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Helping Adolescents with Health Problems to Become Socially Competent

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The purpose of the article is to present and analyze the results of experimental work to verify the efficiency of the developed and approved program aimed at the formation of social competence in adolescents with physical problems. The leading method in the study of this problem is a consequent version of the pedagogical experiment. The results of this experimental work approved the consistency of the proposed program "I'm in the world of people" to improve the overall indicator level of social competence in adolescents with physical illness and its components, such as cognitive, value-meaningful, activity-based and communicative. The developed program includes content, a variety of forms and methods of pedagogical interaction with teenage pupils with physical problems. The paper identified the differences in systemically important components of social competence of adolescents with poor health at the ascertaining and control stages of the experiment, determined specific nature of socialization and social networking features of the sample participants. The program developed for the formation of social competence in adolescents can be used in the practice of special institutions for children with physical illnesses, as well as recommended for the comprehensive school, contributing to the expansion of the arsenal of tools used for the formation of social competence in adolescents.

Keywords: social competence, adolescents, physical illnesses, forms and methods of formation of social competence, socialization, social networks

INTRODUCTION

Relevance of the subject

Modern society brings to the fore as the main value a free and responsible person, who is a socially active, creative and positive member of society and that owns the system of universal and national values and ideals, has the right to choose and who knows how to make this choice consciously, i.e. a socially competent human. It is yet to bring up and educate such a person. Moreover, the way it is done will influence the future of society.

The works of Russian scientists show that most of today's teenagers have a low level of social competence, they are not ready to implement the necessary social roles, are not able to make an independent choice, are not able to predict the

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consequences of their actions and take responsibility for their behavior (Giyenko, 2009; Kostyunina & Valeeva, 2015).

It is especially important to emphasize that the problem is compounded by the fact that every year, in different regions of Russia, the number of pupils with health problems increases. Studies conducted by many research groups, including the National Public Health Research Institute named after N. A. Semashko and Scientific Center of Children's Health indicate that about 60% of the total child population of the country are physically weak children.

The family as an exceptional event experiences a child's disease in overwhelming majority of cases. In this situation, pampering selfish upbringing is combined with excessive concern and fears about the future of the child (Khuziakhmetov, 2016). Often, depriving children of their initiative, parents aggravate their inability to real life, though being extremely worried about their well-being. In such circumstances, children with poor physical health, not even realizing the essence of the disease, its effects fall into a situation of marked restrictions on their activity, independence, methods of self-realization, which delays their cognitive and personally social development, and thus adversely affect the socialization as a whole.

Therefore, the problem of formation of social competence in adolescents with physical problems, in addition to its relevance, is of great social importance (Nigmatullin, Simonova & Agathangelou, 2016; Ogurlu, 2015; Celik, Akin, & Saricam, 2014).

Problem statement

The problem of developing social competence in the individual is one of the key problems of social and educational sciences, as evidenced by numerous modern studies conducted both in Russia and abroad. In the works of many scientists, the issues of structure, methods, diagnosis of social competence, ways and means of its formation are addressed: preschoolers (Borisova, 2009; Minullina, Akramova & Murtazina, 2015), junior pupils, teenagers (Korotina, 2011; Ivanov & Koneva, 2001; Uchurova, 2007; Giyenko, 2009; Paliy, 2009; Gabelaya, 2013), boys (Rototaeva, 2002; Allen et al., 1989; Ewart et al., 2002), and students (Kolobova, 2003; Nedorezova, 2009; Kutlu & Pamuk, 2016; Solobutina, 2014, Karimova & Valeeva; 2014; Salyakhova & Valeeva, 2015). The various aspects of formation of social competence in children and adolescents of different categories are explored: children's home (Gusev, 2002; Ribakova, Parfilova & Karimova, 2014); children at risk and children with maladaptive behavior (Vorontsov, 2006; Paliy, 2009; Oyserman & Saltz, 1993), adolescents with schizophrenia (Levikova, 2011).

In recent years the researchers have shown a growing interest in studying adolescence as the key stage of social competence formation.

Among Russian PhD researches on this subject some interesting works can be noted.

In her dissertation, T. I. Samsonova (2006) describes the developed and tested technology of formation of social competence of adolescents on the basis of the developmental computer game, which is aimed at modeling real-life situations that arise in adolescence, at making balanced decisions and committing well-advised actions.

In addition, the given technology serving as the means of forming and diagnosing social competence in adolescents could become the basis for creation of such developmental computer games for the further improvement of social skills in people of different ages.

The study of social competence development in adolescents as the means of preventing deviant behavior in comprehensive school carried out by T. S. Kondratova (2009) shows that pedagogical conditions of effective implementation

of pedagogical support model of social competence development in adolescents are: subject-subject basis of dialogic interaction; the inclusion of students in the personality-oriented pedagogical situations; use of a wide range of interactive activities (discussions, trainings, business and role-playing, simulations, social engineering); correlation of the content of work with adolescents with age-model of social competence; orientation of support system expert in the development of social competence on middle-age standards to create an environment in which a teenager can reach the optimum level of development; orientation in the support process on the work with value-meaningful sphere of the personality and methods of interaction of the individual in society, the implementation of teachers' focused understanding and adolescents' evaluation of social values of various phenomena, processes and objects of reality and the formation of their personal meanings.

The implementation of this model of pedagogical support of social competence development of adolescents will contribute to: the development of teenagers' personal resources; the attainment of social experience by young people; the development of cognitive and value-meaningful sphere of the personality of a teenager.

According to D. B. Vorontsov (2006), conditions of efficiency of social competence formation of teenage students at risk include: the presence of a specially organized social and pedagogical assistance, given the nature of negatively influencing factors, built on the implementation of elective educational programs; creating opportunities for experiencing a situation of social success in various spheres of life; ensuring interaction between the teachers, s well as the consistency of their pedagogical influence on teenagers.

It has been experimentally proved that the leading indicator of socio-competent behavior in adolescents at risk is the developed self-control, the ability to use personal experience in the relevant situation, making adjustments in the behavior, and making a choice and follow it through.

In the PhD thesis of E. V. Levikova (2011) significant results were obtained, reflecting differences of social competence in healthy adolescents, adolescents with schizophrenia and in adolescents with conduct disorders. It was found that adolescents with various forms of mental disorders (conduct disorder and schizophrenia) have violations of social competence. The gender differences of social competence in each of the sample groups originally highlighted.

The paper shows the role of individual characteristics and nosology in the genesis and functioning of social competence. The theoretical, clinical and psychological model of social competence was proposed and developed, which includes three main components: social intelligence, social skills and a typical pattern of behavior in frustration during interpersonal communication.

These data demonstrate a polymorphic specific nature of social competence formation in adolescence. At the same time, there are no studies on the formation of social competence in adolescents with physical illnesses.

The purpose of the study is to develop and experimentally test the effectiveness of the program on social competence formation in adolescents with physical illnesses.

Hypothesis of the study: the process of social competence formation in adolescents with medical conditions will be effective if:

1) The indicators and criteria of social competence are organized;

2) The requirements of the age norms of socialization of adolescents with physical illnesses are systematically considered;

3) The program "I am in the world of people", which includes a variety of forms and methods of social competence formation in adolescents with physical illnesses, like trainings, conversations, discussions, brainstorming, debating on literary works, information sharing, case studies, exercises, physical exercises (PT-breaks, remedial

gymnastics), psycho-gymnastics, role and business games, competitions; as well as work with parents: lectures, individual counseling, is developed and implemented in the educational process.

METHODS

The sample group included 52 school students from the 6th to the 9th grades (experimental group) of the comprehensive school with extended-day learning for children with somatic diseases (the Republic of Tatarstan, Russia). The age of sample participants is 12-16 years (M = 13.96, SD = 1.24), among which 48% are boys and 52% are girls accordingly. The main diseases of the students are vegetative-vascular dystonia, diabetes and kidney disease.

This institution is a special comprehensive, teaching, educational and rehabilitative institution for children in need of special education and upbringing, where the education process continues in the extended day-care group. The average class size is 13 people.

In the frame of the study the following techniques were used:

1) modified technique of "Diagnosis of social competence of students" by G. M. Bespalova, which allows the determination of the levels of adolescents' social competence development in specific areas, which correspond to four social competence components selected by us (cognitive, activity-based, value-meaningful and communicative) (Bespalova, 2009).

2) a modified technique of "The scale of social competence" by A. M. Prikhozhan, allowing determination of the types of social competence scale, and aims to identify the overall level of adolescents' social competence according to age and gender. Total score of social competence includes indicators on subscales: self-confidence; attitude to your own duties; the development of communication; discipline, development of self-determination; interest in social life, hobbies, knowledge of modern technologies (Prikhozhan, 2007).

3) The technique of "The study of social networks" by O. J. Kazmina, allowing the identification of the social adaptability level and rank of adolescents' socialization. Question formulation of techniques for younger teens were adapted to their age (Kaz'mina, 1993).

As a result of the survey, the number and characteristics of people included in the adolescent social network can be determined, as well as the core of the network, consisting of the most important people for him.

In this paper, the measurement results were subjected to statistical procedures and correlation analysis to identify the characteristics and confirm the effectiveness of adolescents' social competence formation process with physical illnesses.

Effectiveness evaluation of adolescents' social competence formation was made by using the following criteria (the components of social competence):

- cognitive component is connected with the adoption of social norms (needs, requirements) of a particular society and the desire to understand it; awareness of the need to develop social skills and knowledge in order to achieve a high level of adaptability; knowledge about person's traits to successfully socialize in society; knowledge about the ways people interact in society;

- the activity-based component is getting experience of independent social activity; ability (readiness) to update one's personal experiences in relation to a particular social situation; identification and selection of the possible and the most effective ways of activities, behaviors; foreseeing the consequences of your own actions and willingness to take personal responsibility for your own behavior in a variety of situations of social interaction; willingness to be tolerant and confident behavior;

- value-meaningful component is getting experience of emotions and positive attitude to the basic values of society, the valuable relation to social reality as a whole; understanding and adequate assessment, the correlation of specific social conditions and its ability to achieve the expected results in a given situation; the ability of positive relation towards self; having hobbies and interest in social life;

- communicative component is the ability to establish and maintain the necessary contacts with other people; building a strategy of interaction with other people in a changing social reality; developed skills of positive communication and understanding others.

The levels of social competence formation are interpreted as follows:

- low - a significant delay in the development of social competence;

- below average - a delay in the development of social competence;

- medium - social competence of the teenager in a whole corresponds to his age (socio-psychological norm);

- above average - the teenager is slightly ahead of his peers in terms of the level of social competence;

- high - teenager is significantly ahead of his peers in terms of social competence.

Within the framework of this work with the students of the experimental group the pedagogical experiment in a successive form aimed at studying the effectiveness of the content was organized, forms and methods to ensure personal development and increase social competence of adolescents with poor physical health.

According to the nature of the study, the following types of experiments that are the basis of the pedagogical experiment were organized:

1) At the ascertaining stage, the initial values of the studied parameters were determined in sample participants with somatic diseases (experimental group) on the methods selected: formedness levels of social competence components (cognitive, the activity-based, value-meaningful, communicative) and general indicator of social competence, the degree of social adaptability, adaptation to independent living and teenager's socialization rank. Based on the results, the program of social competence formation in adolescents with poor physical health was developed.

2) At formative stage, during the educational process there is introduction of the program of social competence formation in the studied students. The program "I'm in the world of people" was realized by means of trainings with adolescents 1-2 times a week (2 academic hours long). The program is designed for 25 trainings.

3) Control is the final stage of the research, its purpose is to confirm the effectiveness of tested programs of social competence formation in adolescents with physical illnesses. To prove the effectiveness of the program the values of the parameters studied of the sample participants of the experimental group by the same methods selected were determined, as at the ascertaining stage. As a result of the qualitative and quantitative analysis by means of methods of mathematical statistics, conclusions were drawn about the effectiveness of the program.

Based on the assessment of the reliability of the shift values on each component and the general indicator of social competence formation in adolescents with physical poor health, received at ascertaining and control stages of the experiment, using the Student t-test for dependent samples, it was proved that the sample participants showed statistically significant differences at the level of $p \leq .05$.

In order to obtain a more complete picture of the process of social competence formation in adolescents with somatic diseases, the correlation analysis on the parameters studied at ascertaining and control stages of the experiment was conducteds. As a result, system-forming components of sample participants' social competence at these stages at the level of statistical significance $p \leq .05$ were identified.

To process the results of the study, statistical package SPSS, version 15.0 was used.

RESULTS

The findings of the study are presented in two parts. The first part reflects the specificity of pedagogical maintenance of social competence formation in adolescents with somatic diseases (the forming stage of the experiment), whereas the second one analyzes results of ascertaining and control phases of the experiment.

Pedagogical support of social competence formation in adolescents with physical illnesses

The main feature of social competence formation in teenagers with somatic diseases is the need to consider both mental and physical characteristics connected with adolescence and features of physical illness.

The most important content of adolescents' mental development is the development of self-awareness, self-concept, rising interest in one's own personality, identifying one's own opportunities and their evaluation. The feeling of adulthood, as a new formation of consciousness becomes a core feature of the person and determines the specific social activity of teenagers: they become receptive to a conscious assimilation of norms, values and behaviors existing in the world of adults and in their relationships. The main features of adolescence also include the desire for autonomy, independence, relationships with peers and the opposite sex.

Children with physical illnesses have a considerably different attitude towards the world, there are changes in the development of self-awareness, personality formation and dynamics of cognitive activity (Sokolov & Nikolayev, 2005; Trusov, 2006; Straus, 2006).

In the course of social competence formation in adolescents with physical illness, there should also be taken into account the fact that these children, due to their features, getting tired quickly, have low self-esteem and they are not emotionally stable.

Therefore, it is important to pay attention to the slightest changes in the behavior of students and provide them with timely assistance and support, as well as to carry out activities aimed at improving the child's traits and qualities that contribute to the successful formation of communicative behavior, the mastery of the means of achieving the desired result and the organization of their behavior, self-confidence. Among these traits and qualities of the individual are: self-control, self-discipline, social responsibility, personal activity, volitional control, tolerance, achievement motivation.

Considering the problems in adolescents with physical illnesses the program "I'm in the world of people" has been developed and implemented in the educational process of the basic comprehensive school with homework club /extended-day learning for children with physical illness. This program includes a variety of forms and methods of social competence formation, namely: trainings, conversations, discussions, brainstorming, debating on literary works, information sharing, case studies, exercises, physical exercises (PT-breaks, remedial gymnastics), psycho-gymnastics, role and business games, competitions; as well as work with parents: lectures, individual counseling.

The goal of the program is to improve social skills in teenagers with poor physical health. Objectives of the program are: 1) to give an idea of social competence content characteristics; 2) to improve knowledge on how to keep a healthy lifestyle; 3) to introduce a variety of communication channels, socially approved ways of self-expression; 4) to promote human values awareness, and to update the processes of

teenagers' self-actualization with the aim of realizing one's strengths and weaknesses, one's opportunities and resources; 5) to impart selection skills of potential and the most effective behaviors and incur responsibility for it; 6) to contribute to the development of one's own adaptive models of behaviors in difficult and conflict situations; 7) to form positive communication skills and a positive attitude towards the self; 8) to teach the skills of constructive interaction and self-confident behavior; 9) to develop trust and openness, emotional stability, personal activity, tolerance; 10) to form achievement motivation.

In the course of working with parents of somatic diseased adolescents there were included lectures, discussions and consultations on the special needs of adolescents, the specific development of adolescents with poor physical health, as well as to deepen the knowledge about the nature, structure and functions of social competence, the qualities of the person to successfully socialize in the community and the different ways of people's interaction in society. In addition, in work with parents' specific family situations were analyzed; recommendations to facilitate focusing on the positive effect of family education of the teenager were made.

The results of ascertaining and control stage of the experiment

At the ascertaining stage of experiment, sample participants were assessed on original indicators of social competence components formation such as cognitive, value-meaningful, activity-based, communicative, and overall social competence was determined.

According to percentage ratio, the number of students having low level and below average level on studied indicators was as follows: 25% was cognitive and value-meaningful indicators, 27% was communicative indicator, 38.5% was activity-based indicator and 32.8% was general indicator of social competence.

The average level of growth on tested social competence components was detected in 42.3% of adolescents according to cognitive component, 63.5% was value-meaningful component, 36.5% was activity-based component, 50% was communicative indicator and 51.9% was general indicator of social competence of the total number of respondents.

Higher than average level was found in 32.8% of sample group according to the cognitive component, 11.5% was the value-meaningful component, 25% was activity-based component, 23.1% was the communicative and 15.3% was general indicator of social competence.

On the basis of the technique of "The study of social networks" two levels of general index (rank of socialization) were defined, which characterized the capabilities of sample group's social network, namely, 76.9% of adolescents had an average level and 23.1% had low level.

On the basis of the main quantitative characteristics of the sample group's social network the following results were received:

1) network coverage conforms with standards in 38.5% of adolescents, 61.5% of the teenagers have limited access to social network (the number of people included in a social network is less than 10);

2) 42.3% of adolescents have unlimited access to social network (social network coverage is close to the size of the core of network), which is a well-defined indicator of social disadvantage;

3) 41.7% of teens have partially limited network, the remaining is open or partially open network. Limited network is shown in contact with a certain group of people, such as family, relatives, classmates, where majority people of this group know each other;

4) the number of social support (number of people, providing assistance and care for teenagers) is less than half of the total size of the network;

5) the number of trust relationships is significantly less than the size of the core of network and, at the same time a lot of people who adolescents trust, share their

secrets and discuss the problems of their personal life are not included in the core of network;

6) the number of relatives in the teenagers' social network is slightly more than half of the total amount of mentioned individuals in the social network, which is also an indicator of unfavorable socialization of children;

7) there are no dependent people who are assisted by adolescents in teenagers' social network;

8) the scope of social communication, including those people with whom teenagers spend their free time and discuss their daily challenges most often, equal to about half of the total size of the network;

9) sample participants are involved in the two areas of activity: learning activity and workshops.

At the control stage of the experiment, after the program of social competence formation was carried out, results of formation levels distribution on studied components were obtained, as well as general indicator of teenagers' social competence that in a comparative analysis with the ascertaining stage of the experiment are shown in Table 1.

On the basis of Table 1, we can state that according to the results of the social competence formation program introduced to the educational process of the school, there was a significant improvement of social competence in cognitive component in adolescents with physical illnesses. Among them we can determine the following: lack of low-level, reduction by 9.5% of below the average level, by increasing the average level and achievement of high level of social competence cognitive component in 15.3% of sample participants.

Value-meaningful component of adolescents' social competence had similar changes. There has been a redistribution of the sample participants in the percentage according to levels, namely, no student showed the lowest level after the program's implementation, below average level decreased by 9.6%, higher than average level rose by 13.5% and there was appeared high level with 9.6% of students of the total number of respondents.

Changes in relation to the activity-based component of social competence were identified by the transition of students from below average to average level of 15.4%, increase of the above average level by 7.6% and display of high level with 5.8% of adolescents with somatic diseases.

The most significant sample participants' improvement in the quantitative ratio was found on communicative component of social competence, namely, the reduction of low level and below average level from 9.6% to 0% and from 17.3% to 3.8% respectively, and increase of high level by 19.7%.

Table 1. Formation levels distribution of components and the general indicator of social competence in adolescents with physical illnesses before and after the introduction of formative program (in %)

Indicators Levels	Cognitive		Value-meaningful		Activity-based		Communicative		General indicator	
	before	after	before	after	before	after	before	after	before	after
Low	9.6	0	5.8	0	0	0	9.6	0	11.5	0
Below average	15.3	5.8	19.2	9.6	38.5	23.1	17.3	3.8	21.3	9.6
Average	42.3	52	63.5	55.8	36.5	38.5	50	59.7	51.9	61.6
Above average	32.8	26.9	11.5	25	25	32.6	23.1	17.3	15.3	15.3
High	0	15.3	0	9.6	0	5.8	0	19.2	0	13.5

As for the levels according to the social competence, general indicator parameter in adolescents with poor physical health, there can be noted that changes in the levels do not comply with social norms (low and below average levels), affected

23.2% of the sample participants. The average level of this indicator was detected in 61.6% of teenagers, and manifestation of high level was found in 13.5% of adolescents after the formative phase of the experiment.

Positive dynamics of socialization rank after the program was realized and was found in 38.5% of adolescents with somatic diseases. There was a high level with 23.1% of the respondents, at the expense of average and low levels decrease by 7.7% and 15.4% respectively, indicating that there was expansion of social networks and spheres of students' social interaction increase in number of trust relationships and social support, and dynamic involvement in various spheres of activity.

As a result of a comparative analysis on the quantitative characteristics of the sample participants' social network there could be argued that:

1) network coverage, that conform with standards, increased by 19.2% and diagnosed in 57.7% of adolescents, the number of people included in a social network, is from 11 to 20 people;

2) unlimited access social network of adolescents decreased by half (by 21.2%), while the average size of the social network was 2 or 2.5 times bigger than the size of the core of this network;

3) open social network indicators changed by 24.4%, only 17.3% of sample participants had partially limited network, the remaining network was open or partially open, which is due to meeting new people, visiting new workshops;

4) there was an increase of 19.2% in the number of social supports - the number of people providing assistance, both in domestic affairs and in making the most important life decisions and care for young persons; thanks to the acquired skills of interaction and cooperation with the surrounding, the number of such people was proportionate to half of the total size of the network;

5) there was an increase in the number of trust relationships with people important for teenagers with whom adolescents may be frank and discuss the problems of their personal life (15.3%);

6) due to social interaction expansion, the number of relatives of adolescents in a social network had become less than half of the total number of people on the network, including parents, grandparents, and cousins;

7) there was appearance of the category of dependent people in sample participants' social network who received teenagers' assistance, they are juvenile brothers and sisters, the old people;

8) social communication sphere was expanded by 34.6% and began to occupy more than half of the total size of the network; this sphere includes people teenagers most often communicate with, spend their free time and discuss their daily activities;

9) Thanks to new hobbies of sample participants, the number of significant fields of activity (from two to four spheres of activity) was increaseds, it is mainly cognitive sphere (school), sphere of interest (clubs, workshops), family.

By means of Student's t-test for dependent samples it was proved that the sample participants showed statistically valid differences in the level of significance $p \leq .05$ of cognitive, value-meaningful, activity-based, communicative and general indicators of social competence.

The correlation analysis was done and the following data on the level of statistical significance $p \leq .05$ were obtained:

1) at the ascertaining stage of the experiment, moderate correlations in terms of cognitive and activity-based components ($r_{emp} = .478$) were found, cognitive and value-meaningful components ($r_{emp} = .463$), general indicator and value-meaningful component ($r_{emp} = .396$); activity-based and value-meaningful components ($r_{emp} = -.412$);

2) at the control stage of the experiment, medium-density correlations between cognitive and activity-based components ($r_{emp} = .564$) were revealed, cognitive and communicative components ($r_{emp} = .623$), general indicator and value-meaningful

component (r_{emp} = .580); general indicator and activity-based component (r_{emp} = .686); value-meaningful and activity-based components (r_{emp} = .644).

The core component in the structure of social competence in adolescents with physical illnesses was value-meaningful component at the stage prior to the introduction of the formative program, whereas at the stage after the implementation of the program - the activity-based component of social competence.

DISCUSSIONS

As part of the present research, the findings of other researchers (Giyenko, 2009; Kondratova, 2009 and others.) on the urgent need to improve the social skills of teenagers in modern socio-cultural conditions were confirmed.

The experiment covered comparing the components' formation levels and general indicator of social competence and identifying typical features of socialization of adolescents with physical illnesses. The study showed a significant increase in monitored parameters in sample participants at the control stage, compared to ascertaining stage of the experiment.

At the ascertaining stage of the experiment priority issues rising in the course of social competence formation in adolescents with poor health were identifieds. The findings showed insufficient level of social competence formation, particularly with regard to the activity-based and value-meaningful components. Due to the specific social situation that young people with physical illnesses have little experience in the implementation of self-determined social actions, they have difficulty in choosing the most effective ways of activities and behaviors, as well as in anticipating the consequences of their actions and willingness to take personal responsibility for the preferred way of behaving. The researched teens are characterized by underdeveloped ability to relate positively towards their own personality, insufficient interest in social life and hobbies, as well as having small experience in showing positive attitude to the basic values of society, value-meaningful relation to social reality as a whole.

At the control stage of the experiment, most adolescents from experimental group showed a certain growth in percentage terms in the manifestation of a high-level of each component and general indicator of social competence, as well as redistribution of levels from lower to a higher. Also, changes in terms of numbers upwards for each level of the studied parameters were revealed, which approximately correspond to the maximum values of the researched level. The most significant changes were discovered on the cognitive, communicative and value-meaningful components of adolescents' social competence.

It was found that as a result of the formative program, qualitative changes in the structure of social competence of adolescents with physical illnesses took place. At the stage before the introduction of programs to promote social competence in adolescents the value-meaningful component of the structure of social competence was the core one, whereas after implementation the activity-based component came forward. It is especially important to emphasize that the correlation between activity-based and value-meaningful components identified at the ascertaining stage, changed its character from negative to positive one at the control stage of the experiment. Thanks to the fact that adolescents began to both appreciate their own experience and take interest in expanding their social skills.

Overall, adolescents with poor health became more sociable, they expanded their social circle and the number of people in their social networks, found important people to discuss their life problems with, and they cared more about others, both the younger and the older generation, as well as showed interest and became actively involved in social life.

CONCLUSIONS

Analysis of the process of social competence formation in adolescents with physical illnesses allowed adjustment and improvement of the applicable forms, methods, tools and techniques.

It was experimentally confirmed that the authors' developed and tested original program "I'm in the world of people" comprising a variety of forms and methods of social competence formation in adolescents with physical illnesses is rather efficient, that makes it possible to acknowledge the success of the experimental work. The main forms and methods of social competence formation in adolescents with poor health include trainings, conversations, discussions, brainstorming, debating on literary works , information sharing, case studies, exercises, physical exercises (PT-breaks, gymnastics), psycho-gymnastics, role and business games, competitions; as well as work with parents: lectures, individual counseling.

Among the promising areas for further scientific studies on this issue are: the study of gender features of social competence formation in adolescents with physical illness; the search for new effective teaching techniques for working with children and their parents in order to create social competence in adolescents with poor health; creation of pedagogical support models of social competence development in adolescents with physical illnesses and pedagogical conditions for their successful implementation in the context of comprehensive school and in institutions for children with physical illnesses.

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