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THE POSSIBILITIES OF SOCIAL SUPPORT FOR THE DISABLED CHILDREN FROM FAMILIES AT SOCIAL RISK: THE ASPECT OF CHILDREN'S RIGHTS

Master's thesis

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The Master‘s Degree Thesis

Summary

The present Master Thesis analyses the possibilities of social support for a disabled child in the family at social risk in the perspective of children's rights. The family at social risk with a disabled child encounters not only the problems related to the child's health care problems but the social problems as well. The range of the family problems is very wide and includes almost areas of life; therefore these families need social support helping to restore the normal functioning of the family and ensuring the socialization of a disabled child.

The work follows a family systems approach which is based on the idea that all family members are interrelated, so the problems that affect one member of the family in the same time affect other members as well.

The aim of the research is to reveal the possibilities of social support for a disabled child in the family at social risk in the perspective of children's rights.

In order to deeper reveal the possibilities of social support for a disabled child in the family at social risk in the perspective of children's rights, a qualitative study was performed. 10 social workers working with the families at social risk and 5 families at social risk (mothers) participated in the research. Semi-structured interview survey method was applied and it was found that the families at social risk with a disabled child do not ensure the protection of children's rights in the family and do not cover all possibilities of social support.

This work found out that due to the disrupted socialization a disabled child grows emotionally unstable, has no self-confidence, the safe environment is not ensured, the model do aggressive behaviour is formed. The violation of children's rights in the family instils the child the complex of inferiority that affects relationships with peers and the outside world.

Basing on the conclusions of the research it can be assumed that the family at social risk with a disabled child lack social skills and as a result the socialization of a disabled child is disrupted, the protection of rights is violated.

Keywords: family at social risk, child socialization, a disabled child, social support, violation of children's rights.

Contents

The list of tables

The list of pictures

Basic concepts

Social risk family: a family with disrupted social functioning due to objective or subjective reasons. Such families inevitably fall into inferiority status, for example, families of refugees, families raising multiple children or children with disabilities, and single-parent families. Potential social risks may occur under unfavourable economic and psychological conditions, due to difficulties in upbringing children, due to family conflicts, alcohol abuse, drug addiction, and violent behavior within the family, especially against children (Leliūgienė, 2003).

Socialization: the process of taking over societal values, attitudes, norms and other social experiences and becoming the member of the society (Leonavičius, 2003).

Age-related legal status of the child: usually up to 18 years. The child has all the general human rights and freedoms, however, depending on the age of the child, his or her physical, emotional and social maturity that determine the child's interests and needs, the rights of the child, as compared to adults, can be extended or reduced (Sagatys, 2006).

Child with a disability: this is a child under the age of 18 who because of a disability is partially or completely lacking independence appropriate to his or her age and whose opportunities to develop oneself and participate in the society are limited (the Republic of Lithuania, Social ..., 2006).

Social assistance: the system of all social, economic, legal and organizational measures intended to overcome or reduce problems faced by the family which complicate the family's ability to cope with them. Social assistance is oriented not only to solving family problems, but also to its strengthening and development, in order to restore its internal capacity to deal with the existing problems (Petraitytė, 2012).

Introduction

Children with disabilities are not a separate group of children and society, employees, parents should not distinguish them as a separate group, but as it is stated by Cousins, Menguc (2006), every child is special; however some children in a situation of disability are in need of special care.

Although the law governs a diverse social assistance to a family with a disabled child, but most families are trying to deal with the resulting problems and difficulties caused by the child's disability according to their capabilities. These problems are particularly relevant for small, distant from the metropolitan areas of the country, where a variety of social services and their insurance possibilities have been insufficiently developed so far.

To help a disabled child you must first provide assistance to the family, whose role is especially striking in education and every day life of the child.

According to Kvieskienė (2003), the family is a unique social institution, an individual is born and becomes a member of a certain group, his early socialization begins in the family, with the help of the family and beyond their limits. Most of the people start their life in the family, at a constant group, to which later they will belong. The family passes on to the child the fundamental norms and values. Families join into communities, which also have a very significant impact on the child's socialization.

Children in disadvantaged families are often unable to experience childhood pleasures; they often fall into social exclusion and face a sort of crossroads. They have to choose the values, the priorities of their behaviour, i.e. they have to choose between home survival rules and the requirements of the society. Torn by conflicting requirements and expectations the child is going through chaos, which is significant for the growth of the child's personality, integration into society, active participation in its processes.

Disabled children from socially disadvantaged families find it difficult to integrate into the society life, because the dominant approach of the society to a child of the risk group makes the child even more "socially disabled".

Children's rights are a very wide topic as it touches on every aspect of children's lives. In summary, children have the right to survival and protection and the right to develop to their full potential. They also have the right and responsibility to help build a better world in partnership with adults.

Juodaitytė (2007) states, that the adults most often assign priority right for all decisions of the issues on the child's life or realization, and eliminate all possibilities of children's participation in this process. Thus, denying children's ideas and activities that result from the non-standard thinking, the necessary social – cultural dialogue "children – adults" is rejected and in this way these members of the society are not included in solving of their current social issues. Children often have less experience and skills than adults, but the approach to them as fully-fledged and active members of the society should take effect from the very first days of their life. It is essential for children from families at social risk to feel and develop their own identity and to able to participate in the life of the society, to get involved in the processes taking place around them.

The members of the families at social risk feel when others demean their dignity, honour, human value, but having no adequate skills to constructively deal with unpleasant situations very often choose negative and destructive strategies thus further limiting themselves and their self-esteem development.

The family is the primary institution of child's socialization, where not only the needs of the child are fulfilled, physical and emotional security is provided, conditions for his development and self-expression are created. The family is responsible forthe implementation of the child's rights and interests.

The family is the natural environment for the growth and well-being of the child and the parents have the primary responsibility for the upbringing and development of the child.

Convention on the Rights of the Child obliges the adult members of the society, especially educational practitioners (parents, teachers, etc.) to implement the rights of the child. However, the negative approach to children's rights and Convention on the Rights of the Child [1]prevails in the country, i.e. the majority of the members of the society believe that the rights of children determine their inappropriate behaviour and limit the possibilities of the adults to educate and raise their children thinking that can not appose or discipline their children.

The child's interests in particular are what determine the positive development of the child according to his material, national, moral, cultural and psychological needs (Januškienė, Šimonis, 2001). The child's interests are the rights and opportunities determined by the laws.

The problems of the notion and content of the interest were dealt by Krivka (2007), the problems of the child's interests were analysed by Vitkevičius (2006), the legal problems of the implementation of the child's rights were analysed by Sagatys (2006), Januškienė, Šimonis (2001).

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[1] The United Nations Convention on the Rights of the Child. *Valstybės žinios.* 1995, No. 60-1501.

Scientists admit that it is difficult to define the violations of the child's interests, so the research will attempt to find out whether the interests of the child are known in the families at social risk.

For the growth and development of every child, including children with disabilities, certain conditions, i.e. healthy and safe environment, personal integrity, close social contacts (with parents, relatives, friends), possibility to learn, have a rest, play, develop skills, self-realisation and preservation of human dignity, free expression of opinions, etc., are needed.

Corker and Davis (2001) have argued that there is little mention of the rights of disabled children in the various books about children and the law; the dominant discourse in law views disabled children in terms of dependency, vulnerability and protection and that law in itself is very often individualising and dehumanising. They also illustrate, as we have, that despite some cases of good practice, local interpretations of the law and policy result in 'wide spread abuses of the human and civil rights of disabled children and the silencing of their voices, rendering them invisible under the law'.

The scientific problem and relevance of the research. There are a lot of literature and studies about the child's socialization (Kvieskienė, 2003; Vilūnienė, 2007; Butvilas, 2008; Juodaitytė, 2002), children's rights protection (The Constitution of the Republic of Lithuania[2], Declaration on the Rights of the Child of the United Nations (1959)[3], Convention of the Child's Rights of 1995, International legal norms and principles), however, there is the lack of scientific studies analysing how to guarantee the rights of disabled children in the families at social risk and how the family exploits the possibilities of social assistance.

The various family aspects were analysed by Ukrainian scientists studying the families with disabled children. Борщевская, Зиброва, Комар (1999), Иванова (2000) examined the psychological impact of the family on the upbringing of the disabled children, Агавелян (1989), Комарова, Юртайкин (1996) the steps that affect the family life after the birth of a disabled child.

Агавелян (1989), Майрамян (1976), Семаго (1992), studied divorce of the families with a child born with disability; Кислян (2002), studied the family with a disabled child adaptation problems; Певзнер, Мастюкова (2001), Мамайчук, Киреева (1986) in their research drew attention to families with disabled children, the need for corrective measures, designed to provide with specific assistance, and their development, Радченко (2008) investigated the independence specifics of adults having children with intellectual disability, especially psycho-corrective work

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[2] The Constitution of the Republic of Lithuania. *Valstybės žinios.* 1992, No. 33-1014.

[3] The United Nations Declaration on the Rights of the Child. Resolution 1/86 (XIV) published 20 November, 1959 by the General Assembly.

with this group; Гриценок, Ильяшенко (2002), Комьячина, Осетрова, Романенко, Скрипка studied psychological problems of the families with children with special needs; the experience of parents coping with critical situations and psychological isolation; Тихая studied the formation of self-awareness of parents suffering from mental traumatic situations; Шипина conducted research on the relationships in the families with a child a mental health disorder, personal characteristics of mothers raising such children, and etc., Brait (2015).

Радченко (2006) argues that modern social and economic situation in Ukraine causes serious difficulties in implementing family functions in the families with a disabled child. According to the Ukrainian State Committee for Family and Youth (2006), in Ukraine 195 children out of 10 000 are disabled (and these numbers are increasing every year), and about 85% of these children fall into the "risk zone", they can experience the different kinds of violations (Берегова, 2007).

Due to the lack of social skills, having lost the ability to socialize and integrate in the society, families at social risk are unable to properly care for a disabled child's needs and do not guarantee the protection of children's rights.

In recent years, the research conducted in Lithuania, focusing on the needs and problems of the families with disabled children, show that these families are still facing the multiple problems, which under current conditions are difficult to cope with and do not guarantee the complete functioning of the family with a disabled child (Ruškus, Gerulaitis, Vaitkevičienė, 2004; Gerulaitis, 2006;删išauskienė, 2005). There is a lack of literature and studies on the disabled children living in the families at social risk, whether the family is going through the period of stigmatization due to child's disability, what socialization the child has in the family at social risk. Practical examples show that social risk families are unable to independently meet the needs of a disabled child, a disabled child becomes "the source of money", a child does not feel secure at home, socialization is not promoted, as families at social risk often suffer from addictions, poor environment, and financial difficulties.

Families at social risk not only do not care about disabled children, but often are not able to care for themselves. Most often families at social risk "reboot" their duty to care of a disabled child to the responsibility of social workers.

The field of research: The research was conducted in Joniškis district. According to the Lithuanian social map display, comparing the statistic results of Joniškis district to other districts of Lithuania according to the number of the families at social risk Joniškis region takes the eleventh place, according to the number of children it is also in the eleventh place. According to the number of disabled children Joniškis is in the fourteenth place. But the number of disabled children growing in the families at social risk is not provided (social map).

In 2014, in the records of Joniškis District Municipality Administration the Department of Child Rights Protection there were 108 families at social risk, the number of children in these families was 283. The number of disabled children is not specified.

Practical examples reasonably allow expressing **the research problem** by the following questions:

1. Does the family at social risk, raising a disabled child, make use of all the possibilities of social assistance?
2. Does the family at social risk ensure the protection of the rights of a disabled child?

The object of the research: social support opportunities for disabled children growing in the families at social risk in the perspective of children’s rights.

The aim of the research: to reveal social support opportunities for disabled children growing in the families at social risk in the perspective of children’s rights.

The objectives of the research:

1. To provide theoretical analysis of the socialization process of a disabled child growing in the family at social risk.
2. To expose the interfaces of the socialization of a disabled child in the family at social risk and the violation of children’s rights.
3. To define the role of a social worker in ensuring the rights of a disabled child in the family at social risk.
4. Empirically investigate possibilities of social assistance to disabled children in families at social risk in the perspective of children’s rights.

Methodology and methods of the research:

1. The analysis of scientific literature and documents (analysis of legal documents, literature, scientific articles and other sources related to social assistance and the protection of children’s rights), systematization and generalization.
2. A qualitative study was conducted using semi-structured interview. The interview method was applied to describe the experience of social workers working with families at social risk raising a disabled child and to find out the socialization problems of a disabled child in the family at social risk, what rights are violated most often. Interviewing the members of families at social risk with a disabled child aims to find out how the family helps to shape the skills significant for the socialization of the disabled child, what their knowledge about the

protection of children’s rights and the role of a social worker in the provision of social services are.

Dissemination of the research results: The results of the research will be presented to the children’s rights protection specialists of Joniškis Municipality Administration and to the workers of Joniškis Social Services and Employment centre working with families at social risk. The results of the research can be used as proof of the need for preventive work with families raising a disabled child to avoid the “bunches” of problems when the family is no longer able to cope with them independently.

1. THE ANALYSIS OF THEORETICAL SITUATION OF DISABLED CHILDREN WHO GROW IN FAMILIES OF SOCIAL RISK

1.1. The aspects of disabled children‘s socialization in the family of social risk

1.1.1. The review of social problems in the family of social risk, where a disabled child is being raised

Socialization in a childhood is “a process and a result when a social experience is assimilated with the active child’s efforts; this experience is taken over through the active interaction with the social environment by being interested in it, observing it, and after that interacting with it. At first this experience is only reproduced and later it is interpreted and transformed individually” (Juodaitytė, 2002).

According to the psychologist Velickas (1997) the process of socialization starts from the first moments of child’s life; every child doesn’t become a person who perceives everything, knows how to behave, smartly evaluates and understands the refinements of social communication as a member of society. Through observation and learning the child little by little understands what that environment is and how he/she could and should behave there. A family is the first “society” where he/she learns the most.

The family is a system which has the biggest influence on the functioning of an individual; it is the first system which is responsible for the satisfaction of the individual’s needs. Johnson (2001) states that the family should be studied as a system.

The family is a social system where an education takes place, affection is developed, values are transferred and various possibilities are provided. The family is the most important factor in child’s socialization because it has the biggest influence on child’s development. A child comes into society and community with the help of the family. The family transfers the patterns of communication and behaviour with the others in a way how parents interact and how family behaves with a child. The family provides education, support, emotional fosterage, rules, general values, attitudes, knowledge and skills.

The family is a child and society’s mediator, the first and the most important socialization institution where a child gets his first knowledge, takes over values, the norms of behaviour which are necessary in the social life (Pruskus, 2003).

Armanavičiutė (2005) states that during the process of socialization individuals take over the attitudes of a community, values and norms of behaviour. The development of communication and behavioural skills, the forming of the system of values, the rendering of experience of concrete activities allow a child to acquire deliberate, motivated personalities which would be able to adopt properly in a society and which would create a wholesome life.

The family is the child's first "community" in which he learns the most. According to Aramavičiūtė (1978), the first principles of humanity children develop only in the family. The family teaches children to love the man as a value, trying not to damage the sense of human‘s values and freedoms.

While analysing the socialization of a disabled child, several directions of sociological theories were selected. Looking from the perspective of social functionalism and T. Parsons's social action theoretical perspective, we come to the conclusion that the process of child's socialization defines the biological, psychological, social and cultural factors, and their interaction.

E. Goffman's stigmata theory emphasizes that when disabled children feel "different in a negative way”, they avoid the processes of socialization and give up to self-stigmatization. While interpreting this phenomenon from the spectrum of E. Goffman's dramaturgic theory, we can state that the socialization of a disabled child leads to the social role that is carried out by him/her, i.e. the perception of himself/herself as a disabled and presentation to the audience – the society.

The socialization of children with disabilities is affected by many factors which arise from both the child and the surrounding society institutes, and also their performers operating in them and between them. Only such theory should be applied in order to reveal the change of a child; or maybe already grown up person feels so, when all stigma disappear and his own "self-stigma" dies out, when he/she begins to feel "as everyone", as a "social person"? How much does the disability, acquired or congenital in a childhood, affect its psychological bearing in an already adult child's life?

The child's mental health and socialization depends on the atmosphere and the climate in the family, for example Obuchovski (qtd. by Bojoriūnas, 1994) identified five types of family microclimate:

- tensed atmosphere, which is characterized by a distrust of each other among family members, a sense of constant threat, uncertain risk, etc.;
- "noisy" atmosphere there are constant conflicts and noisy disputes in the family;

- depressed atmosphere when the feelings of despair, hopelessness and helplessness dominate in an emotional family’s climate;
- indifferent atmosphere when there are not appropriate emotional ties, common and problematic matters and when every member lives his/her own lives;
- the atmosphere of exaggerated emotions and problems, which is formulated by excessively emotional parents.

Any, even minor event in the family is converted into a serious problem. As a result, we have negative parents and children’s experiences. Depending on the type of family climate, the parents and healthy children’s well-being may differ in the family with a disabled child.

Typically, a baby in the family creates new subsystems and establishes a hierarchy among family members. Therefore, if a child is born with a disability, it can cause two types of problems: first, a disabled child in the family usually has a unique place, so the normal hierarchy is disrupted. Secondly, the formation of sub-systems may be interfered or the boundaries between them cannot be defined clearly. For example, the boundaries between children and parents’ subsystems can be very diffusely. The disabled child’s links can become the most important in a mother’s subsystem and that can degrade spouses’ subsystem. By the way, too diffusely boundaries among family subsystems may hamper children's development and can lead to their lack of confidence and clinging. The clinging of a child with a disability is a very common problem. So dysfunctional family can even more restrict already limited the child's capacities and abilities.

According to specific studies, it can be assumed that parents with disabled children are very adaptive and responding to the child's signals. Hyper care could be interpreted as a mother’s striving to maintain control. Mother's perception of control is necessary in order to respond to disabled children’s specific needs. It can be assumed that the dysfunction of paternity and maternity needs can occur as a child’s hyper care in the restricting of child’s activity and ownership (Navaitis, 2002).

Vaičekauskienė (2006) notes that most mothers’ expressed exaggerated claims about the care are related to the pursuit of a child’s control because of the low concentration of attention, lack of activity, failures at school and so on in order to correspond to their needs. The author too caring parents divide into several categories:

1. Parents who restrict the child's activity and do everything instead of him/her;
2. Parents who ignore child’s opportunities in order not to deviate from a stable routine;
3. Parents who restrict the child's relationships with others and his own independent activities in order to protect him/her from failure.

It should be remembered that the parents firstly must perform a lot of other roles in the family, and too big strain while performing these roles can influence the others.

Uzdila (1993) analyzed the family as a group and empowerment of a person in it. He emphasized cooperation and communication both within the family and the school, as the need for involving the child into self-autonomy development and the sense of belonging to some kind of group.

In conclusion, it can be assumed that the socialization of disabled children and well-being often depend on the loved ones around them. The main public institutions involved in the education and socialization of a disabled child are the family, relatives, educational institutions and specialists. The approach and help of an adult to a disabled child is very important for social and emotional maturity.

According to Jusienė (1999), the exchange of information and its possessing is one of the fundamental assumptions for the family system to operate. The system is considered to be non-functional when the rendering and receiving of information is false or deficient. Families with a disabled child, communication may get worse due to the failure of adopting a child with a disability (for example, the mother does not know how to respond to her baby or what would she want, what kind of assistance or support she is expecting from other members of the family). So she can provide vague, incomprehensible or ambiguous information to the other member of the family. Also, it may be difficult to receive the information not only from the other family members, but also from the environment.

The studies of life quality of Lithuanian children with disabilities have shown that these children and their families' quality of life (economic, social, etc.) in all its aspects is worse than the life quality of healthy children and their families (Gradeckienė, 2002; Mockevičienė and others, 2005).

The situation of parents with a disabled child is very different. Parents' reactions to a disabled child and the child's welcoming process are quite individual and depend on many factors: the child the experiences before the child's birth, environment, parents' experiences, their values, the features child's disability, etc.

According to Johnson (2001), special conditions are necessary for the family in order to perform its assigned functions. Otherwise, some social functioning problems occur. Petraitienė, Stankelienė and others, (2006), identifies four main reasons why the family is unable to properly perform its functions:

- Economic-material reasons: unemployment, low wages, low evaluation of unskilled jobs, and lack of jobs.
- Social reasons: family belonging to ethnic minorities, the death of a family member, domestic violence, divorce, low social status of the family.
- Psychological reasons: inadequate parenting style, psychological difficulties of a family member or members.
- Health care reasons: poor health, addiction to alcohol and other drugs, disability (congenital or acquired), the harm to health caused by an accident at work.

The disability of a child clearly affects the functions of the family. Kirk, Gallagher Turnbull, Turnbull (qtd. Vaicekauskienė, 2003) separate the basic functions of the family:

1. Economic – household. When a family has a disabled child, the consumption demands especially increase; however, the productivity of the family does not grow in proportion.
2. Recreation (rest). Bringing up a disabled child in the family limits the time you can devote to a family vacation and social activity.
3. The socialization and education of children. The family has to help a child to develop a relationship with the environment: nature and other people. When a family has a disabled child, there is often a lack of social contact with the environment.
4. Emotional. It means the preservation of an emotional stability and balanced feelings in the family. It is very important for a disabled child to experience parental love and care, to feel stable psychological atmosphere at home. Also it is important that the natural connection between parents and disabled child would be saved.
5. Self-identification, the function of self-knowledge. It is very important that a disabled child would obtain an adequate self-image. It is necessary that your child would be aware of disability as a part of his/her identity, rather than an obstacle or burden for him and his family. The education of self-esteem is necessary, which would be closely linked to the development of self-sufficiency.
6. Educational. An important function of the family is the child's education; however, not all families may perform this function properly because of the lack of social skills. Usually, the other roles are more important to the parents and not the education of a disabled child.

Hallahan, Kauffman (2003) notes that the child's disability makes an issue that affects not only the disabled child, but also his/her brothers and sisters. There is a lot of debate about the parents in the role of a teacher. There may be a lot of stress added to the family by overloading it with the functions. Usually, the family is asked to do more than it can carry out.

Ruškus, Merkys Gerulaitis (2002), excluded the following features, which are suitable for almost every family with a disabled child:

1) stigmatization, i.e. the attribution of some kind of negative sign can affect every family with a disabled child; the problem is that the stigma in the family is very emphasized and, unfortunately, sometimes the family may take it as an objective reality, i.e. the family identifies itself with humiliating terms;
2) depression, as a psychological state may be distinguished not only in a critical, but also in a favourable situation in the family, especially in the high social status; excessive professional - social stance potentially can reinforce the psychological vulnerability of the family;
3) the need of psychological support is typical for many parents; however, it is clear that parents sometimes do not need too narrow psychotherapeutic help, but they need to be and socialize with people who understand and can support morally;
4) the obvious need for leisure, because there is not a structure yet, which would allow parents with or without their children to spend their spare time meaningfully, while gaining the strength their daily routine. It is a lack of leisure organisation, busyness, services of day centres as well as social care, services at social care homes (the Republic of Lithuania child‘s ..., 2007);
5) material certainty is also very important to everyone; still it is not the foundation of family‘s functionality;
6) one of the greatest anxiety is the uncertainty about the future. Stress is caused by the parent‘s aging: who will take their place in the life of a disabled child, who will take care of him/her (Ruškus, 2002);
7) the narrowness of the social network, or some sort of social disintegration is an usual problem to the family; families interact closer with families or relatives of the same fate.

According to Dowling, Dolan, (2001) families with children with disabilities suffer from inequalities that families with children without disabilities do not experience spectrum. It is based on a recent qualitative study to show the way, which is not only people, but also for disabled children and entire families to suffer from unequal opportunities and the results of the case. Rely on the social model of disability to show that the lives of these families are often characterized by financial difficulties, stress and anxiety, as social barriers, prejudices and poorly understood services results. Social model of disability is usually drawn to illustrate how off-governmental organization for people with disabilities. In this case, we illustrate how a public organization offs not only a family member who has a disorder, but a family unit. The application of this model of disability, new ways to develop policies and practices of these families can be created, each with its own opinion on the policy-making process in the center.

The past decade has seen significant changes in attitudes towards disabled children. All services think proactively about the rights and needs of disabled people. The quality of education, health and social care has generally improved (although there are wide variations in eligibility and availability). There is general recognition that disabled children are entitled to be valued and have the same chance to succeed and participate in society as their non-disabled peers. However, there is a compelling body of evidence from research and inspection reports that many disabled children and their families continue to face multiple discrimination, low expectations and many physical and social barriers to full participation in society. Such barriers may include:

- Insufficient family support, practical help in the family home and too few breaks (with the most severely disabled children frequently receiving the least help because they may be viewed as ‘too disabled’ for local services).
- The high additional costs of disability.
- The lack of key workers to ensure well coordinated services planned to meet individual family needs.
- To often delays in identification, diagnosis and provision of support.
- Lack of good accessible information on available services.
- Inequalities in access to health and other services.
- Limited expectations of children’s educational achievements.
- Insufficient accessible sport, play, leisure and cultural activities.
- A limited range of culturally appropriate services for families from minority ethnic groups.

As noted, disabled children and families have benefited from a wide range of Government policies and initiatives. There have been encouraging moves towards greater educational and social inclusion and some innovative community support services. Most encouragingly, there is recognition that disabled children can and do succeed. They are ambitious for ‘fulfilling lives’, but, as noted, they and their families frequently experience discontinuity, fragmentation and poor quality support. There are wide regional variations in the quality and coherence of available support. Notwithstanding the high risk of social exclusion and disadvantage, services for disabled children are characterised by innovative and effective models for parent and child participation in individual decision-making and as partners in policy making. The emphasis upon preventative and well coordinated children’s services are crucial to the well-being of disabled children. If the Paper leads to new and effective early identification, referral and tracking system for children ‘at risk’, then disabled children may well benefit the most.

1.1.2. The family of social risk as a negative assumption to the child’s socialization

Kondrotaitė (2006) on the basis of the conception of social tensions fields examines the situation of social risk families, which is revealed through the negative social risk factors: poverty, unemployment, limited possibilities while participating in the labour market, alcoholism, crime, children neglect, long-term dependency on social support and so on.

Structural disorders are usually observed at families of social risk. Usually it is very difficult to distinguish subsystems and limits because the distribution of roles and hierarchy are unbalanced, there are no clear rules or they are unstable; also a lot depend on drinking alcohol. At the time when parents are using alcohol, they do not perform their function as parents and older children have to take over the role of their parents and take care of their younger brothers or sisters. Children see how their parents use alcohol, how they behave being drunk, and take part in their conflicts. Children feel unsafe at home because strange drunk people visit their parents. The boundaries around the members of the family usually are rigid. Family members do not share much information; tension can be felt among them, parents do not take care of the upbringing of their children.

Leliūgienė (2003) predicates that the family of social risk is a family which social functioning because of objective or subjective reasons is disturbed: these are the families of refugees, large families with many children, families raising disabled children, single-parent families.

A lot of theoretical approaches defining the family, its problems and ways of working with such families can be found in literature. No matter how different these approaches are, all of them share a common provision: a man is a part of a system in which he/she lives, i.e. a part of the family, so the relationships in that family affect his/her physical and emotional well-being. On one hand, the family can be a source of assistance and support to its members and can enhance their well-being; on the other hand, the relationship in the family can be stressful and weaken the well-being of those who live in it.

The studies of life quality of Lithuanian disabled children and their families have shown that the quality of life of disabled children and their families in all its aspects (economic, social, etc.) is worse than the life quality of healthy children and their families (Gradeckienė, 2006; Mockevičienė and others, 2005).

A child growing up in families of social risk does not gain any social skills because there is a possibility that they do not have them. However, not all families feel responsible for their children's education of social skills. Parents start to worry about social skills only when their children start to use alcohol, drugs, and when their children are not able to handle the problems or solve these problems in inappropriate ways (aggression or withdrawal). The society sees the consequences and the reason for that is a lack of social skills (Daukšienė, Gudžinskienė, 2002). Therefore, we can accept the fact that children learn by following the example of their parents; however, in most cases, children’s development depends not only on the parents' efforts and their competence. The child “absorbs" the experience and information from the environment. According to Kvieskienė (2000), “educational errors and unfavourable conditions of development in the family can not directly determine anti-social behaviour or other behavioural disorders. Various personality traits and different directions of behaviour may form in the same conditions. The reason for that is that all the environmental effects are skipped through a unique personal inner filter, and each personality creates a unique system of relations within the same environment”. Navaitienė, Navaitis (1990) also notes that “parents and family’s influence while educating young people's personality, preparing them for an independent life, society, family and work is immense. Practically, there is no single social or psychological aspect of teenagers which would not be dependent on current or former family living conditions. Various families’ typologies (where juvenile offenders are from) are offered in scientific literature. According to Dapšys and Čepas (1998), usually children commit crimes in a typical traditional family by chance or because of the environment, i.e. because of friends or the negative influence of other adults. The criminogenic threat to children in a family, which is characterized by a certain structural or other alteration (mostly cultural) is one and a half time higher than in the typical family (60 percent.). The criminogenic threat to children is very high in the family which is characterized by a complete structural and moral alteration. The number of such families in Lithuania is increasing. It must be recognized that the majority of families in Lithuania fall into the list of social risk due to alcohol abuse, lack of parenting skills (neglect) and parental abuse against children (Social Security and ..., 2003). It can be assumed that the majority children in our society are growing up in families where unacceptable deviant parental behaviour constantly prevails. Such parental behaviour and the lack of parenting skills determine emotional rejection that can cause a variety of children's behavioural disorders. According to Vaitekonienė (2002), emotional rejection of a child may have the following negative consequences: increased addiction, aggressiveness, emotional insensitivity, subdued self-esteem, negative concept of the world, and emotional instability. Dysfunctional families are assigned to risk families. Inappropriate behaviour is much more often simulated to children in such families, so parents are not an example while grafting socially acceptable skills for a child (Pileckaitė-Markovienė, Lazdauskas, 2007). It was noticed that the anti-social atmosphere in families is an important reason for teenagers to commit a crime. Children who commit crimes usually have psychological - behavioural - problems. The psychological children’s development is mostly impaired due to inadequate education and care in families where alcohol and violence is abused.

According to Atu (2007) (qtd. Gudžinskienė 2013), the environment of disabled children a relatively coherent or cohesive family where the child is properly taken care of, and where he/she feels necessary for parents and loved. Such parents are interested in the child's needs and try to satisfy those needs. A child who feels well and behaves properly has a strong positive relationship with adults - parents or guardians. A child, who feels safe and loved in the family, respects his/her parents and other adults, and the limits which were set to him/her. Such child does not have any intentions to overstep the limits which were determined by adults or the law. However, the situation is different in those families that are not sustainable or conducive to the child, because these families do not know, do not want or cannot be such families. Therefore, an important focus should be drawn to a full and harmonious family, because every crime is a consequence of a long chain of factors (Justickis, 2001).

Valickas (1997) points out that an important factor is the emotional rejection, i.e. indifference to the child, ignorance of his/her spiritual needs, the child's identification with unpleasant events or obstacles, critical or abusive evaluation of any child's actions and so on. Emotional rejection can cause some negative consequences, such as aggression, emotional insensitivity, subdued self-esteem, and emotional instability. All in all, it can be stated that the family, a social institution, is responsible for the education of child's social skills, so it is important to engraft the acceptance for close ones, friends, teachers, the state from the very young age; it is also important to engraft the ability to see the beautiful actions of their loved ones, and to learn to behave properly in a civilized society. So harmonious family has not only to ensure the security of a child, but it also is an assumption of social behaviour. It can be stated that children learn to behave in society and to develop a balance between selfishness and altruism by following the example of their parents. Dysfunctional families, where a child is left out, neglected, lacking attention or demanded too much without the possibility to develop social skills or form a socially acceptable moral values, is one of the most important determinants of juvenile delinquency. However, not all families (for objective or subjective reasons) are able to develop a full-fledged personality, which could accept responsibility for its actions, and strive for the general social and personal goals. Therefore, the intervention of other institutions (which can influence the child's social education) and effective precautionary practice are necessary. School is one of those institutions because the behaviour of parents, teachers, peers and other members of society are necessary for the formation of personality and development of social skills; the following of contemporary moral principles is also needful for child's development.

Parental conflicts negatively affect the relationship between the disabled child and his/her peers, damage child's self-esteem and also are related to inner or behavioural problems, social anxiety, loneliness and difficulties in adapting to society. The researchers say that not only conflicts between parents but also the child's perception of such conflicts are important to children's social and psychological adaptation: frequent conflicts, control over emotions (intensity) and aggression (threats) during conflicts.

Sometimes parents involve children in their conflicts in order to get backing, support or in order to develop a child's ability to solve conflicts. Such involvement of a child is extremely harmful and can be related to a variety of children's adjustment problems. Children participating in their parents' conflicts are forced to choose a side to support; they have to be negotiators between two conflicting sides and have to try to quell the conflict. In such cases, children experience a lot of stress; they are given too much responsibility, which they are not ready yet. Also, children are involved in the conflict indirectly, when parents argue about child's behaviour or parenting issues. Grown up children from such families are anxious, moody and tend to blame themselves for parental problems.

Children who experience parental conflicts in families of social risk are usually characterized by such emotional states:

1. If conflicts often happen in a family, the child can acquire behavioural problems, disorders of anxiety and emotional spectrum, sleep and eating disorders, increasing risk of damaged, poor, inadequate self-esteem, difficulties at school.
2. Children or feuding parents often experience great insecurity, despair, fear, emotional stress; a disabled child is not able to understand the reasons of parents' conflict, can not foresee the factors that provoke the fall-out; they may be afraid of one of the parents or their health or life, even if parents do not abuse them physically.
3. Permanent conflicts in the family can be described as the child's trauma.

4. Because of his/her way of thinking, a disabled child can have catastrophic fantasies about the fact that they can feel guilty about their parents disagreement on the financial problems associated with the child's needs and care.

According to Firestone (2010) our children are watching us all the time. The say that children are like sponges absorbing the world around them and it is especially true of the emotional atmosphere that surrounds them. When it comes to the relationship between their parents, no irritated eye-roll goes unseen, and no whispered criticism goes unheard. No matter how hard we may try to conceal problems, children are sensitive to the tensions between their parents and are directly influenced by the way their parents interact.

1.2. Social help for a disabled child in the family of social risk

1.2.1. Services of social care to families of social risk

Anyone who has kids (or was a kid) knows that raising a child can be a daunting task. Raising a disabled child requires even more responsibilities and caretaking (Cameron, 2011).

“A family of social risk is a family raising children under the age of 18 and in which at least one of the parents abuse alcohol, drugs, psychotropic or toxic substances, is addicted to gambling, and because of the lack of social skills do not know how or are able to look after their children; usually such parents use psychological, physical or sexual violence against their children. State’s support for the family is used for selfish purposes and because of that the threat to child’s physical, mental, spiritual and moral development and security arises" (State Family Policy Concept). It means that a family of social risk fails to perform its basic functions; it creates an unfavourable social environment to the development of child’s personality, resulting in the formation of asocial personality and behaviour. It should be noted that children in families of social risk are often neglected, abandoned and violated, and these factors affect children's social skills education and social adaptation. Neglect and abandonment, as Kurienė, Pivorienė (2000) note, is “a long-term unfulfillment of child’s physical and mental needs, which creates a threat to the full child's development and functioning”. There are three aspects of abandonment:

1. Physical neglect - failing to meet biological needs of the child: neglect of child nutrition (children are always hungry), dressing (children have no shoes or warm clothing for the winter), physical security, health (child does not get proper medical care, is ousted from the house, or left in a kindergarten, etc.).

2. Emotional neglect - failing to meet psychological needs of the child, promoting or permitting the use of alcohol or tobacco.
3. Social neglect - neglect of the child's socialization, education, exclusion from school, failing to meet children's social needs, ignorance of their abilities.

The concept of a family of social risk in scientific literature is differently interpreted by various scientists.

Leliūgienė (2003) argues that a family of social risk is "the family, which social functioning is disrupted due to objective or subjective reasons. They are inevitably in the status of inferiority. These are large families, families with disabled children, and single-parent families. The potential social risks may occur because of unfavourable economic and psychological conditions, due to difficulties in bringing up children, because of conflicts in the family, alcohol, drug addiction, violence especially in respect of children.

A family of social risk is understood as a type of social institution and a small primary social group, which does not have the needed characteristics and do not fully perform its functions; it is affected by negative social factors and poses a threat to the normal functioning of society. It correlates with groups of social risk (Leliūgienė, 2003).

Educational and social support for families in particular must be based on a systematic approach. As Petr (2004) and Thomlinson (2002) (qtd. Gerulaitis, 2007) state, in order to achieve major changes in the family dynamics, one of the most effective strategies is a systematic viewpoint to the family. This means that the family is treated as indivisible whole entity and completeness. As stated by Morton (1993) (qtd. Gradeckienė, 2002), a disabled child is a concern for the whole family, so the understanding of child's difficulties is inseparable from the analysis of family life.

"Child’s disability elevates a lot of unsolvable problems and questions that parents themselves are unable to answer, so they need help, constructive advice, consultation. By giving the useful information to parents in time, problems that seemed unsolvable becomes more understandable and easier to overcome " (Karvelis, 2001).

In case of psychological problems, Grachev (1992) (qtd. Leliūgienė, 2003) offers to provide these kinds of psychological counselling for families by socio-educational workers:

- solutions of conflicting situations between parents and children;
- motivate parents to treat their disabled child as a fully fledged member of the family;
- cooperate with similar families, organize and coordinate the meetings and discussions.

Services as health care, education and community-based care should be available to all families. This is emphasized in the convention of International Economic, Social and Cultural Rights. In addition, the Convention on the Rights of disabled people emphasizes that all the public services must be accessible to the disabled on account of their specific needs.

Social services for a family of social risk with a disabled child can be preventive, supporting and rehabilitating. The situation of the child in a family is evaluated and then these social services can be provided. The basis of social services is individual and social resources. Family-strengthening services include the following (Save the Children ..., 2010):

- preventive programs designed to strengthen the skills of a family in order to solve problems and to ensure sufficient social and economic resources for families;
- community support services, such as vocational training, temporary child care and respite services for parents;
- services at home, where employees or volunteers visit homes, give the necessary consultations and provide non-material support;
- a family-oriented community centre where community leaders, family members, volunteers and other community members can gather in order to coordinate the strengthening and support of the family;
- parent training program.

These measures increase cohesion and well-being of a family and reduces the number of children who leave home themselves or are driven from them and end up on the street or become residents of child-care facilities. A smart combination of these and other economic and social support programs can modify the risk lurking dangers to children and reduce the need for alternative care. Successful implementation of such programs depends on several factors: children, parents, care-takers and the quantity and quality of social education and consultation; the ability to target programs to those children and families who are in need of assistance mostly; a coherent legal and political framework oriented to the support and assistance; well-trained workers and volunteers who are able to help children and families and who can ensure the smooth implementation of programs; quality of cooperation among public authorities, service providers and professional groups.

As possible, target intervention opportunities of social assistance could be (Save the Children ..., 2010):

- "Door storage" - an instrument which ensures alternative care opportunities for only considering cases where the family is unable or unwilling to take care of children and when problems cannot be solved by means of family support.
- The care planning based on the desire to accommodate the child in the best possible conditions or return to the family (or where it would be possible).
- Visits of a specialist at home, counselling parents on child's upbringing, providing information on existing services and giving other forms of advice.
- Child protection services which could ensure risk prevention and respond to difficulties that a child faces.
- Psychological and social support for children and families which helps to overcome personal and interpersonal problems.
- Education of parents who have children with special needs.
- Drug and alcohol prevention and response to drug and alcohol abuse problems in the family.
- Integrated services for disabled or sick children and families which face such problem, as well as services for families in which one parent or both parents have mental health problems or disabilities.
- Legal assistance to vulnerable families and their members, ensuring that children have birth certificates and would be able to access services which they need.
- Family tracing and aggregating services that are particularly relevant to areas affected with conflicts or disasters, as well as children living on the streets or in care institutions.
- Wider spectrum of strengthening activities to families.

Preventive Measures of support for children and families in accordance with their special needs should be provided as much as possible (Council of Europe).

While designing, developing and implementing programs and services of family support and child protection, a lot of challenges related to the amount, quality and philosophy of essential services remain (eg., health and social security services for biological and surrogate parents). Effective health and family support services is not possible without adequate number of well-trained social workers and other professionals who have the knowledge and practical skills in the sphere of human relations. Usually, in the content of these problems, policy-makers and agencies should seriously rethink “child's refusal" phenomenon and reject the popular but wrong interpretation based on the terms that children themselves are objects who need charity and victims experiencing torture because of their irresponsible parents who themselves fail to perform their duties in respect of a child.

1.2.2. The role of a social worker in providing services of the social care

In the opinion of Kreivinienė (2007), it cannot be negotiated that the support is urgent to families with a disabled child. It is very important that the support would be organized in a structural way with the participation of specialists. If there is no adequate assistance, relationship in the family becomes more complex; because of abundance of problems and emotional experiences family members do not contact members of social network as much as they could; they consciously or unconsciously retreat from friends and relatives.

A social worker – specialist’s work is to focus on human’s (client’s) ability- strengthening. The main goal is to restore (if broken) his/her relationship with the environment, help him/her to join the society, promote a person and strengthen his/her motivation to achieve the best possible social activity (Jazukevičienė, 2003).Butkevičienės, Majerienė, Harrison (2006) study results and their interpretations highlight the potential activities which should be performed by a social worker:

1) to inform professionals (team members) about the status and needs of a family;
2) working in a team with medics help to find such ways of communication, especially while presenting information, which would be useful for patients and their family members to use;
3) to provide families with information about the support and ways of assistance and help parents to contact support resources in the community;
4) to cooperate with non-governmental organizations which provide assistance to families with disabled children;
5) to perform a role of a lawyer to families and children in state institutions and help to prepare legal documents.

Social worker professional roles can be seen as an articulation of values, perceptions, knowledge and ethical beliefs – this should be examined and made explicit, with the aim of establishing ground rules for sound practice in work with children at risk and in care. Only a few ground rules in relation to the placement process will be offered:

- The right of the Child: Repeated researches reveal that the child’s voice is often not a primary concern in the placement process. Consultation and collaboration with the child should be ensured from the onset in decision making around care plans. A dialog with the child - to inform the child, to offer explanations, to learn of the child’s feelings and desires – should be the guiding principle of every placement procedure.

- Family support: Out-of-home placement should always remain the last resort. This entails that every effort should made to support families and in this report some strategies to that end have been identified. However, if placement becomes necessary, every effort should be made to maintain the child’s link with her/his parents. Whatever the circumstances, the child’s parents should be shown respect and dignity, and partnership and empowerment of the family should be promoted as possible.
- Care plans: Individual care plans should reflect the aim of promoting physical and mental development and autonomy of the child. In particular, an emphasis on educational development should be stressed as it is well documented that educational achievement plays a crucial role in the future opportunities of children in placement.
- Social integration: Placement should encourage full participation of the child in society, including leisure and cultural activities. All effort should be made to prevent social exclusion and stigmatisation.
- Code of Ethics: It should be recommended that codes of ethics should be established in order to set out the standard of practice for professionals working with children and families. The codes of ethics should be consistent with the Convention on the Rights of the Child. (Rights of children at risk and in care).

Čečkauskienė (1996) distinguishes additional social worker functions such as control (which includes the monitoring of a client and institutions which provide the support), and education (dissemination of information about disabled children, their care, raising, educational problems in society. The author believes that while providing social assistance, the spotlight should be not the child's illness or disorder, but the following factors: 1) the problems and difficulties that the family faces; 2) possibilities that the family has; 3) support/assistance that could be granted.

A great job of representing the interests of children and the protection of their rights is carried out by social workers. There are 551 parishes in the Republic of Lithuania. They employ 593 social workers (as a staff), i.e. an average of 1 post for every parish. Social workers are responsible for the provision of social services to all families of social risk residing in the territory of a parish.

It should be noted that the social worker's competence allows him not only work individually with family members, but also carry out group work with families raising a disabled child. Petraitienė and others (2006) state that the main purpose of a group work with the family is to integrate parents in mutual activities with their children in ways that are acceptable to both – parents and children. In this way, assistance is provided not only by social workers but also by parents in a group.

Social worker as an enabling person not only promotes a client's skills, but also motivates and promotes self-esteem that a customer could believe that they are competent, have the skills necessary to communicate with community systems and deserve the resources necessary for their healthy social functioning. Empowerment encourages customers to take advantage of the public welfare and increases their ability to change the conditions that prevent them from the satisfaction of needs (Johnson, 2001). According to Parson (1991), literature research confirms that the major components of the empowerment strategy are a support, mutual help and understanding of the client's experience and education. When all these necessary components exist, client’s self-perception, appreciation and ability to make changes or take action increase. Social worker as an enabling person increases the possibilities for family members, encourages, allows solving problems or critical situations and lets to control their lives themselves. Akišauskienė (2005) took into consideration the attitudes of resistance and the factors of environment, which influence a successful family with disabled children, and the adaptation to the situation, and introduced the model of empowerment that allows identifying the factors that determine the successful psychosocial adaptation and purposefulness.

Social worker with regard to this model can help to reduce person’s weakness and can promote to take responsibility for their lives.

The analysis of social development approaches while working with families raising a disabled child, it is essential to distinguish socio-educational steps of a worker (a wide variety of techniques are integrated into those steps):

- administer a disabled child’s documentation;
- take care of disabled children and their families with medical counselling;
- ensure the medical care and cover its costs. Social workers have to ensure that children would be able to access the treatment at health-care facilities, homes, rehabilitation centres, camp, etc.;
- look for sponsorship funds in order to treat the child abroad;
- provide a child with basic health care and means of correction (simulators, wheelchairs, etc.);
- be interested in the health and living conditions of family members (and others);

- help the family with the child get medical treatment in sanatoriums, rest homes, rehabilitation centres;
- advise, consult parents, organize lectures - seminars and so on.

Kaplan (1986) reveals the viewpoint of a family to the provision of social services and social workers and says that sometimes providers of social services can even deepen the crisis in the family, if the services are provided in an uncoordinated manner or exceptionally focused only on one member of the family. The family is characterized by an inner rage because of inability to solve problems independently, and that rage can be defensively transferred on social workers. In such situation, social workers or the whole team working with the family have to realize the objective of social services and try to establish s trustworthy relationship with the recipient of social services, i.e. a family itself. Naturally, the inner conflict inside the family arises because of social workers who come to the family. While analyzing social workers' viewpoint at social risk families, we deal with such concepts as stubborn, difficult to change, inadequate, lacking of self-confidence, unmotivated, without hope and serious in the sense of failing to make contact (Kaplan, 1986). That is why the mutual desire for change and benevolent relations with social organizations in the community is necessary between social workers and a family.

All in all, it can be said that social workers and their provided services promote positive change in families. An opportunity to ensure an effective protection of child's rights and help properly and on time for the child and the family in critical situations is possible when social services for families are provided. Social services also provide opportunities for parents to influence social responsibility for children's education and care. It should be pursued that parents would not forget their obligations to children and would make every effort to ensure that the disabled child's socialization is full-fledged and the satisfaction of his/her needs is also ensured.

1.3. Child rights violations socially and legally

1.3.1. UN Child Rights Convention

Today, our viewpoint to the child is strongly altered. The assessment to a child depends on many factors: history, politics, society, culture and so on. Families of social risk with disabled children in one way or another are touched by the historical events of the country where the children live, by the policy towards children, and by public opinion and laws (Glebuvienė, Kerulienė, 2010).

Bulotas (2003) presents three points which shows why it is necessary to talk separately about the children rights:

1. Not all children rights were always recognised, even though there are parents nowadays who deny that children can have their rights. For a long time children were treated as objects of adults rights, and not as independent rights holders. Children rights need special attention in order to emphasize that children as well as a group of people have their rights.
2. Children have different needs, but are unable to defend themselves. So in terms of human rights, it is necessary to emphasize the rights of the child and that this group of society is adequately protected and recognized.
3. Although the children are mentioned in human rights documents, but usually in single paragraphs which can be implemented separately or left unnoticed.

A progress is achieved in children rights, but a variety of statistical data and studies show that there is still a lot violation of children rights. The most common and the most pressing child rights violations according to Kiaulakis (2000) are violations of child rights directly damaging the child's physical and mental health, altogether with the violations in the laws regulating the protection of child rights. These violations are commonly divided into two groups:

1. Committed within the family (active - violence, passive - neglect).
2. Are made outside the family.

The analysis of the report of the instructor for children rights in 2013, it was noted that 407 written complaints were received and only 297 investigations were initiated that were formed according the basis of possible violations of children rights. According to statistics, it can be assumed that the public is more aware of children rights and try to violate them less. It is possible that the concept of child rights has not been fully understood, so the rights of the child have been exaggerated. The analysis of some cases suggested that the part of children exclusively gives weight to their rights. Discrepancy of this new situation and the significance of children rights and the implementation of the vision reveals itself, when the human rights to everyone in society, including children, are recognized as necessary (Jonynienė, Juodaitytė, 2006).

While analysing the instructor’s report for children rights in 2013, it was noted that the usual violations of children’s rights are: inadequate implementation of parental authority, the children protection from alcohol, the child's right to education, the right to health care and so on.

The distribution of children rights violations in 2013 were initiated in studies:

- the failure to provide adequate living conditions for a child (79);
- communication with parents and close relatives living separately (63);

- other improper cases of implementation of parental authority (54);
- violation of the right to education (35);
- the use of alcohol, tobacco and other psychoactive substance (26);
- organization of child's care / welfare (23);
- inadequate representation of the child's interests in civil, criminal and administrative proceedings (20);
- the child's removal from the family (15);
- violations in the media (13);
- the violation of right to healthy living conditions (13);
- the infringement of the right to social assistance (11).

The analysis of the instructor's report for children rights in the Republic of Lithuania (2014) showed that 599 research analysis were completed and revealed that most children rights and legitimate interests are violated by family members (155), departments of child protection (111) other structural units of municipality (32), educational institutions (36) and others.

According to children, they lack the respect for other child's opinion, feelings, self-determination and children's personal dignity (Jonynienė, Juodaitytė, 2006).

Although childhood welfare policy and the child's safety is sufficiently defined by laws and subordinate legislation documents, but the extents of violence against children suggest that Lithuania does not take care of the children destinies sufficiently (Kvieskienė, 2000).

The number of families of social risk rapidly increases with the decline of society's morality, expansion of alcoholism and drug addiction. Children, and especially disabled children in families of social risk are accompanied by deprivation, hunger, poverty and child neglect from the beginning of their lives. Subsidies granted by the state are often used for other purposes (usually for alcohol) rather than sustaining children. Alcoholics and drug addicts' children are often abused not only physically, but experience psychological violence as well. It is therefore not surprising that children growing up in poverty repeat their parents' mistakes. More and more children lose parental care, and are socially and pedagogically abandoned.

Economic deprivation, the tradition to use physical punishments, indifference to the child, child neglect, emotional and psychological abuse, and the lack of entertainment activities affect families of social risk and children living in them.

Children are increasingly becoming the direct and indirect victims of violence (crime, sexual abuse) and sometimes a source of profit.

According to Sakalauskas and Ūselė (2007), parental physical punishments are not normally defined by laws (eg., physical or mental torture) or structure of acts while applying separate legislative documents which define the responsibility of child abuse. The main reason is that such physical punishments as a clout with a belt or an arm, ear quirk, little punch are considered to be minor and fall into the parents or guardians' educational responsibility and the realization of the right's concept. In accordance of criminal, administrative and civil law in Lithuania, it is considered to be a private matter, so both law enforcement and child protection institutions are reluctant to intervene in such complaints since there are no clear, tangible consequences (physical, mental health injuries etc.).

It must be recognized that the problem of violence against children is not dealt on the merits. The instructor's report for children rights (2011) shows that provisions against violence consolidated in current legal documents are not sufficient to protect children from violence, especially from physical punishments. Parents in families of social risk punish their children for their psychological problems (malice, impulsiveness, laziness...). Parental conflicts, dissatisfaction with oneself leads to dissatisfaction with their children. Parents are disappointed in their disabled child and then the threat for right's violence arises.

Children's safety in Lithuania automatically decreased with unfavourable economic and financial situation; it is noted that the number of children without parents increase, and they are socially and pedagogically abandoned. It also entails increasing public moral decline, pervasive alcoholism, drug addiction, poverty, and especially the deterioration of criminogenic situation. The influence of these factors rapidly increase the number of so-called dysfunctional families, and discussions about normal children's life and conditions for development in such families are meaningless. Often parents in such families their low incomes spend on their needs (for alcohol or other drugs), and force children to suffer; often children in these families become a tool or source for parents living.

It should be noted that children from families of social risk poorly attend school, their results at school are worse; they do not participate in any extra-curricular activities, and often choose to live on the street. So, these causes influence children's crime. Also, it should be noted that conflicts in the family have a significant negative impact on younger children. Dysfunction in families (in which a child was at the age preschool), not less than 10 times increase the possibility that the child can become a law offender, compared with the situation when the dysfunction in a family began when a child was a teenager or older (about 11) (Babachinaitė, 1993).

The United Nations General Assembly on 20, November, 1959 proclaimed the Declaration on the Rights of the Child, and 30 years later adopted the Convention on the Rights of the Child. These are the two very important moral and legal forces in international documents, which contain the basic child rights, freedoms and the methods to implement them. Our country joined it on 8, January, 1992. After almost two years, this convention has been ratified by our country on 3, July, 1995. The Convention is an integral part of Lithuania's legal system and is incorporated into the Lithuanian legal system, combining state law with provisions of the Convention, i.e. ensuring the following of the Convention's requirements. A country – a participant of the Convention - fully supports the established standards of behaviour and commits itself to implement these standards inside the country.

All human rights are guaranteed by numerous documents. Children cannot defend their rights. This is required for adults. "The family is the basis of the state" – states the contribution 38 in the Convention, and contribution 39 emphasizes that "teenagers are protected by law". Lithuania has set up the institutional framework: ministries, counties, municipal departments, public organizations, which prosecute the protection of children's rights. On 1, July, 1997 the Family and Child Affairs Committee was approved by the parliament. There are about 130 child-care organizations in Lithuania, so the government shares the responsibility for children together with society and the community.

With regard to the rights of the child, we mean that children should be protected and that they have the right for that. This means that the measures how to protect children better and how to improve state laws have to be considered further. This should be done by taking into consideration international treaties and their strict compliance with the procedures.

Lithuania needed services and qualified professionals who could provide assistance to children with violated rights. The Republic of Lithuania on 13, May, 1994 by the resolution No.370 approved, "the regulations of Children's Rights Protection by the Ministry of Social Security and the regulations of suburbs and districts' child protection services".

The purpose of republican children rights protection is "to implement the basic regulations on children's rights, protect children rights, organize and coordinate children rights protection in suburbs and cities".

In 1994, the laws of children rights basics were prepared because of increasing number of children with violated rights. This law was revised several times and improved, and was legalized on 14, March, 1996.

The purpose of child protection law is “to improve the legal children’s protection in the country by establishing harmony between the Constitution of the Republic of Lithuania and international legal norms and principles of children's rights and freedoms protection bases”.

It can be stated that parents violate the child rights in the families of social risk, even without going deep into the reasons for the child feelings.

The child (i.e. a person under 18, unless otherwise provided by law) is immature physically and intellectually; they are also in need for special care because they are not able to take care of themselves and to defend their rights properly, so the duty to take care of them firstly lies on parents. Thus, the exclusive feature of child rights is the right to be maintained, educated and taking care of by their parents (or legal representatives).

The Convention of child rights consists of four key principles, which protect a child:

1. Children must not suffer discrimination "irrespective of the child, his or her parents or legal guardians’ race, colour, sex, language, religion, political or other attitudes, nationality, ethnic or social origin, property, health, caste or any other circumstances".
2. Children have the right to live and develop physically, emotionally, psychologically, socially, cognitively and culturally.
3. The most important are child interests while taking any actions or solutions related to the child. This principle should be applied to governments, administrations or law enforcement and family decisions which are being taken.
4. Children have the right to be active participants in dealing with all issues related to their lives, and they have the right to express their opinion freely. They also have the right to be heard.

The Convention on the Rights of the Child is guided by the basic children rights principles of the Declaration. Law or any other means for the child should be guaranteed by special protection and creation of opportunities to develop healthy, physically, mentally, morally and spiritually; also they have the right to participate in the social life. From birth, the child has the right for name and nationality, has the right for education and access to social welfare. A child primarily needs love and understanding; he/she has to grow with the feeling of parental care and responsibility, and never without lacking love and moral and material support. The child can not be separated from his/her mother, except for exclusive circumstances. The duty of public authorities is to take care of children who do not have a family. State and other benefits must be given to families with children and insufficient finances.

There are a lot of commitments to the child and family in The Convention on the Rights of the Child. Even though we have a number of laws, there is no assurance that the rights of children will not be violated in the future. The lack of maintenance makes everything physically and socially complicated for a defective child.

It has been declared in the Convention on the Rights of the Child that the child must be protected from all forms of violence. Neither parents nor other adults have the right to misbehave with a child and teenager. The state protects a child and teenager from the misuse and abuse. The state must intervene if parents do not care or can not take care of their child. A child or young person has the right to comprehensive support if he/she becomes a victim of neglect, ill-treatment or torture. Proper conditions must be created for him/her that it would be possible to recover self-esteem and dignity (The Child’s of the Republic of Lithuania, 2012). The article 19 of the Convention covers the right to be not only protected from what in various societies is called "cruelty," but also to be protected from torture and cruel, inhuman and degrading treatment or punishment (the article 37). The article 19 requires that children under the custody of parents or other people have to be protected “from all forms of physical or mental violence ". Thus, Article 19 consolidates an equal child right for dignity and physical and personal integrity (as for every human being).

The most important part in every nation’s life plays the child and family. A family reflects the society. In 1992 Lithuania joined the United Nations Convention on the Rights of the Child. But it is not enough to join the Convention. It is important to implement its requirements. The UN states that the family stability is fluctuating, the mutual respect is decreasing, the responsibility for the children is vanishing, the family hearth is dying out .Therefore, the UN invited organizations to support families morally and financially, to protect them from poverty, deprivation and homelessness, to fight against alcoholism and follow the Convention on the Rights of the Child.

By the law or any other means, the child should be guaranteed with special protection and he/she should be provided with the opportunity for healthy, normal physical, mental, moral development and participation in the life of the society. The child needs love, understanding, moral and material support in order to develop fully and harmoniously.

The Republic of Lithuania ratifies the UN Convention on the Rights of the Child and commits to take all measures to protect fundamental rights of the child:

- existential rights, including the child's right to life and have everything necessary for life, i.e. housing, suitable living conditions, a balanced diet, health care;

- rights to develop, including all what is needed for full improvement (the right for education, leisure, games, information, freedom of thought and conscience, and so on.);
- rights to be protected from violence, abuse, unhealthy or immoral way of life;
- rights to participate, including the children right to participate in community activities, express their opinion, and prepare for an independent life;
- property rights – the right to property and authorship.

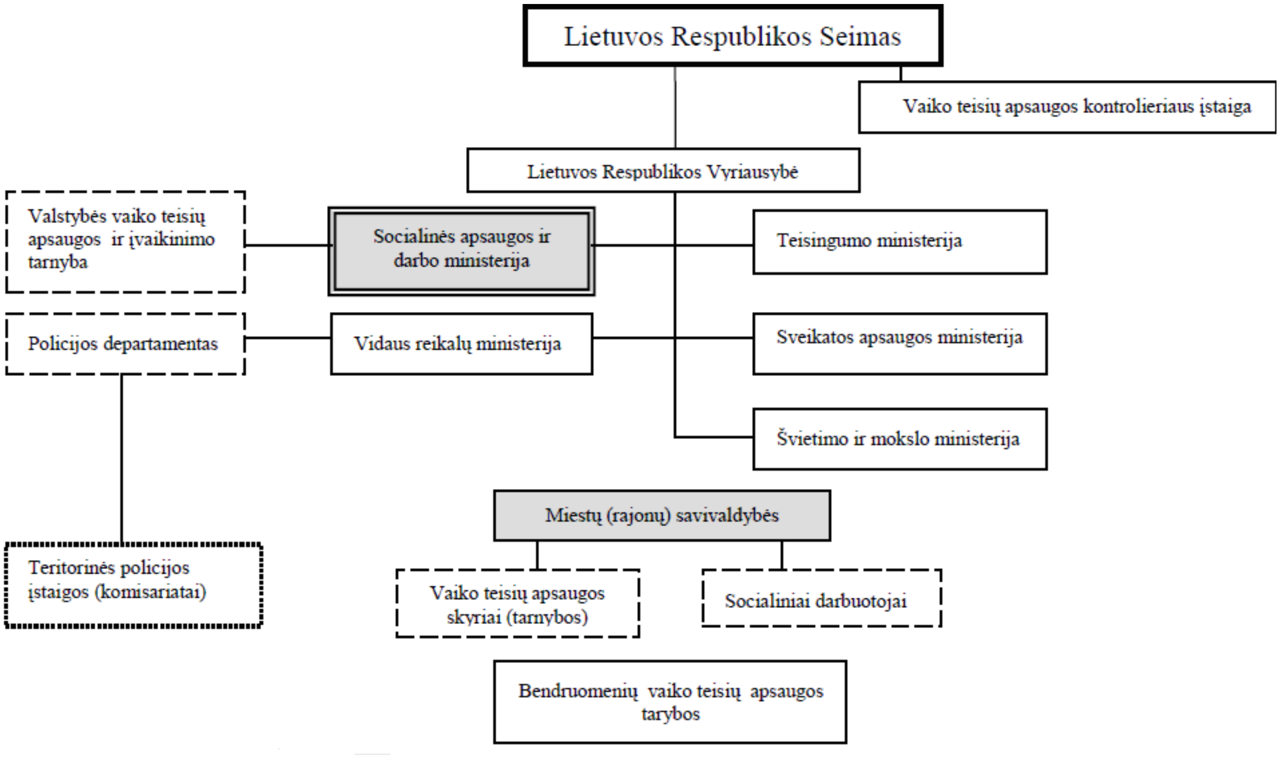
After summarizing data on the children rights violations, it can be said that majority of violators are the people closest to the child or people responsible for the child's rights.

1.3.2. The Protection Law of Child Rights in Lithuania and Ukraine

In Lithuania, as in any other country of the world, children rights and legitimate interests, their priority and the mechanism of child welfare are established, both at national and international level. A wide range of public legal relations (from the public administration to family relations) are regulated by the Lithuanian laws and subordinate legislation, as well as European Union legislation, international treaties and agreements (The child's of the Republic of Lithuania..., 2006).

The purpose of the law is to improve the legal protection of children in the country by setting harmonized protection principles of children's rights and freedoms; these principles have to be coordinated with the Constitution of the Republic of Lithuania and international legal norms. In this law, in accordance with the Constitution of the Republic of Lithuania, the UN Declaration on the Rights of the Child (1959), the 1989 Convention on the Rights of the Child and other international legal norms and principles, taking into account the specific situation of the child in the family and in society, national traditions, the basic child rights, freedoms and obligations, the most important rights and freedoms and their protection are guaranteed. This law also regulates the child's behaviour and the basic terms of his/her responsibilities and conditions; determines parents and other legal representatives' general provisions and responsibilities for child rights violation; regulates the children rights protection system in institutions and their activities legal bases (Child of the Republic of Lithuania, ..., 1996).

State institutions that prepare and implement appropriate measures of children rights protection and defence are the Seimas, the Government, ministries and other institutions. The instructor for children rights is responsible for child protection legislation and other law enforcement monitoring and maintenance (Lithuania of the Child ..., 2009). In order for the child protection system to be effective, the proper functioning and inter-agency cooperation of all institutions is needed to be ensured. Figure 1 shows the system of child protection in Lithuania.



1 fig. The system of child protection institutions in Lithuania

Source: Ministry of Children Rights Instructor, Annual Report of 2009, 2010

Lithuanian laws are not fully coordinated with the UN Convention on the Rights of the Child, and the part of the laws accepted is not enforced yet. Parents or other legal representatives of the child must create the right conditions for a child to live and grow in a family; they must take care of him, but due to the variety of reasons child neglect and violence against children are widely spred throughout Lithuania; children are constantly confronted with new threats, new kinds of addictions, and neither law nor service system fail to respond adequately to those changes; the number of families who are unable to take care of their children and fostered children has increased significantly; higher and more sustained part of children without parental care live in residential institutions; the number of problem families who are unable to take advantage of social security benefits for the child also is rising; state institutions which are protecting and defending children from violence are working ineffectively, and usually during the process of protection the child has to experience repeated violence; the decisions on child custody are often accepted not according the interests of the child, but according administration departments or units of financial interests; physical punishments are still being tolerated, the opportunity to express his/her opinion during the legal and administrative proceedings is also limited; the media violates the child's dignity by revealing child and his family’s privacy. It is also being stated that the situation shows that there is a lack of services for families and children in the critical situations; also, there is a low quality of existing services and the protection of the child lacks a planned and legally anchored infrastructure of social and rehabilitation services.

Analysis of Ukrainian legislation and practice on the Rights of the Child indicates that the judicial form of protection is and must remain the most common form of child protection. However, in order to increase the effectiveness of the judicial protection of the rights of the child and to ensure international standards of children's rights, it is necessary to hold a series of organizational and legal measures aimed at enhancing the protection of children's rights, particularly in the UK, Ukraine needs to fix these ways of protection of family rights, such as limitation and suspension of parental rights, it is necessary to increase the minimum amount of child support, to eliminate restrictions on the right to compensation for non-pecuniary damage, etc. It should also be more carefully study and the practice of the European Court of Human Rights, which in Ukraine is a source of law (Красицкая, 2013).

Lithuanian laws is an opportunity for families , parents, various institutions to implement the obligation to protect children from poverty, violence , social exclusion and to give the opportunity to evolve healthy, physically, mentally and morally. The state protects social relationship with parents, and makes efforts to involve local authorities and the community into solving child’s protection problems (Recommendation of the Council of Europe Committee of Ministers (2005)).

Disabled children suffer a double denial of their right to participate actively in decisions affecting their lives. All children are vulnerable to exclusion from participation in decisions that affect them, but disabled children tend to experience an even greater reluctance on the part of carers to enable them to be involved. Often this reluctance stems from adults anxious to protect a disabled child, failing to recognise that over-protection itself can have a disabling impact. It also derives from an all too common unwillingness to acknowledge and value the capacities and potential of disabled children.

Failure to respect the right of disabled children to be heard represents a fundamental denial of their status as people. It disempowers them, it renders them vulnerable to abuse and exploitation by adults, it means that their experience and knowledge fail to inform decisions that affect them, and it denies them the opportunities for personal development and growth associated with the process of participating. Parents are key players in promoting opportunities for their children’s empowerment. They need support, help and encouragement in strengthening their capacity to fulfil that role (Lansdown, 1998).

Eventually, it can be said that the rights of the child model is holistic and requires strengthening both the strengths of the child and resources, and the social systems in which the child lives .The most important of these systems is the family.

1.3.3. The Rights of the Disabled Child Regulation

A disabled child is a child with congenital or acquired physical or mental disabilities, and needs special protection. He/she, like every other child is guaranteed with the right to use all the legislation set out rights and freedoms and not to be discriminated because of health or other objective reasons. With the help of parents a disabled child should be guaranteed equal rights as for healthy children; they should live actively, develop, acquire education corresponding his physical and mental potential and desires, as well as to live a full life which would ensure dignity and promote self-reliance (The Child’s of the Republic of Lithuania... 2014). The rights of the disabled child and their assurances are guaranteed by this law, the law of social integration, and other laws and legal acts (the Republic of Lithuania ... Child, 1996).

Two essential models are traditionally appointed in the field of disability: a clinical (medical) and social (interaction) (Ruškus, Mažeikis, 2007). This master thesis is based on the social model. The social model of disability is treated as a social problem, as a personal involvement in public life. This model actualizes the changes in social action, public liability, and the ideology, and the theme of human rights (Ruškus, Mažeikis, 2007). According to Ruškus (2002), the advantages of this model are that the approach to people with disabilities is based on humanism, normalization, quality of life principles, and social role valorisation.締išauskas, Jomantaitė (2008) highlights key principles of social equality and human rights; from the point of view of social – interactional paradigm, the individual's social integration success depends not from the individual's disorder, but from the social environment, i.e. from social norms and valence and flexibility of attitudes.

The past decade has seen significant developments in policy and practice for disabled children and their families. In particular there is a new focus upon access and inclusion, with increasing awareness of the need to see disabled children and families as active partners within policy development and implementation. There is growing awareness of the implications of disability discrimination legislation across children’s services and of the importance of improving arrangements for early identification and intervention to maximize disabled children's participation within mainstream services. The However, many disabled children and their families continue to experience discrimination, poverty and social exclusion. The challenge for the Government is to ensure that disabled children are 'mainstreamed' across all policy initiatives and to recognise the talents and ambitions of disabled children and their families in service design and implementation (Dowling, Dolan, 2001).

The Convention on the Rights of People with Disabilities is a document that lists rights and freedoms of disabled people. It is emphasized that people with disabilities have the same rights and freedoms as everyone else.

The child, like every individual in our society, is the holder of all human rights, on the other hand, his/her situation in this context because of the physical, emotional and mental immaturity is exceptional. In addition to all common international legal documents, the rights of disabled children are designed in the general rules of the United Nations Equal opportunities for people with disabilities of, the Salamanca Declaration of the United Nations Convention on the Rights of the Child and other international treaties and agreements. All these documents are based on the principle of non-discrimination and the positive state obligations in respect of disabled children.

The United Nations General Assembly adopted the Convention on the Rights of People with Disabilities (hereinafter - the United Nations Convention) and it is one of the most important documents, which became an important step in the advocacy and implementation of disabled child rights. On 27 May, 2010, Lithuanian Parliament passed the law which ratified this Convention. The aim of that document is to encourage and ensure that all people with disabilities would be able fully and equally use all human rights and fundamental freedoms, and could promote the respect for their inherent dignity.

States Parties are taking all necessary measures to ensure the full warranty of all human rights and fundamental freedoms for disabled children on an equal basis with other children. In all actions concerning children with disabilities, firstly, the interests of the child are taken into consideration. The States Parties ensure that children with disabilities have the right to express their opinion freely in all matters affecting them, that their views would be properly taken into account in accordance with their age and maturity levels in comparison with other children and that children with disabilities would be given an appropriate assistance, in accordance with their disability and age, so that they could take advantage of that right.

On 27 May, 2010 Lithuanian Parliament adopted Law No.XI-854 on the Convention on the Rights of People with Disabilities and its Optional Protocol, which ratified the United Nations

Convention on the Rights of People with Disabilities and its Optional Protocol (hereinafter - the Convention); It was adopted in New York on 13 December. 2006. The aim of ratified Convention aims is to promote and ensure that all people with disabilities could fully and equally use all human rights and fundamental freedoms, and also to promote respect for the inherent dignity of the disabled. The disabled people's equality against the law, freedom and security, inviolability of the person sought, freedom of movement, citizenship and independent living, the right to health, work, employment and education, to participate in political and cultural life are reinforced in the Convention.

The most important principle in the implementing of the disabled children rights is identified in the Article 23, Paragraph 1, which refers to a full and decent life of a disabled child, which would ensure his/her dignity, promote self-reliance and actively participation in society. The State parties should guide this principle while seeking to implement the rights of children with disabilities. Almost the most important idea in the Convention’s paragraph is that children with disabilities should be integrated into society.

Specific commitments to ensure protection of the disabled children rights are foreseen in the Convention on the Rights of Disabled People (article 7). Other important items that are relevant in protecting the rights of children with disabilities, including the right for protecting them from childcare institutions are listed below:

- Equality and non-discrimination (Art. 5).
- The right to life (Art. 10).
- Equality against the law (Art. 12).
- Individual liberty and security (Art. 14).
- Freedom from torture or cruel, inhuman or degrading treatment or punishment (Art. 15).
- Freedom from exploitation, violence and abuse (Art. 16).
- The personal integrity of the individual (Art. 17).
- Independent life and inclusion in the community (Art. 19).
- Privacy (Art. 22).
- Housing and family integrity (Art. 23).

Disabled children should be guaranteed with the right to express their opinion freely in all matters affecting them; their opinion should be taken into consideration in accordance with their age and maturity level in comparison with other children. Also, children with disabilities should be provided with appropriate assistance in accordance with their level of disability and age, so that they could take advantage of those rights.

Disabled children, whatever their impairment, can be competent participants in every day decision making processes when they are provided with opportunities to interact with other children on an equitable basis, their participation is properly planned and not reliant on short term adult assessments of competency, and when they are able to work with reflexive adults. By this we mean adults who understand that disabled children, like other children and adults, are flexible social beings whose behavioural patterns, communication abilities, level of involvement and level of interest will vary over the duration of an activity (Davis, Watson, 2000).

Also, the above-mentioned law states that the right of such children to special supervision, preferential services of medical institutions, sanatoriums and resorts, qualified medical assistance, specific application of public buildings, streets, vehicles and institutions for these children, premises must be ensured. Parents and other legal representatives rearing and caring the child at home are entitled to receive adequate support from the state budget. Taking into account such children's health, special needs and abilities, the State and local authorities must create the necessary conditions for their education, professional training and possible work activities.

Much of the legislation surrounding children’s rights is set within guidelines and not laws and, therefore, does not afford disabled children, or non-disabled children, strong protection (Davis, Watson, 2000).

2. THE ANALYSIS OF POSSIBILITIES OF SOCIAL ASSISTANCE FOR A DISABLED CHILD IN THE FAMILY AT SOCIAL RISK IN THE PERSPECTIVE OF CHILDREN'S RIGHTS

To find out the possibilities of social assistance to a disabled child growing in the family at social risk in the perspective of children's rights the operationalization of constructs as the objects of the research was performed. This part of the research presents the research methodology, design and results.

2.1. Methodology of the Research

Scientific research is divided into positivist (quantitative) and constructivist (qualitative) (Damkuvienė, 2009). Qualitative social research methodology means that the reality of life is investigated not measuring it as in the case of quantitative research, but it is investigated by understanding and feeling it (Tidikis, 2003). This is achieved by listening to opinions, experiences, and assessments of active participants in the phenomenon of the investigation. A semi-structured interview was chosen as the instrument of the qualitative research. According to Girdzijauskienė (2006), this type of interview is the most widely applied type in conducting the qualitative research. The qualitative research method allows a deeper insight into the respondents' feelings, experiences and attitudes. The blocks of questions were formed on the basis of the research data achieved by Ruškus, Merkys, Gerulaitis (2002), Gerulaitis (2006), Miltenienė, Ruškus, Ališauskas (2003).

To achieve the aim, i.e., to reveal the possibilities of social assistance to a disabled child in the family at social risk in the perspective of children's rights, in February – April of 2015 the research was conducted in Joniškis district. The semi-structured interview with social workers who work with the families at social risk (see Annex 1) and the families at social risk with a disabled child (see Annex 2) was chosen as the methods for data collecting.

According to Luobikienė (2006), an interview is one of the most important ways of collecting data in qualitative research. This is a very good way to approach to human perception, values, defining situations and constructing reality (interpretation). This method is described as one of the most suggestive measures of mutual understanding between people. The interview is generally considered to be the main qualitative research method (Valackienė, Mikėnė, 2008), which reveals a lot of features needed for the research, and the features which no other method would be able to reveal.

According to Luobikienė (2000) in order to understand how other people interpret reality we would have to ask them so that they could tell us in their own words, but not in those exact categories that we provide. We have to allow the respondents to reveal to the depth which would help the essence of their meanings. Such authors as Kardelis (2002), Tidikis (2003), Žydžiūnaitė (2001) identify the types of interview questions: structured, unstructured and semi-structured.

The research data were collected applying the semi-structured interview method. This interview is beneficial to expose the experience of the informants, to find out the opinion on the analysed issue expressed in their own words. The main condition for the qualitative research is the reliance on the terminology used by the informants, not on the previously presented terminology and schemes, (Bitinas et al., 2008), for this reason the analysed data are obtained only from the informants' statements, their attitudes, opinions and beliefs. This method was chosen taking into account the opinion of Tidikis (2003), who states that the interview, as well as a conversation, is one of the most effective methods of qualitative research, when the necessary information is obtained directly communicating with respondents and thus greater reliability is guaranteed. Moreover, according to Girdzijauskienė (2006), the interview helps the researcher to perceive the attitude, opinions, and beliefs of the informants. The information received by interviewing allows to deeper understand the situation of a disabled child in the family at social risk, what problems should be taken into consideration in order to guarantee security for the child in his close surroundings.

As Tidikis (2003) states "the interview, as well as a conversations, is one of the most effective methods of qualitative research. The necessary verbal information is obtained directly interviewing the respondent. This is an individual conversation which guarantees greater reliability".

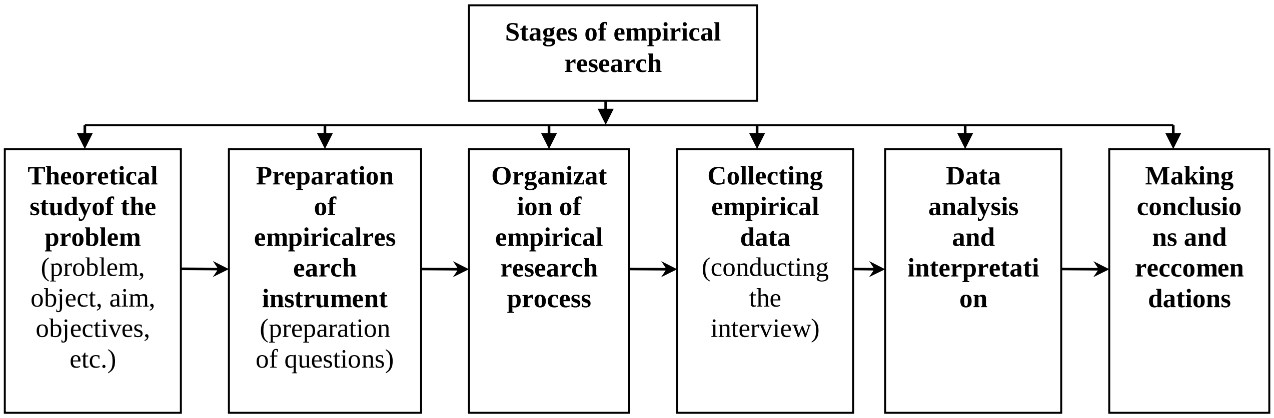
(2002) states that the interview provides wider possibilities to deeper perceive the person under research. This is a perfect way to human understanding, defining the meanings and situations, understanding of the opinions. The interview method allows the respondent to present information in his own terminology (words), provides the possibility to reveal oneself and to express freely his opinion and attitudes. This is confirmed by Svetikas (2008), who states that open questions provide an opportunity for respondents to talk more and to present their individual attitude.

Individual purposeful interview type, which was chosen in this Master Thesis and whose topics are pre-defined, but the informants do not have to stick to the order of presented questions, the terminology or the words used in the questions; additional questions could be asked. The purposeful interview allows obtaining sufficiently detailed and systematized data which are easy to analyse and process (Bitinaset al., 2008, Luobikienė, 2006).

The research ethics. The study complied with the ethical research principles: informants were asked to consent their participation in the interview, freely decide on participation. Confidentiality of the data was assured; the names of the respondents were not publicized. The right to receive information on the aim of the research and the use of the data was ensured.

2.2. Research Design: organization, methods and the scope

The present Master Thesis is based on Zuzevičiūtė's (2006) reccomendation for the stages of conducting empirical research, which is presented in Figure 2.



2 fig. Stages of the empirical research

Source: prepared by the author according to Zuzevičiūtė, 2006.

The scope of the research. Respondents were selected by target selection. This means thata researcher chooses the individuals who, in his oppinion, are the most rpresentative characters in relation to the investigation. According to Žydžiūnaitė (2006) the selection of the respondents for the interview or observation is conducted so that each new case would provide additional new information, because only that allows generating conceptual categories.

Participants of the research. The groups of the respondents are not big but meet the aim of the research. The principle of small scope was applied purposefully and it is important methodologically as the chosen data analysis method requires separate precise analysis of each family (ideographical principle), the respondents of the research have to "transfer" the problem. It was aimed to find the respondents who would make a rather homogeneous group and the questions of the survey would be meaningful and personally relevant. The target selection method was employed for the selection of the respondents. Thus the final group of the respondents consisted of: the respondents for the interview were chosen according to the following criteria: families at social risk with children with disabilities and agree to answer the questions of the interview that will be used in the Master Thesis. The empirical data content analysis helped to understand in greater detail the problems and difficulties that these families face and what support is essentially needed for these families. The qualitative study included only women (mothers). The age of the respondents is 18 – 46. Information about the respondents is presented in 1st table (the names are changed).

1 table

Information about the respondents (N=5)

No.	Respondents	Data
1.	Audronė	32 years old. Raises children with the cohabitant. Family of three children, all three with disabilities. Linas has congenital muscular-skeletal deformation, Audrius has speech and language disorder, mild intellectual impairment, Arūnas has mild mental retardation, striking behavioural disorder. All attend a special school.
2.	Julita	28 years old. Raises children with the cohabitant. 5 children, two with disability. Evelina has significant mental retardation; Lukas has slight mental retardation, speech and language disorder. Evelinaattends a special school; Lukas attends kindergarten, the group for the disabled.
3.	Jolanta	26 years old. 4 children in marrage. 1 child with disability. Faustas has mild mental retardation, striking behavioural change. Faustas attends kindergarten, the group for the disabled.
4.	Sandra	28 years old. Raises 2 children with the cohabotant. Rimassuffers from epilepsy, frequent seizures. Is raised at home.
5.	Vida	46 years old. Raising 6 children in marriage. 5 children with disability. Simas has cerebral palsy; Jonas has Down’s syndrome; Rimas has dyslexia; Linas has slight mental retardation, speech and language disorder; Arūnas has significant mental retardation. All children attend a special school, day care centre.

The respondents were acquainted with the aim of the research, they consented their participation in the survey, the anonymity of the data was guaranteed. During the meetings with families with disabled children the information obtained by the interview method was written by hand. The average duration of an interview was 20-30 minutes.

Such qualitative study of several cases, according to Girdzijauskienė (2006), is a deepcut of social reality, during which the information on the phenomenon is collected by using semi-structured questions.

Another qualitative study was conducted with social workers with work experience of at least 3 years and who work with families at social risk. The respondents were selected using target selection type (see 2nd table). The time of the interview was discussed with each respondent individually. The research involved ten social workers who work with social risk families with disabled children. The respondents were made aware of the research topic, aim, how the data of the research will be used. They were also made aware of the confidentiality of the research, i.e. that the data will be used in the present Master Thesis. The place of the interview is Joniškis district.

2 table

Information about the respondents (N-10)

No.	Respondents	Data
1.	Daiva	A social worker working with social risk families,40 years old, work experience – 7 years. Higher, social work education.
2.	Asta	A social worker working with social risk families, 44 years old, work experience 7 years. Higher, social work education.
3.	Sandra	A social worker working with social risk families, 45 years old, work experience – 7 years. Higher, university education.
4.	Rita	A social worker working with social risk families, 28years old, work experience – 3 years. Higher, university education.
5.	Erika	A social worker working with social risk families, 29years old, work experience – 4 years. Higher, social work education, educology.
6.	Irina	A social worker working with social risk families, 31year old, work experience – 3,5 years. Higher, qualification of social educator, social worker.
7.	Renata	A social worker working with social risk families, 40 years old, work experience – years. Higher, university education.
8.	Genutė	A social worker working with social risk families, 38 years old, work experience – 4 years. Higher, university education.
9.	Vaida	A social worker working with social risk families, 55 years old, work experience – 7 years. Higher, bachelor of social work.
10.	Simona	A social worker working with social risk families, 43 years old, work experience – 7 years. Higher, bachelor of social work, educology.

One interview at average took about 26 minutes. According to Girdzijauskienė (2006), longer than one hour interview is not effective, because the respondent and the researcher get tired and are not able to notice important details of the conversation, non-verbal behaviour and the environment. During the interview the academic ethics principle was kept to which means that anonymity was guaranteed in order to have immediate and sincere communication and get sincere answers from the respondents.

The research data were processed using descriptive analysis and text content (qualitative content) analysis methods. The text content analysis method helps to avoid superficiality analysing the text. According to Žydžiūnaitė (2005), who refers to Krippendorff (1980), content analysis is a reliable method and basing on the text under analysis specific conclusions can be drawn. Analysing the content it is possible to diagnose the violation specificity of the rights of disabled children, the reasons of the violation, whether social risk families are able to raise and take care of a disabled child independently. Content analysis is a creative interpretation process implemented in successive steps. While analysing the text the following steps were taken (Žydžiūnaitė, Jonušaitė, 2004):

1) multiple text reading;
2) appointment of manifest categories based on key concepts;
3) division of content categories into subcategories;
4) interpretation of the categories and subcategories and their argumentation by the statements of the text.

2.3. The Results and Summary of the Research

2.3.1. Socialization of a disabled child in the family ay social risk

In such surveys the scientific concepts are formulated, the scientific objectivity is achieved. Merkys (1995) argues that the information obtained using this method is subjective, related to personal opinion and to the area of values, emotions, and worldview.

In order to perform the qualitative data analysis conceptual categories and subcategories were formed. These categories and subcategories became clear after conducting the data coding. The qualitative research is characterized by an abundance of information; therefore after the rsearch data were collected the examples of empirical indicators were selected. Bitinas, Rupšienė, Žydžiūnaitė (2008) argue that coding helps the researcher make a rational decision on the collected data selection. Coding was performed searching for common empirical examples that joined the research data into subcategories.

This section will provide the results of the interview which have been processed manually using content analysis method.

At the beginning of the interview the respondents were asked to present their identification data: social workers working with social risk families were asked to indicate their age and qualification. After summarising the data it became clear that that all social workers working with social risk families have higher education.

Results of the research. The interview questionnaire is divided into blocks that is why while conducting the analysis of the qualitative research three topics were formulated: “Socialization of a disabled child in the family at social risk”, “Social support for a family at social risk with a disabled child”, and “The protection of the rights of a disabled child in the family at social risk”.

The first block analyses how the socialization of a disabled child occurs in the family at social risk, what social factors influence the family’s micro-climate which is of great importance for the socialization of a disabled child, what influence on the socialization process of a disabled child neglect and abandonment make. The risk factors that are inherent to social risk families and how they influence the socialization of a disabled child are analysed. The parents' focus on developing social skills and independence of a disabled child is described.

The second block presents how a family at social risk becomes a receiver of social services, what social services a family at social risk with a disabled child receive. The role of a social worker, the change occurring in the family getting social services is analysed. The factors hindering a social risk family to get use of the possibilities of social support independently in order that a disabled child is given comprehensive social assistance are presented.

The third block analyses how the rights of a disabled child are ensured in the family at social risk, what rights of a child are violated most frequently. The ways of disciplining used by the families at social risk while punishing their disabled child are found.

Socialization is the formation of socially valuable personality through education and environmental factors. The family is the first child education institution in which education takes place continuously and is constantly adjusted. A disabled child growing in his family, which is his main socialization environment, learns what is good and what is bad in various ways: observing the behaviour of the people surrounding him, listening to instructions, advice, assessing the consequences of his behaviour, obeying the rules, etc. A child observes and takes over the way of living, behaviour, norms of behaviour, values, the way of communication, etc. A child's attitudes, values are formed in the family (Miškinis, 2003).

3 table

Child socialization factors

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Social factors influencing micro-climate	Social problems	"are not able to take care of the child because they themselves lack social skills", "a disabled child has fewer possibilities to socialize properly because their parents lack social skills"; "parents lack social skills"; "because of the lack of social skills"; "using alcohol";	5
	Psychological factors	"the child feels guilty for the problems of his parents"; "the disabled child is not provided the needed support"; "has no possibilities to socialize properly"; "disability to establish and maintain communication with others"; "limited understanding about the fulfilling the needs of a disabled child"; "has influence on child's self-esteem"; "influenced by family relationships, emotional state"; "limited understanding about the	10

		fulfilling the needs of a disabled child”; “parents themselves have some form of disability”;	
	Parental skills	“fail to properly fulfil their duties, social interaction is very limited”; “everything depends on the parents’ perception, knowledge about “different” children”; “do not obtain maximal life possibilities for developing, health care and social self-sufficiency”; “the independence of the family members is responsible for what services will be provided to the child and how intensive they will be”;	4
	Need for security	“parents are not able to ensure welfare of their children; “health, communication with others, learning motivation, security”.	2

The data in 3rd table show that family micro-climates of major importance for the socialization of a disabled child. The micro-climate of the family at social risk is influenced by various social factors. The socialization of a disabled child is influenced is influenced essentially by all factors, but the greatest influence for shaping the individual is made by the psychological micro-climate of the family. Social workers noticed that for the relevant socialization of a disabled child the greatest influence is made by psychological factors. A family at social risk *“has limited understanding about the needs of a disabled child, due to some form of disability parents are not able to take care of the child”.*

According to the respondents*” a disabled child growing in the family at social risk has no possibilities to socialize properly due to the lack of social skills of their parents, disability to establish communication with others, limited understanding about the needs of a disabled child”*, *“a disabled child growing in the family at social risk has fewer possibilities to socialize properly due to the lack of social skills of their parents”.*

A family at social risk faces social problems that also make influence on the family’s micro-climate and the socialization of a child. The characteristic features of the family at social risk: alcohol abuse, the lack of social skills of the parents, children neglect. The socialization of a disabled child is not appropriate due to the lack of parental skills. *“Parents are not able to perform properly their duties; parents have little knowledge about “different” children”*. Parents fail to ensure the welfare for their children.

“A disabled child growing in the family at social risk does not get maximal life possibilities: education, health care and social self-sufficiency”.

Family is the most important environment in which a child can successfully grow and develop. We can absolutely agree with this statement as it is obvious that the socialization process involves cultural transfer, self-disclosure and personal becoming. According to Sakalauskas (2007), family is the first child's "community" from which he learns the most.

According to Johnson (2001), in order to secure home atmosphere, which affects the independence and autonomy of a disabled child, you need to create conditions for the family members to be valued and respected, every family member should know how to evaluate his experience, which help the family to be united and harmonious.

Due to the lack of social skills families at social risk do not provide the adequate care for the child, then there is *"a risk for the child's physical, mental, moral development and security"*.

When the social risk families with disabled children were asked a question *"what is the main source of income?",* all the mothers reported that the family live on social allowance, the disability allowance for children and other members of the family, children's allowance. Three mothers said that they receive disability allowance and do not have the access to employment; two mothers pointed out that they raise their children at home, get allowance for large families and even did not try to find a job.

The question *"what problems do your family face?"* was asked in order to find out the reasons that hinder the proper functioning of the family.

4 table

Reasons affecting family functioning

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Family problems	Financial difficulties	"not enough money", "have owes to bailiffs","the allowance is not enough", "have a lot of debt", "debts", "do not offer a job due to disability", "financial difficulties".	7
	Social problems	"the cohabitant is violent";"we have no housing"; "we have rows"; "the cohabitant abuses alcohol"; "rows at home"; "we have various problems";	6
	Psychological reasons	"the behaviour of children is unsuitable", "children annoy, do not obey", "children's disobedience".	3
	Health problems	"the child is prone to self-harm", "there is no psychologist", "we do not have means to go to doctors", "expensive treatment", "I myself have health problems", "husband's diseases".	6

The most common and painful problems influencing the functioning of the family, as pointed out by the respondents (7 statements) are *"financial difficulties", "unemployment", "poverty".* Financial difficulties occur in families with insufficient incomes to ensure every day life and existence. Financial problems cause the poor family environment; it is difficult for the family to meet the needs of a disabled child, to take care of his health. *"Financial difficulties"* directly affect the disappointment and distrust of the adult members of the family, therefore the family cannot perform their functions. *"Financial difficulties"* cause anger, conflicts, violence in the family. When a family has financial difficulties it is difficult to motivate the family to change, to deal with other occurring problems.

According to the number of statements it can be seen that social risk families recognize that they have social problems. Families with social problems very often due to their disappointment to solve occurring problems become indifferent. The mothers stated that problems due to *"cohabiting partner violence"," cohabitant abuses alcohol"* cause conflict situations at home. Children in such families see the improper behaviour of their parents and later take over the bad behaviour pattern from their parents.

Health problems also have influence on the functioning of the family. Of the five families surveyed three adult members of the families have health problems: *"I have health problems", "husband's diseases".* Due to health problems, transport problems *"we do not have transport to go to doctors"* the family face exclusion and avoid seeking for help independently. The family do not cover the child's disability as a problem.

A comparison of the answers presented by social workers working with families at social risk and the answers of the families allows concluding that the families consider financial difficulties as a major problem, social workers notice that a major problem affecting the functioning of the family is the lack of social and parental skills (see 5th table).

5 table

Neglect and abandonment in the process of socialization of a disabled child

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Neglect and abandonment in the process of socialization of a disabled child	Hygiene factors	"parents do not take a proper care of the disabled child's hygiene"; "do not develop self-hygiene skills"; "the child is not used to wash himself, to wash hands frequently at home"; "self-hygiene and self-development skills are not developed"; 'do not have enough food" .	5
	Psychological factors	"the development of the child is getting slower"; "appropriate behaviour model is not developed"; ' has no communication skills"; "the child will not be independent"; "the child is not looked after"; "do not receive adequate and necessary assistance"; " parents pay less attention to educating and developing of the child".	7
	Social factors	"when the child started attending school, the number	5

		of problems is increasing”; “does not fit among the peers”; “has no social skills”; “do not provide adequate care”; “are not interested in the child’s disability, do not develop his abilities”.	
	Environment factors	“the problems faced by children involve them into vicious circle as the child takes over behaviour models from the family. A child without access to other life models replicates his parents’ way of life”.	2
	Cultural factors	“children’s adaptation in the social life is difficult”; “do not participate in social and community life”; „hard adaptation in social life”; “does not fit among the peers”.	3

Child neglect and abandonment is one of the major conditions influencing a child’s socialization process. The factors presented in 5th table are directly related to the neglect and abandonment of a disabled child in the process of socialization. Primary socialization defects in the family at social risk may have negative impact as the child has not mastered the positive features and is completely dependant on his parents to whom he cannot resist. Psychological and social factors are very important for the process of socialization of a disabled child in the family at social risk.

According to the respondents, the examples of even 7 statements show that psychological factors have a huge impact on the socialization process of a disabled child. As the respondents state, *“the problems face by children involve them into vicious circle, as the child takes over behaviour models fromthe environment and his closest environment is his family”.” A child without access to other life models replicates his parents’ way of life”*.

A child with a disability feels uneasy, depressed, the violated environment produces a lot of conflicting situations, indifference prevails, family life is poor, *“an appropriate behaviour model is not developed”*; *“no communication skills”*.

The hygiene factors have negative impact on the socialization process of a disabled child when *“parents do not take a proper care of the disabled child’s hygiene”.” Parents do not develop self-hygiene skills and children receive peer derision”,” do not develop his skills”.” The child is not used to wash himself, to wash hands frequently at home and that is why he does not see the need to do it at the educational institution. This causes additional concerns for educators. There is no unanimous consensus of parents and teachers on the child’s permanent self-regulation skills”*.

Equally significant are cultural factors when a disabled child *“does not participate in social and community life”* and does not fit among the peers.

Due to neglect and abandonment the socialization of a disabled child is violated and this has an impact on his secondary socialization process. For the influence of all these above-mentioned factors disabled children growing in the families at social risk become socially closed, feel shame and guilty, have psychological and social adaptation difficulties. Neglect and abandonment influence the child’s self-esteem and the formation of social skills.

6 table

Disorders arising from family conflicts

Category	**Subcategory**	**Examples of empirical indicators (statements)**	**Number of statements**
Disorders arising from family conflicts	Transfer of behavioural model	“transmit behaviour patterns how to communicate with other people”; “Inappropriate behaviour model is being formed”; “A disabled child will take over the same communication model”; “unwilling to take on any activity, excessively sensitive”; “incorrect understanding of relationships”; that in the family material, psychological and social problems prevail”.	6
	Behaviour disorders	“has difficulties in obeying the rules”; “the model of inappropriate behaviour is formed”; “ the child feels danger”; “listless”; “children can take over the behaviour of parents and will have conflicts with everybody and everywhere”; “resistance”.	6
	Communication disorders	“a child becomes reserved, does not communicate”; “may have influence on his communication, the child may be more reserved”; the model of inappropriate interrelation is formed”; “feels unnecessary, unheard”; “disturb other family members to develop freely”; “distrust in himself and other people”.	6
	Health disorders	“has impact on child’s health”.	1
	Psychological disorders	“the child experiences psychological discomfort”; “he can become aggressive”; “the child feels discomfort”; “the child may be prone to aggressiveness, disobedience“; “insecurity”.	5
	The feeling of guilt	“Most often children feel guilty that they are different”; “feel guilty when parents argue”.	1

Family members are the closest people to the child who greatly influence the child’s development and social skills. The family is the first social context in child’s life in which the child acquires various skills, behaviour norms or communication rules. Children learn social behaviour not only in direct communication but also observing the interaction between parents and their behaviour.

As Česnuitytė (2007) states, a child learns behaviour models from the immediate environment which primarily consists of the family of a child. If parents have psychological, mental or other problems, the child is in the risk to acquire the behaviour model that does not meet the socially acceptable norms. It is therefore likely that the child will suffer the same problems outside the family, in relationships with other children.

Most statements about the influence of family conflicts for a disabled child suggest that due to the conflicts in the family a disabled child acquires behaviour and communication disorders,*” the model of inappropriate interrelation is formed”*, and*” children take over the behaviour of parents to have conflicts with everybody and everywhere”* (see 6th table). A disabled child in the family at social risk *“feels unnecessary”, “unheard”.* In such family environment with permanent conflicts the child develops large potential “threat” sensitivity, *“most often children feel guilty that they are different”, “they feel guilty when their parents argue”*. Such children are more likely to consider neutral situations as menacing, *“children can be prone to aggressiveness, disobedience”.* Conflicts in the family determine an incorrect understanding of relations *“the model of inappropriate interrelation is formed”*. Conflict relationships between family members do not enable children to develop their will, distort the moral orientations. These children more often feel fear, feel guilt for the problems occurring in the family, feel *“mistrust in themselves and other people”*, in adults, they are vicious and vindictive, distracted, *unwilling to participate in any activity, over-sensitive”, “the child becomes reserved, does not communicate a lot“, “fell unnecessary,* unheard.

“Parental inappropriate behaviour models” traumatise a disabled child, clearly *“have impact on his health”*, while parents involved in such interactions, overpowered by strong emotions, sometimes tent to behave as if the child does not exist, as if he has become “invisible”.

Seeing conflicting parents *“children take over their parents’ behaviour”* and solve their conflicts in learned ways. Later children have conflicts in inappropriate ways not only with their parents but with teachers and peers.

Children *“feel guilty when parents have conflicts”*, but none of the child is able to help his parents to solve the on-going family conflicts and therefore is experiencing tremendous emotional stress*, “insecurity”,* becomes *“difficult to obey the rules”*.

In conflicting family children often grow susceptible, sometimes later they are not able to behave themselves in a non-conflicting way, are aggressive or, on the contrary, children *“do not communicate a lot and become reserved”*.

7 table

Risk factors specific to the social risk families with a disabled child

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Risk factors	Addictions	“Parents are drinking”; “parents’ addictions”; “addictions”; “alcohol consumption”; “parents’ addictions”;	5
	Difficult material	“difficult material situation”; “poverty”; “poverty”; ““using the income not for family interests”;	6

	situation	“difficult family financial situation”; “difficult material situation”;	
	Lack of social and parental skills	“lack of social and parental skills”; “insufficient parents’ motivation to be interested in the information and possibilities to help their disabled child”; “possible misunderstanding of parents how to raise, maintain, care for the child appropriately”; “the family is not able to meet all the needs of the child because of the lack of social skills, do not understand the seriousness of the problem”; “inability to care for their children”; “the lack of social skills”; “insufficient parents’ motivation to access information and possibilities to help the child”; “the family does not provide adequate child care”; “dies not meet the needs, the problems are getting worse, the disability is getting worse”;	9
	Conflicts	“mutual conflicts”; “conflicts in the family”; “conflicts in the family”;	3
	Violence in the family	“violence in the family”;	1
	Violation of child’s rights	“violation of child’s rights”;	1
	Housing adaptation problems	“unsuitable housing conditions for a disabled child”	1

A disabled child’s destiny is inseparable from the family, their life particularities. It is adult family members who decide how to live, what environment is provided for the development of the child’s personality, a foundation for future life is created.

According to Vosylienė (2009), social skills are acquired while observing, modelling the behaviour of surrounding people and getting feedback about the consequences of one’s own behaviour. Skills are related to the characteristics of the environment, specificity of the situation, as well as age, state.

From the answers to the question *“What risk factors are common in the families at social risk with a disabled child?”* we see that the lack of social and parental skills is the most common problem in the family at social risk with a disabled child. Due to the lack of social and parental skills *“the family do not provide the appropriate care for the child”, “do not meet the needs of the child”, “most often the problems are getting worse, and the disability is getting worse”*. In the families at social risk the material situation is also difficult; families live on social allowance and disability allowance. The income of the family at social risk*” is not used for the family and child’s interests”*.

Family housing conditions are poor, they do not meet the needs of a disabled child. The oppressive family environment traumatises the child’s psyche, therefore the disabled children’s mental mature is slower, the vocabulary is poor. As noticed by the respondents*” the influence is also made by parents' harmful habits, insufficient parents' motivation* to *access information and possibilities to help the child, etc.”*.

Harmful habits of parents are also the important risk factor in the families at social risk. Alcohol abuse is a phenomenon that affects not only the psyche of children but causes health problems as well. In alcohol addict families children from the very first days of their life suffer from hardship, poverty, and hunger. From the point of view of children this is not fair, there is no justification for such life in the family, and the life seems offensive. As a result the children's feelings of envy, aggressiveness, and selfishness are being formed.

Since *“alcohol consumption”* and violence are related to each other, children in such families are more likely to experience violence in the family.

8 table

Developing a disabled child's autonomy and social skills

Category	**Subcategory**	**Examples of empirical indicators (statements)**	**Number of statements**
Developing a disabled child's autonomy and social skills	The role of the family in the educational process	“the child's environment does not allow to develop these skills”; “child's autonomy and social skills are not developed properly”; “in the majority of families social skills are partly developed but the autonomy is developed rather early because of life conditions”; “the child's autonomy and social skills are developed in inappropriate way”; “most often children lack autonomy, social skills”; “only the minimum needs of the child are fulfilled at home (food, clothes)”; “children do not have the example to follow and possibilities to develop differently”; “parents lack knowledge of child care, education, upbringing”; “home conditions do not provide opportunities for children to acquire autonomy and adequate development”;	9
	The role of institutions in the educational process	“the child is educated only in educational institution”; “most often children's upbringing and education is left for school”; “the education of a disabled child is taken over by institutions”; “the autonomy and responsibility of the child is developed at school”;	4
	The role of brothers, sisters in the educational process	“at home older brothers and sisters take for the child”; “most often upbringing and educating of the disabled child is left to brothers and sisters”; “learn from brothers and sisters”.	3

The role of the family is particularly important when we speak about the disabled children. The family has to teach children everyday life activities. Parents are participants in the educational process.

According to Vaičekauskaitė (2008), the characteristics of family interaction, the structure of the family, culture, functions, and life cycles are factors of paramount importance educating children with disabilities. In other words, it is important to highlight not the individual characteristics of a child, but the family resources that would effectively raise the autonomy of a disabled child.

The results in 8th table show that *"most often the child's autonomy and social skills are developed in an inappropriate way because parents themselves are not completely autonomous",* and *"the closest environment of the child does not ensure possibilities of appropriate development"*. In the families at social risk *"home conditions do not provide possibilities for children to acquire autonomy and appropriate development"*.

It was noticed that *"in many families social skills are only partially developed but autonomy is developed rather early due to life conditions",* then a disabled child is autonomous not according to his age.

There are parents who distance themselves from the educational process and think that to teach autonomy and social skills of their children is the task of educational institutions, *"the child is educated only in educational institutions, at home only the essential needs are fulfilled (food, clothing)"*. The care for a disabled child emaciates the family physically and mentally, therefore they transmit their duties to educational institutions. Relaying the child to the educational institution the family should not resign responsibility for the process and results of education, however, *"the child's autonomy and the feeling of responsibility* is fostered only at school".

The respondents also noticed that brothers and sisters take over the responsibilities of parents,*" at home older brothers and sisters take care for the disabled child"*, they look after the disabled child, play with him, and teach him. In this way the disabled child imitating the behaviour of his brothers and sisters partially becomes independent.

9 table

Parental attention to a disabled child

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Parental attention to a disabled child	Lack of time	"in the families at social risk parents do not allocate time for education of the child"; "...give not enough time"; "no"; "do not give time"; "really not"; "parents have no time"; "no, because parents would	9

		rather spend their time watching TV, do not communicate a lot”; “periodically give time...it depends on the child’s state”;	
	Lack of knowledge	“no because they are not able to fulfil their duties properly”; “have no abilities”; “no, because they lack knowledge and will to look after and educate their children properly”; “communicate little because they“ have discarded” their disabled child”;	4
	Others take care for the child	“the child is educated only in educational institutions”; ‘at home older brothers and sisters take care for the child”; “the children are educated in educational institutions”; “during the holidays and after-school time they are in the street, in the yard”; “older children look after the younger ones”;	5
	Sufficient attention	“parents give enough time for education, parents try their best and take care of the child”.	1

The family’s attention and time have impact on the development of the disabled child and his brothers or sisters. The families at social risk do not give enough time and attention for the disabled child’s care and education. As it is seen from the results of 9th table the families at social risk due to the lack of their social skills *“are not able and have no time”* for education of their disabled children. According to the respondents *“for children who are neglected disabilities become even more visible in the society, such children due to the lack of appropriate attention have difficult adaptation in social life, they do not fit among the peers”.* The parents, or a single parent the child has, have no time to communicate with the disabled child *“as they rather spend their time watching TV”* or *“communicate little because they “have discarded” their disabled child”.* From the number of the interview answers we can see that the families at social risk due to the lack of knowledge *“have no abilities”, “they have not enough knowledge and will themselves to look after and educate their disabled child”.*

Social workers notice that the role of parents is transmitted to educational institutions, *“children are educated in educational institutions”, “during the holidays and in after-school time they are in the street and in the yard”* or older family children look after their disabled brother or sister, *“at home older brothers or sisters look after the child”.* Then the commitment burden of older brothers and sisters is noticed in areas ranging from housekeeping and caring for a disabled brother or sister, family difficulties, psychological problems to conflicts with the social environment.

Eighteen statements prove that the family at social risk does not give enough time for the disabled child and only one statement is that the family *“give enough time for education, parents try their best and take care of the child”.*

According to the results of the survey it could be stated that a disabled child in the family becomes isolated, he is not paid sufficient attention by his parents, his social needs are not fulfilled, the child lacks his social and emotional trust of his parents, and this makes the child's preparation for the independent life more complicated.

2.3.2. Social support for the family at social risk with a disabled child

According to Doherty (1985) (cit. from Ruškus, 2002), the previous research shows that positive changes in supporting the family can occur only when the majority of the functions of specialised institutions are taken over by social and psychological departments who focus their attention not only on the disabled children, but the family as a system.

Social support for the disabled child in the family at social risk is a means for the family to find out what difficulties the family face and to ensure the disabled child to feel full-fledged in his close environment. Social support provides a possibility for the family to get use of support services, and social workers working with the families at social risk supervise that the security of a disabled child would be ensured.

Disability can too often condemn children to social isolation, loneliness, lack of friendships, denial of a voice and denial of opportunities to participate within society. The grim reality is that within most societies, prevailing attitudes perceive the life of a disabled child as being of less worth, less importance and less potential than other lives. All over the world, disability is stigmatised. Unless and until we begin to challenge these negative attitudes towards disability, little will change in the lives of disabled children (Lansdown, 1998).

The disability of the child raises unsolvable problems and questions for his parents, who are not able to answer them themselves, so they need support, consultations, information. "If this information is provided in a suitable time, the problems that seemed unsolvable become better understood and easier to cope with" (Karvelis, 2001).

Q.1. In accordance with what was social work with the families at social risk started?

The answers to this question are homogenous, social support was started to be provided for the family only after receiving the order for inclusion of the family in the register of the families at social risk of Administration Director. The family is included in the register for the lack of social skills, violation of children's rights, inappropriate child care, and violence.

After including the family in the register of the families at social risk, the solution for providing social care services is obtained.

Q.2. What is the role of a social worker in providing social care services for the family at social risk with a disabled child?

The main provider of social services for the family at social risk is a social worker who helps the family to cope with the problems, provides suitable support, and conducts prevention and intervention.

The social workers who participated in the research highlighted professional activities, i.e. the services of social supervision. In providing social services the aim of the social worker is to help to figure out the problem, to adopt a common solution to the problem, to determine the aims, objectives, strategies, roles, and in the same time to develop social skills: the skills of communication, coping with problems, ensuring of children rights protection, child care, problem detecting and solving.

10 table

The change in the family after starting to provide social supervision services

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Positive changes	Financial situation	“financial resources are arranged””; “in order the family received social support for a disabled child”;	2
	Home conditions	“...the family has improved living conditions”; “living conditions improve”; “clothing and food charity”; “living conditions have improved”; “charity is provided”;	5
	Interrelations	“the disabled child would receive enough attention”; “would understand his emotional needs”; “parents become more responsible”; “interrelation becomes better, the members of the family start to care more for each other”; “fewer conflicts for the child”; “the social circle expands”;	6
	Problem solving	“started to provide services more problems are solved”; “independently cope with social problems”; “ the problems are solved together”;	3
	Increasing motivation	“motivation to appropriately look after the child is increasing”;	1
	Periodical changes	“periodically changes”; “the family situations better or is worse periodically”; “try according to possibilities and understanding”; “...but the interrelations do not change, parents lack social skills in communicating with children”; “interrelation changes very slightly”.	5

The statements in 10th table show that after the social supervision services had been started to provide, one category was distinguished: positive changes. The greatest changes occur in the relations between the members of the family at social risk because social workers deal both with the family and the disabled child and his brothers and sisters who also need support in order not to feel discomfort in peer groups for family problems. Social workers ensure that *“the disabled child would get enough attention from the family”, “the family would understand his emotional needs”*. Providing social supervision services the workers notice that *“parents become more responsible”, “interrelations become better, the members of the family start to care more for each other”, “social circle expands”*.

Social workers observe the positive changes, i.e. that the family living conditions are getting better. Starting to provide services to the families living conditions most often are poor, the furniture does not meet the requirements of the disabled child, the families have debts for bailiffs, and for utilities. With the arrival of services *“first of all financial resources are considered that the family would get social support which belongs to a disabled child, then it is observed that parents would pay enough attention to a disabled child and would understand his emotional needs”, “the living conditions in the family became better”*; the families get charity: *“clothes and food charity is received”,* furniture, household appliances, shoes, toys, special equipment needed for a disabled child is provided.

Because the families lack social skills in dealing with occurring problems having started to provide services, the problems are identified earlier and *“and are dealt with together”*.

Positive changes in the families at social risk occur periodically, *“the family situation is better or is worse periodically”, “the families try to deal with the problems according to possibilities and understanding”*, but some families are not able to retain the positive changes.

It is seen from 10th table that it is hard for social workers to motivate families to change, to make independent decisions in the family and a disabled child’s best interests. The families at social risk are informed that, if they eliminate the reasons for including them in the register, they will be excluded from the register, but this motivates not all families to change. The respondents pointed out only that *“the motivation to care for the child appropriately increases”,* because families get more information about violations of children’s rights.

The same question “*What are the chances in the family when they started receiving social supervision services?”* was presented to the families at social risk with disabled children.

11 table

The change in the family after starting to receive social supervision services

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Positive changes	Financial situation	“soon will be out of debts”;, “helps with money, teaches to save”;	2
	Household conditions	“brings charity”; “deliver clothes and shoes for children”; “brings food”;	3
	Interrelations	“children are more obedient”; “do not have rows so often”; “husband is afraid to beat me”;	3
	Mediation services	“communicates with school”; “tell to what doctors to go, make an appointment”; “agrees on debt payment by instalments with bailiffs”; “helps with transport”; “interacts with the elder on getting a social apartment”; “helps to manage documents on the benefits”;	6
	Information, consultation services	“informs on child’s disability”; “gives all information”; “informs what to do next”; “informs on any question”; “advises how to solve the problem”.	5

The families named the changes that are taking place having started to provide social supervision services. The families highlighted mediation and information services. As the families at social risk still experience social exclusion, they communicate “in the close circuit”, therefore they need information and mediation services. The social worker helps to mediate between the family and their environment, helps the client to deal with occurring problems*, and ‘advises how to solve the problem.* The social worker mediating represents not only the client but the appropriate institution as well, *“communicate with school”, “tells to what doctors to go, makes an appointment”, “agrees on debt payment by instalments with bailiffs”, “communicates with the elder”.* Mediation service provides high quality services for families because they are not able to represent their system independently. The families at social risk value the information and consulting services. These services are constantly needed for the family, and they are essentially useful the cases of critical situations when the problems cannot be postponed. The families mention that the social worker *“informs on child’s disability, “gives all information”, “informs what to do next”, “informs on any question”, “advises how to solve the problem”.*

12 table

The options of social support for a disabled child

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
The options of social	Limited options	“does not always make use of the recommendations”; “not always, depends on	7

support for a disabled child		understanding and possibilities of the family”; “may be not always ourselves”; “has limited possibilities to get comprehensive social assistance because of parents’ inability to understand the necessity of the help”; “the child has no possibilities to develop in the camps or gatherings for the disabled”; “has minimal access to comprehensive social assistance”; “while not included in the register they do not even know”;	
	With the help	“with the help of the social worker who motivates them to get use of all possibilities”; “encouraged by social workers”; “with the help of social workers the families receive the needed help”; “a disabled child would not get appropriate help if the social worker did not visit the family”; “enables parents to seek help and the social worker organises and supervises the ways and means of the help…”;“the social worker helps”; “the whole family is involved in the help.	6
	Independent efforts	“tries hard to care for”; “… is interested in all innovations, collects information...”; participates only in the events organized by the village community and school”.	3

It can be seen from 12th table that the family at social risk do not help their disabled child to get use of all social assistance possibilities. In such families a disabled child *“has limited possibilities to get comprehensive social assistance because of parents’ inability to understand the necessity of the help.”* Due to the lack of social skills, *“the child has no possibilities to develop in the camps or gatherings for the disabled”,” has minimal access to comprehensive social assistance”*. As noticed by the social workers, “while *not included in the register they do not even know”* about possibilities of the help for a disabled child. Social workers who work with the families at social risk with disabled children encourage and motivate the family to get use of the possibilities of social assistance, provide them with information where to address for the help. Having started to provide social supervision services to the family the social worker “*enables parents to seek help and the social worker organises and supervises the ways and means of the help...”*.According to social workers, there are such families who get use of social support possibilities independently, disabled children attend special schools, where they live in school hostels, then the children “do not bother” the family.

2.3.3. The protection of a disabled child’s rights in the family at social risk

In recent years, more and more attention is paid to the rights of disabled people, the rights of disabled children included. Understanding that a disabled child is a member of the society as other children helps the disabled children to feel better, to integrate into the society, to gain confidence and to stay safe. However, still there are people who think that disabled children deserve compassion, who do not know how to treat them, and the peers ignore them.

Parents must take responsibility for the ensuring the child’s rights and they have priority rights and obligations towards their children. There still is a lack of help and support, information for parents that they must represent the rights of a disabled child and perform parental duties, deal with the problems related to the education and behaviour of the child.

13 table

Knowledge of the families at social risk about the protection of child’s rights

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Knowledge about the protection of child’s rights	Sufficient knowledge	“I know, was informed by “children’s rights” when I was fined”;	1
	Lack of knowledge	“I know only that I cannot beat, you can discipline your child in words”; “I know that I cannot beat, raise the voice”; “I haven’t heard about it for a long time ago”; “I know that they have rights but can’t tell what they are”; “I was told at school, but do not remember, well, you can’t beat children”;	4
Opinion about the protection of child’s rights	Rights for development	“has the right to education”; “has to learn”; “to be allowed to attend school”; “...let to go to friends”; “has to play with children”;	5
	Rights for participation	“has the right to his opinion”; “has his own opinion”; “to be independent”; “the right to private life”;	4
	Protection rights	“the right to be protected”.	1

The analysis of the data obtained from the families at social risk about the protection of children’s rights allows stating that the families at social risk lack knowledge about the protection of children’s rights. Out of five respondents only one states *“I know, was informed by “children’s rights” when I was fined”*; four respondents pointed out that *“I haven’t heard about it for a long time”, “I know that they have rights but can’t tell what they are”.* The conclusion could be made that parents do not realize the importance of the protection of children’s rights. As parents do not have enough knowledge about the protection of children’s rights they cannot represent appropriately the rights of the child and perform their duties, deal with the problems related to their child.

A review of the results of parental opinion on children’s rightsallows to state that parents have information that they cannot use physical violence against children *“I know that I can’t beat”,* but asked to name the main children’s rights the respondents mentioned developmental rights *“has* *the right to education", "has to play with children* "and participation rights *"has the right to have opinion", "to be independent" "the right to private life"*.

14 table

Existential rights

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Existential rights	Psychological environment	"neglect save psychological environment of the disabled child"; "the child experiences neglect"; "psychological environment is not safe because of parents' harmful habits"; "father shouts and this causes psychological stress for the child"; "psychological environment is not safe because of parents' harmful habits"; "the child does not feel the family's support"; "psychological environment is not safe because of parents' harmful habits, limiting understanding, or disabilities of parents"; "the child does not feel the family support"; "lack of communication at home";	10
	Physical environment	"the home environment is not safe"; "physical environment does not the requirements for a disabled child"; "it is not safe at home, it is dirty"; "the family lacks food"; "if there is violence at home, the physical environment for the child is not safe"; "most often have problems for using alcohol and violation of child's rights"; "dizzy of alcohol"; "food is not ensured constantly"; "children are dirty"; "hygiene of the child is not ensured";	10
	Health care	"only primary health care services are ensured"; ""because of different factors such as transport, material, lack of information, lack of social skills without the help of social workers not all possibilities would be accessed"; "with the help of social workers the child is taken to doctors, doctors' instructions are followed"; "no, this is most often done with the help of the social worker, taking the child to the specialists"; "no"; "not always all health care services are used"; "the primary health care services are ensured"; "social worker mediating"; "do not take care for health of the child do not take to the dentist";	9
	Sufficient attention to health care	"Yes, the family take care of the child providing all necessary health care services";	1

A disabled child should grow in the safe environment where parents respect and protect children's rights. It should be noted that, and this is obvious from 14th table, parents in families at social risk hardly realize that children have their rights and they must be considered.

It is obvious that a child is dependent on his environment, and this dependence makes the possibility to resist even to the smallest violations of the rights more difficult, of course, if the child perceives that his rights are violated.

For the successful growth and development of a child the safe physical and psychological home environment is of paramount importance. For every child‘s harmonious growth and development the conditions are needed, where he could play, express himself creatively, participate in the cultural life, spend free time in safe home environment.

The respondents confirm by their statements that *“psychological environment is not safe because of parents’ harmful habits”; “father shouts and this causes psychological stress for the child”*, *“physical environment does not the requirements for a disabled child”, “safe physical and psychological environment is not created, “the child does not feel family support*, *in the family violations of child’s rights often occur”, „....if there is violence at home, the physical environment for the child is not safe, because of parents’ harmful habits, limiting understanding, or disabilities of parents themselves the child experiences insecurity of the psychological environment”*.

The existential rights of a disabled child: the right to live and have everything what is needed in life, i.e. safe housing, appropriate living conditions, a balanced diet, health care, safe psychological environment.

The save environment necessary for comprehensive development should be created. The living conditions of the children with disabilities in the families at social risk do not meet the requirements of safety, health, hygiene.

Social workers state that in the families at social risk the disabled child is ensured to get health care*“ because of different factors such as transport, material, lack of information, lack of social skills, without the help of social workers not all possibilities would be accessed”, “the primary health care services are ensured”.*

15 table

The attitude towards the disabled child’s views

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
The attitude towards the disabled child’s views	Decisions are made by parents	“the child’s opinion is not important for them”; “decisions are made by parents for all their children”; “families consider their disabled child to be inadequate”; “modestly express their opinion, and the members of the family do not listen to it and neglect it”; “no, because parents think that a disabled child cannot express his opinion”; “no, parents undermine the opinion of the disabled child and do not feel that they are	13

		wrong"; "in the family the decisions are made by parents not taking the child's opinion in the account"; "making decision do not consult the disabled child"; "making decisions most often take into account only the circumstances favourable to them, not the child's wishes"; "you are stupid, nobody asks you"; "parents do not care about the child's opinion, his attitude an values"; "decisions are made by those who are superior'; "they think that a disabled child has no opinion";	
	Decisions are taken consulting the child	"partly, it depends on what decisions have to be made, how old the child is";	1
	The child's opinion is taken into consideration	"yes, at least they are trying"; "the disabled child often freely expresses his opinion".	2

While making decisions on the questions related to the child, it is necessary to consider the importance of the child's opinion. Listening to the opinion of a disabled child increases the child's self-esteem, therefore providing the child with the possibility to express his opinion in making important decisions helps the child to gain personal experience. As it is seen from 15th table in the families at social risk *"decisions are made by parents for all their children", "parents undermine the opinion of the disabled child and do not feel that they are wrong"*, "making *decisions most often take into account only the circumstances favourable to them, not the child's wishes*", *"parents do not care about the child's opinion, his attitude an values".* 13 statements prove that in the families at social risk the right of a disabled child to express opinion is violated. Only 2 statements show that the child's opinion is taken into account by the family.

In the family at social risk it is difficult for a disabled child to express his opinion, because the family themselves need the help of social workers in making decisions because of the lack of social skills, change of emotions in communicating with a disabled child, lack of knowledge. The majority of parents recognize a disabled child's ability to participate in dealing with the problems, but immediately undermine his role raising the authority of adults.

16 table

Ensuring interests of a child

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Ensuring interest of a child	Parents	"mother of the child"; "both parents"; partly parents;	3
	Social workers	"social workers"; "a social worker";"...social workers"; "... a social	5

		worker”; “social workers supervise that parents would guarantee the interests of a child”;	
	Teachers	“school teachers”; “school teachers”;	2
	Children Rights’ Protection Department (ChRPD)	“ChRPD”; “in extreme cases the specialists of ChRTD are addressed”;	2
	Other institutions	“...various institutions”; “„...psychologist”; “... partly responsible institutions”.	3

According to Januškienė, Šimonis (2001), the interests of a child are things that make positive impact on the development of a child taking into account his material, national, moral, cultural and psychological needs. The interests of children primarily are the children’s legal rights and possibilities to fulfil these rights. Describing the content of the interests it is possible to define common conditions needed for the growth and development of every child: healthy and safe environment, social relations with parents, relatives, peers; personal integrity, possibility to learn, play, rest, develop skills, realise oneself, freely express attitudes and opinion.

As it is seen from 16th table, social workers providing services for families take care of ensuring children’s interests: *“social workers supervise that parents would guarantee the interests of a child”*. The family also takes part in ensuring the interests of a disabled child independently or *“at least partly”*. Sometimes the specialists of ChRTD have to be involved in ensuring the interests of the child due to the actions opposite to the child’s interests.

17 table

Disciplinary punishment, violence, and abuse

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Disciplinary punishment	Psychological punishment	“various, beginning with psychological”; “the child is bullied”; “is shouted at”; “psychological violence”; “deterioration”; “insults”; “insults”; “sometimes is punished for what he is not able to do for his disability”; “deteriorate in the eyes of others”;	9
	Physical punishment	“physical violence occur”; “shaking”;	2
	Verbal punishment	“screaming”; “swear words”; “teaching orally”; “orally”; “screaming”;	4
	Taboos	“it is not permitted to ride the bicycle”; “most often the telephone is taken”; “do not give food”; “prohibits to play”;	4
	Guidance	“teaching them verbally, explaining”;	1
Violence and abuse	Emotional violence	“emotional”; “sometimes is cussed out”; “the child is not loved”; “the child is called invalid’; “faces criticism”;	5

	Psychological violence	“psychological violence”; “mostly psychologically”; “undergoes psychological violence”; “especially psychological violence”; “the child is ruined psychologically”;	5
	Physical violence	“the cases of physical violence did nor occur”.	0

Punishment causes fear rather than the reflection of the reasons why his behaviour is bad. Parental discipline-based violence, e.g. physical punishment, makes the development of the child more complicated. The family, in which physical and psychological violence occurs, prevents the formation of the child’s attachment relationships. Physical and psychological punishments increase the disabled child’s excitement which complicates the complex cognitive processes. Punished at home children are aggressive with other children, educators and other people.

Illogical, inadequate punishment is even more negative. It encourages the child not to tell the truth, the child’s attention is focused on thoughts that it is bad to live here, that he does not love his parents and it really does not encourage the child to improve his behaviour.

In 17 table we can see that in the families at social risk such psychological punishment such as *“insulting”, “the child is bullied”, “sometimes is punished for what he is not able to do because of his disability”, “humiliate in front of others”* are used; such parents’ behaviour teaches children that violence is an acceptable conflict resolution. It allows children to realise that they are inferior beings than the people disciplining them. As psychological violence leaves no bruises or visible wounds on the body, it is difficult to prove, therefore practices it.

According to Žalimienė (2007), application of physical punishment for children is also seen as a form of violence. There is no justification for any physical and verbal punishment in disciplining the child. The aim of the punishment is to stop the child doing what is not allowed or wanted. Physical punishment can teach the child to physical violence. Physical punishment is ineffective for several reasons. Firstly, it teaches to hate one self and others. Another problem is related to how the parents will punish the child when he is stronger and higher than they are.

The results of the research show that in the families at social risk verbal punishment is also used: *“screaming“, “using swear words”, “shouting at the child”* and prohibiting *“the child is not allowed to ride a bike”, “very often the phone is taken”, “do not give food”, ‘do not allow to play”.* As social workers visit the families at social risk and communicate with disabled children the use of physical punishment is rare because the families are informed and know that if the social workers see the child beaten, they will report it to the specialists of ChRTD.

Social workers were asked the question *Does a disabled child experience violence and abuse?* The answers show that the cases of abuse were not noticed, but it can be seen from 17th table that disabled children in social risk families experience emotional and psychological violence. The child in the family suffers criticism *"is called invalid",* is humiliated, *"the child sees parents' quarrels, disagreements. During the father's anger breakthrough the child is abused'.* The same number of statements shows that children experience psychological violence in the family, *"the child is psychologically devastated".* Children who experience emotional and psychological violence of the closest people around create a distorted picture of the world around him, they understand that at any time they may be attacked by the threat that their parents may suddenly become violent, be angry.

18 table

Communication of parents and children

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Communication of parents and children	Safe communication	"very day the family devote time for communication"; "pay attention communicating, playing";	2
	Minimal communication	"minimal attention to communication";" minimally"; "mother communicates with the child minimally"; "it depends on the level of family risk";	4
	Damaging communication	"do not devote time... for additional education or development"; "parents do not give time for child's development and education"; "have no time for communication"; "are tired and lazy to communicate".	3

Lack of communication is a very important obstacle in relations between the disabled children and parents. According to Dreikurs and Soltz (2012), the child has to be taken as a partner in creating family harmony. His ideas and attitudes are important firstly because of that what they do. These ideas form the child's "personal logics", i.e. the reasons of his behaviour in sub-consciousness. When talking to a child, we are looking for ideas together, that would help to solve the problem or to improve the situation.

Parents must communicate with their children, support them, and encourage expressing their individuality, show the boundaries of the accepted behaviour. It is seen from 18th table that in the families at social risk parents communicate with their children minimally, *"minimal attention is given".* Lack of communication increases the health and well-being risk, the risk of worse learning outcomes, the risk of ill-treatment.

Social workers note that in the families at social risk communication damaging the disabled child is common. When the family *"have no time to communicate, are tired and lazy to communicate", "parents do not give time for education and development of the child",* the lack of communication disrupts the normal development of the child. Later it becomes more difficult to communicate with their peers, the vocabulary is poor.

Only two statements that the family *"pay attention communicating, playing"* were presented.

19 table

Violations of disabled children's rights in the family

Category	Subcategory	Examples of empirical indicators (statements)	Number of statements
Violations of disabled children's rights	The right to education	"to education"; "to education"; 'the right to education"; "educational neglect";	4
	The right to independence	"to independence";	1
	The right to safe environment	"living conditions"; "safe physical environment"; "the physical environment is not adjusted"; "the right to grow in the physical safe environment is violated"; "the right to grow in physically safe environment"; "safe and meeting the needs of a disabled child environment"; "the flat is untidy, does not meet the needs of the disabled child";	7
	The right to safe emotional stability	"emotional environment"; "the right to be not discriminated"; "the rights to equality"; "the right to grow in emotionally safe environment"; "the right to grow in emotionally safe environment"; "emotionally";	6
	The right to health care	"health, rehabilitation services"; "rehabilitation"; "do not care for the child's health, only when the disease flares up go the doctor";	3
	The right to free time	"having free time"; "lack of communication";	2
	The right to be protected from violence and abuse	"the right to be protected from violence and abuse"; "to have loving parents"; "the right to be protected from abuse…";	3
	The right to material well-being	'material provision";	1
	The rights of the child are not violated	'are not violated".	1

The question was asked: *what other rights of the disabled children in the families at social risk are violated?*

As pointed out by social workers working with the families at social risk with a disabled child, the majority of statements is: *'the right to live in physically safe environment"* is not ensured (seven statements, see 19th table). Housing where the child resides do not meet hygiene norms, *"housing is untidy, does not meet the needs of the disabled child",* it is not sufficiently heated in the cold period. The disabled child very often has no his own room or place in the flat where he could keep his personal things, the place which would be *"safe and the environment ensuring all needs of the child"*. The family at social risk is not able to provide a safe environment for the child, to protect him from violence, the child lacks safe physical and psychological environment at home.

And as social workers note (6 statements), the disabled child in the family lacks emotional safety, *"the right to grow in emotionally safe environment"* and *"the right to be free from discrimination"* are violated. The disabled children feel emotional coldness, indifference, and emotional neglect. Parents do not try to the child knowledge; do not develop communication skills, the skills to deal with problems. Respect for parents and other members of the society is not developed, appropriate behaviour understanding is not instilled.

Parents do not provide sufficiently stable family environment which is affecting the child's optimal development. 4 statements show that in the family at social risk the right to be educated, *"the right to education",* is violated, the child is *"educationally neglected".* Parent very often send their children to special schools for lower requirements, often children are accommodated in the school's dormitory, or they are sent to the extended day care group. In Joniškis region not all schools are ready to accept children with disabilities.

Parents do not provide sufficient healthy lifestyle skills, visiting health care professional regularly, do not develop hygiene skills, *"do not take care of the health of the child, only when the disease flares up go the doctor"; "the right to get medical, rehabilitation services, consultations of the specialists"* is violated, do not visit doctors preventively.

It is indicated that parents do not care about the child's "*leisure time"*, physical activity, cultural needs. Children spend their leisure time alone or with brothers or sisters. Parents or the single parent *"do not spend enough time communicating with children"*.

Conclusions

1. The theoretical analysis of the socialization process of the disabled child in the family at social risk allows drawing the conclusion that in the families at social risk children neglect is common, i.e. the families are not able to take care of the child's basic needs: physical, social, emotional, and psychological; to care for the child according to his age and to protect him from violation of the rights. Inadequate parental behaviour makes the potential damage for the socialization of a disabled child. Due to violated socialization a disabled child grows emotionally unstable, diffident, the child is not ensured the safe environment; the model of aggressive behaviour is formed. The violation of the child's rights in the family instils an inferiority complex which affects relationship with peers and the outside world.
2. Disabled children are more vulnerable by neglect because they are more dependent on parents, are more isolated from the environment, it is more difficult for them to tell others if they are not properly treated. A disabled child in the family at social risk's at increased risk to suffer from harmful adult behaviour.
3. The families at social risk do not ensure the rights of a disabled child's development, participation, and existential rights. From the statements of social workers the conclusion can be draw that physical violence against children is not very common but psychological violence often occurs. The social worker working with the family at social risk works with the disabled child as well, helps to ensure the protection of child's rights in the family, helps to cope with difficulties due to which it is difficult for the child to adjust in the society. This is the reduction of the feeling of quilt, vulnerability and shame and the increase in the child's self-esteem.
4. The family at social risk with a disabled child does not ensure the possibilities of social support due to their own lack of social skills or disability. The results of the research allow drawing the conclusion that the families at social risk evaluate positively social supervision services of the social workers, as they pointed out that after having started to provide services, the quality of their life, interrelations became better. Only with the help of social workers a disabled child gets full access to social assistance and ensuring of the rights because parents are not always aware of the complexity of family problems and the damage which may be caused by the use of parental power against children' interests.

Recommendations

Recommendations for social workers

1. Social assistance options for a disabled child have to be available and provided at the right time and the right place in close cooperation with all institutions concerned with the families at social risk and the welfare of a disabled child.
2. It is necessary to strengthen preventive work with families with a disabled child, to help to cope with occurring problems, to provide necessary social services and other support for all the family; this would allow avoiding a family crisis situations and problems, the number of families at social risk with a disabled child would decrease.
3. To provide support for the family at social risk after the birth of a disabled child as soon as possible that the family, having faced the difficulties in bringing up and caring for children due to the lack of social skills and inexperience, financial problems, could ensure the protection of the rights of the disabled child.

Recommendations for the specialists of ChRPD

4. For the families at social risk with a disabled child lacking social skills it is recommended to apply preventive programmes for strengthening social skills because the result of the research showed that parents lack social skills and due to this reason the socialization of a disabled child is disrupted.
5. To strengthen the areas of local communities so that parents could gather and share useful information on common issues, to encourage volunteer activities to share best experience.

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Summary

Magistro baigiamajame darbe analizuojama socialinės pagalbos galimybės neįgaliam vaikui, augančiam socialinės rizikos šeimoje, vaiko teisių aspektu. Socialinės rizikos šeima, auginanti neįgalų vaiką, susiduria ne tik su vaiko sveikatos priežiūros problemomis, bet ir su socialinėmis problemomis. Sudėtingas šeimos problemų spektras labai platus ir apima beveik visas gyvenimo sritis, todėl šioms šeimoms būtina socialinė pagalba, padedant atkurti normalų šeimos funkcionavimą ir užtikrinant neįgalaus vaiko socializaciją.

Darbe vadovaujamasi šeimos sistemų požiūriu, kuris paremtas mintimi, jog visi šeimos nariai yra tarpusavyje susiję, taigi problemos, kurios veikia vieną šeimos narį, tuo pačiu veikia ir kitus.

Tyrimo tikslas – atskleisti socialinės pagalbos galimybes neįgaliam vaikui, augančiam socialinės rizikos šeimoje, vaiko teisių aspektu.

Siekiant išsamiau atskleisti socialinės pagalbos galimybes, neįgalaus vaiko, augančio socialinės rizikos šeimoje, vaiko teisių aspektu, buvo atliktas kokybinis tyrimas. Tyrime dalyvavo 10 socialinių darbuotojų, dirbančių su socialinės rizikos šeimomis ir 5 socialinės rizikos šeimos (mamos), auginančios neįgalų vaiką. Pusiau struktūruoto interviu apklausos metodu tirta ir išsiaiškinta, kad socialinės rizikos šeima, auginanti neįgalų vaiką, neužtikrina vaiko teisių apsaugos šeimoje ir savarankiškai neišnaudoja socialinės pagalbos galimybių.

Šiame darbe išsiaiškinta, kad dėl pažeistos socializacijos neįgalus vaikas šeimoje auga emociškai nestabilus, nepasitikintis savimi, vaikui neužtikrinama saugi aplinka, formuojamas agresyvaus elgesio modelis. Vaiko teisių pažeidimai šeimoje įskiepija vaikui nepilnavertiškumo kompleksą, kuris turi įtakos santykiams su bendraamžiais ir išoriniu pasauliu.

Remiantis šio tyrimo išvadomis galima daryti prielaidą, kad socialinės rizikos šeimai, auginančiai neįgalų vaiką, trūksta socialinių įgūdžių ir dėl to sutrinka neįgalaus vaiko socializacija, pažeidžiama vaiko teisių apsauga.

Esminiai žodžiai: Socialinės rizikos šeima, vaiko socializacija, vaikas su negalia, socialinė pagalba, vaiko teisių pažeidimai.

Appendices

Annex 1

Interview guide

Duration of the interview is set in advance, lasting from 30 to 60 min.

The whole interview process comprises 3 stages.

Stage 1. „Warming-up“ (duration about 10 minutes). At this stage, the title of the theme, the purpose of the study are presented, ethical conditions are explained and anonymity guaranteed.

Short self-introduction of the participant (profession, age and education).

Stage 2. Conducting the interview (duration about 40 minutes). Questions are presented and answers are recorded.

Questions:

BLOCK I. SOCIALIZATION OF THE CHILD RAISED BY THE SOCIAL RISK FAMILY

1. How disabled child‘s socialization is affected by family‘s microclimate?
2. How disabled child‘s socialization is affected by neglect and abandonment?
3. How family conflicts affect the disabled child?
4. Can parents who lack social skills properly take care of the disabled child?
5. In your opinion, are disabled child‘s independence and social skills adequately developed by the social risk family?
6. Do families allocate adequate time for their disabled child‘s development and taking care of?
7. What risk factors are intrinsic to the social risk family raising a child with a disability?
8. Do you think that social risk family is able to independently solve problems and take proper care of a disabled child?

BLOCK II. SOCIAL ASSISTANCE FOR THE FAMILY RAISING A DISABLED CHILD

1. On what grounds the social work with the family has been started?
2. What social services do you deliver to the family raising a disabled child?
3. What is the social worker‘s role in delivering social care services?
4. What are the changes in the family after the start of social care services delivery?
5. Do social risk families take measures that their disabled child should receive all social assistance opportunities?

BLOCK III. CHILD RIGHTS PROTECTION IN THE SOCIAL RISK FAMILY

1. Does the social risk family ensure safe physical and psychological climate?
2. Do families take into account the disabled child‘s opinion when making decisions?
3. Who within the family ensures that the disabled child‘s interests are protected?
4. Does the child who is raised by the social risk family suffer domestic violence and abuse?
5. How much time does the family allocate for interactions with the disabled child?
6. Does the family ensure all necessary health care services for the child?
7. What are the ways applied by the family to discipline the child?
8. What other rights of children with a disability often violated by the social risk family you may add?

Stage 3. Summing-up (duration about 5 minutes). Acknowledgements, informal interactions.

Annex 2

Interview guide
For social risk families raising a disabled child

Duration of the interview is set in advance, lasting from 30 to 50 min.

The whole interview process comprises 3 stages.

Stage 1. „Warming-up“ (duration about 10 minutes). At this stage, the title of the theme, the purpose of the study are presented, ethical conditions are explained and anonymity guaranteed.

Short self-introduction of the participant (name, age, the number of children in the family, the number of children with disabilities, the type of disability, educational institution (in case of enrolment)).

Stage 2. Conducting the interview (duration about 40 minutes). Questions are presented and answers are recorded.

Questions:

BLOCK I. SOCIAL ASSISTANCE FOR THE FAMILY RAISING A DISABLED CHILD

1. What is the main source of family income?
2. What problems does the family face?
3. What is the role of social worker in delivering social care services?
4. What are the changes in the family after the start of social care services delivery?

BLOCK II. SITUATION OF THE CHILD RAISED BY THE SOCIAL RISK FAMILY

1. How did you receive the news about your child’s disability?
2. How do you help to form the skills necessary for the disabled child’s social development?
3. Do you spend enough time in developing and maintaining the disabled child?
4. What are common the reasons of conflicts in your family? Is your child involved in family conflicts (hears, watches) and how he or she responds to them?

BLOCK III. CHILD RIGHTS PROTECTION IN THE SOCIAL RISK FAMILY

1. Please tell what do you know about child right protection?
2. What are the main rights of the child, to your opinion?
3. When taking decisions within the family, do you take account of the disabled child’s opinion?
4. Do you take part in the education process of the disabled child, or do you think that education of the child should be performed by professionals?
5. How do you ensure safe home environment for the child?
6. What are your views on physical punishment in raising children? In what ways you usually discipline children?

Stage 3. Summing-up (duration about 5 minutes). Acknowledgements, informal interactions.