



ON THE REPORT BY THE REPUBLIC OF LITHUANIA OF
“IMPLEMENTATION OF THE UNITED NATIONS CONVENTION
ON THE RIGHTS OF THE CHILD IN LITHUANIA IN 2013 – 2018”

COMMENTARY



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INFORMATION ON THE ACTIVITIES OF THE NGO FOR CHILDREN CONFEDERATION

The NGO “Confederation for Children” (the Confederation) has been working in the field of child welfare for the past year, gathering knowledge, studying the experience of other countries, and encouraging state and municipal authorities to make systemic changes in child welfare policy to ensure children’s right to live in the family and to receive services in their community.

The Confederation monitors the implementation of the United Nations Convention on the Rights of the Child and writes commentaries to the United Nations on the issues of social care for children, family life, de-institutionalisation, health, poverty reduction, day-care centres, the fight to deter violence against children, the development of community-based services for families and children, and the inclusion of disabled children into the society.

The Confederation unites 72 non-governmental organisations, including 4 umbrella organisations (with 140 branches and sub-branches) working in the field of child welfare and for the benefit of children in all districts of Lithuania.

The Confederation actively participates in the formulation and implementation of state policy in the field of child welfare, provides systematic proposals for changes in child welfare policy and the means to implement the Convention on the Rights of the Child.

INTRODUCTION

By submitting this Commentary:

WE DECLARE TO THE STATE THAT:

- Children are Lithuania's common good and national treasure;
- Children, our national asset, must be given priority, attention and funding;
- Every child must be given the opportunity to reach his or her potential;
- Investment in children must be allocated a separate budget line;
- Every child must be seen and have a person available to turn to for help, emotional support or advice whenever they need it;
- Separation of the child from the family must become a measure of last resort rather than the primary means of child protection;
- The state must create a system of services for children and families, to support and strengthen them;
- Every child affected by parental problems must be seen, understood, accepted with respect and accompanied into adult life.

WE ENCOURAGE THE STATE

To strengthen and expand day-care centres, where children are listened to, socialised, educated, fed, and their parents are able to work and solve family problems;

To care and educate children when just keeping them preoccupied is not enough;

The care and education of children should not be a cause of constant stress and overwork for their parents;

To ensure that every child has the opportunity to be listened to, understood, taught how to cope with stress, emotionally supported, and develop social resilience skills;

To strengthen services for children - the very young and adolescents, children with disabilities, children who have experienced neglect and violence, children who have witnessed parental alcoholism and domestic violence, children with behavioural problems or children who are prone to delinquency - to have a voice and to be actively involved in decision-making in the areas that affect their lives.

This commentary has been prepared in the framework of the 2014-2020 European Union Funds Investment Project "Partnership for Child Well-being" No 10.1.2-ESFA-K-917-03-0008.

In 2019, the Government of the Republic of Lithuania, in accordance with Article 44 of the United Nations Convention on the Rights of the Child (hereinafter referred to as "the Convention") and by Resolution of the Government of the Republic of Lithuania No. 1540 of 18 December 2001 "On the Approval of the Procedure for the Preparation and Submission of Communications and the Establishment of Commissions under the United Nations Conventions for the Protection of Human Rights to which the Republic of Lithuania is a Party", prepared V-VI Joint Report on the implementation of the United Nations Convention on the Rights of the Child.

The NGO Confederation is only partially satisfied with the report, and has therefore decided, as in the case of previous reports, to prepare a commentary for this report.

In this commentary, we present, in separate parts:

- a commentary on Social Policy;
- a commentary on Child Health Policy;
- a comprehensive commentary on the situation of education of children with disabilities.

COMMENTARY ON THE 2019 REPORT ON THE IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

ARTICLE 6. RIGHT TO LIFE, HEALTHY DEVELOPMENT

Children's health policy

Seventeen European countries have adopted the European child and adolescent health strategy 2015–2020 presented by the WHO Regional Office for Europe; 12 of those countries, which have already endorsed the strategy, allocated a dedicated budget and established local monitoring systems. Unfortunately, Lithuania has not adopted a Child and Adolescent Health Strategy document, which would set out priority issues, specific goals and objectives for child health promotion activities and targets for child health indicators. This makes it very difficult to organise and improve child health care and to develop effective health care models.

The development of strategic documents on child and adolescent health is not foreseen in the Programme of the 18th Government of the Republic of Lithuania either. One of the priority objectives of this programme is to provide quality and safe personal health care services to all Lithuanian citizens, regardless of their place of residence, social or economic status. It declares that services must be accessible geographically, in terms of communication, organisation and economics to all patient groups. The aim is to provide efficient services, i.e. personalised, patient-centred and tailored to the needs of the individual patient, to improve the health of the Lithuanian population. Unfortunately, the programme does not have separate sections to address children's health problems.

SOLUTIONS TO THE PROBLEM

In order to meet the requirements of the WHO, the United Nations, and the EU Strategy on the Rights of the Child (this was adopted by the European Commission in March 2021 for the quality of children's health care), Lithuania should develop strategic documents on children's and adolescents' health (e.g., thus ensuring Children's Guarantees in Lithuania). Such a document would identify the priority problems, specific goals and objectives of child health promotion activities, and the target indicators for children's health. It should allocate sufficient human and financial resources for the implementation of child guarantees in the country. A lifespan approach is recommended, which recognises that adult health and illness are linked to health and experiences in earlier stages of life. Targeted efforts should be made to break negative cycles of childhood and adolescence, such as the absence of exclusive breastfeeding, poor early childhood development and lack of support in adolescence. This will enable children and young people to become healthy, happy and competent individuals who can make a positive contribution to their own and society's health.

Primary health care for children

Lithuania has opted for a primary health care model – the development of family medicine. Lithuanian specialists and internationally renowned experts were tasked to develop it, and the development of the model was supported by Phare and World Bank funded projects. The list of licensed outpatient personal health care services¹ establishes that family medicine is the practice of a family physician or the combined practice of an internal medicine doctor, a paediatrician, an obstetrician-gynaecologist and a surgeon. Lithuania has implemented the Action Plan for the Development of Family Medicine 2016-2025, approved by the Order of the Minister of Health of the Republic of Lithuania No. V-1104 of 26 September 2016.

As a result, the number of family doctors in Lithuania increased by 9.5% between 2014 and 2018, while the number of paediatricians decreased, i.e. 11.5/10,000 children in 2014 and 10.5/10,000 children in 2018. In

¹The list of licensed outpatient personal health care services approved by the Order of the Minister of Health of the Republic of Lithuania of 14 May 2004 No V-364 "On the Approval of the Lists of the Licensed Personal Health Care Services", paragraph 1, states that "family medicine means the practice of a family doctor or the combined practice of an internal medicine doctor, a paediatrician, an obstetrician-gynaecologist and a surgeon".

2018, there were 13,680 active physicians of various specialisations in Lithuania (53.1/10,000 population), of which 7.4% (20.3/10,000 population) were children's health specialists. The number of hospitalised children increased by 2.6% between 2014 and 2018, while the total number of children decreased (from 503,015 at the beginning of 2018 to 498,318 at the beginning of 2021).

Vilmorus, a public opinion and market research centre, conducted a survey of the Lithuanian population from November 9 to 18, 2018 to find out the attitudes of citizens towards primary healthcare for children. The survey, which was conducted in 24 cities and 33 villages in Lithuania, showed that 15.6% of respondents would like to have their children cared for by a family doctor, while 72.3% of them would like to have children cared for by a paediatrician. The results of this survey imply that, whatever the model of child health care, the majority of the country's population will seek the help of a paediatrician when a child falls ill. This is reflected in the increasing number of patients in hospital paediatric admissions and emergency departments (with an average increase by 20 percent over the last 5 years; excluding the Covid-19 pandemic period).

It should be noted that children's healthcare needs are specific in many areas, ranging from the specific knowledge needed to treat children's illnesses to the specifics of their representation. Therefore, healthcare services must be tailored to children and professionals must have specific competences. The competences of medical staff are essential in a health system facing new challenges. The basic requirements approved by the General Assembly of the UEMS (European Union of Medical Specialists) state that the training of paediatricians (paediatric doctors) and other professional qualifications in paediatric medicine requires 3 years of basic paediatric training (common paediatric trunk) followed by at least 2 years of specialised training. The training of paediatricians in Lithuania meets the requirements of the UEMS, but does not meet the requirements of the EAP (European Academy of Paediatrics), i.e. physicians of any professional qualification (including family doctors) providing personal healthcare services to children are required to undergo a minimum of 9 to 12 months of training in paediatrics (1 year preferably) in order to gain basic specific knowledge of children's health, prophylaxis, diagnostics, and treatment of diseases. In Lithuania, family doctors in paediatrics have only 4-6 months of training, but even part of this short training is spent under the supervision of other family doctors rather than paediatricians.

The MOCHA (Models of Child Health Appraised) study in 2018 showed that the majority of children are under the care of paediatricians (paediatric doctors) in 18 out of 29 EU and EEC countries. Poland has moved away from the family doctor model to a mixed model of child health services at the primary care level. Ireland and Latvia are also changing their GP (family doctor) systems.

SOLUTIONS TO THE PROBLEM

Residency/training programmes for family doctors and other professionals working with children need to be extended to 9-12 months in paediatric medicine, ensuring training with paediatric specialists.

Lithuania's primary health care system for children needs to move towards a mixed service model, entrusting children's health care to paediatricians at the primary level (where possible) and/or allowing direct access (without a referral from a family doctor) to a paediatrician.

The state needs to increase the availability of paediatricians, especially in districts; encourage GPs to refer sick children to paediatricians in the vicinity when necessary, rather than to specialists with narrow specialisation; increase the number of paediatricians at the primary level and promote the use of paediatricians (paediatric doctors) in primary care for children's health.

It is also important to increase GDP for health care, to reduce the population's health care premiums, to increase the density of medical doctors, especially paediatricians (paediatric physicians) and neonatologists, and to increase the volume of health services provided by the state.

A COMMENTARY ON “GOVERNMENT PERFORMANCE REPORT 2019”: SOCIAL POLICY - CHILDREN’S WELL-BEING

PRIORITY 1. A SUSTAINABLE, RESPONSIBLE AND HEALTHY SOCIETY

Regulatory and other measures to reduce income inequality

“The effective provision of cash social benefits (child allowances, cash social support for the poor, social support for schoolchildren) is one of the key actions needed to protect the most vulnerable groups of the population, to mitigate the consequences of deprivation and social exclusion, and to help families raise their children, while avoiding the long-term dependence of individuals on social assistance.”

Child and family benefits or monetary social assistance for the disadvantaged must be seen as complementary, but not the main factor in protecting the rights of the most vulnerable. In addition, effective and accessible services are essential to strengthening people’s skills and promoting their integration into society and the labour market. It is still observed (especially in the rural regions) that services are not well-developed or have significant accessibility problems (e.g. there is a day-care centre in a town, but children living in the countryside cannot attend it because the school bus takes them home immediately after school; schools have one psychologist who is not able to meet the needs of the large number of children attending school). These problems have major consequences given that the provision of social services to families often continues for a very long time, e.g. until the children reach the age of adulthood. Social services lack an evaluation process (how effective they are in achieving their objectives, how accessible, how targeted, etc.), which leaves the results unclear. Possible directions for change are also not understood.

Ensuring equal opportunities

Analysis by the European Institute for Gender Equality has shown that women’s gender equality is significantly affected by underdeveloped childcare services. The feminisation of poverty is very clear: 48% of single mothers experience poverty (28% of single fathers); Lithuania is one of the countries with very low access to childcare, especially for children under the age of 3. Lithuania is one of the countries with the lowest number of social workers per 100 people with disabilities. This gender inequality affects mothers’ health, leads to feelings of burnout, difficulties in their relationship with their child (ren), and low future pensions².

POLICY 1.2. CREATING A FAMILY-FRIENDLY ENVIRONMENT, STRENGTHENING COMMUNITIES AND REDUCING VIOLENCE IN ALL AREAS OF LIFE

“As from 1 January 2020, the universal child allowance increased from 1.32 BSI (€50.16) to 1.54 BSI (€60.06). <...> The increase in the child allowance contributes to the implementation of the Council’s 2019-2020 recommendations for Lithuania (Recommendation 1 <...> Reduce income inequality, poverty and social exclusion, including by improving the structure of the tax and social benefit system).”

Between 2017 and 2019, child poverty fell by 3 percent. This has been influenced by an increase in child support funding by the state. However, the increase in child allowance has not been significant enough to make a tangible contribution to reducing income inequality, poverty and social exclusion. Increases in child allowance have been in line with rising prices for services and goods and, in some municipalities, with increased fees for preschools. There are still problems of misuse of child allowance by families, e.g. parents using the money to buy alcoholic drinks, cigarettes, etc. (this information was provided by staff working in social assistance institutions).

² Reingardė, J. (2020) Pekino veiksmų platformai 25: ar Lietuva turi kuo didžiuotis? Nacionalinis žmogaus teisių forumas (NŽTF). 2020-12-10

In addition to that there is a lack of a systematic approach by the state to tackling income inequality, poverty and social exclusion. In Lithuania, there is still no discussion on the implementation of nurturing childhood measures, which is globally seen as a priority.³ There is a lack of early prevention for families and services for children, which leads to people joining the support system with already advanced problems.

Development of community-based and integrated services for families and children in municipalities

“The Basic Family Services Package was adopted in 2019. It is a set of services provided to families in the areas of psychosocial and social skills’ development and maintenance, childcare and nurture, health, education, socio-cultural services, which provide the necessary assistance to strengthen the family’s capacity to independently solve arising problems and to enable them to create a safe, healthy and harmonious environment in their family. The Basic Family Services Package consists of 14 basic services, and all municipalities are responsible for providing and making them available in their territories.”

The basic package of family services focuses mainly on services for adults. Services for children are still underdeveloped in Lithuania. Research data in Lithuania shows that, in general, the following groups can be identified as lacking the most services: children under the age of 3, adolescents, children affected by violence and neglect, children in conflict with the law, children with disabilities, children growing up in single parent and/or poverty-stricken families, and children in alcohol-abusing households⁴.

The priority group we need to focus on should be pregnant women and children of nursery/preschool age. Children of this age who grow up in poverty, in single-parent households, with parents who abuse alcohol or have mental disabilities, are the most vulnerable and developmentally impaired⁵. At the national level, support for young children is systematically developed from the time a child can be admitted to a nursery school, but there are no systematic social services for children up to that age. However, it must be said that social services for parents should be included at this stage to ensure that the child is systematically brought to and collected from pre-school. The problem of territorial accessibility, which is addressed through the transportation service, is particularly acute. However, it is equally important to address the problem in the city, as practitioners have found that some families do not take their children to nurseries or day-care centres on the grounds that they do not have the money to pay for public transport tickets.

Adolescence brings out the problems of neglect and abandonment that existed before. Often these problems manifest themselves in delinquent behaviour, running away from home, suicidal tendencies, involvement in addictions and traumatic experiences. Adolescence is the time of the development of human executive functions, and neglecting adolescents causes major harm to their development, as it does not allow for the maturation of the part of the brain that is responsible for these functions⁶.

Research shows that social care practitioners consider the gap in services for adolescents and young people to be very large. If an adolescent has complex problems (harmful substance use, delinquent behaviour, high special needs, absenteeism), there is no comprehensive support system available to them in Lithuania. For example, in the Youth Centre for Addictive Diseases, adolescents are not provided with school education, there are no specialists to address their special needs, etc. We need centres for such children that would offer behavioural correction, effective help (not as a punishment), and the possibility of returning to society. There is a particular lack of services for children with specific problems, such as children growing up in

³ Nurturing care - creating the conditions that empower communities and caregivers (i.e. those who care for children) to ensure children’s good health, nutrition and protection from a range of threats, through public policies, programmes and services. Nurturing care also means ensuring early learning opportunities for young children (birth to three years) through interactions with a responsible and emotionally supportive environment (World Health Organization, United Nations Children’s Fund, World Bank Group, 2018).

⁴ Tamutienė, I. Vaiko gerovės politikos pokyčių vertinimas vaiko teisių apsaugos Lietuvoje reformos kontekste ir NVO galimybių dalyvauti viešųjų paslaugų teikime. (sutartis nr. 2020/2)

⁵ Tamutienė, I., Kirka, V., Auglytė, V., & Jogaitė, B. (2020). Nuo baudžiamosios intervencijos link puoselėjančios globos: tarpdisciplininis žvilgsnis į vaiko apsaugą ir gerovę: monografija.

⁶ Nuo Tamutienė, I., Kirka, V., Auglytė, V., & Jogaitė, B. (2020). Nuo baudžiamosios intervencijos link puoselėjančios globos: tarpdisciplininis žvilgsnis į vaiko apsaugą ir gerovę: monografija.

alcohol-abusing families. Research shows that this category of children is in particular need of specialised, targeted help to strengthen their emotional resilience, self-esteem, social and emotional expression skills. Such targeted help will reduce the likelihood of recurrence of problems across generations and minimise the impact of traumatic experiences on their personal development.

Children growing up in alcohol-abusing families are not regarded as a specific target group for social services in Lithuania. Therapeutic services for such children e.g. the programmes of “Tramplynas” or “Linās” are episodic and poorly implemented by municipalities. As a result, children living in such families face various challenges on a daily basis; yet they are left alone, without effective support⁷.

Children who have been abused or neglected receive more attention than those from families where alcohol abuse is chronic. Indeed, much attention has been paid to this latter issue of alcohol abuse in families. However, without timely identification of violence and timely therapeutic services, children do not receive effective help. This problem has persisted since independence. There has been no systematic qualitative move towards accessible and quality services. This is also acknowledged by the Ombudsman for Children. There is a lack of psychologists that work with children who have experienced early trauma, neglect, violence, sexual abuse, risk of suicide, eating disorders and the like. It should be noted that children and adolescents with serious traumatic experiences do not accept traditional psychological counselling. It is necessary to address the issue of the competence of professionals to be able to provide highly targeted services appropriate to the age of the child or adolescent.

We can distinguish those groups of parents who need specialized assistance the most: 1) those in poverty, 2) single parents 3) parents suffering from mental health problems, 4) parents raising children with disabilities, 5) parents who have children with special educational needs (SEN). Without necessary help, these groups of parents and their children become hostages of the system, unable to meet the obligations imposed on them, and as a result, the children end up in government care. The main tool currently available to help parents is parenting skills training. However, experts point to the need to improve the quality and accessibility of services. The services are difficult to access for working parents and do not focus enough on ways of overcoming problems and building practical parent-child communication skills. In general, the reform of children’s rights protection has strengthened the bureaucratic and managerial level, but has not expanded the services that are essential for child/family development, and has made information and counselling services redundant. In the absence of essential services, it is necessary to go a step further to ensure their development, accessibility and quality⁸.

“Alternative community-based services for children without parental care continue to be developed. At the end of 2019, 151 on-call guardians and 80 social guardians were caring for 289 children”.

There are still some municipalities in Lithuania that do not have any permanent guardians or on-call guardians (e.g. Alytus, Kalvarija, etc.). For this reason, when a child is found to be in need of child protection or has to be temporarily placed in a safe environment, problems arise in the absence of relatives or other persons able to take care of the child. Deinstitutionalisation of children’s homes is still a problem. Not all municipalities are interested in finding foster parents.

Implementation of the reform of the child protection system

“The mobile teams have been a big part of the support for the families. In 2019, 12 mobile teams were in place, providing the services of a psychologist, a social worker and an addiction specialist to 799 families”.

The experience of the mobile teams shows that in some Lithuanian counties and cities, such as Vilnius and Kaunas, the workload of mobile teams is heavy, which limits the possibilities to provide quality assistance to families (i.e., the number of consultations is affected). The situation is aggravated by bureaucratic procedures as they require extra time from specialists; thus they are frequently trying to catch up on their work. As a

10 ⁷ Tamutienė, I., & Jogaitė, B. (2019). Disclosure of alcohol-related harm: Children’s experiences. *Nordic studies on alcohol and drugs*, 36(3), 209-222.

⁸ Tamutienė, I. Vaiko gerovės politikos pokyčių vertinimas vaiko teisių apsaugos Lietuvoje reformos kontekste ir NVO galimybių dalyvauti viešųjų paslaugų teikime. (sutartis nr. 2020/2)

result, the provision of support to families and the identification of possible recommendations to address family issues runs into the problem of the availability of services. In particular, there is a lack of psychotherapeutic and psychological services for parents and children (both in towns and districts). There is a view that the MTs should not operate at the regional level but at the level of local municipality⁹.

“The institution of temporary foster care has been created: when a child is at risk in the family, he or she is temporarily cared for by a grandmother, aunt, grandfather, family friend or other close family member who provides temporary care for the child at his/her home, or by working together with the parents to ensure the child’s safety in the parent’s home; simultaneously, the mobile team is working with the family to help them to eliminate the risks they face”.

Problems with temporary foster care can arise because of the poor choice of the temporary guardian. There are situations where they are people with similar problems, e.g. potential alcohol abusers, given that addictive illnesses often reoccur across generations. There are situations when temporary guardians “cover up” for parents’ problems while they are living together in the family. As a result, the family situation does not change substantially; in fact it may actually worsen.

In general, the reform of the protection of children’s rights has become stronger at the bureaucratic and managerial level, but services have not expanded that are essential for the enhancement of the child’s family life. This has made information and counselling services redundant. In the absence of essential services, it is necessary to take a step forward to ensure their development, accessibility and quality. The government should evaluate the effectiveness of the transformation not only in terms of quantitative indicators, but also from the perspective of the targeted service users, who can directly answer questions concerning the effectiveness of the transformation in addressing the child’s problems.

POLICY 1.3. IMPROVING THE QUALITY AND ACCESSIBILITY OF HEALTH CARE

Introduction of comprehensive measures to promote the rational use of medicines

“To reduce the over-prescription and over-use of psychotropic drugs, as of 1 January 2020, the Compulsory Health Insurance Fund will pay for more psychotherapy sessions for children, adolescents and adults with mental or behavioural disorders than before, and will allow more professionals with the necessary qualifications to use the method of psychotherapy.”

Access to psychotherapeutic services for children is completely underdeveloped. The availability of such services in smaller towns and cities is non-existent, which is why the development of a network of psychotherapists makes sense.

Providing assistance to people with addictions, reducing the supply and demand for psychoactive substances (including alcohol)

“In 2019, municipal public health offices received grants (€2.5 million) to implement innovative prevention measures to strengthen mental health and to develop mental health competences, including funding for addiction counsellors in municipalities to provide services for people with a predisposition to alcohol, and for early intervention programmes for children who use psychoactive substances”.

There is a vacuum of support for children who abuse psychoactive substances when they or their parents do not accept treatment. In this case, treatment services cannot be provided to these children and parents are left alone to deal with these problems. There is no mechanism in place at national level to engage unmotivated but substance-abusing children in treatment and to provide them with the help they need.

Strengthening community

Cooperation between public authorities, NGOs and individual citizens is vital for the well-being of children and **11**

⁹ Tamutienė, I. Vaiko gerovės politikos pokyčių vertinimas vaiko teisių apsaugos Lietuvoje reformos kontekste ir NVO galimybių dalyvauti viešųjų paslaugų teikime. (sutartis nr. 2020/2)

families. However, research reveals tensions in this cooperation. There is still insufficient evidence that everyone in their efforts share the common goal of well-being. The principle of subsidiarity, which is a fundamental principle of EU policy¹⁰, is ignored in the field of social security in Lithuania.

The Law on the Development of Non-Governmental Organisations (2014) integrated the principle of subsidiarity, although its definition was vague¹¹; however, this principle was completely removed from the consolidated edition which was adopted on August 1, 2020¹². This principle was not included in the Law on Social Services of Independent Lithuania. It is not followed in practice either. This situation does not empower NGOs to become partners, and the authorities do not focus on creating an enabling environment for NGOs in local communities. This misses the opportunity to pool resources and work together for the common good.

ADDITIONAL RECOMMENDATIONS TO STRENGTHEN CHILD WELFARE

- 1.** It is recommended that the Law on Fundamentals of Protection of the Rights of the Child be amended to include the issue of alcohol-related harm to children and to define not only the protection of the child in situations of personal abuse, but also when the child is living in an alcohol-abusive household. Recognition and legalisation of the possible short-term and long-term harm of alcohol consumption by parents and guardians is also useful.
- 2.** Given the extreme complexity of children's lives and the frequent traumatic events of growing up in alcohol-abusing households, it is recommended that a strategy to reduce harm to children be developed and adopted at national level, focusing on the development of integrated actions and programmes.
- 3.** There is a particular need to establish a child-friendly and child-sensitive child protection system. To this purpose, it is recommended to develop a model of early intervention in the family that would reduce the likelihood of family problems deepening and children being separated from their families; there are currently no specific early intervention methodologies available,.
- 4.** Due to the heavy workload of staff working in the child protection system and the excessive number of bureaucratic procedures that distract professionals from their direct work with parents and children, it is necessary to redefine the objectives of the institutions to focus on a child-centred child protection system. Consideration should be given to increasing the number of professionals in this field, thereby enabling them to have sufficient time to work with children and parents in the families they visit (to have time to connect with them, to listen to their difficulties), thus increasing the likelihood that difficulties experienced by children will be identified quicker and dealt with more effectively.
- 5.** Professional rehabilitation centres are recommended for children, especially adolescents, who are prone to self-harm and addictions. Such rehabilitation centres must provide education. At the community level, it is proposed to expand Alateen groups for children and other specialised programmes for children whose parents abuse alcohol. The participants in the study recommend discussing the possibility of reintroducing compulsory treatment for alcoholism, which is needed in cases where one of the family members abuses alcohol and harms other family members, including children. Often, those relatives who experience violence (often mothers and children) are being continuously harmed. As the damage accumulates, the trauma grows. This vicious cycle can lead to children being separated from their families. It is therefore necessary to create a support system for those affected by the alcohol-abuser.
- 6.** It is recommended that an algorithm be developed to help the family resolve problems with childcare and communication arrangements during the parental divorce process.
- 7.** Improving the availability and quality of parenting skills training is proposed. It is suggested that training should focus on coping skills. To reinforce practical training in parenting skills, it is recommended that a specialised centre be set up in municipalities (or the services of an existing centre be expanded) to provide parenting skills training and to teach parents how to do this in practical ways with their children.
- 8.** It is recommended to create independent living homes for parents with disabilities (blind single mother/father, mentally disabled parents/one parent who were raised in a child care institution and who lack family organisation skills), so that they can have access to specialist monitoring and support which ensures that

12 ¹⁰ <https://www.europarl.europa.eu/factsheets/en/sheet/7/le-principe-de-subsidiarite>

¹¹ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.463439?jfwid=72zogg2hv>

¹² <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.463439/asr>

separation of children from these parents is avoided.

9. Expanding access to child psychologists, psychiatrists, psychotherapists (not only for individual consultations, but also for families), and day-care services, in order to strengthen the family's psychological well-being and to open up opportunities for parents to work and balance work with caring for children.

10. It is recommended not to write off families and adolescents who refuse services, but to look for ways to motivate them, especially teenagers.

11. Since the lack of services is a major barrier to children's well-being, and the non-governmental sector is a crucial resource in this situation, the authorities should focus on how to create an enabling environment for the effective functioning of the non-governmental sector, and work with the sector to develop strategies for enriching the environment and empowering families to take full care of their children.

12. It is recommended to strengthen the social link between public authorities, non-governmental organisations and individual citizens in order to achieve optimal results in breaking the cycle of poverty and social exclusion. This can be accomplished by developing a welfare system that is favourable to the most vulnerable groups in society. Non-governmental organisations should be entrusted with managing the practical assistance and volunteering of individual citizens, and an additional job position has to be funded and created in order to carry out this function.

13. At the political level, the principle of subsidiarity, which is the founding principle of the European Union, especially in the provision of social services, needs to be discussed in the media. It is recommended that it is included in the Law on the Development of Non-Governmental Organisations and the Law on Social Services. It is recommended to study the consequences of (non-) implementation of this principle in the Lithuanian context.

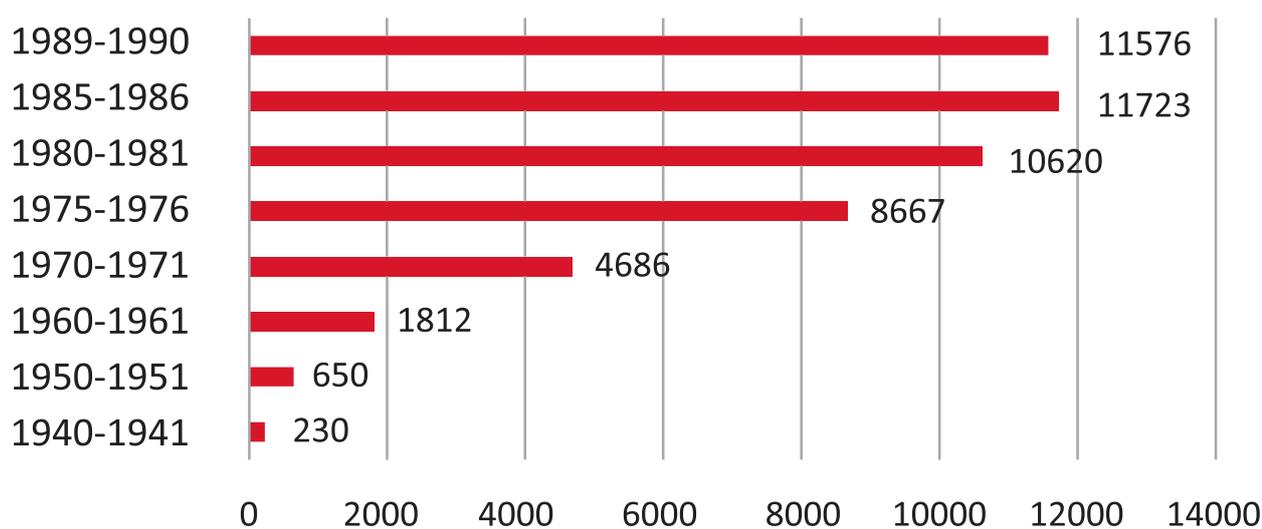
I. EDUCATIONAL STATUS OF CHILDREN WITH DISABILITIES

1.1 DEVELOPMENT OF DISABILITY EDUCATION IN LITHUANIA AND LEGAL FRAMEWORK OF RIGHTS TO EDUCATION

The beginnings of disability education in Lithuania date back to the period of independence (1940- 1940)¹³, when many private and charitable organisations were established to care for children from poor backgrounds, or to care for disabled children or elderly. Some of the first schools for disabled children were the Kaunas School for the Deaf and the Kaunas Institute for the Blind. Children with intellectual disabilities were educated in auxiliary boarding schools. At the end of World War II schools for the deaf were re-established in Vilnius and Kaunas, and in the period of 1952-1956 three more schools for the deaf were established and operated (in Rusnė and Telšiai), with more than 500 children attending the schools. There was also a Vocational Training School for the Deaf, which provided employment for Deaf people in businesses. A secondary boarding school for the blind was established in Kaunas in the Soviet era. All these segregated schools were oriented towards employment. Children with more severe disabilities were accommodated in psychoneurological boarding houses or were left to grow up in families and were isolated from society.

Figure 4. Number of pupils with disabilities in the period of 1940-1990

Number of pupils with disabilities in special schools 1940-1990



Almost 50 years of Soviet occupation left deep marks on Lithuania's education system, when people with disabilities were educated in special boarding schools or care institutions and isolated from society. When Lithuania regained its independence in 1991, 11,576 children were enrolled in special institutions:

- 44 auxiliary schools (9319 children);
- 2 schools for the blind and partially sighted (364 children);
- 2 schools for the deaf and hard of hearing (468 children);
- 1 speech therapy school (298 children);
- 1 school for children with reduced mobility (339 children);
- 1 school for children with intellectual disabilities (798 children).

The Law on Education¹⁴ and the Law on Social Integration of Persons with Disabilities¹⁵ adopted in 1991 be-

¹³ Lietuvos sutrikusios psichikos žmonių globos bendrijos žurnalas „Globa“, 2019, Nr.1, 3 psl. Retrieved March 7, 2021 from: <https://lspzgb.lt/wp-content/uploads/globa-2019-1.pdf>.

¹⁴ Švietimo įstatymas (1991-06-25, Nr. I-1489, Lietuvos aidas, 1991-08-06, Nr. 153). Retrieved March 18, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.1480/asr>.

¹⁵ Neįgaliųjų socialinės integracijos įstatymas (1991-11-28, Nr. I-2044, Lietuvos aidas, 1991-12-13, Nr. 249). Retrieved April 18,

came the main legislative acts on the right to education of people with disabilities.

On 25 June 1991, the Law on Education was adopted, and Article 12 of the Law (in its first version) stipulated that all pre-school and school-age children with physical or mental disabilities were to be educated at home, in general or remedial groups of pre-school institutions, in special pre-school institutions, in general or remedial classes of mainstream schools, and in special education schools.

This provision became the legal basis for the continuation of segregation and education of persons with disabilities in special schools and was echoed in Article 12 of the Law on the Social Integration of Persons with Disabilities, adopted on 28 November 1991, which stipulated that all persons with disabilities have the right to be educated in schools and other institutions where educational services are available. Obviously, these “other institutions” were special schools inherited from the Soviet era. It could be argued that at this time the context of segregation of special institutions was understood, but the path to transformation was not yet visible.

In 1991, Lithuania lacked the knowledge and experience of other countries regarding the education of children with disabilities. Segregation was tolerated, and children with disabilities were being educated primarily in special schools.

Although in 1993-1998 the Lithuanian education system formally recognised the education of children with disabilities in mainstream schools and special schools, in practice the segregated system of special institutions continued to operate.

On 15-12-1998, the Law on Special Education¹⁶ was approved, which standardized the special education provisions, concepts, tasks and principles; the law identified target groups with special educational needs, defined assessment and differentiation of those needs, established educational needs based on different ages with 4 forms of special education (full integration, partial integration, education in a special education institution, and home education).

Segregation in special schools continued and was tolerated, but processes of integration into mainstream schools also began, with a decline in the number of pupils in special schools. The number of pupils in special schools decreased by half between 1993 and 2006¹⁷.

In the context of the Salamanca Declaration, changes in education of children with special needs were small: the special school system has remained and many children have continued in home education, while the integration of children with disabilities has only started making its way into mainstream education through the opening of integrated classes in mainstream schools.

Division of special educational needs into 4 groups (low, medium, high, very high) has introduced a lot of confusion when it comes to children with disabilities and children with special educational needs. Special educational needs are often associated with disability, whereas according to the Ministry of Education and Science, disability-related special educational needs account for only 25 per cent¹⁸.

The level of disability¹⁹ (determined by the Disability and Working Capacity Assessment Office at the Minis-

2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.2319/asr>.

¹⁶ Specialiojo ugdymo įstatymas (1998-12-15, Nr.VIII-969, Valstybės žinios, 198-12-31, Nr. 115-3228). Retrieved February 22, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.69873>.

¹⁷ A. Galkienė. Mokinių, turinčių specialiųjų poreikių, iššūkių integrato ugdymo paradigmai Lietuvoje, 2006, 146 psl.. Retrieved March 19, 2021 from: <https://etalpykla.lituanistikadb.lt/fedora/objects/LT-LDB-0001:J.04~2006~1367165572245/datastreams/DS.002.0.01.ARTIC/content>.

¹⁸ T.Aidukienė. Mokinių ugdymosi poreikių skirtybės – pedagogo „duona kasdieninė“, 2015. Retrieved April 15, 2021 from: <https://www.bernardinai.lt/2015-11-10-t-aidukiene-mokiniu-ugdymosi-poreikiu-skirtybes-pedagogo-duona-kasdiene/>

¹⁹ Neįgaliųjų socialinės integracijos įstatymas, 2005, 19 str. Retrieved April 10, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.2319/lkWkDaaiCl>.

try of Social Security and Labour) correlates only partially with the level of special educational needs, which is determined by the Paedagogical-Psychological Service under the procedure laid down by the three ministries: (1) Ministry of Education and Science, (2) Ministry of Health, and (3) Ministry of Social Security and Labour (Table 4).

Table 4. Determination of disability and special educational needs in children

Children	Disability identified
With disability	<ul style="list-style-type: none"> • level of disability (severe, moderate, mild) • special need for continuous nursing care (level I, II); • special need for continuous care (help) (level I, II)
With special education needs	<ul style="list-style-type: none"> • low • medium • very high

As a rule, children with severe disabilities are assessed as having high or very high special educational needs. The correlation weakens further - children with moderate and mild disabilities may be diagnosed with medium special educational needs, while children with low special educational needs are usually not diagnosed with disabilities.

When talking about education of children with disabilities or special educational needs, we apply the correlation (Table 5) between the level of disability identified and the special educational needs group, clearly understanding the differences.

Table 5. Correlation between the level of disability and special educational needs group

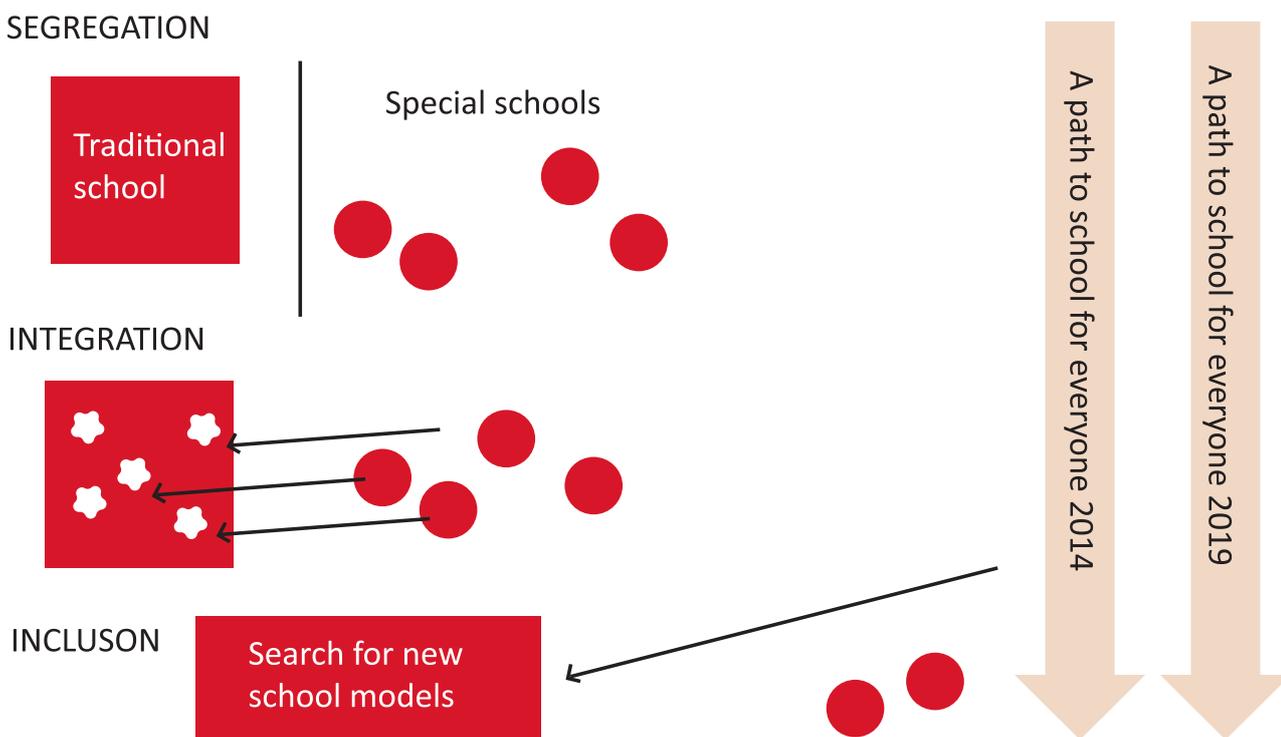
Level of disability in children	Children's Special Educational Needs Group
Severe	High or very high
Moderate	High or medium
Mild	Medium

In 2011, the Lithuanian education system underwent a turning point, when the Law on Special Needs Education expired and its main provisions were transposed into the Law on Education. A step towards educating all children together has been taken, starting with a change of attitude towards children with special educational needs and looking at ways to help every child in the mainstream education system. Education has started to be seen as a process that can ensure quality education for all its participants, taking into account the expectations of each pupil, his/her parents, his/her specific learning needs, the need for support and services, and the need to prevent 'drop-outs' from the education system.

The Law on Education (2011) clarified the concept of special educational needs²⁰: special educational needs are the needs for support and services in the educational process resulting from a person's exceptional abilities, congenital or acquired impairments, or adverse environmental factors.

16 ²⁰ Švietimo įstatymas, 2011, 2 str. 24 punktą. Retrieved March 20, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.395105>.

Figure 5: The evolution of the education system towards inclusive education



Priority III “Action for Inclusion “9 was adopted in the National Education Strategy 2013-2022. This priority responds to the expectations of parents of children with special educational needs. These children find it difficult to integrate into the mainstream education system. Often, these children are left out of important social and educational processes due to misunderstandings, inappropriate attitudes, and lack of alternatives venues for them to develop their individual competences. To address these challenges, the action lines include:

- Ensuring that education is prioritised for the socially excluded and those with special educational needs to overcome social exclusion;
- strengthening the role of the Ministry of Education and Science and municipal administrations in coordinating special education;
- provide quality methodological support to special education professionals.

The strategy gave the message and direction to move from segregation to integration, but there was no clear orientation on how integration would be developed and how inclusion in education would be promoted. The country has maintained a two-pronged special needs system for almost 30 years. Inclusive education ideas are poorly understood, often misinterpreted by education professionals, and frequently opposed by parents, teachers and special schools’ administrators.

The principle itself and the direction of the transformation of the education system should be clear - children with disabilities should learn together with their peers in mainstream schools and in mainstream classrooms, having the educational environment adapted for them: providing the necessary specialist support, using individualized curricula and programmes, innovative educational methods and tools (special teaching and technical aids), and adapting the physical environment of the school. However, the human factor and the problems of interaction between the two types of school (special and mainstream) come to the fore.

In 2017, the administrations of the largest special schools, which have always been interested in the survival of special schools, fiercely opposed attempts by the Ministry of Education and Science to reduce the number of special schools by transferring children with special educational needs to mainstream schools. They have used the media to mislead parents of children with disabilities into believing that if special schools are closed, mainstream schools will not accept their children because they do not have the facilities, the professionals and are not prepared to work with such children.

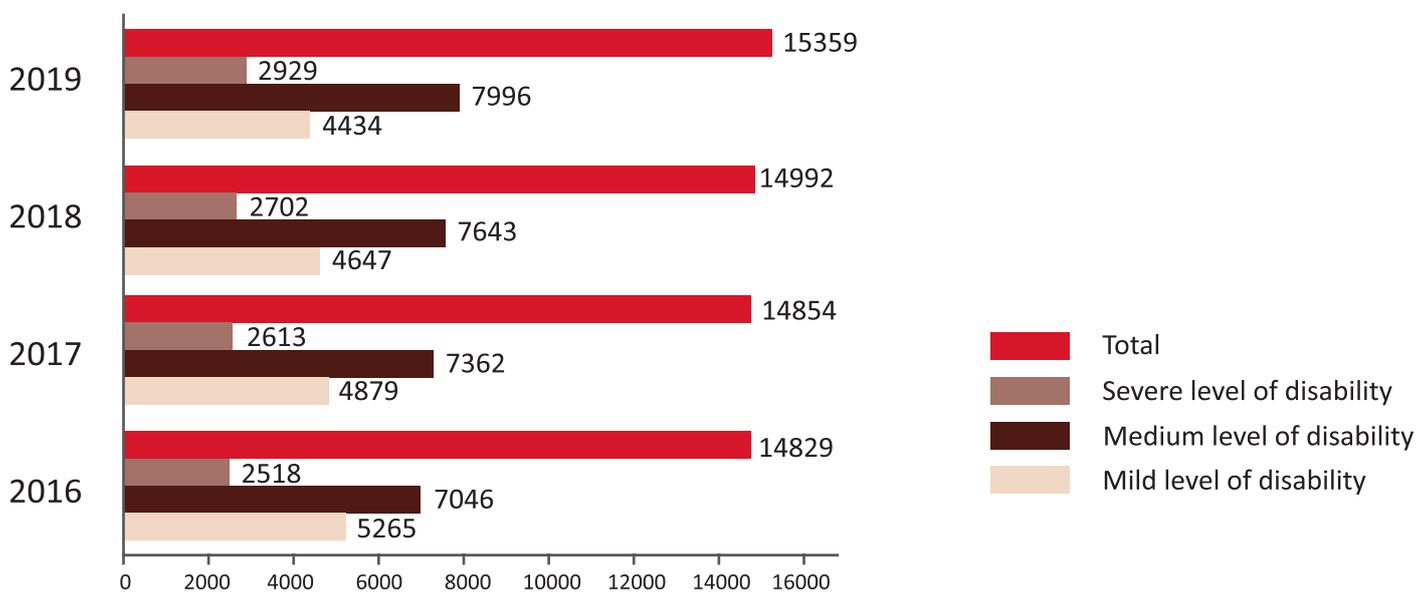
Schools in mainstream education were also reluctant, often refusing, to take children with special educational needs, as they are perceived as not fitting the vision, attitudes and environment of the school. Motivated by the provision of Article 29 of the Law on Education²¹ that schools have the right not to accept children with special needs and instead offer them to apply to another school; in agreement with their parents, the Pedagogical-Psychological and the Child Rights Protection Services, schools would find “objective” reasons for not accepting such children (i.e., the lack of resources - educational aids, tools, adapted environment; other children, their parents, their teachers not being ready to receive such children). A school for all requires breaking down stereotypes and creating an organization whose members (pupils, their parents and teachers) are united by a strong community bond, where the debate is not about pupils’ inadequacies, but about the school’s adaptability to pupils’ educational needs.

In 2020, following the implementation of the Article 24 of the United Nations Convention on the Rights of Persons with Disabilities, steps were taken towards the development of inclusiveness in education, with the adoption of amendments to the Law on Education²² that legalised the principle of inclusiveness; as of September 1, 2024, the “no admission” to mainstream education clause will be removed for children with special needs, thus eliminating discriminatory attitudes.

1.2 THE CONTEXT OF STATISTICS ON THE EDUCATION OF CHILDREN WITH DISABILITIES AND SPECIAL EDUCATIONAL NEEDS

The number of children with disabilities in Lithuania is fairly stable. For many years, the number of children with disabilities (severe, medium, mild) has been around 14.8-14.9 thousand children per year, with an increase to 15.4 thousand children with disabilities only in recent years²³.

Figure 6. The dynamics of the number of children with disabilities by severity of disability in 2016-2019 (Data from the Ministry of Social Security and Labour, 2020)



These stable figures are due to Soviet-era methodologies for determining disability, which are dominated by medical factors, while the short, fragmented questionnaires used to determine social abilities, based on the International Classification of Functioning, Disability and Health, do not allow for a full assessment of a child’s individual needs.

²¹ Švietimo įstatymas, 2011, 29 str. 10 punktas. Retrieved March 15, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.1480/ezlaffuism>.

²² Švietimo įstatymas, 2020, 29 str. 10 punktas. Retrieved March 20, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.1480/AKLdnOUSdv>.

²³ Socialinės apsaugos ir darbo ministerijos duomenys [interaktyvus]. Retrieved February 15, 2021 from: <https://socmin.lrv.lt/lt/veiklos-sritys/socialine-integracija/neigaliuju-socialine-integracija/statistika-2>

Assessment of the impact of educational barriers on a child’s abilities is limited to a certificate from the Pedagogical-Psychological Service²⁴. The certificate is entirely formal and does not reflect the level of disability in the assessment of the child’s learning difficulties, developmental characteristics and impairments in the socio-pedagogical context, although it should be one of the essential criteria for assessing social factors. The lack of cooperation between public authorities means that the academic and social challenges of the education and inclusion of children with disabilities in mainstream schools are slow to be addressed.

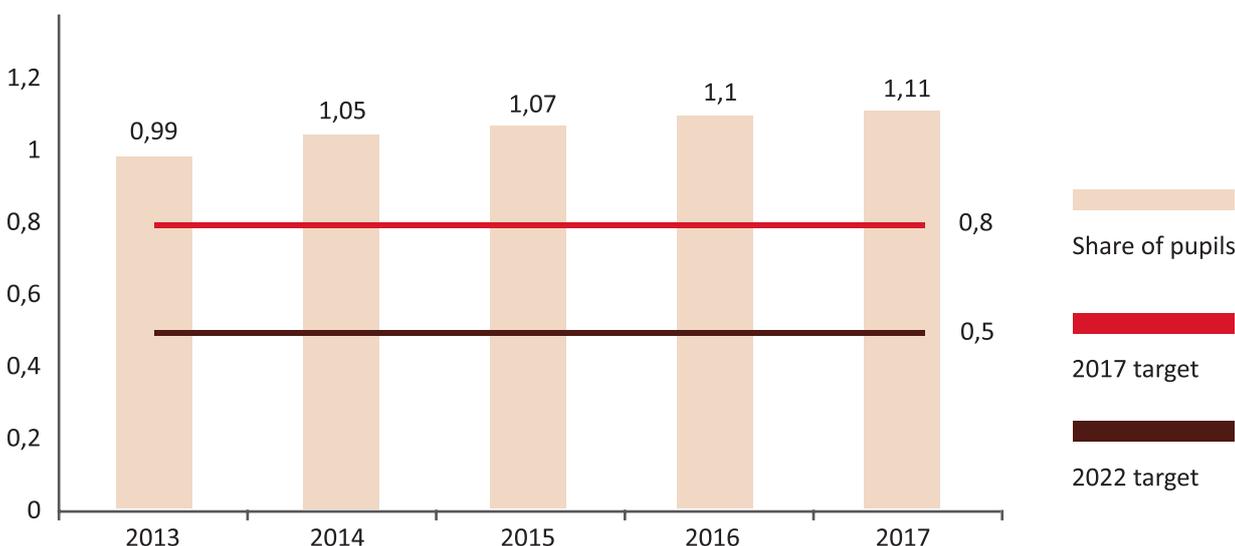
Currently, about 11% of all children in education in Lithuania have special educational needs. There is an increasing proportion of pupils with special educational needs in educational institutions in Lithuania, especially in mainstream classes (a sign of inclusion) and special classes (a sign of integration)²⁵(Table 6).

Table 1. Pupils with special educational needs in the education system (NDIS, 2020)

Year	Total number of pupils with SEN			Total
	Mainstream classes	Special classes	Special Schools	
2019	36,275	1,217	3,632	41,124
2016	34,080	1,058	3,663	38,801

This demonstrates a gradual improvement in access to education and support for children with special educational needs, and justifies the need for legislative changes that were adopted in 2020 to develop inclusion in education. Although the low growth in the number of pupils in special schools in recent years is worrying.

Figure 7: Proportion of children enrolled in special schools (%) (Halfway to the implementation of the National Education Strategy 2013-2022, 2019)



The National Education Strategy of 2013-2022 aims for the percentage of children in special schools to be 0.5% in 2022²⁶. (Figure 7). The targets are not being met, and the intermediate target was not met in 2017.

It is notable that the number of children enrolled in special schools has been declining slowly, influenced by the postponement until 1 September 2024 of the requirement for all schools to be ready to accommodate

²⁴ Pedagoginių psichologinių tarnybų darbo organizavimo tvarkos aprašas, 2017. Retrieved April 18, 2020 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/659c22f08e8711e7a5e2b345b086d377/olDrMPxnUU>.

²⁵ Švietimas šalyje ir regionuose, 2020, 26 psl. Retrieved April 20, 2021 from: <https://www.nsa.smm.lt/wp-content/uploads/2020/08/Svietimas-salyje-2020.pdf>.

²⁶ Valstybinės švietimo 2013-2022 metų strategijos įgyvendinimo pusiaukelė, 2019, 70 psl. Retrieved March 20, 2021 from: http://www.nmva.smm.lt/wp-content/uploads/2019/10/Valstybines-svietimo-strategijos-%C4%AFgyvendinimo-pusiaukele_internetinis.pdf.

pupils with different needs and to enable them to be educated alongside their peers in mainstream education²⁷.

With the increase in the number of children with special needs in mainstream schools, the largest increase in the number of pupils by type of school is observed in:

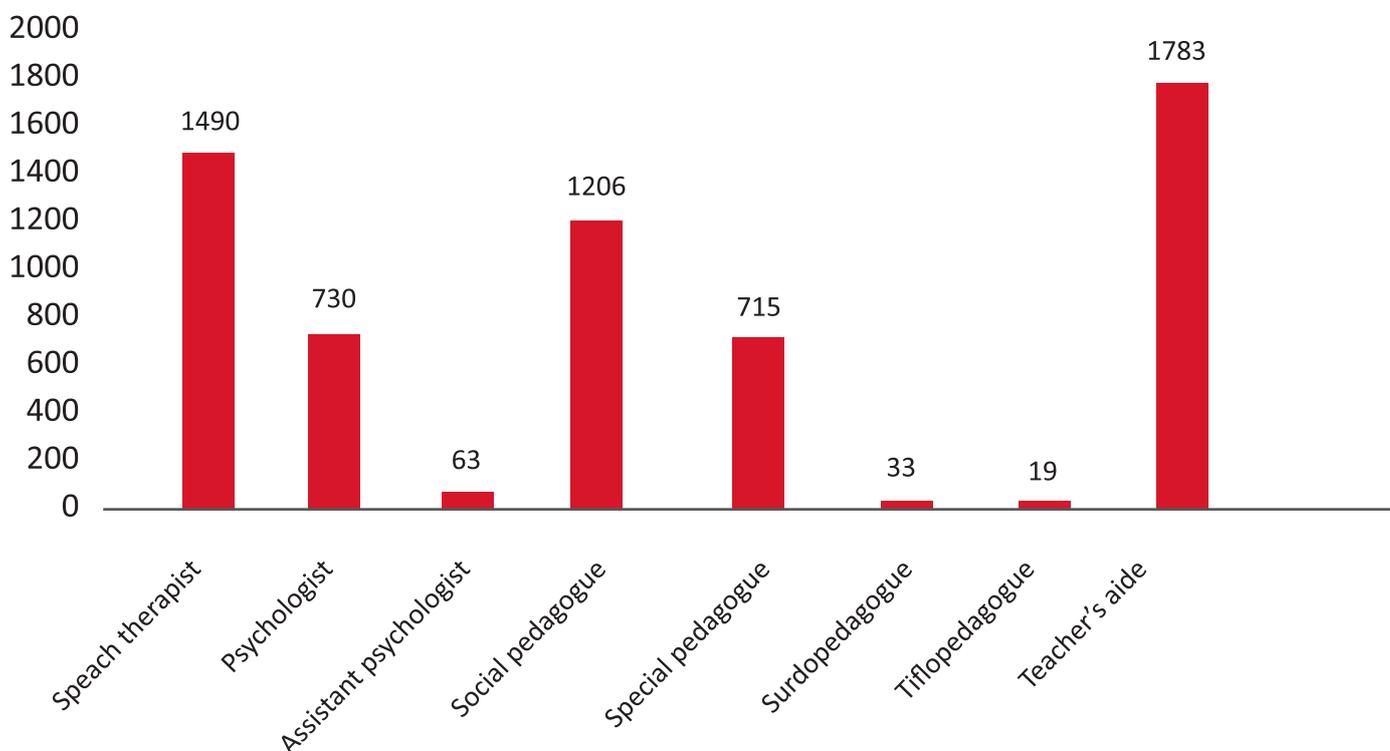
- primary schools - from 17.7% in 2016 to 20.7% in 2019;
- pre-gymnasiums - from 11.9% in 2016 to 12.8% in 2019;
- lower secondary schools, from 16.3% in 2016 to 16.7% in 2019;
- gymnasiums, from 6.3% in 2016 to 8.1% in 2019.

As in other parts of the world, there is a noticeable decrease in the number of pupils with special educational needs in the upper grades. This is due to the increasing number of subjects, the differentiated model of teaching (grouping pupils according to their achievements), the lack of educational support, and peer problems such as alienation from peers, scepticism or negative attitudes from teachers, other pupils and parents. Few educational institutions are accessible to pupils with disabilities²⁸:

- 4.5% of educational institutions have adapted access to school for pupils with mobility disabilities;
- 12% of schools have adapted the interior for disabled pupils with reduced mobility;
- 3.8% are accessible to visually impaired persons.

Since 2006, those in charge of using EU Structural Funds to modernise schools have not adhered to the principle of accessibility²⁹ and, consequently, there have been no benefits coming from the wave of renovations intended to adapt the physical environment for pupils with disabilities. The drive to save money has become a barrier to access mainstream schools for pupils with mobility or complex disabilities.

Figure 8: Educational support professionals in 2018-2019 (ŠVIS, 2019)



As the number of children with special educational needs in mainstream schools and classes (integrated and

²⁷ Švietimo įstatymas, 2020, 29 str. 10 punktas. Retrieved March 20, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.1480/AKLdnOUSdv>.

²⁸ Švietimas šalyje ir regionuose, 2020, 26 psl. Retrieved April 20, 2021 from: <https://www.nsa.smm.lt/wp-content/uploads/2020/08/Svietimas-salyje-2020.pdf>.

²⁹ Veiksmai, kurių reikia imtis inkluzinio ugdymo srityje, 2015, 10 psl. Retrieved April 14, 2021 from: https://www.european-agency.org/sites/default/files/Take%20Action%20for%20Inclusive%20Education_LT.pdf.

mainstream) increases, the need for educational support professionals has increased³⁰.

There is a national shortage of education-support professionals and an increasing number of pupils with special educational needs for every such professional:

- 116.4 pupils per one educational support specialist in 2016;
- 144.3 pupils per one educational support specialist in 2019.

Some schools (in smaller municipalities) have no educational support officer at all. However, the need for these specialists is not reflected in higher education curricula, even though the need for them is clearly growing.

Legislation stipulates that a single social pedagogue can provide support to a maximum of 400 children and pupils (and if possible to a smaller number of children or pupils)³¹. According to the Ministry of Education, Science and Sport, there is currently a shortage of more than 150 additional social pedagogues, but it is unlikely that higher education institutions will have prepared this number by 2024³².

1.4 SOCIAL PEDAGOGICAL SUPPORT TO MEET PUPILS' SPECIAL EDUCATIONAL NEEDS.

There have been attempts to reorganize the country's education system and merge the two systems that work in opposite directions: segregation and integration. Legal regulations for inclusion in education alone are not enough to ensure that inclusive ideas are believed, accepted, and not ignored or sabotaged. These regulations should be developed in the context of a positive cultural milieu by the educational community.

Even though the majority of special school administrators are not in favour of the transformation and remain actively resistant by involving the parents of the pupils, we are, nonetheless, witnessing a breakthrough, as some administrators, though not very supportive, are trying to adopt the recommended path of development of inclusiveness in education. Some administrators are transforming special schools into resource centres for educational assistance for pupils with special educational needs.

In mainstream schools, the successful development of ideas and relationships requires the joint interaction of pupils, their parents and teachers, which varies widely. Not all mainstream schools are ready to welcome children with disabilities and special educational needs and to provide them with quality education. Parents of such children often complain about the duality of schools. That means that a child is admitted to a mainstream school, but then is not provided with the necessary conditions for his or her education to be successful. The main reasons for this are a lack of individualised curricula, information, preparation, and resources. In the 2018-2019 school year, only 5.4% (2,114 out of 3,805) of children with special educational needs were in mainstream schools that educated them according to individualised programmes (ŠVIS, 2019). The remaining children were educated in accordance with the mainstream curricula.

There are major concerns about the effectiveness of learning and education, the accessibility of content and the right conditions for learning, when so few pupils with disabilities are being taught in individualised programmes. It has also been noted that the number of children with special needs studying based on individualised programmes in mainstream schools in large municipalities in Lithuanian cities is significantly lower than in mainstream schools in small municipalities.

Table 7. Pupils with special educational needs in mainstream schools, 2018-2019 school year (NWIS, 2019)

³⁰ Švietimas šalyje ir regionuose, 2020, 27 psl. Retrieved March 20, 2021 from: <https://www.nsa.smm.lt/wp-content/uploads/2020/08/Svietimas-salyje-2020.pdf>.

³¹ Socialinės pedagoginės pagalbos teikimo tvarkos aprašas, 2016, 10 punktas. Retrieved March 18, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/06ad87e0a20911e68987e8320e9a5185>.

³² Aiškinamasis raštas dėl Švietimo įstatymo Nr. I-1489 5, 14, 21, 29, 30, 34 ir 36 straipsnių pakeitimo ir įstatymo papildymo 45(1) straipsniu įstatymo projekto, 2020, 12 punktas. Retrieved March 25, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAK/eb2e76b0a3cf11eaa51db668f0092944>.

Municipality	I Low SEN	II Medium SEN	III High SEN	IV Very high SEN	Studying under individualised pro- gramme (%)
Alytus city	671	243	61	1	27 – 2.8%
Kaunas city	2384	812	294	2	82 – 2.3%
Kaunas district	1153	306	81	4	34 – 2.2%
Klaipėda city	727	845	132	0	41 – 2.4%
Panevėžys city	812	276	137	2	5 – 0.4%
Šiauliai city	1019	407	126	2	12 – 0.8%
Vilnius city	3972	2033	441	10	92 – 1.4%
Total	10738	4922	1272	21	293

Municipality	I Low SEN	II Medium SEN	III High SEN	IV Very high SEN	Studying under individualised programme (%)
Akmenė district	4	147	51	0	34 – 16.8%
Anykščiai district	178	104	167	1	59 – 13.1%
Ignalina district	135	98	61	0	44 – 15.0%
Kalvarijos	45	66	41	3	29 – 18.7%
Kėdainiai district	354	309	133	9	119 – 14.8%
Raseiniai district	19	302	85	0	59 – 14.5%
Rietavas	62	27	22	0	16 – 14.4%
Šalčininkai district	5	54	45	5	29 – 26.6%
Šilutė district	224	144	161	5	67 – 12.5%
Skuodas district	6	54	30	1	16 – 17.6%
Švenčionys district	152	78	69	1	42 – 14.0%
Trakai district	1	105	82	5	49 – 25.4%
Ukmergė district	122	143	80	1	47 – 13.6%
Zarasai district	30	74	51	2	46 – 29.3%
Total	1337	1705	1078	33	656

Teachers working in mainstream schools admit that they are familiar with the provision of accepting pupils with disabilities or special educational needs into the school community, but they are not very aware of the differences in such students and don't know how to educate and deal with them in the changed environment of the mainstream classroom. This requires all teachers to be trained to work in mainstream classrooms with children with disabilities and special needs, and to be equipped with the knowledge and competences needed to differentiate the educational process according to the developmental needs of each pupil, and to develop, in collaboration with parents and other professionals, individualised ability-based programmes. In reality, SEN pupils are often separated from other pupils during lessons, with episodic contact with the teacher, a widening of the pupil's learning gaps, and the result of this lack of social interaction - isolation in class.

22 Appropriate support means not only adapted curriculum content and tools, but also new forms of pedagogical work, which require teacher training. There are different ways and forms of educating children with special needs in mainstream schools. If a pupil's special educational needs are low, he or she is educated in

a mainstream classroom with individual support; if his or her special educational needs are higher, i.e. the student is diagnosed with a disability, then the student is educated in the classroom of a special educator. The literature does not provide enough information on what other countries offer in terms of educational forms in the framework of general education. Examples are often limited to individualised teaching of pupils in the mainstream classrooms.

Successful inclusion requires interpersonal relationships between pupils with different abilities, which can become empathic, and relationships can develop into friendships, support or care, thus creating conditions for solidarity and responsibility among pupils. However, interpersonal relationships are rarely successful without the guidance of the teacher. Teaching leadership can create the conditions for developing peer relationships (positive emotions, self-esteem and respect, self-fulfilment through individual talents and abilities)³³. Schools often lack targeted and coordinated pedagogical communication when it comes to addressing special educational needs. These gaps are filled by well-organised social pedagogical support that creates the necessary adaptive and educational environment for all, through programmes for self-expression, learning motivation, emotional and behavioural disorders and other problems. The need for social pedagogical support is regulated by legislation.

Social pedagogical support is provided to children and pupils, their parents and teachers³⁴. The aims of the support are: to help children and pupils adapt to school, to the educational and learning environment, to develop their life skills in cooperation with their parents and pedagogical staff, to mediate and address the reasons why children are unable to attend school, and to help those who are absent from school to return to school³⁵.

The main providers and organisers of this support are social pedagogues, who provide the following ways of support: counselling research (assessing the impact of the environment on special needs students, educational difficulties), prevention (providing a safe learning environment and developing personal, social and general competences), mediation (defending the rights of the child), and the creation of an assistance network (providing assistance through developing cooperation networks with different departments in the educational system). Social educators are guided by the principles of equal opportunities, universality, comprehensiveness, effectiveness, individuality and confidentiality³⁶.

Disabled children's problems in mainstream school are compounded by problems in creating a suitable educational environment for children. Schools need to work flexibly, as they are the first non-family communities that children enter during their formative years. However, flexibility is sorely lacking. It is very clear that the efforts of the social pedagogue alone are not enough to overcome the challenges of socialisation, and that social pedagogical support must be provided in a comprehensive way, involving the whole school community, social services and a range of professionals. This requires teamwork, which is carried out by the school's Child Welfare Committee, where the social pedagogue's competences and ability to coordinate the work of the committee are important factors for the success of students' adaptation to school.

In Lithuania between 1995 and 2009, a number of experts (I. Leliūgienė, I. Baršauskienė, B. Janulevičiūtė-Ivaškevičienė (2005), G. Kvieskienė, V. Indrašienė (2006), O. Marfeldaitė (2007)) studied the specifics of social pedagogical assistance and highlighted the weaknesses in the work of the Child Welfare Commissions in Lithuanian schools. The main areas of weakness identified are: undefined priorities of activities, poor analysis of the empirical work results, ineffective learning from the experience, poor realisation of the role of the social pedagogue.

³³ A. Galkienė. Mokinių, turinčių specialiųjų poreikių, iššūkiai integruoto ugdymo paradigmai Lietuvoje, 2006, 148 psl.. Retrieved March 19, 2021 from: <https://etalpykla.lituanistikadb.lt/fedora/objects/LT-LDB-0001:J.04~2006~1367165572245/datastreams/DS.002.0.01.ARTIC/content>.

³⁴ Švietimo įstatymas, 2016, 20 str.. Retrieved March 18, 2021 from: <https://www.e-tar.lt/portal/legalAct.html?documentId=b-69129c04a7311e6b5d09300a16a686c>.

³⁵ Socialinės pedagoginės pagalbos teikimo tvarkos aprašas, 2016, 2-6 punktas. Retrieved March 18, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/06ad87e0a20911e68987e8320e9a5185?jfwid=-15hio15ynz>.

³⁶ Socialinės pedagoginės pagalbos teikimo tvarkos aprašas, 2016, 7 punktas. Retrieved March 18, 2021 from: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/06ad87e0a20911e68987e8320e9a5185?jfwid=-15hio15ynz>.

Recent years have seen a change in the way schools view and update the work of the social pedagogue, with a more effective response to addressing and coordinating the child's basic needs and ensuring social adaptation. The position of social pedagogue combines two professions: that of teacher and that of social worker. Therefore, a social pedagogue is able to use their knowledge, skills and competences to solve children's educational problems in an integrated way³⁷.

An increased emphasis on the principle of inclusion in education aims to increase access to education for all students. It is important that educators have an optimistic vision - a belief in the child and their success.³⁸ An optimistic vision will aid in increasing respect for the differences between pupils in the classroom, allowing positive attitudes to become a key factor in students' participation in the educational process. Taking into account each child's individual learning needs is essential for implementing educational strategies and approaches that benefit all students: cooperative and collaborative learning and problem-solving, differentiation of education, effective teaching, and assessing learning outcomes as they promote learning and growth according to the abilities of each individual student³⁹.

However, the increasing number of children with special needs in mainstream schools has created a radical change in the interaction between children, teachers and parents. Often the peer students without special needs, their parents as well as teachers express opposition to children with special needs learning together. In promoting the principle of inclusion, the education of children with disabilities and children with special educational needs is an integral part of the education system. However, there is a lack of understanding of how educational services should be provided to all children, regardless of their different needs. The stereotypes of children with disabilities and special educational needs reflect a clear dilemma of changing social values, as school communities appear ill-equipped to deal with issues of enrolment of these children in mainstream classes.

Not being prepared to accept children with special educational needs in mainstream classroom is one of the biggest barriers to their learning and education. The readiness of society to include people with disabilities is at stake when equal rights and positive attitudes are declared, but the realisation of these rights is scrupulously ignored. It has been observed that often people who declare generally positive attitudes towards people with disabilities often change their attitudes to become negative when they encounter them in person⁴⁰. The stereotypical "pity model", which is a humiliating stereotype for people with disabilities, plays a significant role in the scale of causes, in that:

- a disabled person is a poor, abused, despised, marginalised, crying, insistent and needy subject deserving of pity;
- families with children with disabilities or special needs are alcohol abusers, not harmonious, the parents are poorly educated, not caring for their children, and deserve pity.

The formation of such stereotypes degrades the dignity of people with disabilities and their families. These stereotypes have been and continue to be heavily influenced, if not shaped, by media outlets, such as LRT's long-running programme "Bėdų turgus" (Trouble Bazaar) and commercial money-raising events to help children with disabilities ("the poor").

³⁷ S. Burvytė. Socialinės pedagoginės (kompleksinės) pagalbos poreikis, 2015, 146 psl. Retrieved March 18, 2021 from: https://www.vdu.lt/cris/bitstream/20.500.12259/109015/1/ISSN2351-6011_2015_V_41_N_2.PG_144-162.pdf.

³⁸ R. Van Dyke. How to Build an Inclusive School Community: A Success Story, 1995. Retrieved April 2, 2021 from: <https://www.semanticscholar.org/author/Ray-Van-Dyke/117984031>.

³⁹ Penki svarbiausi pranešimai apie inkluzinį ugdymą. Teorijos perkėlimas į praktiką. Europos specialiojo ir inkluzinio ugdymo plėtros agentūra, 2014, 11 psl. Retrieved March 21, 2021 from: file:///D:/NVO_VK_2021-01-17/Projektas_ESFA_uzimtumas/Bendras_ataskaitos/MP012-15/030%20grupe/Dalyviu_sarasai_suvestines_030-2021-04/Five_Key_Messages_for_Inclusive_Education_LT_0.pdf.

⁴⁰ I. Kaffemanienė. Moksleivių bei pedagogų požiūris į specialiųjų poreikių bendraamžius [Attitudes of pupils and teachers towards peers with special needs], 2001. Retrieved March 18, 2021 from: <https://etalpykla.lituanistikadb.lt/object/LT-LDB-0001:J.04~2001~1487078615767/J.04~2001~1487078615767.pdf>

Positive role models are exceptions to most of society thus, when faced with people who have disabilities, pity is often followed by confrontation, as people with disabilities are perceived to disrupt society's established practices in order to gain equal rights to learn and live in society.

As more and more children with disabilities and special needs are entering mainstream schools, the role of the social pedagogue becomes "central" – they are positioned to spot and recognise dysfunctional emotional states of interaction between pupils, their parents and teachers. They are also in a position to assess problems in the everyday contexts in which they interact, and can build collaborative teams or networks to solve problems, to propose solutions and to implement changes. High demands are placed on the competences of social pedagogues, but only some social pedagogues have the opportunity to improve their competences⁴¹.

⁴¹ R.Čiužas, I. Leliugienė. Socialinių pedagogų teisių ir pareigų įgyvendinimo galimybės praktinėje veikloje [Possibilities for implementing the rights and duties of social pedagogues in practice], 2011, 45 psl. Retrieved April 3, 2021 from: <https://etalpykla.lituanistikadb.lt/fedora/objects/LT-LDB-0001:J.04~2011~1367179348393/datastreams/DS.002.0.02.ARTIC/content>

II. THE NEED FOR SOCIAL PEDAGOGICAL SUPPORT FOR PUPILS AND TEACHERS IN MAINSTREAM SCHOOLS

2.1 ORGANISATION AND METHODOLOGY OF THE STUDY

The aim of the study is to identify the need for social pedagogical support in improving the interaction of pupils (their parents) and teachers in the process of enrolling children with disabilities and special needs in mainstream schools.

The object is to establish a positive impact of interaction between teachers, pupils and their parents with regard to the inclusion of children with disabilities and special needs in mainstream classrooms.

Study objectives:

1. To find out the attitudes of peers, parents and teachers towards co-education with children that have disabilities and special educational needs.
2. To reveal the need for and directions of special educational assistance in enrolling children with disabilities in mainstream schools.

Hypotheses:

1. there are negative stereotypes among teachers, pupils and their parents in mainstream schools about learning and educating with children with disabilities and special educational needs in the same classrooms together.
2. Teachers and specialists in mainstream schools are not prepared to provide quality education for children with disabilities and special needs.
3. Social pedagogical support provided in schools is insufficient to develop inclusion in education.

Research methodology. Qualitative research was chosen because it allows:

- to take a deeper look and compare two perspectives: that of parents of children with disabilities and special educational needs, and that of parents of their peers in mainstream schools; to analyse how children with disabilities and special educational needs feel and are accepted in mainstream school;
- Identify teachers' attitudes towards children with disabilities and special educational needs in the mainstream classroom and their readiness to teach them;
- Identify the need for social pedagogical support for pupils and teachers in accepting a disabled person for education and successful learning.

This study is distinctive in that it presents the possibilities for inclusion of children with disabilities in mainstream education from the perspective of a person with a disability who is active in the NGO. The author of the paper is constantly studying the problems of educating and empowering disabled people and examining ways for solving them. The author has a good understanding of the experiences and situation of disabled children in the education system. These qualities provide the author the means to analyse the data gathered from interviews to analyse and assess the prospects of inclusion for such children, and how to promote prosocial attitudes both among the children and parents of special needs children and the people in the educational system who make up their behavioural environment. (i.e., teachers, administrators, councillors, and other students).

The full study was carried out between July 2020 and April 2021, and the semi-structured survey was carried out between July 2020 and October 2020, using a variety of communications:

- face-to-face meetings - meeting parents of children with disabilities at events, active rehabilitation camps, training sessions for children with disabilities, as well as interviews with parents of their peers.
- remotely via video conferencing or meetings on Zoom or Teams platforms as well as phone calls.

The deliberate choice of a semi-structured interview format did not limit, influence or direct the answers of the respondents (teachers, parents of pupils expressing their own and their child’s positions) into subjectively constructed answer forms, but allowed the parents themselves to freely express their own thoughts and perspectives on their children’s feelings about mainstream schools, the experiences and relationship between the children with disabilities or special educational needs, their peers and teachers.

2.2. THE COURSE OF THE STUDY

1. The qualitative study consisted of a semi-structured survey with 3 questions to find out how children with disabilities feel in mainstream school, how they interact with their teachers and peers, and how this affects the quality of their education.

Table 8. Survey questions for participants in mainstream schools

For teachers	For parents of children with disabilities and special needs	For parents of the peers
1. Is there a problem if a child with disabilities or special educational needs is educated in a mainstream classroom? Note. If the answer is yes, then the next question is asked.	1. Are there problems if your disabled child is educated in a mainstream classroom with other children? Note. If the answer is yes, then the next question is asked.	1. Is there a problem if a child with disabilities or special educational needs is educated in a mainstream classroom? Note. If the answer is yes, then the next question is asked.
2. What difficulties the teacher faces having to teach children with disabilities and special educational needs in a mainstream classroom?	2. What difficulties the child faces in mainstream school?	2. What difficulties your child faces in the classroom when learning together with children with disabilities and special educational needs?
3. What are the relationships in a classroom with children with disabilities and special educational needs?	3. What are the relationships like in the classroom with peers and teachers?	3. What are the relationships in a classroom with children with disabilities and special educational needs?

2. Semi-structured questions were used to explore the attitudes of peers, parents and teachers towards co-education with children with disabilities and special educational needs: teachers (4); parents of children with disabilities and special educational needs (12); parents of peers (4).

3. Based on the results of the survey, the main factors of peer interaction influencing the education of children with disabilities and special educational needs together with other peers were highlighted, and the directions of providing special educational assistance in the admission of children with disabilities to mainstream schools were identified.

4. Based on the analysis of scientific literature, legislation and documents, statistical data and the results of the survey, conclusions are drawn.

2.3 ANALYSIS OF THE SURVEY RESULTS

The study aimed to find out the attitudes of peers, parents and teachers towards co-education with children with disabilities and special educational needs and the impact of their interaction on the educational process and outcomes. The content of the answers provided, the order in which the answers were given and the main issues were analysed in this survey.

The semi-structured survey was carried out in an interview format, asking questions about the relationships **27** between the participants in the educational process, asking for their opinions and attitudes. Participants:

- Parents of children with disabilities and special educational needs (12) came from 4 municipalities (Vilnius city, Kaunas city, Vilkaviškis district, Alytus city).
- Teachers (4) came from schools in 2 municipalities (Vilnius City, Alytus City);
- Parents (4) of peer children in a shared classroom came from 2 municipalities (Vilnius city, Alytus city).

In order to keep the range of responses manageable, the responses of all respondents have been grouped into three main categories.

To summarise the responses, it can be said that teachers generally expressed positive attitudes towards the inclusion of children with disabilities and special educational needs in education, and specifically referred to the following difficulties in their experiences and attitudes:

1. Pupils with disabilities and special educational needs in mainstream classrooms are very distracting and disruptive, and have social and behavioural problems;
2. Pupils are taught according to the general curriculum, it is difficult to deliver lessons because pupils often do not understand and there is a lack of specialised educational support;
3. Teachers who do not know how to solve communication problems in a particular case, emphasise the child's disability as a behavioural stereotype.

Parents of children with disabilities and special educational needs reported the following difficulties for their children:

1. Teachers and peers have little understanding of the educational needs of pupils with disabilities;
2. The child often does not understand the subject matter and just sits in the classroom, lacking educational support;
3. The child would like to interact with peers, but does not understand why he/she is being shunned and is afraid of bullying.

Parents of peers in co-educational classes reported difficulties for their children:

1. Children with disabilities and special educational needs interfere with learning, peer performance deteriorates, children return upset, parents think about changing schools.
2. Their children are afraid of, don't know, don't understand children with disabilities and special needs (especially in the lower grades), and don't want to interact.

The attitudes of parents of children with disabilities and special educational needs and parents of peers who are in mainstream school together suggest that children (with and without disabilities) feel bad about each other. We can see that all teachers, pupils and their parents involved in the educational process do not receive the social pedagogical support they need to overcome the problems of interaction, which affects the quality of education.

The results of the survey confirmed that negative stereotypes of children with disabilities and special educational needs in mainstream classes are being formed among teachers, students and their parents. A survey of teachers and parents of children with disabilities and special needs confirmed that teachers and professionals in mainstream schools are unprepared to provide quality education for children with disabilities and special needs.

When analysing the responses of all participants on the problems of interaction in mainstream schools, teachers tended to avoid giving a direct answer, indicating that they were not satisfied with the existing interactions. Parents were much more open about stressful and disruptive interaction problems that they are unable to resolve and the negative relational context that leads to the isolation of children with disabilities and special needs in the classroom. The survey results confirmed that the social pedagogical support provided in schools is not sufficient to develop the inclusion of children with disabilities and special needs in education.

The scientific literature and legislation analysed in the paper shows the positive development of inclusion in education, but statistical data and the results of the survey converge as they both highlight the facts that

there is a real lack of social pedagogical support, insufficient resources allocated to such support, and a general shortage of educational support professionals.

It is noteworthy that in the absence of resources (financial and human), development processes of inclusion will be slow, discrediting the very idea of inclusion in education.

CONCLUSIONS

- 1.** The legal framework for children's inclusion in education in Lithuania creates conditions for children with disabilities and special educational needs to be educated together with their peers in mainstream schools, but there is a significant gap in the provision of educational support to the participants in the education process.
- 2.** The educational support system lacks qualified professionals and financial resources.
- 3.** General education schools provide low-quality educational services to children with disabilities and special needs, without providing the necessary educational support and individualised programmes, the majority of such children are educated according to the general education curriculum.
- 4.** One of the most important factors for the successful education of children with disabilities and special educational needs in mainstream schools is the building of positive interactions between the participants of the educational process (teachers, pupils); such positive bridging actions between pupils with special needs and their peers require social pedagogical support.
- 5.** The legal framework for social pedagogical support should ensure that children with disabilities and special educational needs receive the support they need to adapt to mainstream schools. This study shows that the needs for social pedagogical support are not being met: there is a shortage of social pedagogues; the normative requirements for the provision of services are set too high; and the increase in the diversity of the mainstream school population is not being taken into consideration.
- 6.** Failure to meet the needs of social pedagogical support and the problems of interaction between teachers and pupils lead to negative stereotypes about learning and educating children with disabilities and special educational needs in mainstream classrooms, and also leads to their isolation.
- 7.** The specialty needs of social pedagogues are not linked to their education programs. There are high demands on the competences of social pedagogues, but only some social pedagogues have the opportunity to develop them.
- 8.** Teachers and professionals in mainstream schools are unprepared to provide quality education for children with disabilities and special needs.

