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Comparison of Digital Media in Residential Center and Home

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Abstract

New technologies are becoming a daily part in lives of all people, including children, who can access to television sets, smartphones, computers and videogames. New technologies have a negative impact on children and adolescents. Firstly, they reduce the time spent moving or being in nature, which represents an important segment in children's development. Another problem is that overuse of new technologies can negatively affect the development of deep brain structures, which leads to a decrease in cognitive abilities. It can reduce attention concentration by reducing the ability of receiving new information, which is a growing problem for the generations growing up in the digital age [1].

As children and adolescents can access digital media and new devices on every corner, we were interested about the difference in use between those living treatment centres and those living at home. We assumed that adolescents living in treatment centres use fewer digital media than their peers at home. We worked with some primary and secondary schools as well as treatment centres. Students were given questionnaires. The sample used is 91 participants. Most of the students surveyed in both categories were between the age of 11 and 15, followed by the 15- to 18-year-old group. It is important to emphasise the limiting factors of the survey, as the research sample included only part of the adolescent population, therefore it is difficult to generalize the obtained results to the entire population.

Introduction

The world of technology and development is getting faster and more advanced every day. A large part of everyone's leisure time in today's lifestyles is the use of digital media. It reaches all levels of our lives. Technology is used for school purposes and also in leisure time, which is why the way children are brought up today is different from what it was a long time ago. There is a need to communicate with young people about the right approach to new technology, which has challenged parents and educators, as well as other professionals. The evolution has gone from letter-writing, which took weeks or even months to reach its addressee, and simple printing, to messages that travel around the world in just a few seconds via the Internet.

In recent decades, audio-visual media have come to dominate and have changed our way of life immeasurably. It brings with it, among other things, serious dangers for the mental and moral development of children. Human relationships, within families, among friends and elsewhere, are also at risk [2-7]

Today, children are growing up exposed to technology from day one, in a wave of digitalisation. We need to be aware that this is a big part of processing all the impulses in our brains. Modern technology has brought many good things, but it has also brought many pitfalls that we are not yet fully aware of. That is why it is necessary to create a relationship with children in which there is trust and security. Children are brought up differently, with different family situations, with different 'important' people in their lives. On the one hand, we have children who live in domestic situations, and on the other hand, we have children who, for various factors, are placed in professional centres1. That is why we decided to compare these two groups of children in terms of their use of digital media [8-10]

In Lobe & Muha, Internet in the everyday life of Slovenian children and adolescents, did a survey using some of the questions from their research and we used them to compare the use of digital media of adolescents living in their Home environment and adolescents living in specialised centres [3].

1 In this article, we will use the term "specialist centres", as the terminology changed in 2021 with the adoption of the new law on the treatment of children and adolescents with emotional and

behavioural problems and disorders in upbringing and education, and educational institutions were renamed specialist centres.

Expertise Centres

Placement in a specialist centre is always a response to young people's life situations. Life situations are usually defined by representatives of public institutions such as social work centres, schools, police, but never by the person concerned. Separating a child or young person from his or her parents is a severe blow to his or her integrity, especially in comparison with other forms of educational support which do not remove the child from his or her primary environment. Exclusion from the family can risk eroding a fundamental sense of identity based on family belonging [11].

Placing children in specialist centres and residential groups is usually an extremely stressful event, as children have not chosen to do so voluntarily. It is therefore a kind of coercion, the message of which is that the child or adolescent is incompetent and socially undesirable. This is also why institutionalisation is a last resort, i.e. appropriate only when the adverse consequences for the child make it unavoidable [11].

In the specialist centres, the process of deinstitutionalisation must be addressed alongside other theoretical processes (decentralisation, regionalisation, normalisation, integration and final integration). This is a set of theoretical orientations aimed at professionalising and humanising education outside the family. The division of labour is organised in the professional centres. This means that work is mainly divided into domestic, therapeutic and pedagogical functions. Within these areas, there are further divisions of labour. Thus, the domestic activities are carried out by people who are trained to do so. Unfortunately, these people usually do not have a pedagogical background, which is a pity, as children and adolescents like to spend time with them in many specialist centres [12, 13].

Children and adolescents living in specialist centres need a daily routine to feel safe. These include: getting up at a certain time every day, morning personal hygiene, going to school or work, meals, lessons, programmed leisure activities, a set bedtime, etc. These are the routines in the centres that provide security and contribute to structuring time and organisation. The daily routine acts as a corrective tool, especially for immature, depressed children and adolescents and those who are less able to cope [14].

In addition to all the rules, working in the Expert Centres also requires involvement. This does not happen, it is a process that takes time. In this process, the specificity of children, especially those who are different from others, must be considered. Successful integration requires a climate and culture that is conducive to it. This means that an inclusive culture is an environment in which everyone is welcome, in which young people help each other, in which there is cooperation between professionals, respect. It is a partnership between professionals and the fears and the involvement of the local community. For the inclusion process to be successful, it must be implemented in all forms and at all times in the institution [15].

Children with Emotional and Behavioral Disorders

For adolescents with emotional-behavioural disorders, the effects of biological, psychological, social, personality and environmental factors are considered when identifying and planning support. During their adolescence, various adverse influences on their development, such as inadequate satisfaction of psychosocial needs, traumatic experiences, various organic disorders, low social capital, poor impulse control, are intertwined, and they lack coping strategies to deal with the problems listed above [16, 17].

The causes of behavioural and emotional problems are different for each individual. In the subtlety of a young being, it is difficult to make a precise diagnosis that can help the child and enable professionals to outline a clear prognostic strategy and, consequently, their work. Focusing on the needs of the individual must be the guiding principle, and an analysis of the causes, the individual's biography and his or her entire network will help in the process of changing the child and involving and actively participating in effective help. According to practical experience, we need to focus more on the child's needs and analyse each child's developmental stage and situation in order to tailor the assistance to the child, rather than tailoring the child to the institutional assistance [13, 16, 17].

The disruptive behaviours that we typically identify in an individual are mainly due to so-called structural factors, which are a complex set of factors that may be interrelated. These form a personality structure, which refers to a field of genetic, biological, etc. predispositions and factors that can have a lasting impact on an individual's life and functioning. The factors that shape an individual's life are closely interdependent with the social interactions in which the child or adolescent is involved. There are several factors. The first are biological, which are divided into direct and indirect. Direct are innate factors, genetic predispositions that influence disruptive behaviour.

Despite popular belief, it would be difficult to argue that there is a direct genetic predisposition to aggressive and therefore disruptive behaviour. One thing we can say with certainty, however, is that disruptive behaviour is influenced by the innate speed of response to stimuli, the ability to control internal impulses, and stability or instability in emotions. It is really difficult to say that all these factors are disruptive in every environment and every circumstance. They only come into play in interactions with the normal responses of other people who are confronted with them. Most innate factors, however, influence disruptive behaviour indirectly, i.e. only in interaction with the social environment. Thus, the environment's response to any difference or deviance in the child or adolescent's interaction with adults or peers can influence disruptive behaviour. A child or young person is most at risk if they react in an unprofessional, aggressive, uncomprehending, dismissive way to others who are different from them. If the child's disorder takes on the dimensions of a behavioural disorder, it should also be considered a secondary disorder, i.e. a consequence of an environmental response rather than something innate. The second factor is emotional development with the beginnings of a personality structure. Children and young adolescents do not yet have a fully formed personality structure, so caution and restraint are needed in identifying such sources

of disruptive behaviour, notwithstanding the fact that for some, the personality structure is already more pronounced and recognisable in childhood (especially in children living in a highly pathological environment). [18, 13, 14, 16, 17, 1].

Digital Media and Guidelines

While some 20 years ago the authors wrote that children could not survive a week without television, today has brought a new reality that children cannot survive a day without screens. The guidelines on the use of screens in children and adolescents, published on the website of the Medical Association from 2021, are the work of the Paediatric Association and the Primary Paediatric Section in collaboration with a multidisciplinary team of experts. The guidelines are aimed at parents whose children and adolescents are aged between 0 and 18 years. They recommend the average use of screens in leisure time, namely:

1. Children aged 0-2 years should not use screens.
2. For children between 2 and 5 years of age, the recommended use of screens is less than one hour per day.
3. The next age group is children aged 6 to 9 years. The recommended screen use is up to 1 hour per day. It is important for parents to agree with their children when, how much and what they will watch, and experts recommend that adults set an example for their children when using devices.
4. For children aged 10 to 12 years, the recommended use of screens is 1.5 hours per day. Again, mutual agreement and example are important.
5. For adolescents aged 13 to 18, it is recommended to use devices with screens for up to 2 hours during leisure time. Adolescents under 15 should install apps and games with us present, experts further recommend [9].

Methodology

Emotional and behavioural disturbances are mainly rooted in the cognitive field of school institutions, with a confluence of domestic, environmental and peer soaping. Therefore, the treatment of these children is much more complex in specialist centres than in the school setting. As we know, specialist centres represent the last of all previously exhausted types of assistance in both the home and school environment [14].

In professional centres, there are policies where there is also a limitation in digital media. Because with the development of the internet and digital media, their use has also evolved. Therefore, we were interested in what opportunities children and adolescents in specialist centres have to use digital media compared to those living at home.

After reviewing the field, we found that comparisons between one adolescent and the other had not yet been made in the way we did in the Slovenian context.

The main purpose of the research was therefore to investigate the use of digital media among adolescents living in specialist centres and those living at home. We were particularly interested in comparing activity on the Internet and social networks.

Research Hypotheses

In this research, we set out to:

Hypothesis 1: We hypothesise that adolescents in specialist centres use less digital media than their peers at home.

Hypothesis 2: We hypothesise that the contextual use of digital media differs between adolescents residing at home and adolescents residing in specialist centres.

Hypothesis 3: We hypothesise that social networks have a greater social influence for adolescents living at home.

Hypothesis 4: We assume that the use of digital media in specialist centres is sufficient according to the guidelines.

Discussion

In this research paper we have used a quantitative research approach. The research method was descriptive, non-experimental. The research sample consists of primary and secondary school pupils involved in the professional centres and primary and secondary school pupils from the home environment. 150 questionnaires were distributed among the adolescents in the centres. 91 questionnaires were returned, 61% of the total number of questionnaires distributed. To compare these responses, we also obtained responses from adolescents living in a family environment. Here again, we selected a sample of 150 children and adolescents. We used 91 returned questionnaires for data comparison, which is also 61% of the returned questionnaires. In terms of age, we had categories of 11 to 15 years, 15 to 18 years and 18 to 21 years.

The questionnaire consisted of 13 questions. The first three questions were of an informative nature, i.e. age, gender and the institution attended or placed. Then there were eight closed-ended questions, 10 of which asked about the frequent activities that the adolescents did on the Internet. The last set of questions was in the form of Likert scale questions, in which the adolescents involved in the study made their decisions on the basis of a five-point scale (where 1 meant: 1 - do not agree at all, 2 - disagree, 3 - partially agree, partially disagree, 4 - agree, 5 - strongly agree). The adolescents were given one-point, detailed instructions for the questionnaires before they were administered.

The questionnaire was handed out to children and adolescents in selected primary and secondary schools and in specialist centers for completion.

Results and Discussion

In the results section, we present the results obtained from the processing of the questionnaire data, which are needed to see whether the hypotheses are statistically significant or not. Adolescents in specialist centres use fewer digital media than their peers at home.\

In examining the first hypothesis, we were interested to see if there were differences between adolescents involved in specialist centres and those in a home setting in measuring the amount of digital media use. The amount of digital media use was measured by a question with the following six answers offered in order:

1. about 10 minutes or less
2. about half an hour
3. approximately 1 - 2 hours
4. approximately 2-3 hours
5. approximately 3-4 hours
6. approximately 4-5 hours
7. approximately 5 hours or more

This measurement was treated as an ordinal measurement as the responses are categorical and these categories are in order. Consequently, the review of this measurement is made on the ranks of the responses, i.e. on the order of the responses, where a higher rank means more use of digital media. This is followed by an overview of the descriptive statistics of this measurement according to whether the adolescents are at home or are involved in professional centres.

Table 1: Descriptive statistics: How much Time do you Spend Using Digital Media?

Group	N	Mean	Medin	Std. deviation	Minimum	Maximum
Expertise Centre	87	5.03	5	1.82	1	8
Home environment	88	5.65	5	1.63	2	8

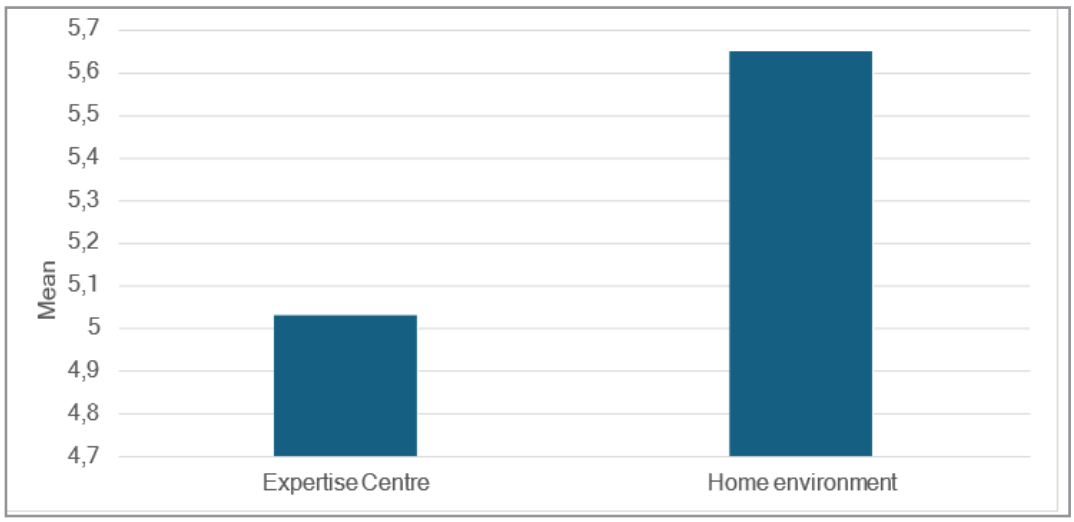

Figure 1: Amount of Digital Media Use

Comparing the averages, it is already clear that young people who are in centres use digital media slightly less than those who are at home. A statistical test will then be carried out to compare these two groups of adolescents to see if these differences are indeed reflected in the population (if the differences are statistically significant) or not (if they are not statistically significant). As the measurement of the amount of digital media use is an ordinal measurement, this violates one of the requirements for using a parametric test to compare two independent groups. Consequently, the non-parametric Mann-Whitney U test is used to compare two independent groups. Namely, this test does not have the condition that the measurements are of the ratio (and not ordinal, as in our case) type. The results of the Mann-Whitney U test follow in the table below.

Table 2: Mann-Whitney U test comparing two independent groups: Amount of digital media use by length of stay

Variable	U	p
Amount of digital media use	3047	0.018

The Mann-Whitney U test showed that there are indeed statistically significant differences between the two groups, with a p-value below the 0.05 statistical significance level. On this basis, we accept hypothesis H1 and conclude that adolescents in specialist centres do indeed use digital media less than adolescents in the home environment.

The content use of digital media differs between adolescents living at home and adolescents living in specialist centres.

Hypothesis 2 is based on the interest to know if there are differences between adolescents at home and those in specialist centres in terms of the content of their digital media use. The content of use was tested with a set of the following items of different uses of the Internet:

- Use of forums
- Posting images or information
- Searching for information about computer programming or

web design
- Creating a personal website/writing a blog
- Finding information about careers/further education/training
- Searching for products, online shopping
- Searching for cinema/theatre/concert schedules and other events
- ravel planning.

For each of the items, respondents indicated a value between 1 and 6 according to the frequency of use of digital media for this **purpose, where the values were as follows:**

1. daily
2. several times a week
3. about once a week
4. a few times a month
5. less frequently
6. never

Since we are again dealing with ordinal measurements, the analysis of this hypothesis is also based on ranks. The descriptive statistics of the ranks for the two groups of adolescents are presented below.

Table 3: Descriptive statistics according to the content of digital media use

	Stay	N	Mean	Medi n	Std. deviation	Minimum	Maximum
Use of forums	EC	80	4.92	6	1.61	1	6
	HE	85	4.29	5	1.82	1	6
Publishing images or information	EC	89	4.44	5	1.73	1	6
	HE	89	4.52	5	1.77	1	6
Find information about computers for programming or web design	EC	88	3.99	5	1.9	1	6
	HE	90	3.03	2	1.98	1	6
Creating a personal website/writing a blog	EC	87	5.39	6	1.31	1	6
	HE	90	5.22	6	1.28	1	6
Find information on careers/further education/training	EC	88	4.68	5	1.43	1	6
	HE	89	3.91	4	1.52	1	6
Product search, online shopping	EC	89	4.28	5	1.71	1	6
	HE	89	3.71	4	1.52	1	6
Finding timetables for cinema/theatre/concerts and other events	EC	88	4.43	5	1.51	1	6
	HE	87	4.41	5	1.33	1	6
Travel planning	EC	89	4.83	5	1.56	1	6
	HE	87	4.64	5	1.32	1	6

(EC – Expertise Centre. HE – Home Environment)

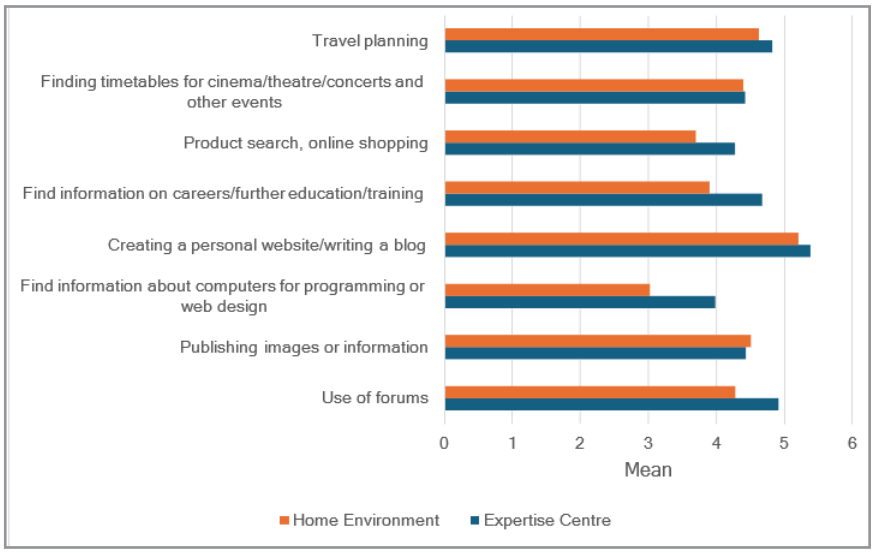

Figure 2: Use of digital media

Since we are dealing with ordinal measurements, we had to perform a non-parametric Mann- Whitney U test for each item to see if individual use differed between adolescents at home and those in specialist centres.

Table 4: Mann-Whitney U test on the Content of Digital Media Use

	U	p
Use of forums	3007	0.007
Publishing images or information	3420	0.377
Find information about computers for programming or web design	2672	0.012
Creating a personal website/writing a blog	3813	0.654
Find information on careers/further education/training	2816	< 0.001
Product search, online shopping	3497	0.134
Finding timetables for cinema/theatre/concerts and other events	2727	< 0.001
	U	p
Travel planning	3074	0.009
Use of forums	3684	0.659
Publishing images or information	3221	0.043

The results of the Mann-Whitney U test showed that in some items there are statistically significant differences in the use of digital media depending on whether the adolescent resides at home or in a specialist centre. The differences are:

- Use forums,
- Finding information about computers, programming or web design,
- Search for information on careers/further education/training,
- Finding cinema/theatre/concert schedules and other events,
- Planning travel, and
- Posting pictures or information.

In these cases, the p-value of the statistical characteristic is below 0.05. Since there are indeed statistically significant differences in some of the purposes of digital media use according to the adolescents' home environment, hypothesis H2 is accepted.

Social networks have a greater social impact for adolescents living at home

For hypothesis 3, we were interested in whether social networks have a greater social impact for adolescents living at home or those living in professional centres in the social impact measure. To analyse this hypothesis we took two sets of questions. First, social influence was measured by asking "how often have you used social networks in the last month", to which the adolescents responded by circling one of the seven values in order:

1. several times a day
2. every day
3. several times a week
4. about 1 time a week
5. several times a month
6. less frequently
7. never

We will first look at the results of the first set of questions. As this measurement is also ordinal, meaning that the categories are in order, we have again only dealt with the order of the answers. The following is an overview of the descriptivenessstatistics, separated according to the environment of residence.

Table 5: Descriptive statistics: how often have you used social networks in the last month

Group	N	Mean	Medin	Std. Deviation	Minimum	Maximum
Expertise Centre	85	2,55	2,00	1,77	1,00	7,00
Home environment	89	1,99	1,00	1,58	1,00	7,00

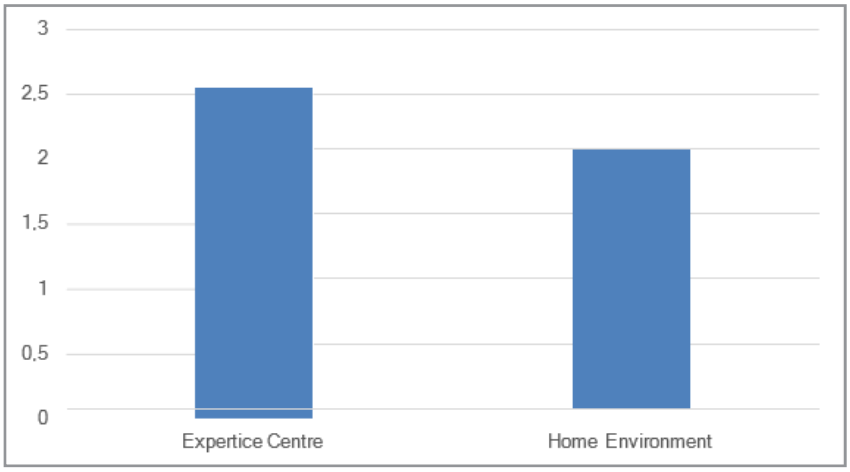

Figure 4: Frequency of use of social networks

We can see that there are differences in means and medians between those living at home and those in professional centres. Again, a Mann-Whitney U-test will be performed to see whether these differences are statistically significant or not. This test was used because the measurement of the frequency of use of social networks is ordinal and therefore violates one of the requirements for using a parametric test.

Table 6: Mann-Whitney U-test Comparing Two Independent Groups for Frequency of use of Social Networks

Variable	U	p
Frequency of use of social networks	3047	0.018

The results of the Mann-Whitney U-test show that there are statistically significant differences in the frequency of social network use between adolescents living at home and adolescents living in specialist centres. The results show that adolescents living in a professional centre are more likely to use social networks.

In the second case, social influence was measured with a set of the following items:

1. Talking on the internet is less pleasant than talking in person.
2. It is much easier to keep things to oneself or to hide them on the internet than in person.
3. It is fun to act unfriendly or joking on the internet.
4. It is easier to talk about personal things on the internet.
5. When people are on the internet, they forget about their safety.
6. People feel more confident on the internet than in person.

For hypothesis H3, each of the items was answered using a five-point Likert scale of agreement, where 1 indicated total disagreement and 5 indicated total agreement. As these measures are also ordinal type (categories in order), we again only dealt with the ranks (orders) of the responses. The following is an overview of the descriptivenessstatistics, separately according to the environment of residence.

Table 7: Descriptively Statistical Values for Social Impact

	Stay	N	Mean	Medin	Std. Devation	Mini-mum	Maxi-mum
Talking on the internet is less pleasant than talking in person.	Expertise Centre	86	3,23	3,00	1,37	1	6
	Home environment	87	3,24	3	1,09	1	5
It's much easier to keep things to yourself or hide them on the internet than in person.	Expertise Centre	84	3,02	3,00	1,50	1	5
	Home environment	89	3,57	4	1,25	1	5
It's fun to be unkind or jokey on the internet.	Expertise Centre	85	1,88	1	1,12	1	5
	Home environment	88	2,19	2,00	1,26	1	5

It's easier to talk about personal things on the internet.	Expertise Centre	87	1,99	1	1,22	1	5
	Home environment	88	2,42	2,00	1,39	1	5
	Stay	**N**	**Mean**	**Medin**	**Std. Devation**	**Minimum**	**Maximum**
When people are on the internet, they forget about their safety.	Expertise Centre	86	3,51	4,00	1,28	1	6
	Home environment	87	3,40	4	1,25	1	6
People feel more confident on the internet than in person.	Expertise Centre	84	3,44	4,00	1,29	1	5
	Home environment	88	3,94	4,00	1,07	1	5

Table 8: Mann-Whitney U-test for Social Influence

	U	p
Talking on the internet is less pleasant than talking in person.	3706	0,914
It's much easier to keep things to yourself or hide them on the internet than in person.	2990	0,020
It's fun to be unkind or jokey on the internet.	3214	0,090
It's easier to talk about personal things on the internet.	3131	0,029
When people are on the internet, they forget about their safety.	3565	0,583
People feel more confident on the internet than in person.	2869	0,008

From the table above, we can see that the results of the Mann-Whitney U-tests show that there are statistically significant differences in the three items depending on whether the adolescent lives at home or in a specialist centre:

1. It is much easier to keep things to oneself or to hide them on the internet than in person.
2. It is easier to talk about personal things on the internet.
3. People feel more confident on the internet than in person.

In a first analysis on the temporal use of social networks, we found that adolescents in professional centres use social networks more than those at home, which leads us to the result that we do not accept hypothesis H3. Looking at the second set of questions, which was on a Likert scale, we see that there are statistically significant differences in three items. This is shown by the p-values, which in these three cases are below the 0.05 threshold.

Since there are already differences in the three items, we can accept hypothesis H3. In terms of the frequency of use of social networks themselves, we see that it is higher in the professional centres, and in terms of conversation, fun, talking about personal things, self- confidence, social networks have a greater social impact for adolescents living at home.

The use of Digital Media in the Expert Centres is Sufficient According to the Guidelines We then look at the fourth and final hypothesis, which asks whether the amount of digital media use in expert centres is comparable to the guidelines. For this purpose, we only used data from adolescents who are in the centres and not in their home environment. The literature review showed that for adolescents aged 10 to 12 years, the recommended amount of digital media use is one and a half hours per day. For adolescents between 13 and 18 years of age, use of up to two hours a day is recommended. In our study, 96.6% of all adolescents in the study were aged between 11 and 18, so we used this data from the literature. However, in our survey, the closest time to these two limits was the answer "about 1-2 hours", with a rank of 4. Let us look at the descriptive-statistical values of the ranks of the adolescents in the expert centres.

Table 9: Descriptivitystatistics Values according to Guidelines in the Literature

	N	Mean	Medin	Std. deviation	Minimum	Maximum
Amount of digital media use	87	5,03	5	1,82	1	8

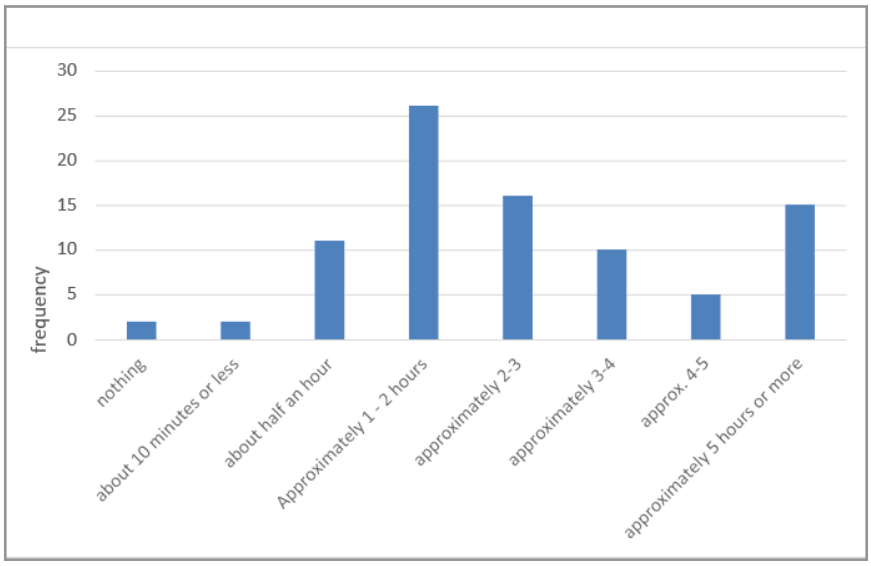

Figure 6: Amount of digital media use

We can see that the mean and median are above the range of 4 reported in the literature. A test is then carried out to compare one sample with the reference value to see whether this difference is statistically significant or not. As the measurement of the amount of digital media use is of ordinal type, a non-parametric Wilcoxon one-sample test should be used to compare the rank distribution with a reference value of 4 based on the literature. The results of this test are given in the following table.

Table 10: Wilcoxon single sample test

Variable	W	P
Amount of digital media use	7578	< 0,001

The Wilcoxon test showed that there is indeed a statistically significant difference between the measurement and the reference value of 4, as the p-value is below the statistical significance level of 0.005. Based on this, we accept hypothesis H4 and conclude that adolescents in specialist centres use digital media more than recommended in the literature.

Conclusions

Based on the literature reviewed, we found out what are the recommendations for the use of digital media and how much digital media are used by children staying in specialist centres and those at home. Taking our survey-responding population (children and adolescents aged 11 to 21 years), the recommended use according to experts from the Association of Paediatrics and the Section of Primary Paediatrics, in collaboration with a multidisciplinary group, is 1.5 hours of screen time per day for children aged 10 to 12 years. Mutual agreement and example are also important here. For this age, experts advise against the child owning a smart device. For adolescents aged 13 to 18, it is recommended to use devices with screens for up to 2 hours in free time. They recommend that the adolescent should not own the smartphone he/she is using for as long as possible. Adolescents under the age of 15 should install apps and games with us present, the experts add.

Of course, a lot depends on how we parents react and how we deal with raising children in the digital age. On the one hand, we have home education, which does its best to set children on the path that each individual think and believes is right. On the other hand, we have expert centres. As Krajnčan (2022) says, in our area, the professional centres perform an extremely demanding and socially important task. These centres are aimed at populations whose development is at risk and whose stay in the home environment poses too high a level of risk for them.

We were interested in whether there are any differences in the use of digital media between some adolescents and others. Given that adolescents in specialist centres have limited access to their mobile devices, we were not surprised to find that adolescents in specialist centres use digital media slightly less than adolescents living at home. We can therefore conclude that parents play a big role here, as they are the ones who guide and educate their children on the use of digital media at home.

There were also some differences in the content of digital media between some adolescents and others. Differences were found in the use of forums, searching for information about computers, programming or web design, searching for information about careers/further education/training, finding timetables for cine-

ma/theatre/concerts/concerts and other events, planning trips, and posting pictures or information. The results show that children staying in institutions have certain different interests than those staying at home.

We believe that our research has shown that there are several differences between children of the same age living in the same time period, depending on whether they are in a specialist centre or in a home environment. The aim would be to strive to create opportunities for children to have similar opportunities no matter what their life situation is.

There is a lot of talk about social networks, which young people have been using a lot lately. But what is the social impact of social networks for young people living at home and those living in specialist centres? Here we have mixed results. In terms of frequency of use of social networks, we see that it is higher here in the professional centres, but in terms of talking, having fun, talking about personal things, self-esteem, social networks have a greater social impact for adolescents living at home. It would be very interesting for further research to see the perspective of one and other adolescents on how they experience social networks.

From social networks, let's move on to sufficient use of digital media according to the recommended guidelines. For the last hypothesis, we were interested in whether adolescents use digital media according to the guidelines, whether their use is excessive or sufficient. We need to know that adolescents who are placed in specialist centres during the week go home at the weekends, and there is a variation in the amount of time they use digital media. Adolescents' answers may be generalised. As we were interested in how much digital media is used by adolescents in specialist centres according to the recommended

guidelines, we have looked here only at these adolescents and compared them with the recommendations in the literature. The literature review recommended an hour and a half of digital media use per day for adolescents aged 10 to 12 years. For adolescents between 13 and 18 years of age, the recommended use is up to two hours per day. In our study, the majority of all adolescents were between 11 and 18 years of age. The results showed that adolescents also use more digital media than the recommendations in the literature, even in professional centres.

We believe that our study has shown that there are more differences between children of the same age living in the same time period, depending on whether they live in professional centres or in their home environment. The aim would be to strive to create opportunities for children to have similar opportunities regardless of their living situation.

Conflict of Interest Statement
The authors declare no conflict of interest.

Ethical Approval of Studies and Informed Consent
Not applicable.

Author Contributions
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