WHY YOUTH WORK NEED TO BE ACCESSIBLE FOR YOUNG PEOPLE LIVING WITH DISABILITIES?

COMPARATIVE REPORT

ON THE RESEARCH CONDUCTED IN THE 'MOONWALK' PROJECT

Moonwalk
EMPOWERING YOUNG PEOPLE LIVING WITH DISABILITY

EGYÜTT HATÓ
KÖZÖSSÉGÉPÍTŐ EGYESÜLET

Erasmus+

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The Project background

‘MOONWALK’ is a strategic cooperation of three civil society organization from Hungary, Italy and Portugal. The project was implemented with the co-financing of the European Union, in the framework of the Erasmus+ programme.

’MOONWALK’ focused on how to involve local groups of young people living with disabilities more efficiently into skills development processes and how to empower them more efficiently, in the context of youth work. The partnership would work on gathering professional literature, knowledge from the experts working on the field and asking the target group directly to establish a strong basis for the methodology and steps of involving young people living with disabilities in local youth projects. The intellectual outputs would improve the efficiency of the partners and gather multidisciplinary knowledge for other organizations too.

The main questions of the project and at the same time the main question of the research are:

How can young people with disabilities be more effectively involved in the process of developing their skills? How can young people be effectively empowered? Which areas should you focus on?

This comparative analysis is a short summary of the research conducted in the three participating countries, further, more detailed national reports are published as well as a handbook developed during the project.

The international program was implemented in collaboration with three organizations.

Association Co-efficient has extensive experience in involving young people with disabilities both locally and internationally. The inclusion of young people with disabilities in their daily work is one of the most important horizontal goals:

Raise awareness of the philosophy of independent living and supporting young people to become increasingly self-sufficient and active citizens.

According to the experience of the association's co-workers and the volunteers, youth organizations place little emphasis on working with young people with disabilities at the local level, which, in our opinion, guarantees the most opportunities to achieve valuable and lasting results.

The **Associazione Uniamoci Onlus** works on the social integration of young people with disabilities and, in order to achieve this main goal, they organize local and international activities involving both young people with and without disabilities. They support young people to become active citizens, to be aware of their opportunities through their participation in non-formal learning processes. Their organization has extensive experience in motivating and supporting mixed

youth groups, developing various youth initiatives under Youth in Action, and Erasmus +.

The Associação de Paralisia Cerebral de Coimbra-t (APCC) was established in 1975 as a private institution of social solidarity and a non-profit organization for people with disabilities to promote their social integration. In their case, people who have become disabled mainly due to cerebral palsy are the focus of their activities. Their aim is to maintain rehabilitation services and the integration of people with disabilities, and promote its development. Through their rehabilitation centre, they support people with severe disabilities with complex needs.

The joint work of the partnership is based on the collection of research and development, the literature, the knowledge of experts working in the field and the direct contact of young people, in order to create a professional base from which the developed methods are suitable for involving young people with disabilities in local youth and community programs. The intellectual outputs created improve the effectiveness of the partners and gather multidisciplinary knowledge for other organizations as well.

Defining the Problem

Why is it necessary for youth work to be open for young people with disabilities?

Here are some answers to this question based on the literature:

1) 44.1% of young people with multiple disabilities live a passive life. In families where passive activities are more often preferred, the income per capita is well below the minimum of the subsistence level; they are also the ones who do not receive any outside help. The situation of 41.4% is slightly better; they are somewhat more active because they receive more help from their family, neighbours and local environment. 14.5% are active because the young people receive developmental support and their families spend more on development (Petri & Verdes, 2009).

2) Youth programs are not equally accessible to young people with disabilities, and the more severe the condition, the more they are excluded; – a situation all the more unacceptable as relevant international declarations, legislation and documents unequivocally promote equal access for all. Do we really have equal opportunities? (Petri & Verdes, 2009).

3) Organizations working with people with disabilities and / or advocacy are often unfamiliar with the activities of youth organizations, compromise of the criteria of inclusion.

For example, in 2008 the ÉFOÉSZ implemented a program under the Youth in Action Program:

With the title „A mi véleményünk is számít” (Our Opinion Also Matters) which aimed to reach out to decision-makers who are already involved in their program to support the development of advocacy through group work. The author of the study puts it this way: “As regards social impact, there are barely any signs that go beyond the meeting.” (Elek, 2011, p. 76). The author also describes that the goals and expectation of the Youth in Action program were greater that would have been realistic, given the openness in policy making to the opinion of young people, and the visibility of the whole Youth in Action Programme and the involvement of the applications manager was insufficient (Elek, 2011).

We would add that what the 5.1 program was based on - groups developing self-knowledge and advocacy - was segregated on the basis of the ÉFOÉSZ website; that is, for advocacy preparation takes place in segregated groups, while interests should be asserted in a diverse society. Their activities are, of course, explicitly needed in order to be able to try themselves in an integrative environment afterwards.

Organizations working in youth work, with other professional tools, build on the formation of diverse, inclusive groups.

4) It is still not common for young people with disabilities and non-disabled people to spend time together in their free time. This is a loss for everyone, including society as a whole (Berényi, Máder, Pillók, Ságvári, 2005).

The programs of youth organizations build on the involvement of young people from as many different backgrounds as possible. Erasmus + programs have also made this international. In our opinion, young people with disabilities can be involved in these programs with the right expertise.

5) Youth work can change the future of a young person living with disability by contributing to the development of competencies needed in the labour market through informal means or by providing opportunities for voluntary work.

According to the Joint Report on Social Inclusion (2004), the prevention of social exclusion of people with disabilities and social inclusion affect several policy areas, of which only one is education/ training.

It would be important to ensure equal access to the labour market, cultural and leisure programs (Joint report on social inclusion Social security & social integration, 2004)

Labour market representation of people with disabilities is low, even under favourable legal conditions. According to the 2011 census, 7.5% (15,218) of the economically active disabled people aged 20-59 were unemployed, although 58.8% (116,388) of this age group were inactive, so they receive some state benefits. In the same age group, 5.4% (10,884) are dependents, 5,191 are between the ages of 20 and 29, of which 3,302 study only full-time (KSH.hu, 2011).

In Italy, education has been integrated since the 1970s, which means that only in exceptional cases, in the case of severe, multiple disability, does someone receive segregated education (Saloviita & Consegnati, 2019). We do not discuss here the forms in which integrated education takes place, but we will look for its labour market effects in a comparative analysis of the questionnaire survey. Despite its high integration, the Italian education system is still able to include only fewer people with disabilities in higher education (Biggeri, Di Masi, & Bellacicco, 2020). However, recent statistics in English are limited. Unemployment is high across the country, with youth unemployment being a particularly big problem (Leonardi & Pica, 2015).

In Portugal, the school integration of pupils is relatively high, much higher than in Hungary, but studies show a high level of prejudice against people with disabilities, which is most pronounced in employment data. According to the European Economic and Social Committee, 0.5% of all employees in the profit oriented sector in Portugal are people with disabilities, compared with 2.3% in the public sector, which falls short of the targets set by the Portuguese State (European Social Network, 2018).

Research data collection

Based on these data, our study focused on NEET youth with disabilities who were compared with non-disabled NEET youth in a control group and based on the differences we had learnt, we've developed supporting activities with non-formal pedagogical tools.

The study was carried out partly data collection by questionnaire and partly by focus group interviews. Young people with disabilities were considered to be those who identified themselves as such, due to differences in definitions between countries and the consequent difficulty of comparison.

Questionnaire surveys and results on the demographic situation of the respondents

Planned sampling method: Non-representative „snowball" method amongst young people with disabilities who are aged between 18-30, who are no longer in school but not in employment, who were still living with their parents (40 people) at the time of the study, and non-disabled young people in the same age group (40 people), who also lived with their parents at the time of the study.

When designing the sample, it was considered that the respondents should deviate only one attribute - disability - as much as possible, so we recommended that the interviewers collect data in areas with an unfavourable income situation for their inhabitants.

Planned sample: 240 people - 40-40 people per country, questionnaire with interviewers

In Hungary, Budapest, Italy, Palermo, In Portugal Coimbra city.

Results

The research of the questionnaire was finally conducted in Palermo and its suburbs, in Budapest and Pest county area. In the case of the Hungarian online survey, those who did not indicate a place of residence in Budapest and Pest county were excluded from the sample.

Finally, 159 people completed the questionnaires in Hungary and Italy. Respondents were between 18 and 40 years of age (Table 1-2).

Respondents with disabilities came from different disability groups. In Hungary, the most significant number were the hearing-impaired respondents filled in the questionnaire, while in Italy, people with mobility-impairment were more likely to be addressed with the questionnaire (Figure 1-2).

The number of NEET young people in the study was 111 (46 Hungarian, 65 Italian), 59% of whom were disabled, according to their self-reports (Figure 3-4). Comparing the educational attainment of young people, we can see that there are far fewer graduates among Hungarian respondents and their education is generally lower (Figure 5-6). Because of the size of the sample, we do not see for sure the effect on the level of education of having completed primary school in a special education school. The small number of young people in the sample (6 people) who started their careers in special education were able to get to secondary school or graduate in the same way as those who said they had taken part in integrated education.

In the Hungarian and Italian samples, the educational attainment of respondents with disabilities correlates with their mother's highest educational attainment (Table 3-4). In the case of non-disabled young people, this is typical only in the Hungarian sample, not in the Italian sample. In the Italian sample, the majority of young graduates with disabilities and also their mother graduated from higher education (39%), but we can observe that there is a significant number of young graduates with disabilities' mother have a primary or lower education (24%). 18% of non-disabled NEETs were able to graduate despite their mother having no more than a vocational qualification.

In the Hungarian NEET sample, in the case of young graduates with disabilities, the parents have at least a secondary education, still in most of the cases where the parents only have secondary education, the respondents also have secondary education. A similar phenomenon can be observed in non-disabled NEETs. In the groups with lower education (unfinished primary school, primary school, vocational education certificate), the mothers also have lower education, so their education levels are the same (61% for 11 people).

Based on this, it can be concluded from our sample that the educational level of the parent strongly determines the educational level of the child, but in Italy the education compensates more successfully. However, since we are talking about NEET young people, we can also say that higher education in Italy does not

necessarily provide a better chance in the labour market for young people. This result, therefore, confirms the claims of the literature already discussed in the problem definition (1.1.2).

Unemployment affects not only NEET youth but also their parents to certain degree. However, in the Italian sample, a significant proportion of families are single-earner, meaning that 46% of responding NEET young people work only with their father (Figure 7-8-9). This data also points to another widely known phenomenon related to unemployment in Italy, the gender gap in employment and income (The Local Italy, 2021).

Focus group results

Focus group surveys were conducted in all three countries. Planned sample a total of 90 people, 60 young people and 30 experts.

They were occasionally 90 minutes long, with three focus group interviews in each country:

1. Two focus groups: Young people with disabilities, between the ages of 18 and 30.

2. One focus group: Professionals, amongst them youth workers. We examined the thoughts and opinions of professionals who came into contact with disabled people with different qualifications in some way or form. Their selection was different for each partner.

Only experts from outside the Association Co-efficient took part in the Hungarian study, who we contacted through an open call. They come from a variety of professional fields, so it presents a comprehensive picture, raising questions about the attitudes of areas dealing with people with disabilities and the potential role of youth work with people with disabilities.

In addition to its own staff, the Italian partner involved various experts from the local community, so a mixed group was formed. While the Portuguese partner, being a national network, involved the professionals it employed in the study.

At the end the total of 65 people participated in the focus groups. The study was conducted along structured questions for comparability, yet due to the loss of information resulting from the translations, we only undertake a narrative comparison of the results.

Limitations of the implemented research

The research was conducted in the fall of 2020. Data collection has been significantly hampered by uncertainties and rules regarding epidemiological measures.

In the Hungarian data collection, we found that the majority of the respondents with disabilities were reluctant to participate, even in the outdoor interview, so in many cases our interviewers could not carry out the originally planned

interview, therefore the selection criteria could not be valid only from lower-income families.

The selection of the interviewers was based on their education, life experience and their contact with disabled and non-disabled NEET young people, however, they could not reach the required number of respondents.

An additional difficulty was that in the data collection based on the „snowball method", the experts themselves, i.e. the organizations supporting people with disabilities, were not willing to find the target group, several refused help citing the epidemic, in many cases saying that there were no NEET youth in sight. For example, there was an organization where the parents of the young people with disabilities decided that young adults who were already adults could not take part in the interview.

Obviously, in the case of exclusion of legal capacity, this is a given right of representation, however, based on the communication with the rejecting organization, we established that no consultation with the young respondents arose on the part of the organization.

Due to the difficulties due to the epidemic and the non-supportive institutional environment, the research had to be conducted online during the process, so the questionnaires could be filled in independently by the respondents, who were still recruited through institutions and Facebook. In the case of the Hungarian sample, this definitely distorts the results.

Consequently, in the case of the Hungarian sample, the originally planned control groups weren't successful, and in the analysis we compared three groups: online sample with only disabled people, sample of disabled people offline, and sample of non-disabled people offline. All respondents in the compared samples were NEETs.

The third partner in the program, Portugal, could not undertake to carry out the data collection due to the epidemiological measures, so in their case only the focus groups were carried out.

Due to the outlined limitations, only those statistical elements of the Hungarian and Italian samples are compared in which the triple comparison in bold above does not cause significant distortion because they do not differ from the statements in the literature in general.

In the case of the Italian sample, the effects of the epidemic extended the sampling period from three months to six months. The Italian partner also had limited access to non-disabled NEETs, so only *as* in the Hungarian sample can we show results based on a much smaller NEET group than originally planned.

Despite all the difficulties, the results of the research do not differ from the results of other studies, which we will refer to in the comparative presentation in order to improve the validity and reliability of the data obtained by them.

Due to the distortions and sampling difficulties arising from the sampling, only the data worth comparing are presented here, and for the sake of easier interpretation, the results related to the Hungarian sample are published here in a consolidated form. However, the detailed results and findings of this can be found in the more detailed Hungarian research report.

Research questions and answers based on the results

In the research, friendship and the development of friendships were high priority importance, as our basic assumption is that the role of family background, advocacy and, in fact, social participation can be measured through the development of friendships.

In the sample of NEET youth, there is no significant difference in the number of friends in either the Hungarian or Italian sample, or even between disabled and non-disabled young people (Figure 10).

- What impact do family relationships have on young people's ability to assert their interests? Within this, what effect do parents' supportive or even restrictive behaviour have on their ability to assert their interests?

Neither the Hungarian nor the Italian sample perceived that the behaviour of their parents would limit their autonomy. However, parental behaviour in both samples has a perceptible effect based on correlation calculations. Due to the small number of items and the diversity of responses, these are more like trends.

In both the Hungarian and Italian samples, the mother's behaviour has a more visible role in the aspirations for autonomy in the young person's friendships. There is a difference in the way the two samples are used. While in the Hungarian NEET sample, regardless of disability, the extent to which the child perceived it as a choice in the respondent's childhood is significant, in the Italian NEET sample it is not present, only in the case of non-disabled respondents.

In cases where respondents thought they had more choices from their mother, they also had a higher index of autonomy in their friendships, so they were more likely to make independent decisions about the relationship (Figure 11-12). For young people with disabilities in Italy, there is no link between friendship autonomy and choice. On the other hand, a relationship can be found between the explanation received from their mother (appropriate behaviour in social situations) and the autonomy index (Figures 12, 14). Figure 14).

The threat of punishment (’threatening to punish the child’ index) can be found to have a negative relationship between the friendship autonomy index, i.e., the more characteristic a young person found the threatening behaviour to their mother, the lower the RAI index (autonomy). There is no correlation between the RAI index of non-disabled NEET youth in the Hungarian sample and the threatening behaviour of the mother (Figure 15-16).

Weak strength correlation calculations in the samples suggest that there may be a correlation between their mother's behaviour and advocacy capacity. The motivations measured by the Motivation Profile Inventory seem to confirm this. In the Hungarian sample, for example, there is a correlation between helping and the mother's guilt generating behaviour ('inducing guilt' index), and in the Italian sample there is a correlation between encouraging better performance ('encouraging performance goals' index) and the need for power ('social power' index) (Figure 17-18).

The latter, especially among young people with disabilities; the stronger the incentive to perform, the stronger the need for leadership. However, it cannot be said that there is a correlation between the same variables in the two samples.

Social power as motivation in the profile includes the following statements, which we've put in past tense:

- I work(ed) hard at school so that I well be put in charge of a group
- At school I like(d) being in charge of a group
- It is (was) very important for me to be a group leader
- I often try (ed) to be the leader of a group

This area received low values in both samples compared to other motivators, so it can be stated that leadership does not have a motivating factor. In the Hungarian sample, the "desire for power" of NEETs with lower educational attainment is stronger, while in the Italian NEET sample, a sub-sample of people with disabilities would be more motivated by leadership than non-disabled NEETs (Figure 19-21).

With regard to the autonomy index, it is worth sharing some more information that is typical of the sample:

- in both samples there is a difference between disabled and non-disabled young people; lower values are more common in Hungarian non-disabled NEETs, while the opposite is true in the Italian sample (Figure 22-23),
- in the Hungarian sample there is a strong positive correlation between the respondent's education and the RAI index; in the non-disabled NEET subsample, the mother's education is related to the autonomy index, so the higher the respondent's mother's education, the higher the respondent's autonomy index (Table 5-6) in the Italian sample,
- the impact of young respondents' educational attainment cannot be measured in this way, as respondents are typically highly educated,
- there is a strong correlation between the autonomy index and some of its elements, but in different ways in both samples; in the case of Italian youth, there is a positive relationship between external regulators and the RAI index, so young people who have more external expectation related behaviour (rewards, rules) have a lower index of autonomy (Figure 24),

- there is a correlation between the Identified Regulation and Autonomy index in the sample of Hungarian youth; for those for whom the external rules have become internal (the process of internalization) have a higher degree of autonomy, so they make their decisions based on an established set of values (Figure 25).

If young people with disabilities have a weaker advocacy capacity, which areas need support?

Based on the profile - in the Hungarian and Italian samples - there are three areas that are affected by advocacy:

- caring, i.e. helping others as motivation which indicated by the Motivation Profile Inventory as social concern,
- leadership or the desire to lead, which in this case is indicated as 'social power';
- competition,
- cooperation, so the desire to cooperate which indicated by the Motivation Profile Inventory as Co-dependency[1], e.g. with statements like, "Working with my friends increased my performance." or "Friends helped me to work more hard.". It's important that we translated the validated Hungarian Motivation Profile back to English. Most of the cases we've used the English statements from the original inventory, except in those statements which were added to only to Hungarian version of it.

Based on the profile, in the case of responding young people, leadership and competition are the two areas in which they would need support, so support for assertive behaviours can be formulated as a goal (Figure 21).

This is indicated by the more frequent avoidance of conflict management behaviours among respondents with disabilities (Figures 26, 28), the more frequent requests for help in conflict management (Figure 27), and the more frequent occurrence of victimization in school bullying, which is more pronounced in the Hungarian sample (Figure 29).

Focus group surveys show that, on the one hand, respondents are dissatisfied with the ability of people with disabilities to assert their interests of advocacy as a group, and that it is therefore necessary for everyone to act individually to defend their interests. Experts believe that it is problematic that people with disabilities do not at all or do not adequately express their needs, feelings which puts them at a disadvantage when applying for work. In fact, this is a much more complex problem that appears in all focus groups, regardless of the country in which they were recruited:

[1] This is our translation from Hungarian, because in the original English version of the profile there is a different index which measures similar area (affiliation), but not entirely the same.

Opinions of young people with disabilities vary about their own advocacy capacity, and it appears from the study that if we approach the issue from a personality perspective, cognitive barriers and unclear social situations are the biggest problem. However, there are also significantly more contributions from young people with disabilities and experts that derive difficulties in advocacy from the functioning of society.

These includes the following:

- Ignorance, lack of knowledge: People often want to help a person with a disability without taking their needs into consideration; nor does it arise that they should be asked, with the result that equal treatment, **equality**, is lacking from the start.

- Detachment: People are often able to perceive the needs of a person with a disability or receive a specific signal about it, but they do not think they should deal with it, they do not keep these needs in mind. As one participant says, **"we are not in the public consciousness".** Again, this only shows a lack of equality.

- Pity: People often have a poor assessment of the disability, so they offer help in unnecessary situations, in an unnecessary way, which again only presupposes a lack of **treatment as an equal**.

- Lack of barrier free accessibility: Nowadays, it is often not just a question of whether a building or device is accessible, but often whether it is accessible. Institutions "tick" statutory terms, but do not address the extent to which they are made available and available in everyday life; it also draws attention to the lack of **equality**.

- Stronger economic and financial aspects over solidarity: If the employer's additional costs are higher for a person with disability, he will not hire that person. If the state does not provide financial support for accessibility and assistance, which includes attitude formation; people with disabilities will be excluded from education and from the labour market. As it is not evident for the state to provide adequate support for the needs of people with disabilities, we are again talking about a lack of **equality**. The provision of a barrier-free environment, the provision of parking spaces, the support of assistive devices and the elimination of prejudice are not a luxury, but a basic condition for equal participation.

According to the participants of the focus groups, against prejudice the best can be done to be present on a constant level, so to participate on an equal and natural basis.

Italian focus group studies show, even with widespread, long-standing educational integration, that ensuring legal conditions is not enough for equal access until society's attitudes change as well. Young people in Italy also agree that their employment difficulties stem from a lack of greater public responsibility, as the economic system does not facilitate solidarity. We are not able to detail here what they are, in any case, high rate of youth unemployment is

coupled with a high retirement age (67) (European Commission - Employment, Social Affairs & Inclusion, 2019).

Also in the Portuguese focus group, it is strongly shown that people with disabilities are excluded from society; both respondents with disabilities and professionals thought that people with disabilities in Portugal feel that they are not part of society and do not even feel worthy to exercise their rights. Therefore, people with disabilities should play an active role in informing people and making them more aware. Focus group participants clearly declare a lack of equal treatment and are even accustomed to being acted upon by others when initiating advocacy. They believe they are not socialized, educated enough to stand up for themselves.

In the Hungarian and Portuguese focus group studies, the fact that a person with a disability must be the first to enforce his or her interests against his or her family comes to the fore, because without it, independence and independent living are not possible.

What is the effect of the development of motivations influencing advocacy skills on the development of friendships and thus indirectly on participation in the community?

In both the Hungarian and Italian samples, there is a negative correlation between competition and the RAI index (autonomy index in friendship) for young people living with disabilities, so the stronger the motivation for someone's competition, the lower their autonomy index (Table 7-8). Competition in Italian youth is negatively correlated with intrinsic motivations, so the more motivated the competition, the less the respondent maintains a given friendship due to intrinsic motivations (Table 9) But it is not a mass phenomenon, on the contrary. In the Hungarian sample the young people with disabilities feel stronger internal urge to maintain a given friendship even when they’ve higher motivation to compete (figure 30).

In the non-disabled NEET subsample, this is absent or less significant.

There is no correlation between competition, care, leadership, social dependence (co-dependency), and number of friends in the samples.

Thus, in the case of participation, we can rely on what the participants of the focus group say, according to which encounters that take place in a barrier-free, equal access environment would naturally affect participation, so the absence of these can have a negative effect in the first place.

It is important to note that a barrier-free environment is not just a barrier-free environment for people with wheelchairs; it is important for all people with disabilities that the environment is tailored to their needs. For example, for people with autism, personalized visual aids and a well-structured, transparent environment may be important; use of easy-to-read information for people with intellectual disabilities, etc.

Does greater integration of education contribute to increasing the autonomy of young people with disabilities?

In the case of the Italian sample, it can be stated that the friendship autonomy index is not affected by the fact that all respondents (N = 65) participated in integrated education, and neither their own nor their parents' education has an influence. The young people in the Italian sample NEET are predominantly graduates.

In the Hungarian NEET sample, 6 people thought that all their classmates were disabled, so they went to a special education school; in their case, it can be stated that the autonomy index varies from high to low.

In the Hungarian sample, there is a correlation between education and the autonomy index, as indicated earlier. In the case of non-disabled NEETs, there is a correlation between the mother's education level and the development of the autonomy index.

Both samples have lower autonomy indices for young people with psychosocial disabilities and young people with intellectual disabilities, but their numbers were low in the sample to be able to generalize.

The cause of this phenomenon cannot be inferred from our research, so it cannot be stated that the state of the person determines autonomy.

Disability is a complex phenomenon, more than the condition itself; as seen above in relationships, the lack of equality which is experienced in society violates autonomous decision-making. The imprint of these experiences can appear indirect relationships, for example in friendship.

Based on the results, it can be stated – *only about our sample*- that the form of education is unlikely a significant influence on autonomous decision-making, but the various barriers associated with disability and low educational level are.

Summary

Based on the study, we can conclude that although young people did not perceive that their parents were limiting their autonomy aspirations, there is a strong relationship between the autonomy index (RAI) and External Regulation in the Italian sample. They are strongly influenced by the desire to comply, by the tangible rewards and by the rules. The higher the influence of External Regulation indice on actions, the lower the autonomy index. Figure 31 shows the role of the regulatory styles in the development of motivation based on the Self-Determination Theory.

These young people presumably maintain some of their friendships because they do not want to disappoint those people, which means a lack of efficient self-advocacy in our interpretation.

The conflict management habits, the higher rate for need for aid from others during a conflicts, the low motivation to take the lead, the tendency to be a victim of bullying, are characteristic of the Italian and Hungarian samples, which point

in the direction that strengthening assertiveness may be the goal of a developmental work.

Self-esteem is also likely to be negatively affected by the experience of inequality in social participation, which is a basic experience, regardless of the degree of educational integration in a given country. The ignorant and disrespectful attitude of non-disabled people in everyday life makes it difficult to participate in society, culminating in employment difficulties. Unemployment of young people with disabilities does not seem to be able to be compensated by higher education either, according to the participants of the focus groups, the unemployment of people with disabilities are the consequence of the discrimination and the dismissive behaviour of the society.

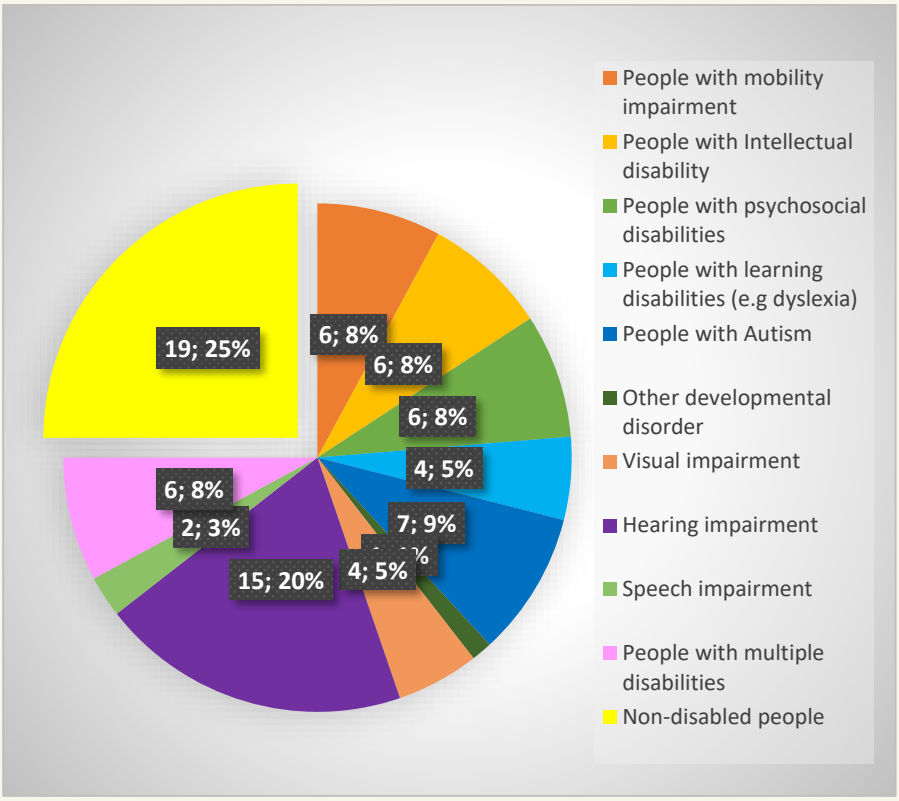
Tables, and figures

1. tbl. Age of the respondents by student status in education, Hungarian sample

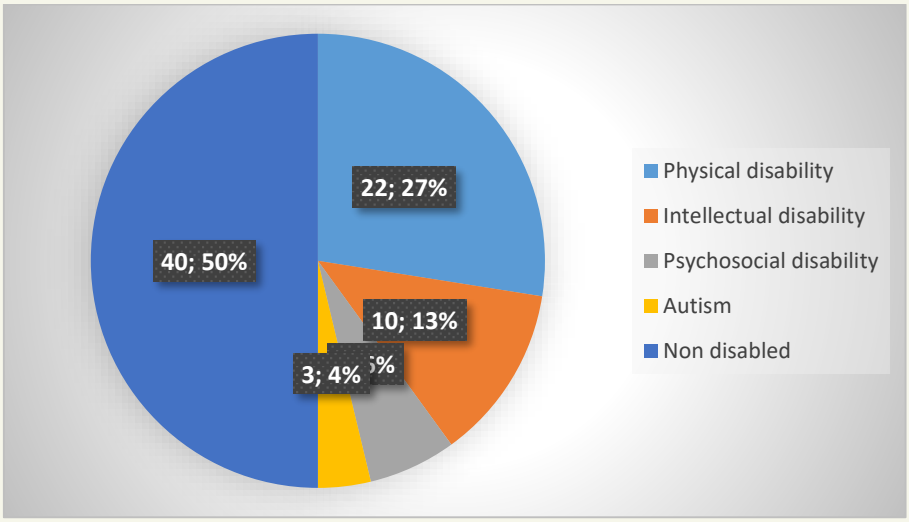
		Age				Total
		18-19	20-24	25-30	31-40	
Are you currently enrolled in an educational institution?	yes	0	8	3	0	11
	no	6	26	30	6	68
Total		6	34	33	6	79

2. tbl. Age of the respondents by student status in education, Italian sample

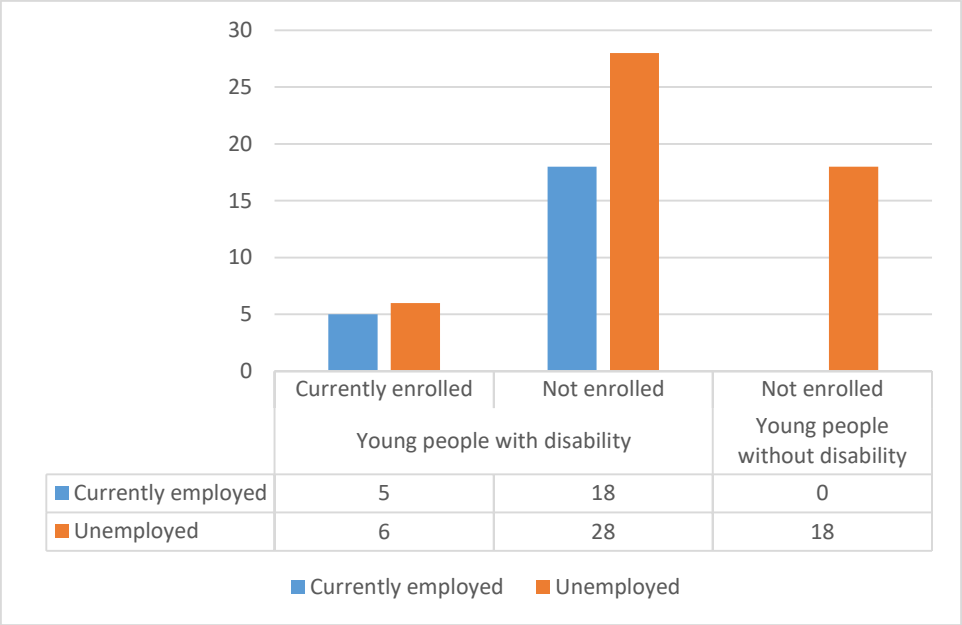
		Age			Total
		18-19	20-24	25-30	
Are you currently enrolled in an educational institution?	yes	4	6	5	15
	No	2	22	41	65
Total		6	28	46	80



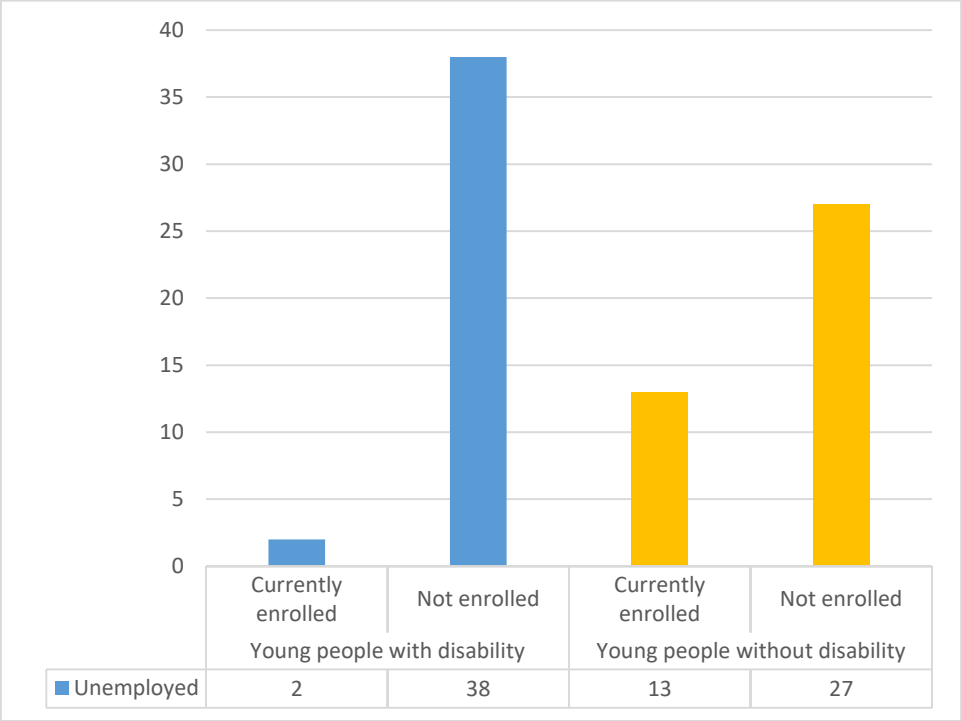
1. fig. Hungarian respondents by disability based on their self-classification



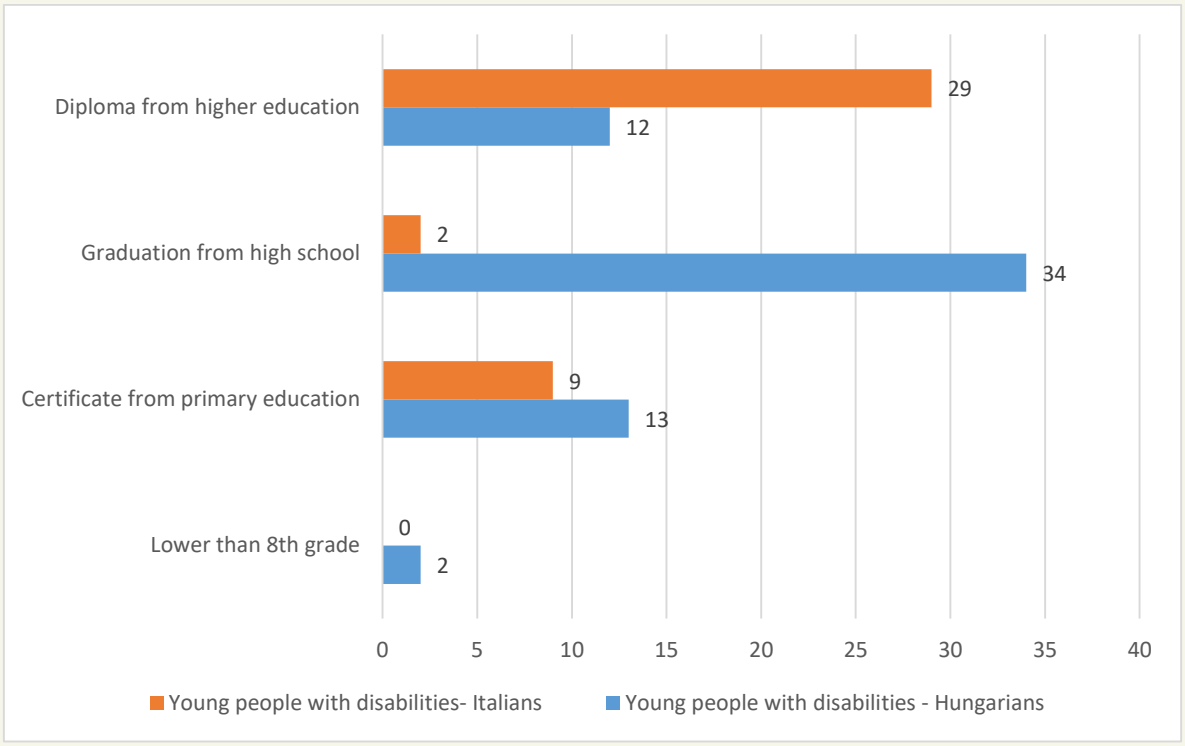
2. fig. Distribution of the sample regarding the state of the respondents, Italian sample



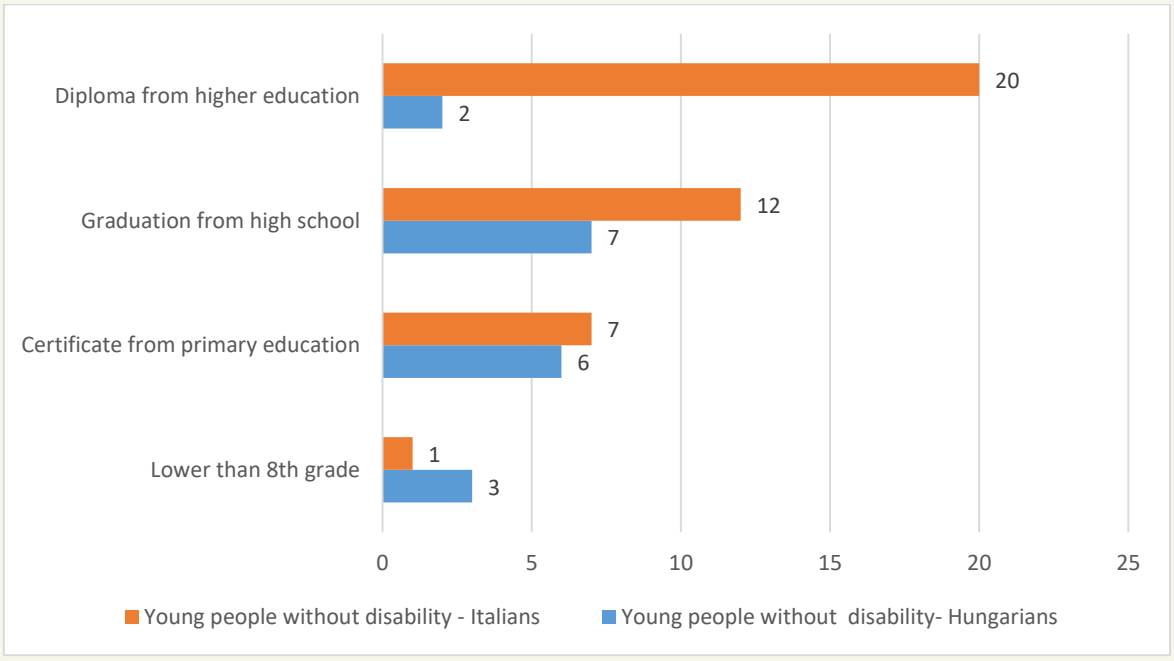
3. fig. Hungarian NEET respondents distributed by their conditions



4. fig. Italian NEET respondents distributed by their conditions



5. fig. Hungarian and Italian NEET young people with disabilities comparison by their level of education



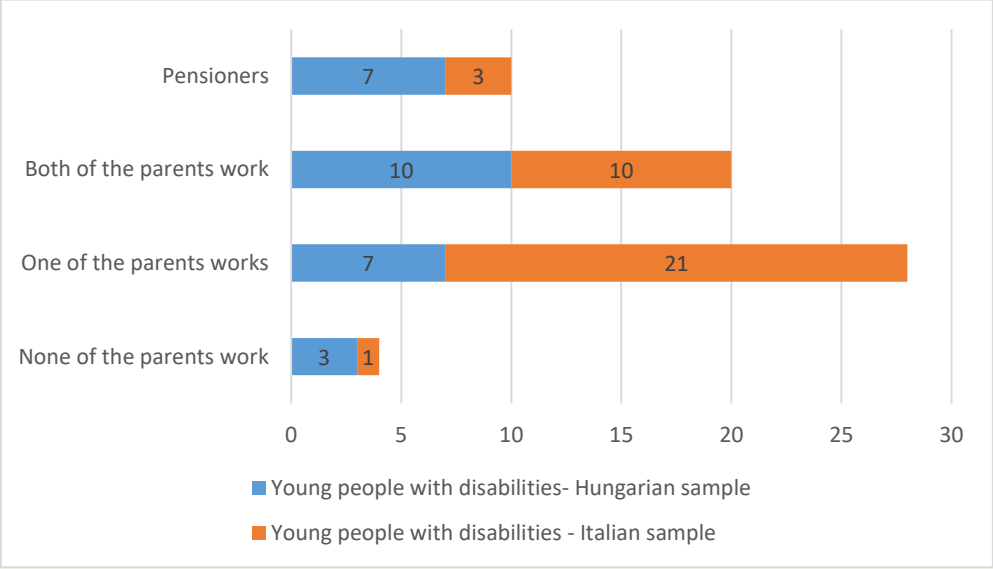
6. fig. Hungarian and Italian NEET young people without disabilities comparison by their level of education

3. tbl. Correlation between the level of education of young people with disabilities and their mother's level of education amongst Hungarian NEETs

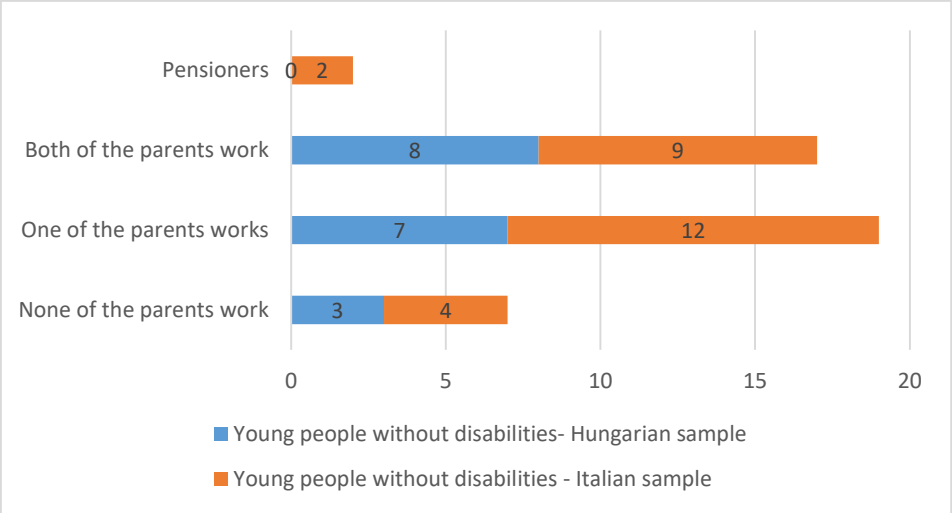
			Level of education of the respondent	Level of education of the respondent' s mother
Spearman's rho	Level of education of the respondent	Correlation Coefficient	1,000	,522**
		Sig. (2-tailed)	.	,005
		N	28	27
	Level of education of the respondent' s mother	Correlation Coefficient	,522**	1,000
		Sig. (2-tailed)	,005	.
		N	27	27
**. Correlation is significant at the 0.01 level (2-tailed).				

4. tbl. Correlation between the level of education of young people with disabilities and their mother's level of education amongst Italian NEETs

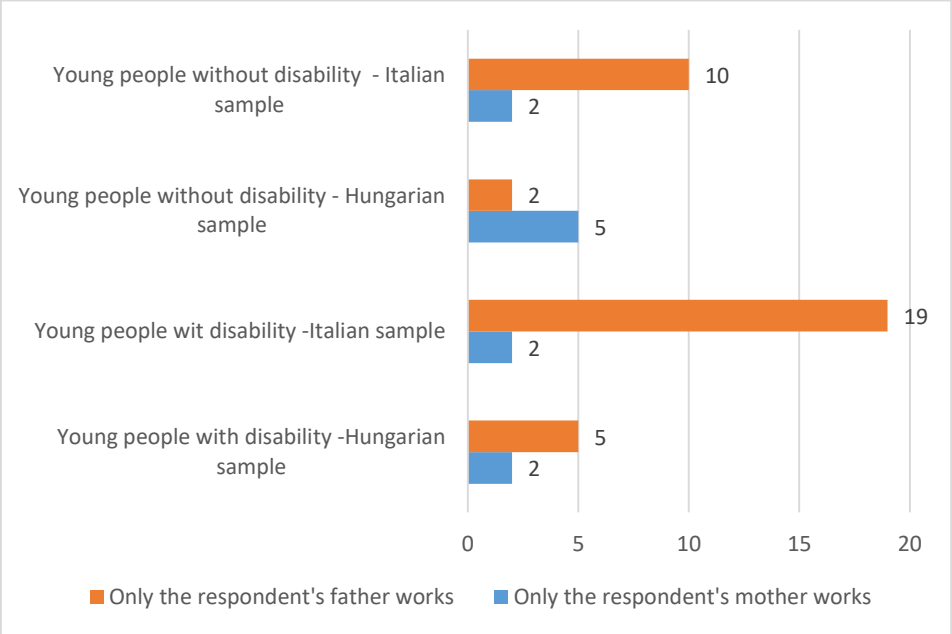
			Level of education of the respondent	Level of education of the respondent's mother
Spearman's rho	Level of education of the respondent	Correlation Coefficient	1,000	,443**
		Sig. (2-tailed)	.	,005
		N	38	38
	Level of education of the respondent's mother	Correlation Coefficient	,443**	1,000
		Sig. (2-tailed)	,005	.
		N	38	38
**. Correlation is significant at the 0.01 level (2-tailed).				



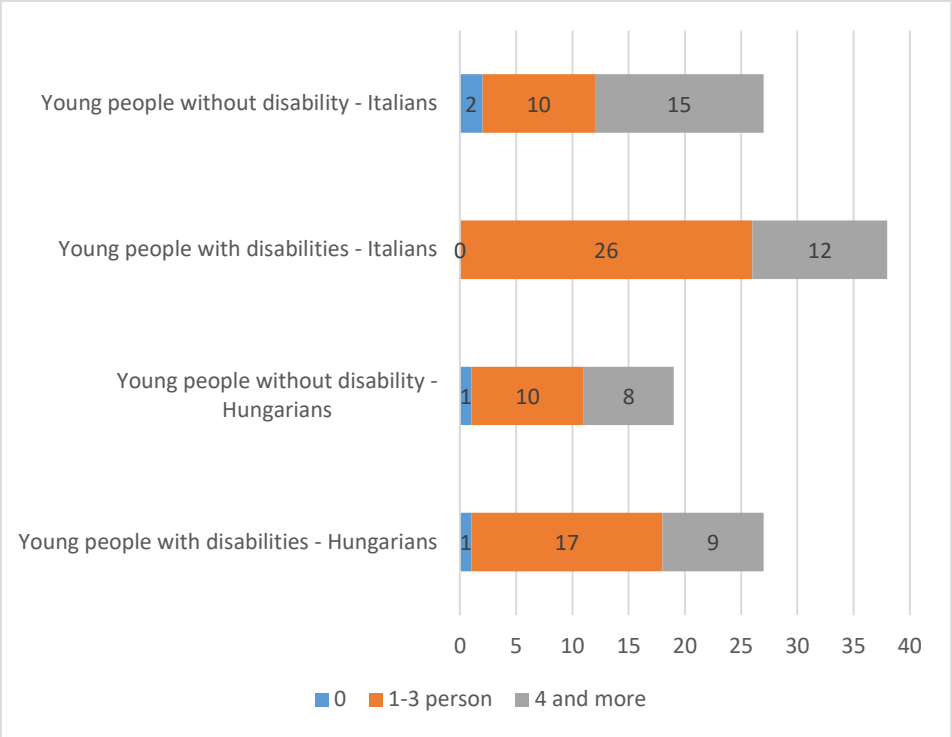
7. fig. NEET young disabled people's parents working status at the time of the research.



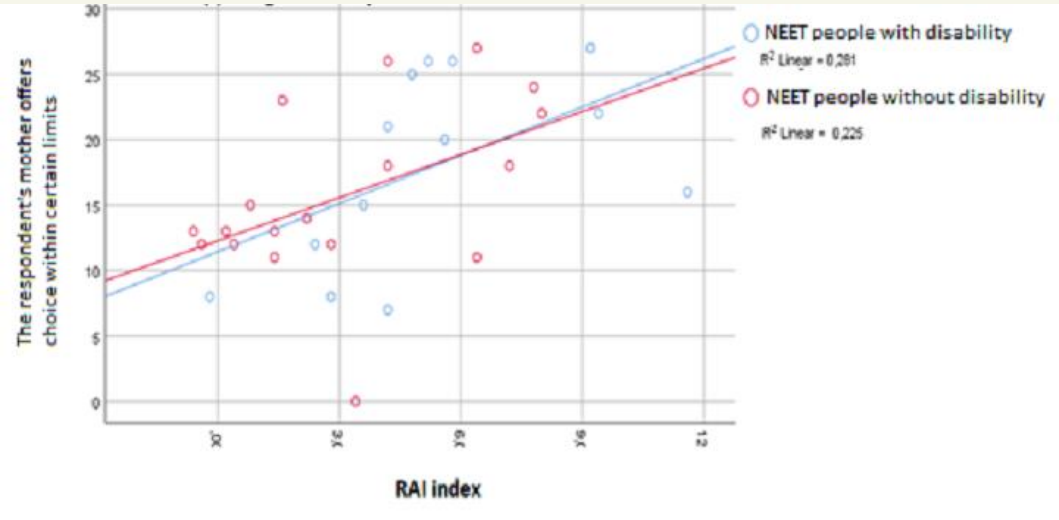
8. fig. NEET young non-disabled people's parents working status at the time of the research



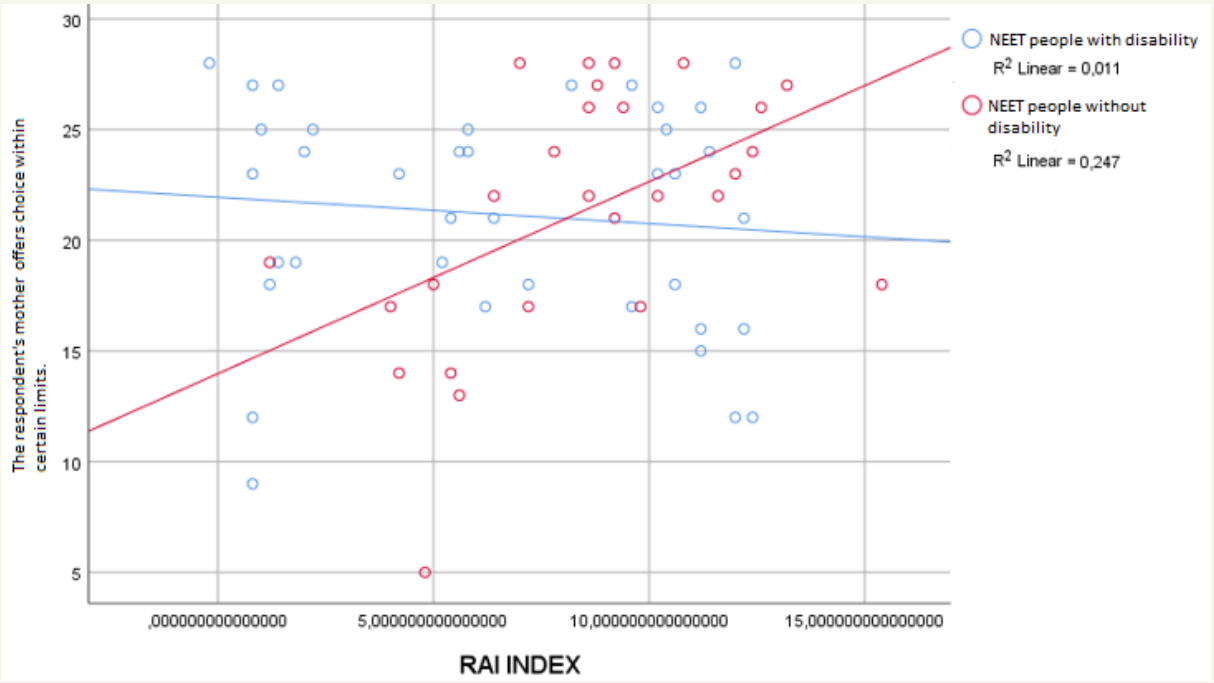
9. fig. NEETs' parents' economic activity status by gender in both sample



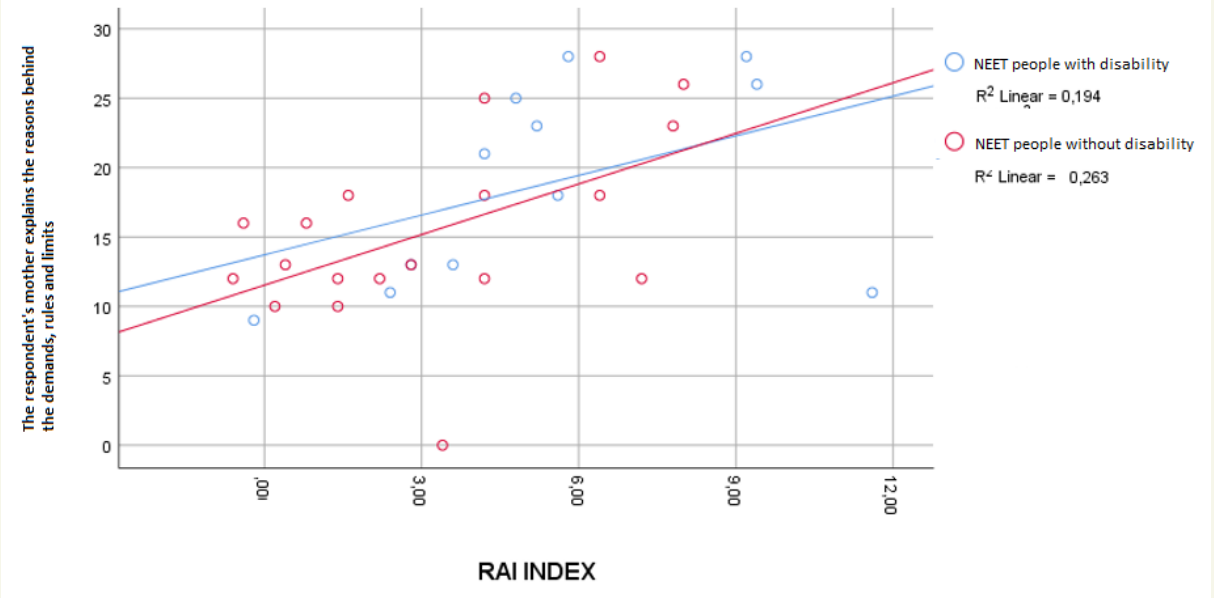
10. fig. NEETs comparison by numbers of friends in both samples



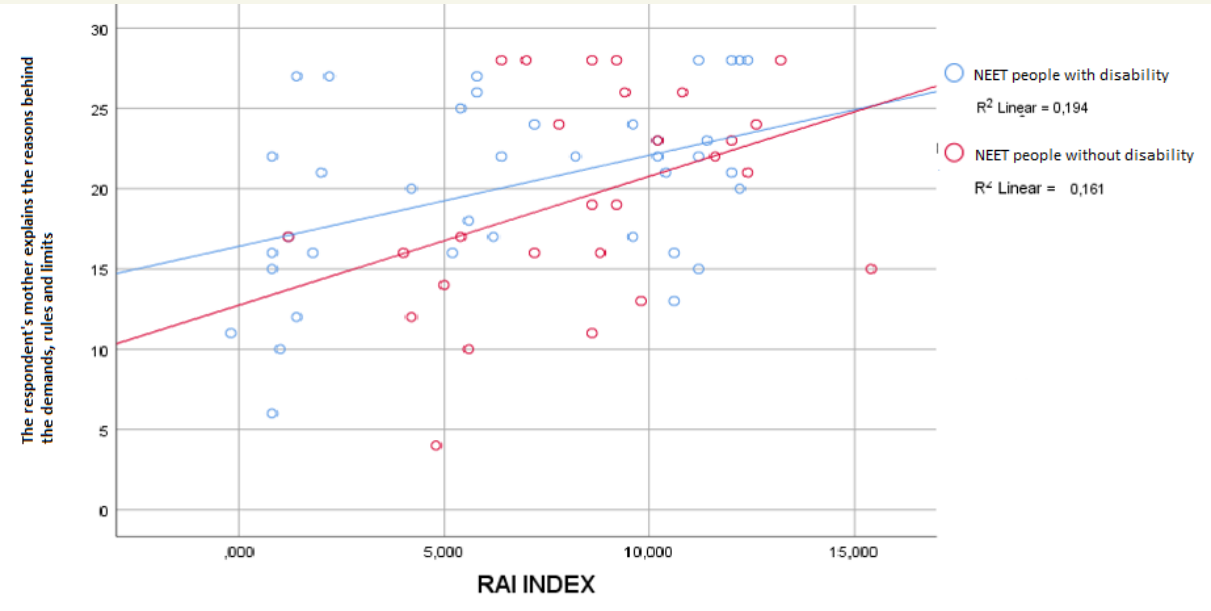
11. fig. The effect of the possibility of choices on RAI index, Hungarian NEET sample



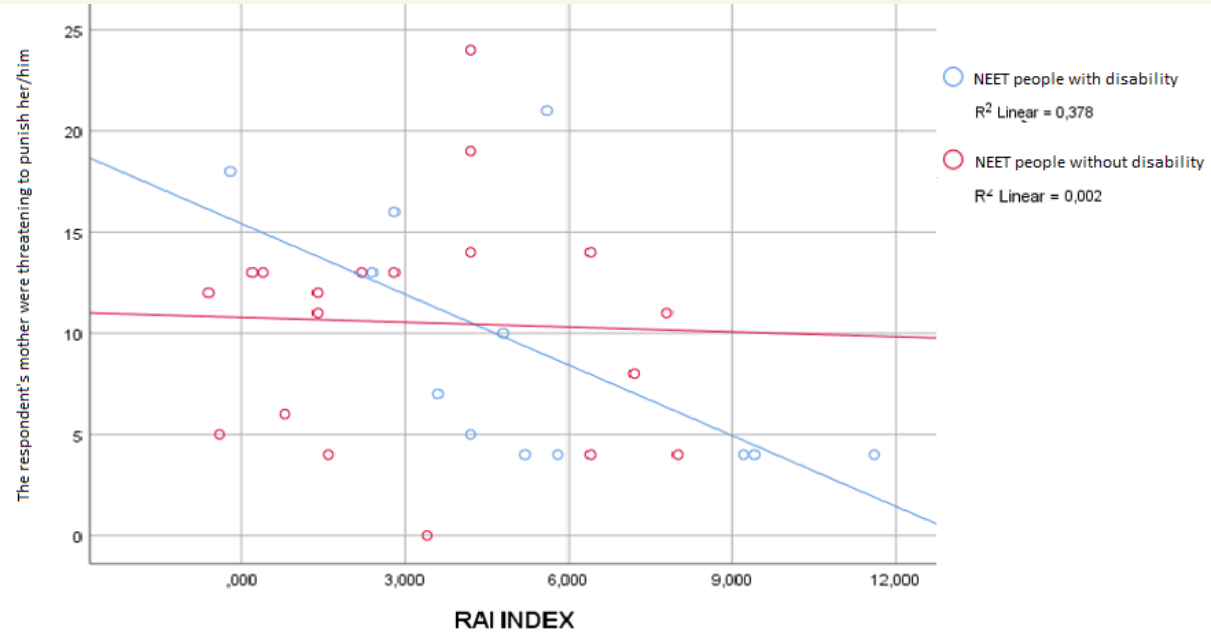
12. fig. The effect of the possibility of choices on RAI index, Italian NEET sample



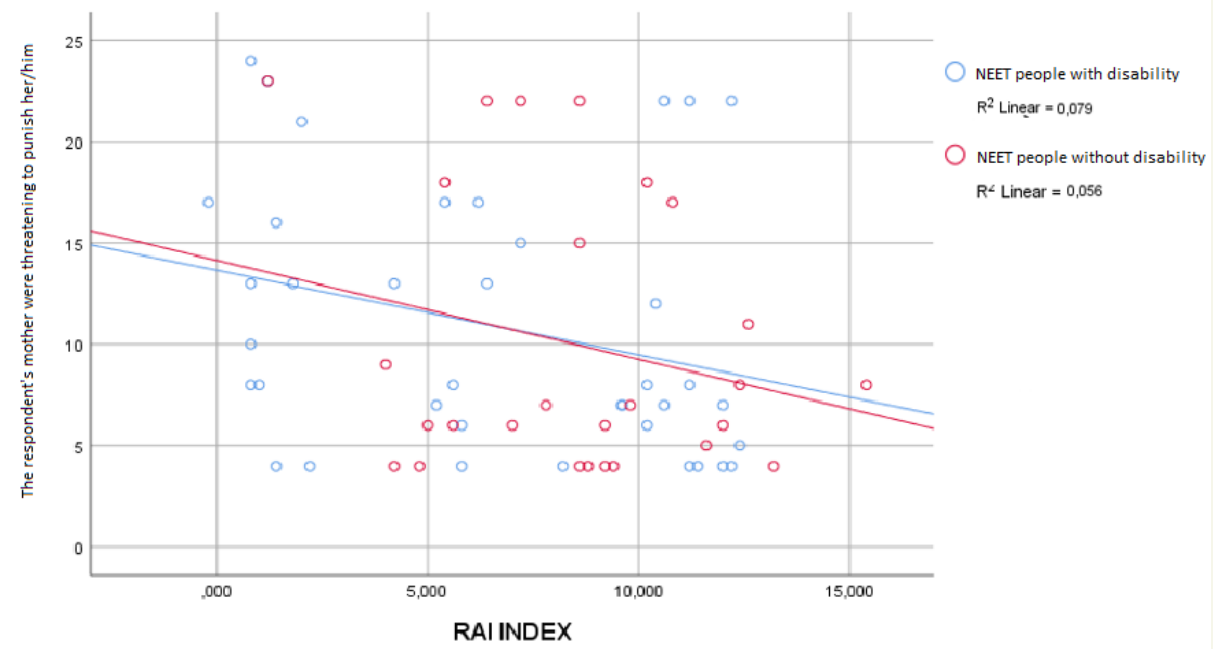
13. fig. Connection between explanations of the mother and autonomy in friendship, Hungarian NEET sample



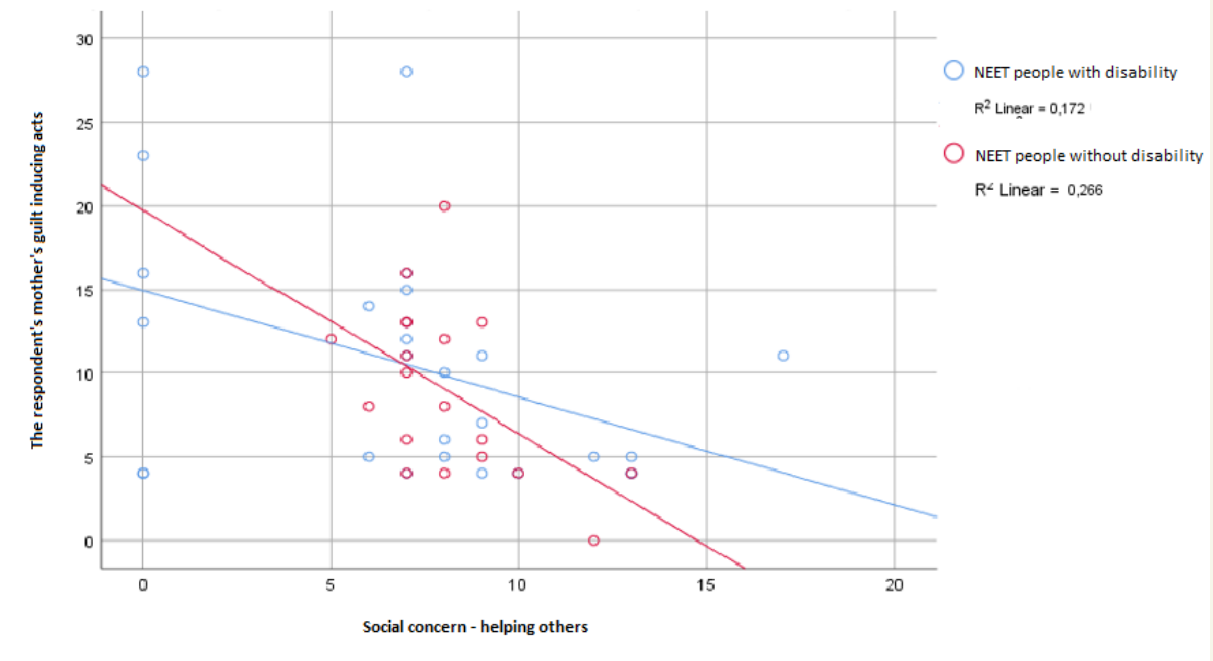
14. fig. Connection between explanations of the mother and autonomy in friendship, Italian NEET sample



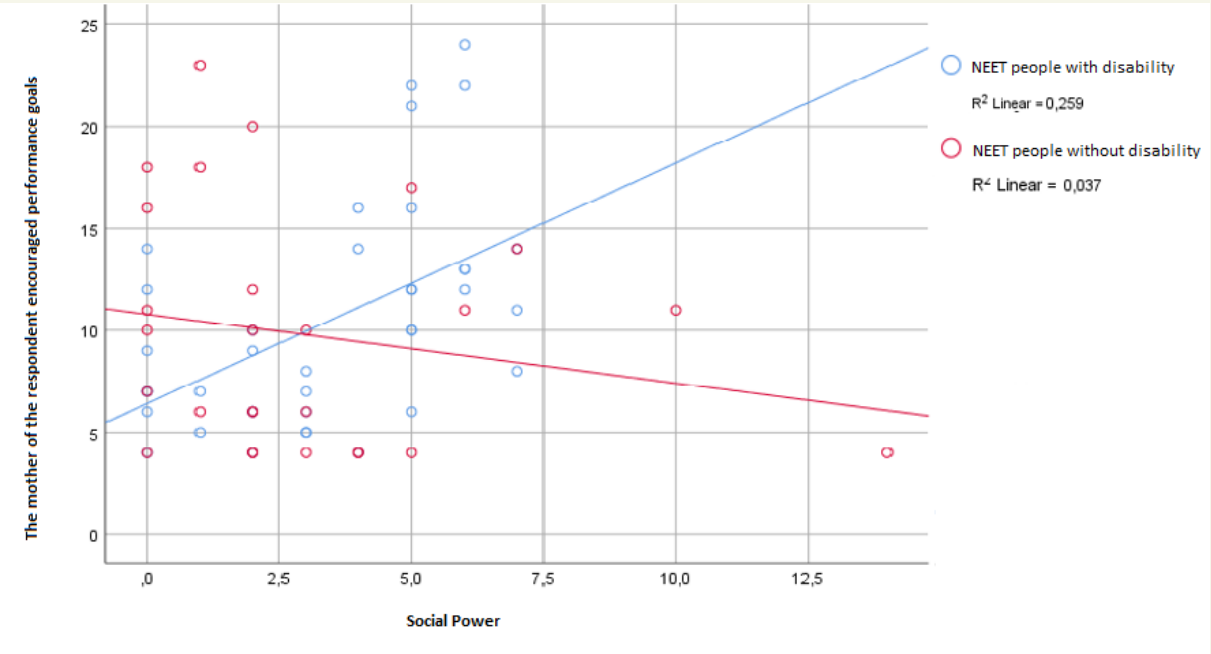
15. fig. Connection between threat of punishment and autonomy in friendship, Hungarian NEET sample



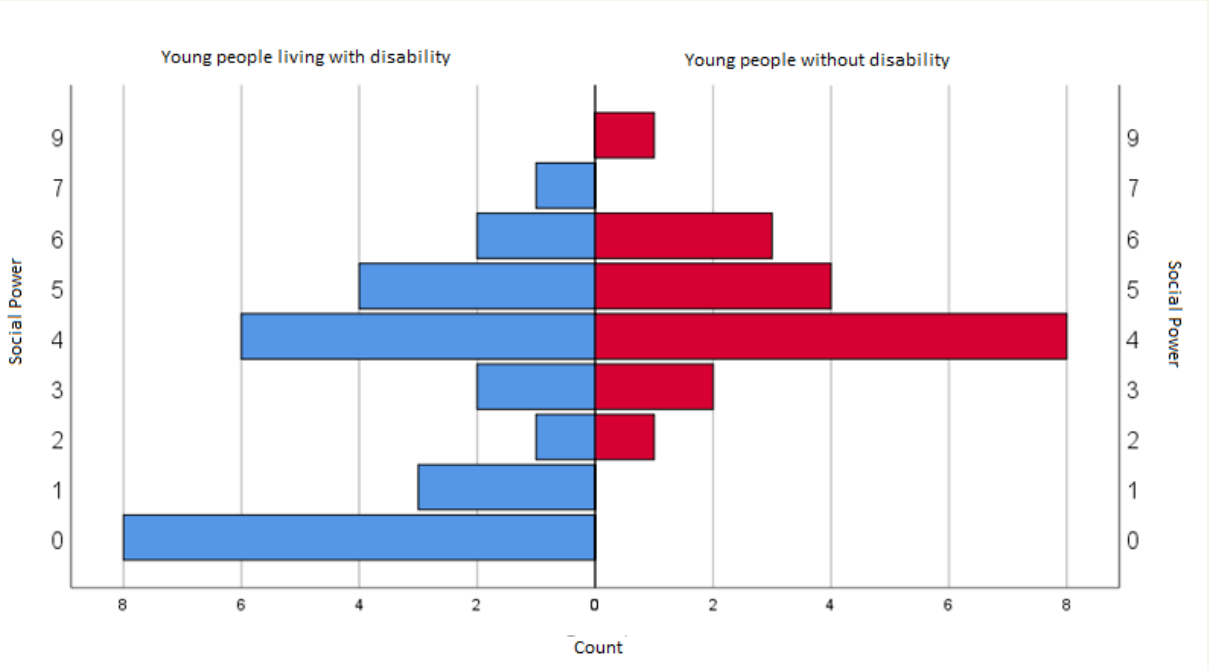
16. fig. The lack of connection between threat of punishment and autonomy in friendship, Italian NEET sample



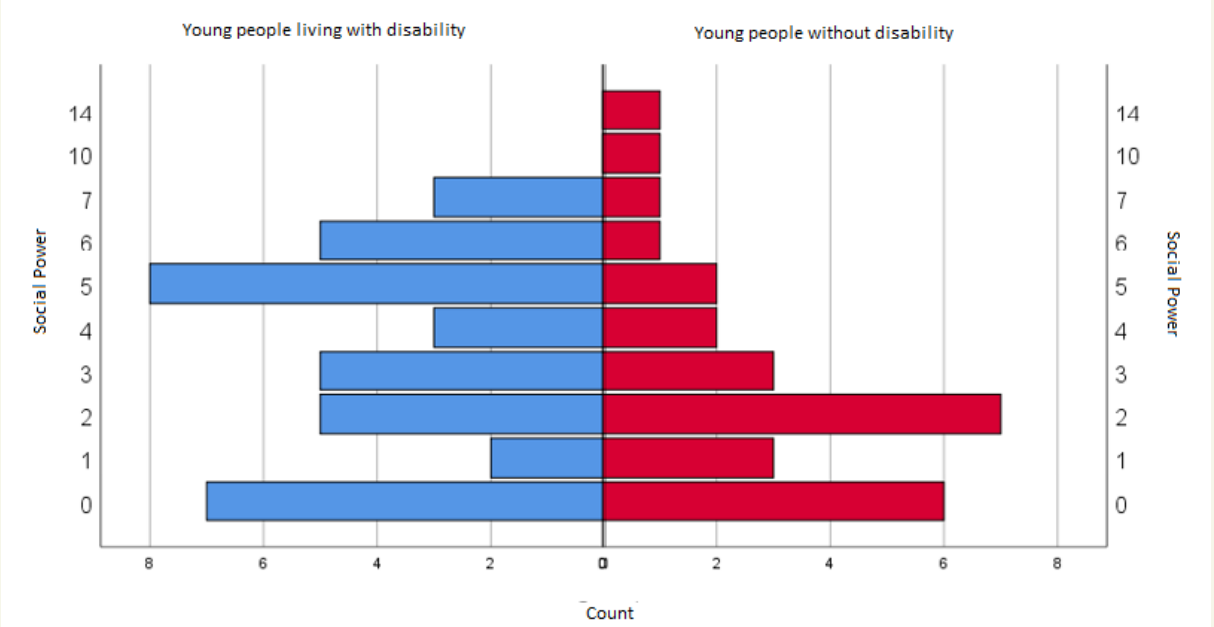
17. fig. Tendencies –week connections- between guilt inducing behaviour and motivation for caring, Hungarian NEET Sample



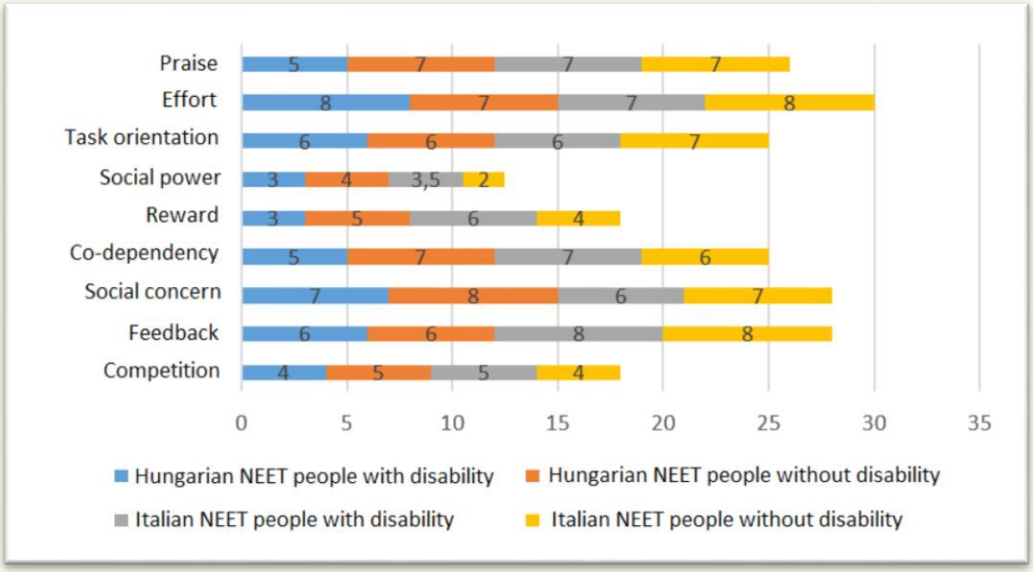
18. fig. Tendencies between the encouraged performance goals and social power as a motivator, Italian NEET sample



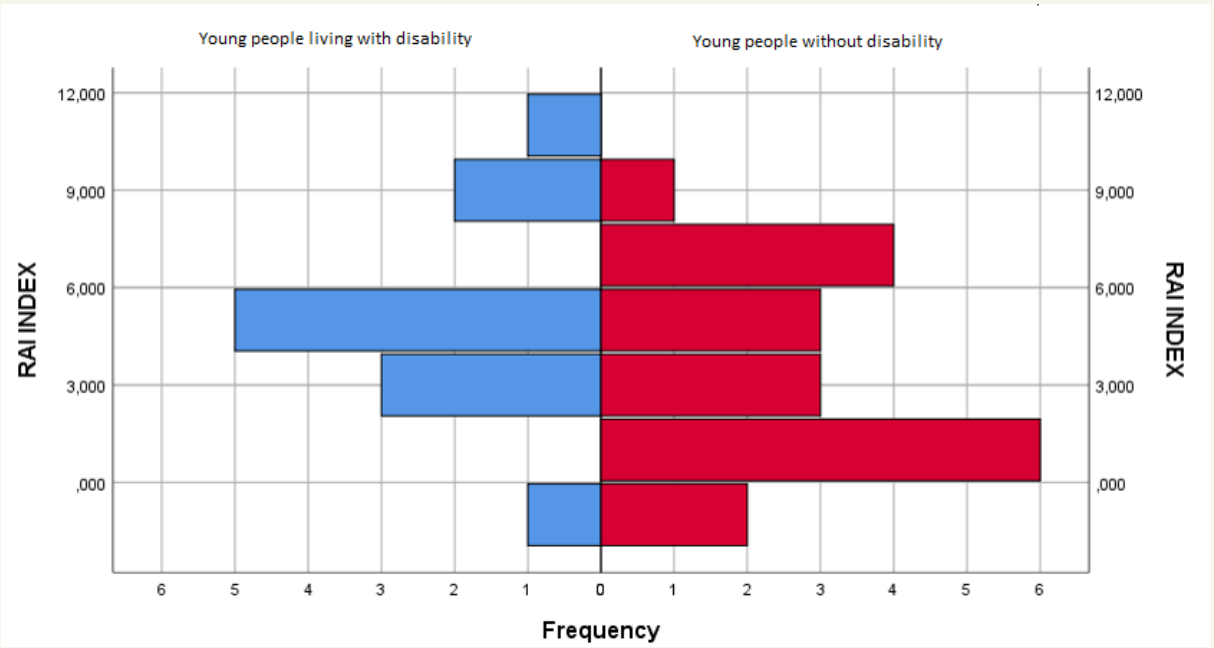
19. fig. The lack of desire to lead, Hungarian NEET people



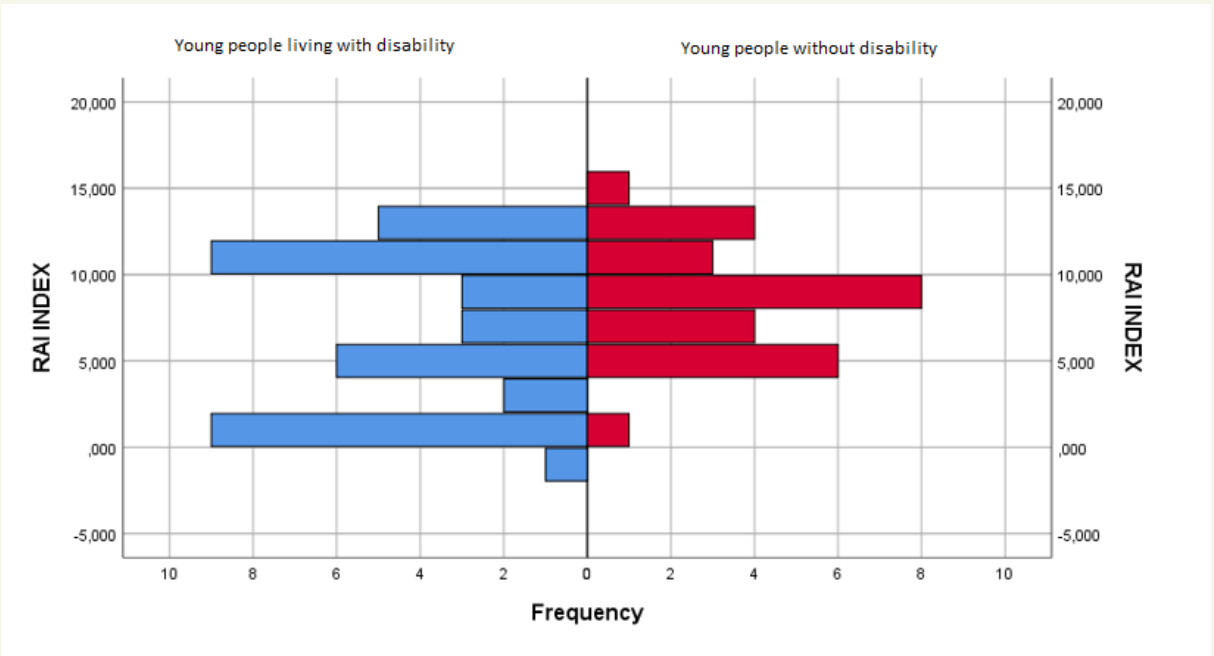
20. fig. The lack of desire to lead, Italian NEET people



21. fig. Comparison of medians of indices of Motivation Profile amongst NEET in the sample



22. fig. Comparison of RAI index (autonomy in friendship) amongst NEET's in the Hungarian sample



23. fig. Comparison of RAI index (autonomy in friendship) amongst NEET's in the Italian sample

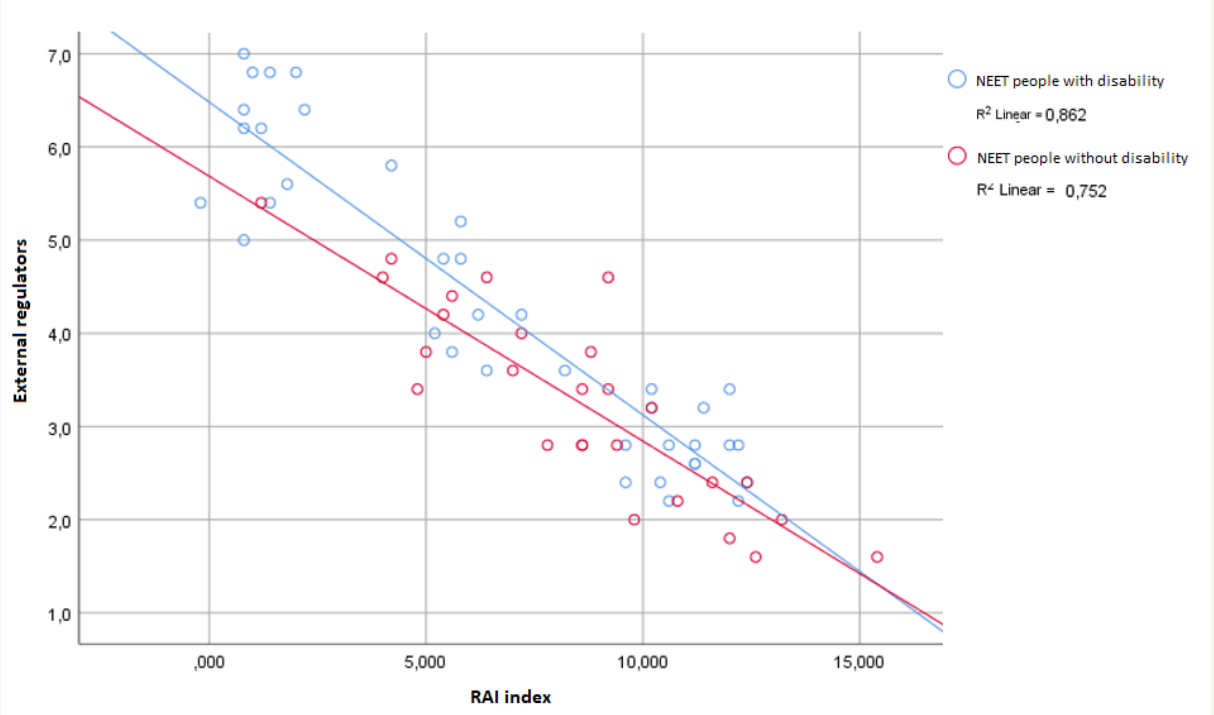
5. tbl. Correlation between RAI index and level of education amongst NEET Hungarian people living with disability.

			RAI INDEX	Highest level of education of the respondents	Highest level of education of the respondents' mother	Highest level of education of the respondents' father
Spearman's rho	RAI INDEX	Correlation Coefficient	1,000	,723**	,447	,366
		Sig. (2-tailed)	.	,008	,146	,241
		N	12	12	12	12
	Highest level of education of the respondents	Correlation Coefficient	,723**	1,000	,527**	,360
		Sig. (2-tailed)	,008	.	,006	,065
		N	12	27	26	27
	Highest level of education of the respondents' mother	Correlation Coefficient	,447	,527**	1,000	,885**
		Sig. (2-tailed)	,146	,006	.	,000
		N	12	26	26	26
	Highest level of education of the respondents' father	Correlation Coefficient	,366	,360	,885**	1,000
		Sig. (2-tailed)	,241	,065	,000	.
		N	12	27	26	27
**. Correlation is significant at the 0.01 level (2-tailed).						

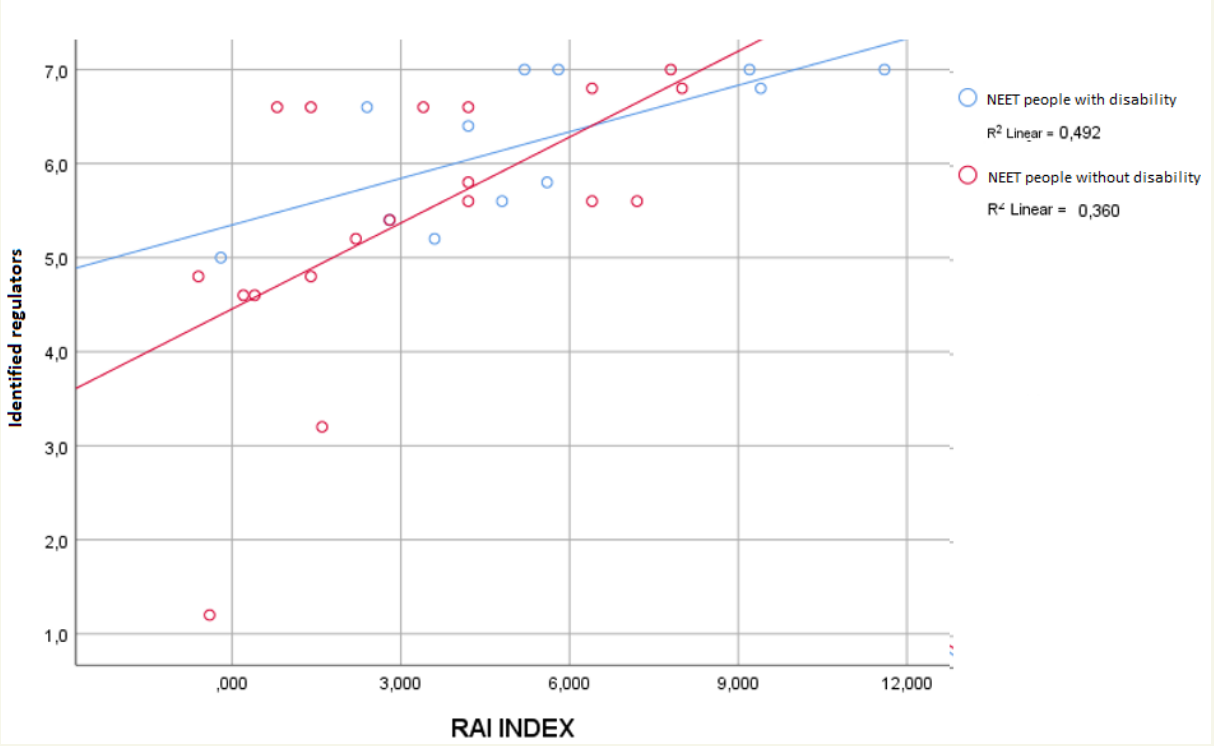
6.tbl. Corrdelation between RAI index and level of education amongst NEET Hungarian people without disability

			RAI INDEX	Highest level of educaton of the respondents	Highest level of educaton of the respondents' mother	Highest level of education of the respondents' father
Spearman's rho	RAI INDEX	Correlation Coefficient	1,000	,723**	,447	,366
		Sig. (2-tailed)	.	,008	,146	,241
		N	12	12	12	12
	Highest level of	Correlation Coefficient	,723**	1,000	,527**	,360
		Sig. (2-tailed)	,004	.	,017	,176

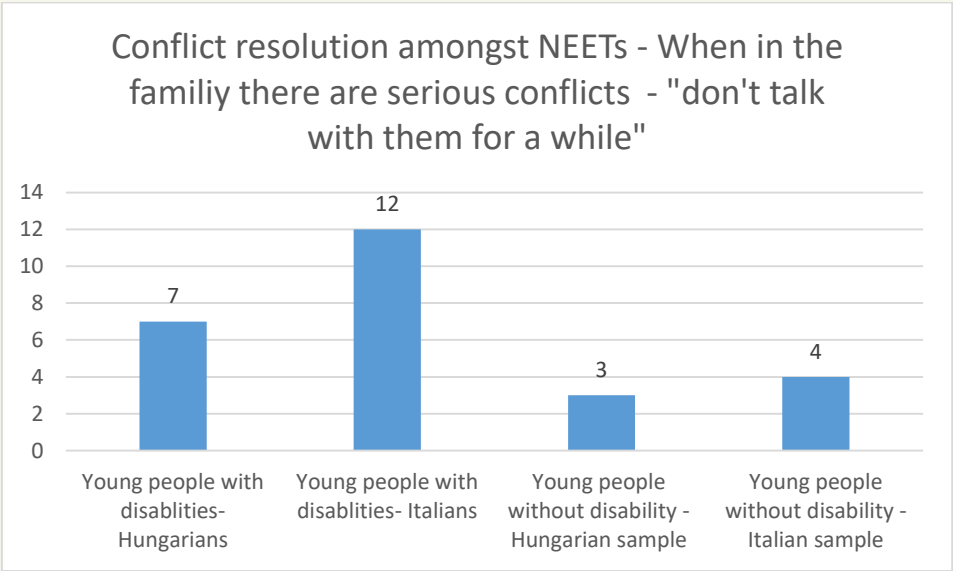
	educaton of the respondents	N	19	19	18	19
	Highest level of educaton of the respondents' mother	Correlation Coefficient	,652**	,556*	1,000	,564*
		Sig. (2-tailed)	,003	,017	.	,015
		N	18	18	18	18
	Highest level of education of the respondents' father	Correlation Coefficient	,221	,324	,564*	1,000
		Sig. (2-tailed)	,363	,176	,015	.
		N	19	19	18	19
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						



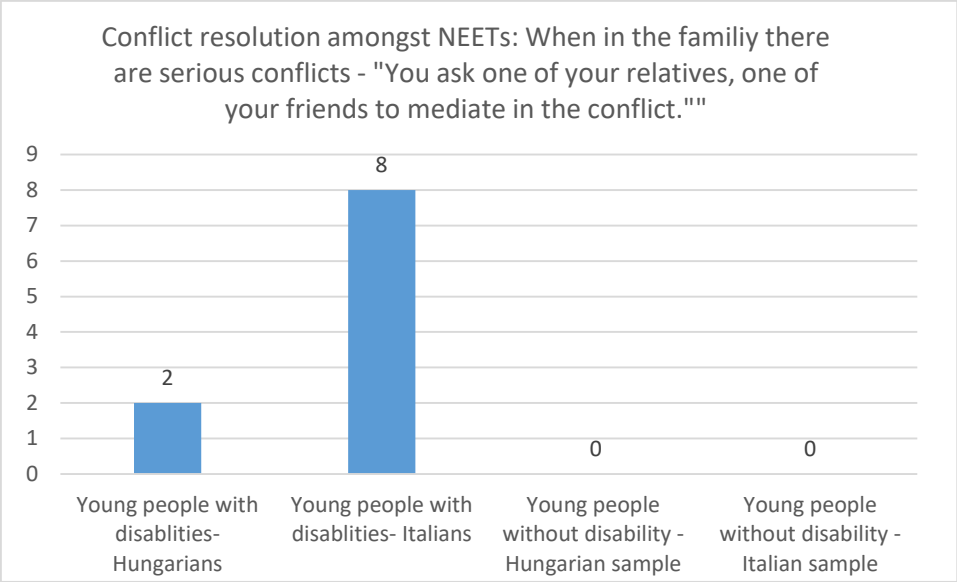
24. fig. Relationship between external regulators and RAI (autonomy in friendship) in the Italian NEET sample



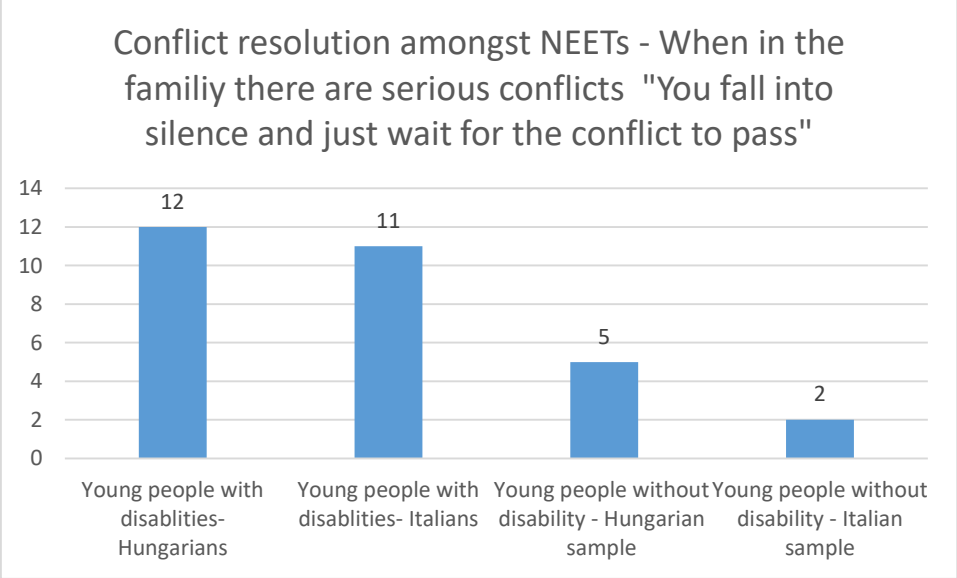
25. fig. Relationship between identified regulators and RAI index in the Hungarian sample



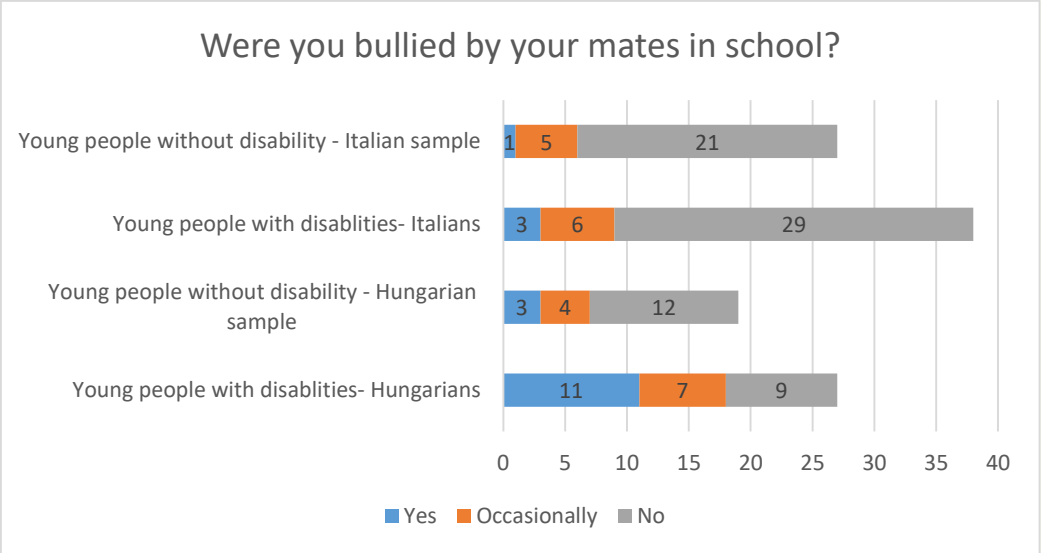
26. fig. Differences between disabled and non-disabled NEETs in the avoiding type of conflict resolution I.



27. fig. Differences between disabled and non-disabled NEETs in the conflictresolution – asking for help from a person outside of the close family



28. fig. Differences between disabled and non-disabled NEETs in the avoiding type of conflict resolution II.



29. fig. Comparison of the experienced bullying in school in the case of NEET's

7. tbl. Correlation between autonomy and competition as a motivator in the Italian NEET sample of people with disability

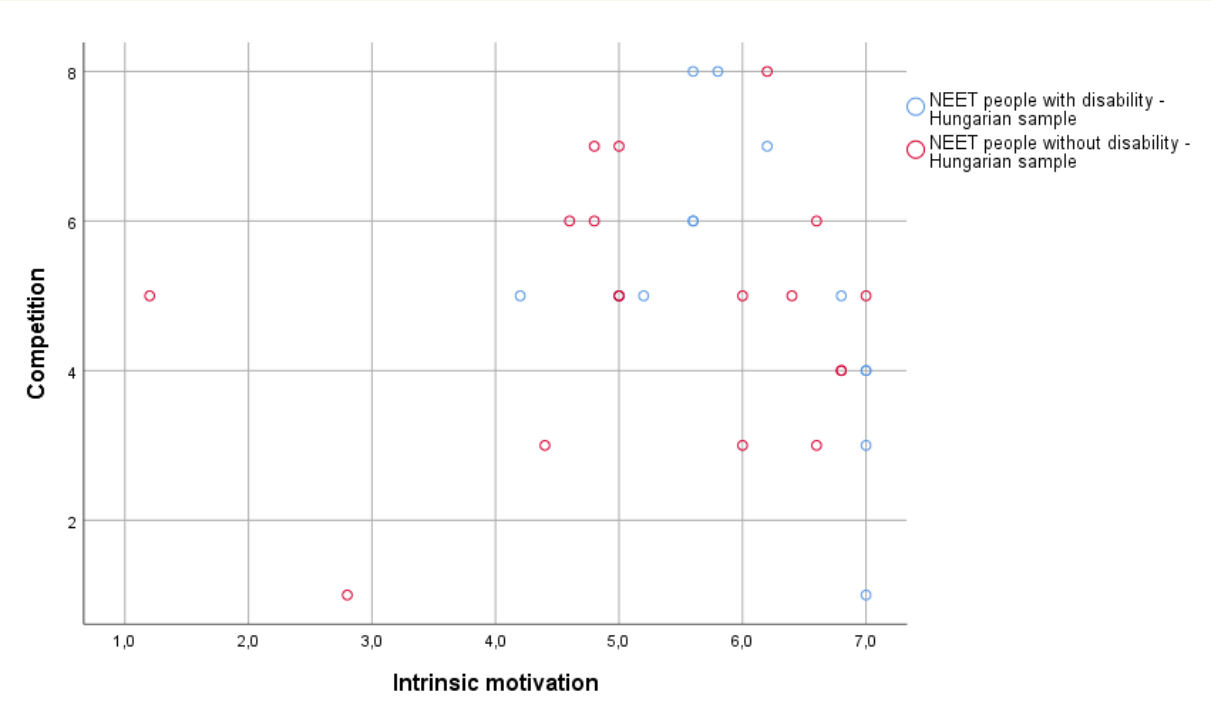
			RAI INDEX	Competition
Spearman's rho	RAI INDEX	Correlation Coefficient	1,000	-,503**
		Sig. (2-tailed)	.	,001
		N	38	38
	Competition	Correlation Coefficient	-,503**	1,000
		Sig. (2-tailed)	,001	.
		N	38	38
**. Correlation is significant at the 0.01 level (2-tailed).				
NEET people with disability				

8. tbl. Correlation between autonomy and competition as a motivator in the Hungarian NEET sample of people with disability

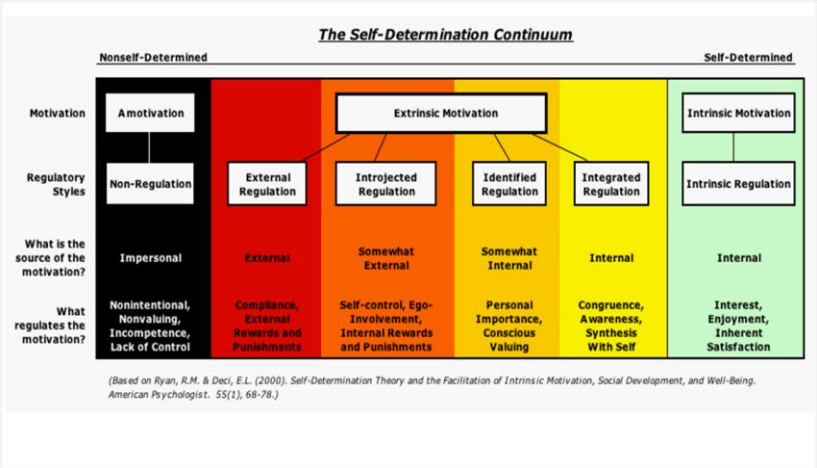
			RAI INDEX	Competition
Spearman's rho	RAI INDEX	Correlation Coefficient	1,000	-,532*
		Sig. (2-tailed)	.	,041
		N	15	15
	Competition	Correlation Coefficient	-,532*	1,000
		Sig. (2-tailed)	,041	.
		N	15	49
*. Correlation is significant at the 0.05 level (2-tailed).				
NEET people with disability				

9. tbl. Correlation between competition and intrinsic motivation in the Italian sample of NEET people living with disability

			Intrinsic Motivation	Competition
Spearman's rho	Intrinsic Motivation	Correlation Coefficient	1,000	-,457**
		Sig. (2-tailed)	.	,004
		N	38	38
	Competition	Correlation Coefficient	-,457**	1,000
		Sig. (2-tailed)	,004	.
		N	38	38
**. Correlation is significant at the 0.01 level (2-tailed).				
NEET people with disability - Italian sample				



30. fig. Relationship between competition and intrinsic motivation in the Hungarian sample of NEET's



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