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*The provision of day care services for the children in
need*

Introduction

The main aim of Day care centers (CDC) for children is the reduction of social exclusion of children and prevention of children removal from the families of origin, complex (social, psychological, pedagogical) support for the child and his/her family - these kind of activities are directly related to the needs of the children at risk. Currently, the highest numbers of disadvantaged families in Lithuania come from Kaunas, Vilnius and Klaipeda counties. The social services within day care centers have been provided for 6873 children in 2012, which is 14.2 percent less than in 2011 and even 18.1 percent less than in 2010.

This subject of study is been popular among the Lithuanian and foreign authors. Analyzing the experience of foreign countries B. Palavinskiene (2001) discussed the possibilities of prevention of domestic violence. The study area of M. Black, M. Raymond and others (2002) – the neglect of children of the families at risk; the authors have focused on the pre-school age children in rural areas. B. Kariene (2006) has studied the possibilities to alter the aggressive behavior of parents towards their children, emphasizing the contribution of teachers in these situations. According to the author, the educators should take the role of social workers as well – building the close relationships with students and communicate openly, encourage them to confide in harrowing matters. G. Kondrotaite (2006) studied the social context of social risk families, analyzed the newly formed factors affecting the expression of social tensions. L. Dromantiene and R. Salaseviciute (2006) analyzed the various problems arising within the professional social work with children and tried to identify the role of social workers in respect of the concrete situation.

V. Gudzinskiene and R. Gedminiene (2011) analyzed the psychological, social, and learning difficulties of the children from the families where parents abused alcohol. M. Wadsby (2012) focused his study on the psychosocial crises of mothers and their possible negative effects, such as alcohol, drugs abuse and the impact of these characteristics on children. V. Gudzinskiene and A. Railiene (2012) studied the social skills and professional competencies of the staff members of day care centers for children. S. Stoltz, M. Londen and others (2013) were interested in determining the connections and correlations between the children aggressive behavior and their sex as well as the impact of aggressive behavior to the level of the child's successful socialization. A. Crowley, S. Jeon (2013) studied the compliance of the services

provided by the children day care centers with the requirements of the licenses and other pieces of legislation, with a focus on children's physical health and safety.

Meeting the needs of children at risk in Day care centers

The needs of children from families at risk

In order the person is able to meet his needs the certain conditions of the environment should be present and these conditions must specifically correlate with personal action opportunities, as well as behavior and experience characteristics (Kisielyte-Sadauskienė (2003)). Only then any kind of behavior makes sense - people acting purposefully can realize their needs.

According to V. Legkauskas (2008), the two types of needs are inherent for humans: 1) biological needs – these are defined as an absolute dependence on the physical conditions essential to the existence as the failure to meet them would cause death (food and water); 2) social needs – these are defined as the dependence on the relationships and communication between people. The failure to meet these kinds of needs won't be fatal; however these needs motivate and encourage people to communicate and collaborate with other people.

According to Leonavicius, (1993) Johnson (2001) the need is that element that is needed for the person or social system successfully function in specific conditions. The need is not something one is wishing to gain or have - it means a lack which barriers a person or system to develop and grow. According to the authors mentioned above, the needs predetermine the expectations, motivation and goals of the person, while needs met form certain opportunities. The needs of young people are the motivator of individual or social group (community) activity. The emergence and growth of needs is directly linked with motivation of young people, generally - what we want to change, achieve or gain, something what would be beneficial or leading to solve the problem.

According to V. Atkociuniene, S. Navasaitiene, does A Aleksandravicius (2012) the need can be described as a state of the individual. This may be a lack of something, or the requirement for something when the internal and external functioning conditions do not match.

According to Maslow's theory of needs hierarchy a person reaches the fullness of life when meeting the highest needs in the hierarchy - actualizing and realizing themselves. This theory emphasizes that the emergence of higher needs is based on the satisfaction of lower ones. J.Siniciene and others (2012) argue that the new base needs emerge in every stage of psychosocial development of child. Lacking the possibilities to meet these needs, the child faces difficulties to overcome the crisis specific to every stage, which obviously negatively affects the dynamics of development and the physical health. Based on the theory of E.Ericson, many authors believe that the 6 – 11 years life stage is characterized by excellence (diligence), or worthlessness. It is very important to encourage the child to perform independently or complete the task on

his own in this stage. When a child is not encouraged or when attention is not paid to his efforts to carry out the work - the feelings of worthlessness is forming.

One of the most obvious problematic cases when the needs of the child are not met within the family is when the family is considered as the family at risk. In order to provide the support for the children to meet their needs various forms of political and social action are employed.

The Act of Social Services (1996) social services defines as a form of non-monetary assistance to people when other guarantors of the social security system are not effective. As emphasize A. Guogis and Gudelis (2005), although this definition is quite general and is suitable for most services, but a more detailed regulation of social services is dependent on the same social work content and organization within different types of social service agencies. According to these authors, the main purpose of social services is to meet the vital needs of the people and create the sedate conditions for people when they are unable to do so themselves. Moreover the authors argue that the definition of social services can be explored further – these are such the services, which aim to improve the quality of life and provide better living conditions for people who partly or in whole are unable to take care of themselves. Based on this definition, social services, as well as all other services can be bought or sold on the market. Social services for socially disadvantaged families or families at risk are provided in order to develop the initiatives and motivation of grown up members of the families to create a safe, healthy and harmonious environment for children. Social services focus on maintaining close family relationships with the society and to ensure the education, coaching and development of the children (Services for families at risk, 2013).

In addition to the biological needs, the 6-11 years old children have characteristic social needs: learning and cognition while the children from 12 years old - integration of social roles and the identity search. In order to meet these needs the active participation of children in the social life is required – within the family, school, friends circle.

According to J. Siniciene (2012), 12-19 years age group is considered as teenagers. The authors stress that identity or the uncertainty in respect to social roles is characteristic to this stage. At this age period psycho-physical changes are causing many teenagers suffering unexperienced feelings, so it is important that the teenagers purposefully integrate their social roles that would help to achieve the self-awareness.

It is obvious that children growing within social risk families often have no or lack necessary skills - to communicate, to discover, to create. This significantly complicates the realization of needs of those children growing in disadvantaged families. The social services in day care centers are organized for the best interests of such children. The activities organized in day care centers come under several types: rapid occupation and free time activities; physical and social environment for learning, communication and discovery.

The functions and work strategies of CDC's

The social support system is currently functioning in Lithuania that aims to provide and ensure the social and material assistance to the disadvantaged families and the children. The services are designed to promote the motivation and activity of families affected by social risk in the field of overcoming children education problems (Masiliauskiene and Griskute, 2010).

The social assistance for social risk families in Lithuania currently provide: municipalities and child protection agencies, social welfare departments, family support and crisis centers, pedagogical-psychological services, care homes, various educational institutions and NGO's. One specific form of social support services for social risk families are children day care centers (CDC), which activities are based on a systematic set of measures designed to protect the social interests of children, to ensure social security and realize the basic needs.

According to E. Masiliauskiene and V. Griskute (2010), CDC in Lithuania are treated a social services agency, or entity providing social support to disadvantaged families and children as well as initiating their education and training. The authors state that CDC activities are legally recognized by following laws: The Law on Education of Republic of Lithuania (1991), The National Children Day Care Centers 2005-2007 years program of Republic of Lithuania (2004), The Social Services Law of Republic of Lithuania (2006), The recommendations for work with social risk families of Republic of Lithuania (2003), and Social Services Directory of Republic of Lithuania (2006).

CDC aim is to provide non-institutional childcare, the organization of extra curriculum activities in order to meet the needs of children that are not met within the family for various reasons. On another hand CDC provide support for parents in developing their parenting skills. Generally CDC have these main objectives (Masiliauskiene and Griskute, 2010):

- 1) Helping to solve the issues and problems that children growing within social risk families are facing - via education, informal learning, activities and social work with parents at risk;
- 2) to ensure the adequate conditions for the socialization of children; organizing the prevention of children involvement in criminal activities; coordination of social services provision for social risk families.

In respect to the above objectives the essential tasks of CDC are distinguished:

- 1) The provision of various social services (education, psychological and social) in order to develop appropriate social skills (communication, cooperation, self-employment) that are essential for the better integration of social risk families and children in society.
- 2) Active cooperation and work with the family in order to ensure good enough for your child to ensure the appropriate conditions for the growth of the children;

- 3) The organization of sapid occupation and free time activities for children growing in disadvantaged families, aiming to prevent the children of using the substances and getting involved in criminal activities;
- 4) Strengthening the moral attitudes and values of the children, hoping that they will become functional members of the society;
- 5) Contributing to any social problem-solving and prevention initiatives and ensuring the security and safety of the society (Masiliauskiene and Griskute, 2010).

The authors also argue that the variety of complex services offered for the social risk families and children can help the families and children to deal with social, cultural, economical and learning difficulties effectively and provide emotional and physical safety for children along with the development of parental capacities. Obviously children day care centers offer all these measures as well as ensure the complex occupation and social support for children after the school.

Table 1.: The number of children who have received children day care services in 2008–2012.

| | 2008 | 2009 | 2010 | 2011 | 2012 |
|-----------------------|-------|-------|-------|-------|-------|
| Republic of Lithuania | 6 766 | 6 764 | 8 387 | 8 013 | 6 873 |
| Alytus district | 215 | 231 | 269 | 352 | 399 |
| Kaunas district | 1 502 | 1 151 | 1 452 | 1 475 | 1 102 |
| Klaipeda district | 875 | 839 | 1 071 | 659 | 565 |
| Marijampole district | 605 | 651 | 525 | 461 | 284 |
| Panevezys district | 669 | 726 | 657 | 574 | 406 |
| Siauliai district | 563 | 379 | 309 | 301 | 542 |
| Taurage district | 72 | 66 | 105 | 60 | 47 |
| Telsiai district | 378 | 518 | 229 | 375 | 446 |
| Utena district | 204 | 311 | 243 | 122 | 231 |
| Vilnius district | 1 683 | 1 892 | 3 527 | 3 634 | 2 851 |

Source: The department of statistics of Republic of Lithuania, internet <http://db1.stat.gov.lt/statbank/default.asp?w=1280>

Analyzing the provision of the day care centers services for children we notice that the number of children who have received the services in 2012 has dropped 14,2 percent if comparing with 2011. Vilnius, Kaunas and Klaipeda districts were the ones providing the most services (Table No 1). It is important to notice that some of the districts can be characterized by the growing number of services provided in the same period – 11.8 percent more children received these services in 2012 in Alytus district, Telsiai district – 15,9 percent more, Siauliai and Utena districts – respectively 44,5 and 47,2 percent more.

The volunteers also take an important part in CDC activity. According to O. Grincevicius (2011) the volunteers are mostly responsible for the free time and leisure activities in the children day care centers. On another hand, having the regular contact and forming close relationships with children the volunteers perform the role of big

brothers or sisters. The volunteers also participate in summer camps and other outdoor trips. The volunteering helps to restore the broken or form new relationships with the community.

Table 2.: The number of the employees and volunteers in children day care centers in 2008–2011

| | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|-------|-------|-------|-------|-------|
| Employees with the work contracts | 3 209 | 3 045 | 2 663 | 2 934 | 3 030 |
| Full time employees with the work contracts | 1 954 | 1 821 | 1 557 | 1 657 | 1 766 |
| The number of social workers of total number of employees with the work contracts | 1 598 | 1 503 | 1 264 | 1 330 | 1 484 |
| The number of full time social workers of total number of employees with the work contracts | 1 110 | 1 012 | 783 | 935 | 1 054 |
| Volunteers | 2 161 | 2 272 | 2 847 | 2 935 | 2 963 |

Source: The department of statistics of Republic of Lithuania, internet <http://db1.stat.gov.lt/statbank/default.asp?w=1280>

According to the data collected by The Department of Statistics of Lithuania, the number of the full-time employees at CDC in the three years period was the highest in 2012 (Table 2). It should be emphasized that the number of volunteers in 2012 was the highest in five years. I. Janulyte (2006) points out that the young volunteers often get involved in voluntary work with children; they are actively involved in children's education and social support systems.

As stated by the author, the volunteers working with children mostly engaged in the following activities: working with children in day care centers, camps, organize their leisure time, consult by phone, conducts educational seminars for peers.

E. Masiliauskiene and V. Griskute (2010) claim that it is vital to create the favorable learning environment especially focusing on the preparation of homework. In this sense, it is important to develop a child's sense of responsibility and the child should be aware that free time activities are only possible after the homework is done and this is because the learning is now an essential part of his activities. CDC's are also responsible for the development of other important general skills that promote independence and integration into society (housekeeping for example). On another hand, the provision of material support for children is also important, especially the meals provided at every day basis – meeting major physiological need. Kids relevant, useful and necessary as well as the fact that the VDC to them for aid food is even the possibility to end up bringing food to his house. Material aspect of VDC is important for children so that they can receive daily steps - clothing and shoes. The food packages, clothing, shoes and other material support being distributed to the families is another important aspect of CDC's. In general, however the main aim of the CDC's

in our country is to perform the prevention of social problems of social risk families and this is achieved by the complex system of services provided. The environment offered by the CDC's help to realize the physiological and social needs of the children that are especially important to the development of the personality and successful process of socialization.

It is also important to draw the attention to the fact that not all the CDC's in the country are creating the conditions for the realization of the children needs and this is mostly predetermined by the lack of resources (poor working space, lack of finances or educational and work materials). This fact requires the further study of the opportunities offered in the CDC's to meet the needs of the children from families at risk. Although the first children day care center in Lithuania was founded in 1996 in Kaunas, we still lack the studies of the capacities and activities of CDC's as they are mainly analyzed in the management approach – technical cooperation possibilities, coordination and administration of the centers are the main fields of studies. The experience of grownups are mainly discussed in these studies – the competences of the staff, the work content and other things, however the activities of the CDC's are mainly focusing on the children and their experiences are very little studied.

Methodology of the research

The scientific problematics. The researchers often focus on the following essential aspects in the scientific literature: social problems existing within the families at risk; the influence of these problems on children socialization and integration; and the role of children day care centers in the context of helping to solve these problems. However the study of children day care centers activities as the way to prevent the social problems of children at risk had been very fragmented and the possibility of meeting the needs of children in these institutions generally haven't been covered. The study attempts to view the needs of children at risk and possibilities to meet them in greater focus. The subject is been analyzed in the following aspects: the possibilities to meet the need of children at risk in day care centers; the main aspects of activities organized in these centers; and the benefits or support offered to help disadvantaged families and children.

The object of the study – meeting the needs of children at risk in the children day care centers. *The aim* – to analyze the activities of children day care centers in the context of helping to meet the needs of disadvantaged children.

Objectives:

- 1) To highlight the needs of children at risk and the problematic of realization
- 2) To reveal the possibilities provided in the children day care centers to meet the needs of children at risk.

Survey sample – the employees and volunteers working in the children day care centers (CDC) within the most disadvantaged areas of the country. 106 employees and volunteers involved in children day care centers had participated in the study. The minimum period of 1.5 years of involvement in CDC was the main criteria for

choosing respondents. The study was performed in the CDC based in the most disadvantaged areas of Lithuania.

Study organization - the study was conducted using IT. A questionnaire was posted on the site www.apklausa.lt. Link to the e-survey was e-mailed to the leaders of the CDC at the same time asking for the permission and mediation to interview their staff. Respondents answered questions anonymously. The total number of 106 responses was achieved. The study was performed in January-February 2014.

Study data collection methods – the survey with e-questionnaire was used in order to study the possibilities provided by CDC to meet the needs of children of social risk families. The questions of the questionnaire were constructed using a nominal and ordinal scales, all questions were closed-ended.

Data analysis methods - data was processed using Microsoft Excel for Windows and SPSS 17.0 (Statistical Package for Social Science) software. Relations were assessed using Spearman correlation coefficients. Statistical error probability p critical threshold indicates the permissible size of the statistical error in the decision. $P < 0.05$ statistical margin of error was used in this study. Thus, the statistical solutions that do not meet the conditions of $p > 0.05$, will be considered as invalid in this study.

Ethics of study. The study met the requirements for ethical research (according to Bitinas and others, 2008) - respondents were not asked to answer personal questions, they all participated in the study voluntarily, answered questions anonymously, were introduced to the content and purpose of usage of the data obtained during the survey.

The empirical study on the possibilities offered by the CDC's to realize the needs of the children at risk

Characteristics of the respondents

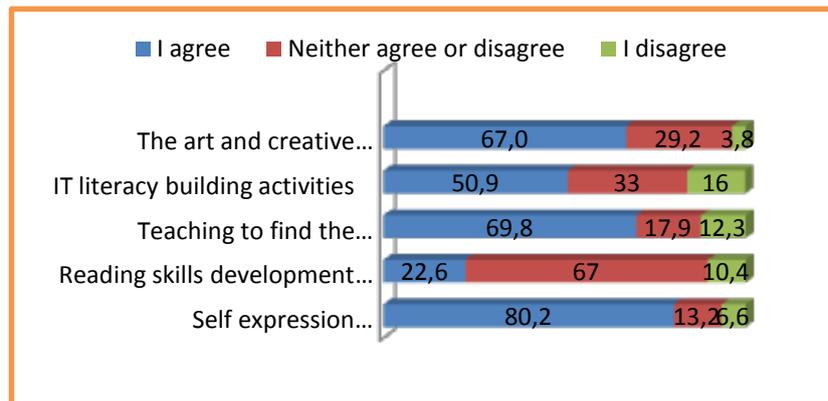
The 106 respondents were involved in this study. The majority of the respondents were female (91.5 percent). The distribution of respondents according to age was rather uneven – the biggest percentage (41.5 percent) was in 41-50 years old group while the least (1.9 percent) - in <20 years age group. The majority of the respondents (69.8 percent) have had a university degree. The social workers compounded one third of all respondents.

The needs of the children at risk attending CDC

It is obvious as discussed earlier that children from the families at risk often don't have adequate opportunities to meet some of their needs. In order their socialization process is not disrupted and they are successfully integrated into the society, they need some sort of social assistance provided by the relevant responsible authorities - one of these are CDC's.

The research has helped to identify the CDC's staff and volunteers opinion about the needs of children in need and the level of realization of these needs.

Diagram 1.: The opinion of CDC staff and volunteers on the main educational needs of children from families at risk (%), n=106



The opinion of the CDC staff and volunteers in respect to educational needs of the children at risk is shown in diagram No. 1. Most of the respondents agreed that the most important educational needs of children are self expression education and training activities (80.2 percent), learning to look for information in the CDC library (69.8 percent.) as well as artistic and creative activities (67 percent.). The respondents were also asked to answer how much time is dedicated to educational activities in CDC's. More than half of the respondents (58.5 percent.) indicated that 1 to 2 hours are dedicated to education, preparation of homework every day, almost one-third (32.1 percent) indicated 2-3 hours, a small number (9.4 percent.) claimed they only spend less than 1 hour a day . Most of the respondents (82.1 percent) claimed that the educational needs of the children from social risk families, who attend CDC's are fully met.

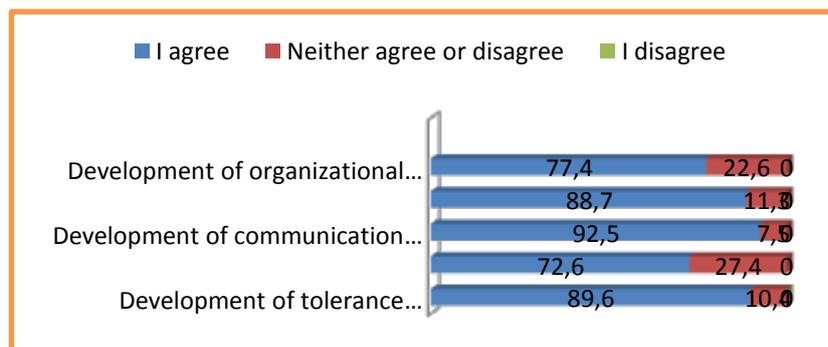
The study also sought to determine how often the educational activities have been organized in CDC. It is been estimated that in most CDC's the educational activities

were organized 3-4 times a week or even more often (60.4 percent.), 1-2 times a week (34 percent.), 1-2 times a week once in two weeks (5.7 percent).

Using the Spearman correlation coefficient it was aspired to determine whether the CDC staff and volunteers opinion that one of the reasons why children from families at risk who had difficulties at school attended CDC because of the educational activities organized 3-4 times a week or more. The key statistical link ($r = 0.434$, $p = 0.04$) between these symptoms has been identified.

According to V. Gudžinskiene and R. Gedminiene (2011) based on C. Black (1981), K. Sher (1991), JG Woititz (2002), those children who have not possibilities for proper rest and conditions to do the homework, can have a variety of emotional and behavioral disorders at school. Thus, it is important that the children from social risk families could realize all their educational needs in other environments.

Diagram No 2. The opinion of CDC staff and volunteers on the realization of educational needs of children at risk, (%), n=106



The study also tried to disclose the CDC staff and volunteers opinion on the children from families at risk essential social needs in respect of social skills. In Diagram 2 we see that the respondents accepted all the proposed claims, however focused on the development of communication skills most of all (92.5 percent). The communication is the basis for co-operation, every person must be able to communicate in order to share their experiences with other members of society, able to work together to achieve a common goal. As stated by M. Miskiniene and A. Petkeviciene (2010) obviously it is possible to realize the communication needs or to gain recognition, constructively discuss only while being in the group.

Particularly significant in the sense of children socialization is respondents' prominence to the encouragement of comprehension, tolerance towards the smaller children (89.6 percent.). According to the data of public organization "Save the Children" (2013) study, more than half of school-age children in the country suffer bullying in schools, as well as the same number of them are bullying other children. Moreover - approximately one-fifth of schoolchildren are experiencing physical abuse at schools. Having these numbers in mind it is very important to encourage the

development of tolerance and promote the discussions about morality and values while working with disadvantaged children growing in families at risk. It can also be proposed that the children attending CDC will develop essential social skills, as 88.7 percent of respondents emphasized the development of child's responsibility. The personality taking the responsibility for their actions and interests is valued not only by the people who are directly dealing with them, but also by the society as a whole.

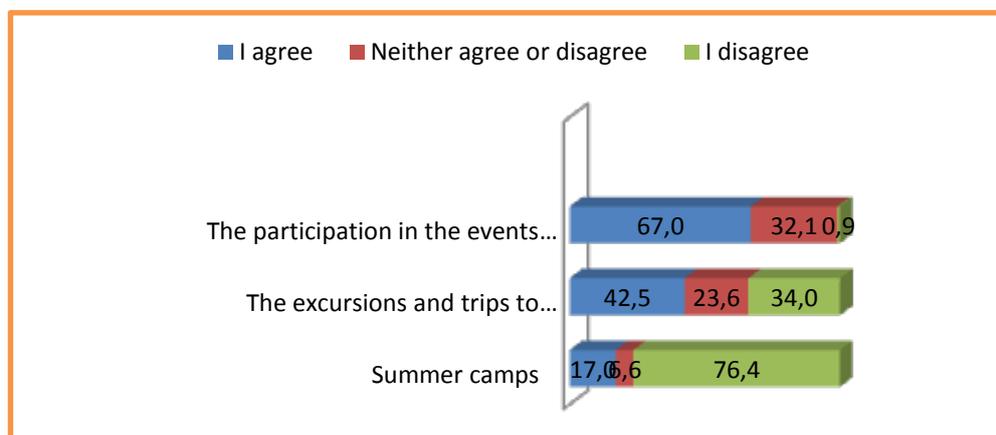
I. Leliugiene and A. Juodeikaite (2005) claim that the child growing in social risk families is usually lacking social skills. One of the objectives of CDC's is to enable the children at risk learning how to overcome the difficulties they face in socialization process. Surely it is obvious that only the socially mobile person can successfully integrate into society and be useful to themselves and others. Thus, the study aimed to find out what is the focus level on the development of children's social skills in CDC. For this reason we asked the respondents how much time per day CDC's focus on the development of social skills. It was revealed that the most of CDC (77.4 percent.) spend > 3 hours per day developing social skills of disadvantaged children. 19.8 percent spent 2 to 3 hours a day while 2.8 percent - less than one hour. It could be claimed the CDC pay enough attention to the development of social skills of those children in need, which allows the assumption that these children are given the possibilities to meet their social skills gaining needs.

It was studied if one of the reasons why children from social risk families attend CDC is the fact that they are brought to the CDC by social pedagogues working in schools is linked to the fact that in order to meet the social skills development needs in CDC, children communication skills development and children understanding, tolerance, tolerance promotion are organized.

The application of Spearman correlation coefficient established a strong statistical relationship between the variables ($r = 0.758$, $p = 0.001$) in first case – the child from social risk family brought to CDC by social pedagogue is been characterized by the lack of communication skills. In the second case, the weak link between the variables ($r = 0.382$, $p = 0.01$) has been identifies - such a child is also lacking the understanding, patience and tolerance to others.

Most of the respondents (67 percent) claimed that the social needs of children in respect to social skills were fully realized. Almost one-third (30.2 percent) of respondents indicated that these needs are met at the medium level and only 2.8 percent considered that the social needs related to social skills were not met and this could be identified as problematic aspect in the CDC functioning.

As stated by F. C. Yuen (2005), the way the person is spending his free time has a great influence on the purposeful development of the personality. Purposefully planned leisure not only helps a person to discover the favorite areas, develop the creativity, communication skills, but also prevents the individual from aimless wasting of time. This is especially important subject of study in respect to children at risk as the aimless free time can lead them to criminal activity, inappropriate social contact. Social risk families are often not particularly interested in what their children are engaging in the time free of school and homework time, while the child at risk has no abilities to choose and organize the appropriate free time himself.

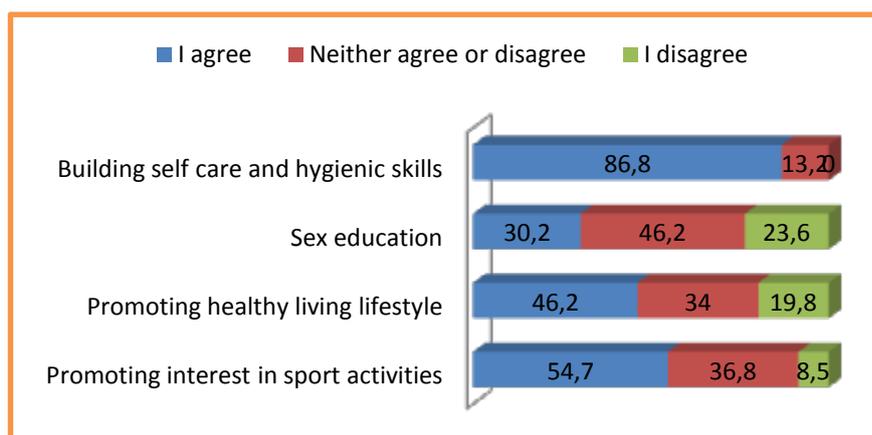
Diagram No 3. The activities organized in CDC, (%), n=106

We wanted to identify the activities provided by CDC in order to ensure rapid occupation and free time for children at risk. In this case it is considered that the target group children's have rich free time when they have the opportunity not only to participate CDC community life but to spend some time in other environments (summer camps, excursions), and thus to expand their horizons and gain more experience. We can see from the data shown in Diagram No 3 that in most cases CDC initiated the involvement of children in the events, competitions, public actions organized by school or municipality (67 percent.). It is important to note that significantly less often children are going to excursions, trips to the countryside, museums and exhibitions (42.5 percent.), as well as to summer camps (17 percent.). Trips to other environments are expanding personal horizons, help to understand the differences between social decisions, make it possible to meet new people, get into new situations – most of disadvantaged families lack sufficient financial resources or simply an interest in organizing trips for children themselves, thus it is important that these activities were organized by CDC. The respondents were asked how often CDC initiated the organization of free time and leisure activities (out of CDC) children at risk. It was interesting to find out that most of these activities are organized in CDC's only once a month or even less often (89.6 percent.). Only a small number (10.4 percent) of respondents indicated that such activities are organized 1-2 times in three weeks. Obviously this could be influenced by the limited CDC financial resources. As it has been discussed by D.Antiniene and R.Lekaviciene (2012), based on Lekaviciene (2001), the children from social risk families often lack social activity as well. That's why it is really important that disadvantaged children living in families at risk had the opportunity to spend their leisure time purposefully – to see new things as well as learn something, to take part in certain activities and try their selves in new activities, looking for their identity at the same time. According to the opinion of the respondents of the study, the social needs related to the meaningful free time of children in families at risk were poorly met. Almost one-third (29.2 percent) of the

respondents claimed that they believed that these needs were met at the medium level. The data indicates limited CDC opportunities to meet the social needs related to the meaningful free time of children at risk. There obviously is the need to identify the reasons that limit the realization of these needs.

It has also been focused on the association between the opinion of the respondents that difficulties they are facing in their work are affecting the realization of the need of children at risk and the opinion that children's needs in respect of meaningful leisure are poorly realized. For the purposes of Spearman correlation between these traits essential statistical correlation ($r = 0.432$, $p = 0.04$), t. y. difficulties arising in work with disadvantaged children in families due to the employment of children leisure satisfaction levels. The application of Spearman correlation coefficient established a strong statistical relationship between the variables ($r=0,432$; $p=0,04$). In this case – difficulties faced working with disadvantaged children are affecting the realization of social needs associated with sapid free time and leisure.

Diagram 4.: The opinion of CDC staff and volunteers about the core needs related to healthy living lifestyle (%), n=106



The study aimed to find out what were the social needs of children attending CDC's in relation to the healthy living lifestyle. The most of the respondents emphasized the education of self-care and personal hygiene (Diagram No 4.). It should be noted that the least of respondents emphasized children sex education (30.02 percent.) and children interest in the promotion of a healthy diet (46.2 percent.). Having these findings in mind it is obvious that the situation isn't consoling as the parents of the children at risk often avoid speaking about the sexual education issues with their children, are not interested to do this or simply are not able disclosing the theme. On another hand the parents of social risk families aren't interested in developing the healthy living lifestyle skills. Due to the lack of economic resources or appropriate knowledge, the diet isn't balanced, the children lack physical activities, are keen in passive way of their leisure.

As stated by N. Frishman (2013) it is particularly important to encourage children to choose the healthy lifestyle in the childhood - physical activity, proper diet, healthy lifestyle, while the certain knowledge of the child will help to prevent many health issues in the future and also to maintain a positive attitude towards learning and in general to achieve their goals. L. Mann (2013) highlights the exceptional importance of the healthy living menu in CDC to the formation of healthy living lifestyle.

Thus, respondents were asked how much time is spent daily in CDC to develop the skills of healthy lifestyle and meeting similar needs. It was revealed that most (78.3 percent) of the CDC's spent 1-2 hours per day in order to promote healthy living lifestyle. 17 percent of the respondents claimed they spent only <1 hour per day on such activities in CDC, another 4.7 percent of the respondents claimed their CDC's offer 2-3 hours healthy lifestyle promotion activities daily. According to the opinion of 82,1 percent of respondents the social needs of target group in respect to healthy living lifestyle development were realized in medium level. The opinion that these needs are met fully emphasized only 13.2 percent of all respondents. We wanted to find out whether the participants' opinion that the social needs related to the healthy living lifestyles of children at risk is realized on the medium level is associated with the opinion that the CDC volunteers and staff are currently experiencing the lack of competences related to work with social risk families. Application of Spearman correlation coefficient between these variables the weak statistical correlation ($r = 0.38$, $p = 0.01$) as identified. On another hand the lack of the competences can also be responsible for the certain level of the realization of social needs in CDC.

Thus, summarizing the data of the study we can note that the CDC staff and volunteers emphasize self-realization development activities as the key educational needs of children from social risk families. The importance of the educational needs can be identified from the fact that educational activities in the CDC's are organized more often than the others. The social skills development activities are also organized pretty often while the rapid free time and leisure activities are the least popular in CDC.

In the frame of the social skills development the respondents of the study most often emphasize the promotion of understanding and tolerance among the children at risk. In the frame of leisure needs – the opportunities to participate in the events, contest and competitions organized by local schools and municipalities. In the frame of healthy lifestyle education the respondents mark out the development of self-care and personal hygiene skills.

Summarizing it is obviously important to notice that the best realized needs of the children from social risk families are in the areas of education and social skills development. Meanwhile the healthy lifestyle development needs are realized at the medium level and the leisure and rapid free time needs are poorly met. In general it is essential to promote and develop the opportunities to meet the healthy lifestyle and leisure needs of children at risk. This is also very important because of the fact that the CDC services are also offered for the adolescents (11-13 years old) who are experiencing one of the most problematic development stage and usually are particularly sensitive.

Conclusions

Results

1) Based on the insights of the scientific literature and legislation the social risk family is characterized as the family where the parents due to the negative behavior, economic circumstances and other reasons are not performing their social status within the family function or the functioning is abnormal. The reasons why the family is identified as social risk are often linked together and are affecting each other or stimulate the emergence of the new. The needs of the children of such families are not realized or realized in insufficient level, their socialization is impaired – resulting these children to face a variety of social, physical, psychological problems.

2) One of the main aims of the children day care centers (CDC) is to help the children from the social risk families to realize their needs and thereby to facilitate the socialization and integration into society. These institutions aim giving the opportunities to meet the needs of children by creating the conditions to learn, create, spend their leisure time, engage in a favorite activity. These services help gaining the communication skills, enable children to satisfy their core needs and develop self-confidence.

- The empirical study showed that:
Usually the CDC located in the most disadvantaged areas of the country provided the following services to the families at risk: giving the educational opportunities to the children; providing the information about social assistance services. The best developed services within CDC appear to be in the field of cooperation with social partners and the educational support to the children.
- The CDC's of the most disadvantaged areas in the country are most likely to have greatest potential to meet the needs of children from social risk families in relation to the development of social skills and education, while the promotion of healthy living lifestyle skills are only realized on the medium level. The least potential CDC have in organizing meaningful leisure activities, these needs are usually poorly realized;
- The social workers and volunteers working in CDC's believe that the educational activities in CDC are organized more often than others as they are responding to the fact that the children from social risk families are facing learning difficulties more often. The activities that are helping to develop social skills and realize related needs are organized quite often as well, while the least attention is paid to the realization of rapid free time needs;
- The self-expression development activities are stressed in CDC in order to create the conditions for the children at risk to learn. Most CDC stress the promotion of understanding, tolerance in respect to social skills development needs. Opportunities for children to participate in competition, events organized by local schools and municipalities are the most often organized activities that should help

meeting the rapid free time needs. Personal hygiene and self-care education is specific to healthy lifestyle promotion;

- It is also very important to draw attention that the realization of the leisure needs of children from social risk families in CDC can be affected by the difficulties employees and volunteers experience in their direct work with children. The lack of the competences of the volunteers and employees can also be associated with the level of the realization of healthy lifestyle needs.

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