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Personal support networks of young people with and without intellectual disability. A comparative study

Ana Rey Freire 🔍 | Judit Fullana Noell 🗅 | Maria Pallisera Díaz 🗅

Department of Pedagogy and Diversity Research Group, University of Girona, Girona, Spain

Correspondence

Ana Rey Freire, Plaça Sant Domènec, 9 -17004, Girona, Spain. Email: ana.rey@udg.edu

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Abstract

Background: Previous studies show that the personal support networks of people with intellectual disability are smaller and less diverse than those of people without intellectual disability. This article aims to compare the characteristics of the personal networks of young people with and without intellectual disability.

Method: The Personal Network Analysis (McCarty, Revista Hispana Para El Análisis de Redes Sociales, 2010, 19, 242-271) was applied. The participants comprised 51 young people aged between 13 and 19, of whom 27 had an intellectual disability. The Egonet programme was used to compile information, and SPSS v.27 for the statistical analysis.

Results: Young people with intellectual disabilities have smaller personal networks than people without disability, while they also comprise more people with disability and fewer 'friends' and support people.

Conclusions: The full social inclusion of people with intellectual disability requires schools, families, the community and the individual to work together to develop activities that help them initiate and maintain relationships, prioritising mainstream contexts.

KEYWORDS

adolescence, intellectual disability, personal networks, social inclusion, social networks, social support

INTRODUCTION

Personal networks are units of social structure comprising an individual's social ties and the links formed between these ties, which include relationships with family, professionals and friends (Gottlieb & Bergen, 2010). They are a set of inter-personal relationships that are deemed to be both wished for and significant, and are highly influential in integration processes in different areas of life, such as education (Ciénaga et al., 2014), the transition to adulthood (Small et al., 2013), emancipation (Bigby & Beadle-Brown, 2018) and participation in cultural and recreational activities (Verdonschot et al., 2009). Thus, there is a direct correlation between inter-personal relationships and social participation and integration (Simplican et al., 2015) and, consequently quality of life.

Previous studies (Eisenman, 2007; Eisenman et al., 2012; Kreider et al., 2016; van Asselt-Goverts et al., 2015; van Heumen, 2015) have shown that the personal networks of people with intellectual disability (hereafter ID) are small and limited. These studies note the following factors that result in the lower quality networks of people with ID: the ageing of the individual; segregated education in special needs centres; the incorrect identification of relationships which are unreciprocated; and where an individual lives. The absence of social

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relationships in many of their lives leads to them feeling a lack of connection and belonging to society (Knox & Hickson, 2001), which means they cannot achieve full social inclusion.

The little variety and reduced size of their personal networks experienced by people with ID is related to the opportunities they have to interact with others; smaller personal networks may result from difficulty participating in extracurricular activities (Díaz-Garolera et al., 2020). People with ID find it more difficult to participate in community leisure activities (Callus & Farrugia, 2016; King et al., 2010; Shelden & Storey, 2014), and their free time is generally spent with relatives or in activities organised by support services (Dyke et al., 2013; Pallisera et al., 2016; Small et al., 2013). There are therefore few spaces where they have the chance to relate informally and establish personal relationships with their peers.

Personal relationships are particularly important in the social inclusion of people with ID, as they provide access to various types of social support (Forrester-Jones et al., 2006; Fulford & Cobigo, 2016). These are fundamental in developing autonomy and achieving a suitable quality of life. Social support is understood as 'transactions or exchanges of resources between at least two people perceived by the provider or recipient to be intended to enhance the well-being of the recipient' (Lunsky, 2008, p. 152). According to Molina et al. (2008), there are three kinds of social support: emotional, related to feeling loved or cared for; instrumental, referring to the provision of direct help through services, caregiving, and so forth; and informational, which refers to guidance that is of practical use.

The functions of social support are severely affected for people with ID. Previous research has shown that it is often only relatives or professionals who provide support (Ratti et al., 2016) while highlighting a lack of supportive relationships with peers and friends. As a result of this, their support relationships are less significant and last less time than those of people without ID. The risk of loneliness in adulthood and old age becomes greater as relatives die, and support professionals constantly change (Gilmore & Cuskelly, 2014); this, in turn, can lead to depression (Qualter et al., 2010) or anxiety (Hawkley & Cacioppo, 2010). Furthermore, people with ID frequently mention experiencing discrimination in educational contexts (Petry, 2018), which hinders the full development of their personal support networks.

Gaining and consolidating support relationships is particularly important during adolescence, and contributes positively to the social inclusion of people with ID throughout their life (Hillman et al., 2012; Llewellyn et al., 2008; Tipton et al., 2013). In fact, Lunsky and Benson (2001) found social support to be related to perceived quality of life among people with ID. For its part, adolescence has been identified as one of the stages in which people are at greater risk of suffering from loneliness (Gilmore & Cuskelly, 2014), and consequently lacking social networks that can exercise a support function. Indeed, many adolescents with ID report having problems in making and maintaining relationships, such as friendships (Matheson et al., 2007), and in establishing relationships with their peers who have no disability (Rossetti & Keenan, 2018). Hence, the need to take into account and study the stage of adolescence when we speak of personal support networks and examine the quality of life of people with ID.

Although, as mentioned above, research focused on studying the personal networks of people with ID does not generally compare them with other groups, some authors have carried out such research. Fullana et al. (2021) conclude, following a comparative analysis of the personal support networks of two groups of people with ID of different age ranges (27 in secondary and 14 in further education), that the change in social ties resulting from the new educational, geographical or relational contexts that occur during the transition to adulthood lead to huge changes in how support is perceived. This highlights the importance of developing socio-educational support actions for people with ID to help them form and maintain support relationships that are high in quality and lasting sources of help. In a comparative study of young people with ID and their peers with no such disability, Avramidis et al. (2018) studied the social participation and quality of friendships in both samples. They found that the young people with ID reported fewer friendships and less interaction with their fellow students than those who had no disability.

1.1 | Aims

The aim of this research was to carry out a comparative study of the personal support networks of a group of young people with ID, and another group of similar age with no ID, in order to ascertain differences in the composition and function of social support within their networks.

A further contribution of this study is the specific focus on adolescents, who have been the subject of little previous research.

2 | METHODOLOGY

The research is based on Social networks analysis methodology, which provides a set of analytical tools for exploring data about people's relationships. Social network analysis involves the systematic quantification and mapping of relationships between network members (Kreider et al., 2016). Social networks can be limited by predefined parameters, such as a classroom, in which the analysis constitutes a complete (or sociometric) Social Network Analysis, or can focus on relationships directly connected to an individual, referred to as Personal (or egocentric) Network Analysis (Kreider et al., 2016; Molina, 2005). This latter approach, which examines the patterns of relationships identified by the participants themselves from their own perspective (McCarty, 2010), is the one used in this study.

2.1 | Participants

A total of 51 individuals aged between 13 and 19 took part in the study. Of these, 27 had an ID (19 males and 8 females), and the remaining 24 did not.

Of the 27 with an ID, 18 were being educated in special needs centres, and nine in ordinary secondary education schools under the

S.I.E.I.¹ modality. The 24 participants (7 male and 17 female) with no ID were enrolled at ordinary schools. All participants were in state-run centres or schools in the province of Girona, Catalonia (Spain). They all lived at home with at least one of their parents.

2.2 | Instrument

Information was compiled through a questionnaire developed using the Egonet free software (https://sourceforge.net/projects/egonet/), created by McCarty (2002). The questionnaire was divided into five modules:

- Module I: information regarding the socio-demographic characteristics of each participant and their relational context, that is, spaces and activities in which the person participates that offer opportunities to meet other people and have some type of relationship with them (family context, after-school and leisure activities etc.).
- 2. Module II: compilation of the names of the members of each participant's personal network. The participants were asked to identify between 15 and 25 people they had some kind of relationship with (including weak and strong ties). In order to facilitate this, an echogram was used (Figure 1), which produced a visual representation of the individual's network structure (Antonucci & Akiyama, 1987). The echogram consists of three concentric circles, and participants place the people they have a relationship with in the inner, middle or outer circle, depending on the importance they give each relationship.
- 3. Module III: sociodemographic, relational and support function information of each person named in Module II.
- 4. Module IV: information regarding existing relationships between the different members comprising each network. Sticky notes with the names of each member of the network were placed on a board, and lines were then drawn to join them to show existing relationships.
- 5. Module V: information regarding the participants' satisfaction with their own personal network.

2.3 | Procedure

In order to contact the participants, authorization was obtained from the relevant education authorities, which proposed the involvement of 13 secondary education schools that had some pupils with ID, and two special needs centres, all in the province of Girona. The directors of the 15 schools and centres were then contacted and sent a document outlining the aims and context of the research. Based on the established criteria regarding age and ID, the schools chose potential participants with the aid of counsellors and diversity specialists.

The schools and centres made the initial contact with the families, providing them and the young people with a document written by the

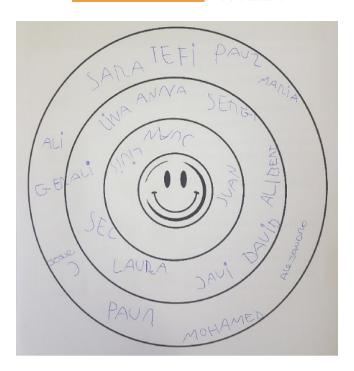


FIGURE 1 Echogram.

research team explaining the project in plain language. The researchers then provided the schools and centres with an informed consent form, which was signed by adult family members, as all the participants were minors.² and a date was set to administer the questionnaire.

Before starting the interviews, all participants were reminded of the research aims and given a consent form written in plain language. Although the families had already given their consent, the final decision on whether to participate was left to the young people themselves. Once they had consented, the questionnaire was administered; it took the form of a structured oral interview, and was recorded on audio. While Egonet software is designed for data to be entered as the participant responds, this was not feasible in our study, since it caused a high level of inflexibility, mainly due to the need to enter all of the data directly onto a computer. To overcome this shortcoming, the researchers took notes during the interview and entered the data at a later date.

The questionnaires were administered between January 2019 and February 2021. The lockdowns and school closures resulting from the outbreak of the COVID-19 pandemic in March 2020 forced two major changes to be made to the methodology. As in-person contact was impossible, 18 of the 24 young people without ID were given the questionnaires in an online virtual context between June 2020 and February 2021. The format was, however, identical to those given in person. In addition, the closure of schools led to a change in how contact was made, resulting in the use of convenience sampling. The researchers applied for and were granted ethical approval authorised by the Spanish State Research Agency funding the project (protocol code EDU2017-84989-R, date of approval 14 June 2018).

¹Catalan acronym for Intensive Support in the Inclusive School. This refers to the allocation of professionals who form part of the teaching staff as intensive resources to attend to those students with special needs, such as those with an intellectual disability.

²Legal age in Spain is 18.

2.4 | Data analysis

The following variables were specifically analysed related to the composition of personal networks and their social support function:

- Characteristic of the participant: age, gender, number of siblings, place of residence, people they lived with, extracurricular and leisure activities, and the people with whom they did these activities.
- Composition of the personal network: name, age, gender, living place, relationship, variation in relationship over time, activity (study, work, a combination of both, or neither), presence/absence of disability, length of relationship, frequency of contact, place where relationship takes place and satisfaction with the relationship.
- 3. Structure of the personal network: data regarding density (percentage of ties existing within a network from all possible ties), centrality (a measure of network activity, such that network members are very central if they are directly connected to many other members), intermediation (information control measure, through which the members of a network are shown who act as a 'bridge' enabling relationships between other members within a network), components (groups of network members that have a direct relationship with one another), and isolation (network members with no relationship, either direct or indirect, with other network members) (McCarty, 2002).
- 4. Function of social support: type of support received (emotional, instrumental, informational or combinations of these), frequency and reciprocity of support, type of support offered and support context. In this study, emotional support refers to receiving help when the person feels sad, angry or when they have to cope with a difficult personal situation; instrumental support refers to the help received in doing homework, housework or other daily mechanical or manual tasks; and informational support refers to help in obtaining and managing information regarding school, educational work, and so forth.

The SPSS v.27 statistical programme was used to perform the descriptive analysis of the data for each of the groups. In order to compare the groups, the chi-squared test was used for the measurable variables on a nominal scale, and the Student t test for independent groups for the quantitative variable 'age', since this is measured as a continuous variable.

3 | RESULTS

This section presents the findings of the comparative analysis regarding network composition and the functions of social support. In the tables below, the group of participants with ID is referred to as 'ID Group', and those with no disability as 'NID Group'.

3.1 | Compositional characteristics

A total of 1051 ties were identified, 545 of these in the 'ID Group' and 506 in the 'NID Group'. Table 1 shows the compositional characteristics of the personal networks of both groups.

Significant differences were noted in the following variables: gender and presence of ID in the members comprising the networks; tie (with network members), variation in relationships over time, and length of relationship; frequency of contact; activity of members (study/work); where the relationship takes place; and satisfaction with the relationship.

Regarding gender, both groups reported higher percentages of members of the same gender as the majority of the group. Thus, the 'ID Group' identified higher numbers of male members, and the 'NID Group' identified higher numbers of female members.

Furthermore, the 'ID Group' reported higher numbers of members of their networks who also had ID when compared with the networks of the 'NID Group', as well as higher proportions of 'fellow students', 'teachers and/or other professionals', and 'companions in extracurricular and leisure activities'. However, the 'ID Group' identified fewer 'friends' in their networks than the 'NID Group'. The 'ID Group' reported a significantly higher percentage of relationships which had not changed over time, a greater number of daily relationships and higher numbers of employed members than the 'NID Group'. Additionally, in relation to length of relationships, the 'ID Group' reported shorter ones, a lower percentage of relationships developed in informal surroundings, and less general satisfaction with their own personal networks than the 'NID Group'.

3.2 | Functions of social support

The 51 participants in this study named a total of 1051 relationships. Of these, 787 were identified as relationships providing support (388 in the 'ID Group', and 399 in the 'NID Group').

Information was gathered regarding the characteristics of the members of the personal networks who, from the participants' view, provided some kind of support, and the groups were compared. Significant differences were noted regarding gender and ties (Table 2).

The 'ID Group' was mostly made up of men. When naming the members of their network, they chose to also name mostly men. The 'NID Group', on the other hand, was primarily made up of women, and they also collectively named more women than men as members of their personal networks.

Providers of support to the 'ID Group' were mostly 'fellow students, companions in extracurricular and leisure activities' and 'teachers and other professionals'. However, they named a significantly lower number of 'friends' as support providers than the 'NID Group'.

Notable differences were observed between the groups when considering the reciprocity of the relationship, and the place where it took place. While both groups identified the majority of their support relationships as reciprocal, the 'ID Group' identified fewer reciprocal relationships than the 'NID Group'. Regarding the place in which the relationship occurs, both groups named school and home as the most frequent places where support relationships take place. However, statistically significant differences were noted, given that the 'ID Group' reported far lower numbers of support relationships in informal

TABLE 1 Compositional characteristics of personal networks for both groups.

Variable		ID group (545 relationships) n (%)	NID group (506 relationships) n (%)	Total <i>n</i> (%)	Chi- squared	Significance p
Gender ^a $n = 1051$	N Male ^a Female	545 366 (67.2) 179 (32.8)	506 178 (35.2) 328 (64.8)	1051 544 (51.8) 507 (48.2)	107.460	.000
Age n = 979	N Mean Standard deviation	481 22.87 15.671	498 22.80 16.338	979 22.83 15.671	t-student 1.171	.247
Living place n = 1022	N Same house Same neighbourhood Same town/city Same county Same country Other country	518 77 (14.9) 14 (2.7) 185 (35.7) 193 (37.3) 33 (6.4) 16 (3.1)	504 63 (12.5) 21 (4.2) 163 (32.3) 195 (38.7) 48 (9.5) 14 (2.8)	1022 140 (13.7) 35 (3.4) 348 (34.1) 388 (38) 81 (7.9) 30 (2.9)	6.922	.227
Presence of ID^a n = 1009	N No ^a Yes ^a Don't know ^a	542 349 (64.4) 153 (28.2) 40 (7.4)	467 466 (99.8) 1 (0.2) 0 (0)	1009 815 (80.8) 154 (15.3) 40 (4)	202.366	.000
Relationship ^a n = 1043	N Father/Mother Other relatives Friends ^a Fellow students ^a Companions in extrascholar activities ^a Neighbours	539 44 (8.2) 125 (23.2) 195 (36.2) 74 (13.7) 20 (3.7)	50 40 (7.9) 106 (21) 307 (60.9) 34 (6.7) 1 (0.2)	1043 84 (8.1) 231 (22.1) 502 (48.1) 108 (10.4) 21 (2) 8 (0.8)	113.194	.000
	Teachers and/or other professionals ^a	79 (14.7)	10 (2)	89 (8.5)		
Variation in relationship over time ^a $n = 961$	N Has worsened ^a Has remained the same ^a Has improved ^a	468 19 (4.1) 408 (87.2) 41 (8.8)	493 45 (9.1) 245 (49.7) 203 (41.2)	961 64 (6.7) 653 (68) 244 (25.4)	158.264	.000
Length of relationship ^a $n = 1036$	N < 1 year ^a Between 1 and 2 years ^a Between 2 and 5 years ^a Between 5 and 10 years ^a Lifelong	532 54 (10.2) 96 (18) 122 (22.9) 93 (17.5) 167 (31.4)	504 29 (5.8) 45 (8.9) 147 (29.2) 117 (23.2) 166 (32.9)	1036 83 (8) 141 (13.6) 269 (26) 210 (20.3) 333 (32.1)	30.312	.000
Frequency of contact ^a $n = 1041$	N < 1 time a year 1 or 2 times a year ^a Every 2 or 3 months Every month ^a Every week ^a Every day ^a	540 9 (1.7) 23 (4.3) 22 (4.1) 39 (7.2) 120 (22.2) 327 (60.6)	501 3 (0.6) 10 (2) 12 (2.4) 69 (13.8) 159 (31.7) 248 (49.5)	1041 12 (1.2) 33 (3.2) 34 (3.3) 108 (10.4) 279 (26.8) 575 (55.2)	34.288	.000
Activity ^a n = 1029	N Studies ^a Works ^a Studies and works Neither studies nor works Unemployed	528 309 (58.5) 179 (33.9) 6 (1.1) 33 (6.3)	501 386 (77) 77 (15.4) 3 (0.6) 33 (6.6)	1029 695 (67.5) 256 (24.9) 9 (0.9) 66 (6.4) 3 (0.3)	49.831	.000
Place where relationship takes place ^a n=1049	N Home Educational centre Professional's office Extra-scholar and/or free-time activities Street ^a	543 153 (28.2) 233 (42.9) 0 (0) 65 (12) 39 (7.2)	506 136 (26.9) 195 (38.5) 2 (0.4) 51 (10.1) 74 (14.6)	1049 289 (27.6) 428 (40.8) 2 (0.2) 116 (11.1) 113 (10.8)	27.433	.000

(Continues)

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Variable		ID group (545 relationships) n (%)	NID group (506 relationships) n (%)	Total <i>n</i> (%)	Chi- squared	Significance p
	Internet/telephone They no longer see each other Others ^a	36 (6.6) 12 (2.2) 5 (0.9)	44 (8.7) 4 (0.8) 0 (0)	80 (7.6) 16 (1.5) 5 (0.5)		
Satisfaction with relationship ^a $n = 1044$	N Very unsatisfied Quite unsatisfied ^a Satisfied ^a Very satisfied ^a	540 8 (1.5) 54 (10) 283 (52.4) 195 (36.1)	504 8 (1.6) 28 (5.6) 212 (42.1) 256 (50.8)	1044 16 (1.5) 82 (7.9) 495 (47.4) 451 (43.2)	25.467	.000

^aSignificance level p < .05.

TABLE 2 Support suppliers by groups.

		ID group n (%)	NID group n (%)	Total <i>n</i> (%)	Sig. (bilateral)
Gender	N	388	399	787	<.001
	Feminine	131 (33.8%)	262 (65.7%)	393 (49.9%)	
	Masculine	257 (66.2%)	137 (34.3%)	394 (50.1%)	
Tie	N	388	399	787	<.001
	Father/mother	40 (10.3%)	38 (9.5%)	78 (9.9%)	
	Other relatives	81 (20.9%)	79 (19.8%)	160 (20.3%)	
	Friends	133 (34.3%)	255 (63.9%)	388 (49.3%)	
	Fellow students	50 (12.9%)	15 (3.8%)	65 (8.3%)	
	Companions in extra-scholar and/or leisure activities	12 (3.1%)	0 (0%)	12 (1.5%)	
	Neighbours	1 (0.3%)	2 (0.5%)	3 (0.4%)	
	Teachers and other professionals	71 (18.3%)	10 (2.5%)	81 (10.3%)	
Reciprocity of support	No	89 (24%)	26 (6.6%)	115 (15%)	<.001
	Yes	282 (76%)	370 (93.4%)	652 (85%)	
Place of relationship	Home	108 (28%)	107 (26.8%)	215 (27.4%)	<.001
	School	181 (46.9%)	159 (39.8%)	340 (43.3%)	
	Place of extra-scholar and/or free-time activities	48 (12.4%)	41 (10.3%)	89 (11.3%)	
	Professional's office	0 (0%)	2 (0.5%)	2 (0.3%)	
	Street	21 (5.4%)	57 (14.3%)	78 (9.9%)	
	Internet/telephone	22 (5.7%)	33 (8.3%)	55 (7%)	
	Others	6 (1.6%)	0 (0%)	6 (0.8%)	

Note: Level of significance p < .05. Significantly higher values were marked in bold.

surroundings, such as the street or neighbourhood, than the 'NID Group'.

Significant differences were also found between the groups regarding the type of support received (Table 3). The 'ID Group' reported notably higher figures when it came to instrumental and informational support (individually and combined), but far lower numbers in terms of emotional support, and the combination of all three types, than the 'NID Group'.

An analysis of the kind of support received depending on the tie (Table 3) showed that for the 'ID Group', 'relatives' and 'friends' were viewed as the main providers of emotional support; 'fellow students'

as the main providers of 'informational' support; and 'teachers and other professionals' as the main providers of emotional and instrumental support.

4 | LIMITATIONS OF THE STUDY

The instrument used to compile information is highly structured, and permits an in-depth analysis of the networks. However, its use with an 'ID Group' posed a number of challenges. Applying the questionnaire was a lengthy process, requiring breaks, and it was necessary to

TABLE 3 Types of support received depending on the link.

TIE	Group	Emotional support n (%)	Instrumental support	Informationa	support n (%)	Total n (100%)
Family	ID group	24 (39.3%)	23 (37.7%)	14 (23%)		61 (100%)
	NDI group	37 (63.8%)	11 (19%)	10 (17.2%)		58 (100%)
Friends	ID group	31 (41.3%)	15 (20%)	29 (38.7%)		75 (100%)
	NDI group	84 (75.7%)	5 (4.5%)	22 (19.8%)		111 (100%)
Fellow students	ID group	6 (12.2%)	9 (27.3%)	18 (54.5%)		33 (100%)
	NDI group	3 (23.1%)	3 (23.1%)	7 (53.8%)		13 (100%)
Teachers and other professionals	ID group	5 (38.5%)	5 (38.5%)	3 (23.1%)		13 (100%)
	NDI group	4 (66.7%)	0 (0%)	2 (33.3%)		6 (100%)
Others	ID group	2 (33.3%)	2 (33.3%)	2 (33.3%)		6 (100%)
	NDI group	0 (0%)	1 (50%)	1 (50%)		2 (100%)
Pearson chi-squared tes	st					
ID group					Asymptotic sign	ificance (bilateral)
					0.062	
NDI group					Asymptotic significance (bilatera	
					< 0.001	

Note: Level of significance p < 0.

use instruments such as the echogram to visually expand and structure the information regarding personal networks.

A further limitation was due to how participants were selected. The schools and centres acted as mediators between the families of the participants with intellectual disabilities and the researchers. They identified possible candidates, contacted their families, informed them of the project and suggested they participate in the study. This meant that it was not possible to perform random sampling that would be representative of adolescents with ID. As a result, the only selection criterion was the presence or not of an ID, which led to a gender bias in the sample. Thus, the research team was unable to control gender variable, and we have therefore been unable to analyse whether personal network differences exists based on gender. Finally, the COVID-19 pandemic meant that interviews with participants without ID were held through online video calls, which may have hindered the support given to the participants as they completed the questionnaire.

5 | DISCUSSION AND CONCLUSIONS

Previous research on the personal support networks of people with ID, which has mostly focused on adults, showed that the networks were limited in size and variety (Woodgate et al., 2020) and comprised mainly of support professionals (Duggan & Linehan, 2013), who were the principal providers of a range of support (Forrester-Jones et al., 2006; Giesbers et al., 2019; Lippold & Burns, 2009). In line with the conclusions drawn in the study conducted by Woodgate et al. (2020), we have concluded that the networks of young people with ID are smaller and less varied than those of their non-disabled peers. The results of our study regarding how support networks are composed are in line with those of Duggan and Linehan (2013), with a

strong presence of support professionals, fellow students and companions in extracurricular activities identified in the networks of participants with ID, all of these individuals being exclusively linked to the participants' educational sphere. In the studies by Forrester-Jones et al. (2006), Lippold and Burns (2009) and Giesbers et al. (2019), personal networks also mainly comprised support professionals, fellow students and companions in extracurricular activities.

Analysing a sample of young people, Matheson et al. (2007) noted that adolescence is a highly-complex stage in the lives of people with ID, since they find it very challenging to make, consolidate and maintain friendships. Our study therefore focused on this life stage, given the importance of adolescence in making and maintaining quality personal networks.

In line with earlier studies conducted by Lippold and Burns (2009) and van Asselt-Goverts et al. (2013), one of the main findings of our research is a scarce presence of friends as members of support networks of people with ID. In the aforementioned studies, there is a predominance of relatives in the networks compiled by adults with ID. The role of family members in the networks of people with ID should therefore be highlighted; they facilitate the process of inclusion and participation in the community (DuBois et al., 2020), and provide a range of support measures. Nonetheless, it is crucial that relationships with the family do not substitute friendships, which are so important during adolescence.

The results of this study show that the personal networks of young people with ID are small and restricted. First, a low number of 'friends' was detected in the personal support networks of young people with ID. Second, the support relationships of young people with disabilities are mainly developed in formal (such as school and educational centres) or family contexts. These are indicators of a lack of opportunities to establish relationships in other contexts and to

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expand their relationships in less formal contexts. Through their participation in less formal contexts, they may find new opportunities to establish weak and strong ties that could become meaningful supportive relationships in the future.

Furthermore, the strong presence of support relationships linked to the school also indicates a lack of diversity in the relationships of young people with ID. Such relationships do not tend to continue after schooling ends, and do not usually last long, often finishing when the young person changes or leaves primary or secondary school. Results from previous studies (Dyke et al., 2013; Pallisera et al., 2016; Small et al., 2013) align with this result, revealing that people with ID tend to spend their spare time with their families or doing leisure activities organised by services or organisations that provide support to people with ID.

Friendships are vital natural sources of support in young people's lives (Bane et al., 2012, and Traylor et al. 2016). However, increasing the number and quality of friendships of people with ID will not just happen by itself, it requires concerted effort. Schools and educational centres play a fundamental role in this process, and they should therefore take a more active stance, ensuring greater and more varied opportunities for the forming of friendships, such as spaces and activities that promote interaction. One solution in this respect would be to provide all young people with training in how to build social relationships. As van Asselt-Goverts et al. (2018) noted, this presupposes that professionals first be trained to work from the perspective of networks.

Improving this situation to foster the full social inclusion of people with ID can only occur through a change of perspective, and through schools, families, the community and the individuals involved working together. The first step in this regard is to raise everybody's awareness of the importance that personal support networks play in any person's life. Teachers and school principals and managers should award relationships the important role they deserve, making them part of the curriculum and working on them in the classroom with all students as intensively as other more theoretical subjects.

The families of young people with ID also play an important role in increasing these young people's opportunities to relate with others. Families should be supported by professionals, through training activities or guidance, to raise their awareness of the importance of social support networks and the benefits that a diverse range of relationships can bring to the lives of their children with intellectual disability. Over-protection or paternalism does not help young people to explore new relational contexts.

The relationships that take place in community spaces, whether non-formal (activities organised outside educational surroundings) or informal (non-led activities) are key in creating lasting, quality personal support networks with a good number of members. Therefore, it is essential that young people with intellectual disabilities have opportunities to participate in different community environments and inclusive leisure activities to maintain relationships and create new ones. This must be done in a natural way, so that they become meaningful and of high quality, and last many years. To ensure inclusive participation in the community, members of the community must be made aware of the importance that personal support networks play in the

lives of all individuals, and of the great influence that such networks have on their quality of life. In addition, spaces and activities should be created and promoted in informal community settings, and these must be safe and open to all.

Furthermore, all of this work should involve the person with intellectual disability, making them familiar with their own network and aware of the support it can provide. This work should focus on individuals' social skills, empowering them and making them realise that they too are an element that enriches the personal networks of others. Individuals' choices and preferences with regard to support in forming and maintaining relationships should be the focus, and social skills only included on an individual basis when deemed necessary.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in Personal networks of young people with and without intellect at https://dataverse.csuc.cat/privateurl.xhtml?token=0e2d504a-18b9-4 ad0-bb1e-b4ace4bc7d19, reference number https://doi.org/10.34810/data883.

ORCID

Ana Rey Freire https://orcid.org/0000-0002-0760-9439

Judit Fullana Noell https://orcid.org/0000-0003-4356-4482

Maria Pallisera Díaz https://orcid.org/0000-0002-3703-4015

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