deeper understanding of the practised skills and the variety of training situations. The training continues until its participants can observe a reasonable reduction of mental stress while solving a particular situation. Even introducing individual elements of the Goldstein method into social learning and into young adults' social skills training will undoubtedly prove beneficial.

Conclusion

Social interaction skills make the integration of a person with a visual impairment into society successful or unsuccessful. Special educational assistance in this area may help young people acquire a self-sufficient life style more easily, which can be considered as one of the indexes of the quality of life objective. However, the Czech special support system for children and adolescents still shows certain gaps that are waiting to be filled. Ranked among the most significant ones is the full acknowledgment of the need for special education and the importance of practising social skills during school attendance. Also, upon the completion of compulsory school attendance, it is necessary to provide subsequent and widely available systematic special support for young adults in the Czech Republic.

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Social competences development in youths with a visualimpairment

Abstract

The transition to a self-sufficient lifestyle is not always smooth and easy for adolescents and youths with visual impairments. The article deals with the role of the family as well as the possibilities of vocational support in the development of social competences of adolescents and youths that improve the quality of the transition to a self-sufficient lifestyle.

Rozwój kompetencji społecznych u młodzieży z uszkodzeniem wzroku

Streszczenie

Przejście w kierunku samodzielności i niezależności życiowej u nastolatków i młodzieży z uszkodzonym wzrokiem nie zawsze jest bezproblemowe i łatwe. Niniejszy artykuł traktuje o roli rodziny oraz możliwościach wsparcia zawodowego w rozwoju kompetencji społecznych u nastolatków i młodzieży, co podnosi jakość procesu przejścia ku samowystarczalnemu stylowi życia.

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