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SOCIAL CARE'S IMPROVEMENT IN THE QUALITY OF LIFE OF PEOPLE WITH
DISABILITIES

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Table of Contents

Abstract	6
Santrauka	7
INTRODUCTION	8
1. LITERATURE REVIEW OF SOCIAL CARE'S IMPROVEMENT IN THE QUALITY OF LIFE OF PEOPLE WITH DISABILITIES	11
1.1. Social Work	11
1.2. People With Disabilities	13
1.2.1. Social Work and People With Disabilities in Ukraine	14
1.3. Quality of Life	16
1.4. 1.4.1. Constructivism	18
1.4. 2. Encouragement Theory	20
2. RESEARCH METHODOLOGY	25
2.1. Research Bias	25
2.2. Narrative Analysis	26
2.3. Participants	26
2.4. Research Design	27
2.5. Data Analysis	28
3. RESULTS AND ANALYSIS OF SOCIAL CARE'S IMPROVEMENT IN THE QUALITY OF LIFE OF PEOPLE WITH DISABILITIES	30
Conclusions	28
References	30
Annexes	36

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Social Care's Improvement In The Quality Of Life Of People With Disabilities

Abstract

Historically, people with disabilities (PWD) are a neglected people of society, the largest minority group, and at high risk of poverty and unemployment, due to these factors, the likelihood of them having a satisfactory quality of life is decreased. Theoretically, social work is supposed to look after the members of the community who are not taken care of or self-sufficient and are left behind by the social system. This study aims to verify how equipped and effective the social care services are at improving the quality of life of people with disabilities. The research tasks were:

1. Theoretical analysis method for the social work system in people with disabilities' care.
2. Theoretical analysis method for the social work system in people with disabilities' quality of life.
3. Semi-standardized interview method for social workers, to discover changes in social care and quality of life of people with disabilities under social services.
4. Narrative analysis method to identify areas in social care that improve care and quality of life of people with disabilities.

A qualitative approach was taken. Social workers were interviewed and the empirical evidence went under a narrative analysis. Participants offered insight to the limits of their capabilities and the effects of their services, as well as how people with disabilities learn and grow from the presence of social work in their lives. It is recommended to integrate and expose people with disabilities to society more, even with other people with different kinds of disabilities.

Keywords: social work, people with disabilities, quality of life, encouragement theory, constructivism

Socialinės priežiūros gerinimas žmonių su negalia gyvenimo kokybei

Santrauka

Istoriškai žmonės su negalia (ŽSN) yra apleistas visuomenės žmogus, didžiausia mažumų grupė, turintys didelę skurdo ir nedarbo riziką, dėl šių veiksnių mažėja tikimybė, kad jie turės patenkinamą gyvenimo kokybę. Teoriškai socialinis darbas turėtų prižiūrėti tuos bendruomenės narius, kurie nėra pasirūpinti, yra savarankiški ir yra palikti nuošalyje nuo socialinės sistemos. Šiuo tyrimu siekiama patikrinti, ar socialinės globos paslaugos yra aprūpintos ir veiksmingos gerinant žmonių su negalia gyvenimo kokybę. Tyrimo užduotys buvo šios:

1. Žmonių su negalia priežiūros socialinio darbo sistemos teorinės analizės metodas.
2. Žmonių su negalia gyvenimo kokybės socialinio darbo sistemos teorinės analizės metodas.
3. Pusiau standartizuotas socialinių darbuotojų interviu metodas, siekiant išsiaiškinti žmonių su negalia socialinės globos ir gyvenimo kokybės pokyčius pagal socialines paslaugas.
4. Naratyvinė analizės metodas, skirtas nustatyti socialinės globos sritis, gerinančias žmonių su negalia priežiūrą ir gyvenimo kokybę.

Buvo laikomasi kokybinio požiūrio. Buvo apklausti socialiniai darbuotojai, o empiriniai įrodymai buvo analizuojami. Dalyviai pažvelgė į savo galimybių ribas ir paslaugų poveikį, taip pat apie tai, kaip žmonės su negalia mokosi ir auga iš socialinio darbo buvimo jų gyvenime. Neįgaliuosius rekomenduojama labiau integruoti ir atkleisti visuomenei, net ir su kitais įvairaus pobūdžio negalią turinčiais žmonėmis.

Raktiniai žodžiai: socialinis darbas, žmonės su negalia, gyvenimo kokybė, skatinimo teorija, konstruktyvizmas

Introduction

Social relevance

Around 15% of people are disabled; and steadily growing (WHO & World Bank, 2011). People with disabilities are the largest marginalized group of the people in the world, as people can be born with one, or gain one temporarily or permanently at any point (WHO, 2021). Disability increases likelihood of poverty, unemployment, and lack of education, conversely poverty increases likelihood of disability due to the factors mentioned as well as lack of security and poor health (World Bank, 2022).

Besides having a huge health disadvantage, people with disabilities are constantly met with negative attitudes and perceptions, and lack of physical accommodations and avenues of communication (WHO, 2021). Negative attitudes towards people with disabilities worsens the quality of care they receive (Iezzoni et al., 2021). Improving quality of care can result in lowered costs and increased effectiveness (Nueman, 2022). It is important to take context, individual needs, technical competence as well as humanity into consideration, when treating disabled patients (Fadyl et al., 2011).

Improving disabled people's quality of care has potential to increase their quality of life (Zheng et al., 2014). Most of the areas mentioned are key factors in determining one's subjective quality of life. Apart from affecting personal job satisfaction, quality of life contributes to a happy population that improves socio-eco and political development (Kagan, 2022; Burlacu, 2018).

Scientific relevance

Statistics and information on the disabled population has not been fully encompassed based on narrow or incomplete understanding and operationalization of disability, especially in poorer countries (Eide & Loeb, 2016). Research is powerful in affecting power and socio-economic structures, therefore excluding and misrepresenting people with disabilities has played its role in their discrimination (Yeo & Moore, 2003). Emmerson et al. (2011) argues that disability is a

IMPROVEMENT IN QUALITY OF LIFE OF PWD

result of a social and cultural environment that does not accommodate, rather than a personal characteristic or health inevitability.

Research on levels of disability and limitations in life has been criticized by people with disabilities, calling for action research with their participation from a human rights approach (Eide & Loeb, 2016; Kitchin, 2000). World Health Organization (2011) recommends increase in sufficient provision and funding of services, as well as public awareness and understanding (WHO, 2011). Social services are advised to assess people with disabilities' needs at municipal and national levels, and meet their general and special needs in order to allow them to integrate into society, enter the workforce, and travel with more ease (National Audit Office, 2020).

Problem Questions

Do people with disabilities' quality of care improve upon receiving aid from social services?

Do people with disabilities' quality of life improve upon receiving aid from social services?

Research object

Improvements in people with disabilities' care and quality of life under social services.

The aim of the research

To discover areas in social care that improve care and quality of life of people with disabilities.

Tasks of the research

1. Theoretical analysis method for the social work system in people with disabilities' care.
2. Theoretical analysis method for the social work system in people with disabilities' quality of life.
3. Semi-standardized interview method for social workers, to discover changes in social care and quality of life of people with disabilities under social services.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

4. Narrative analysis method to identify areas in social care that improve care and quality of life of people with disabilities.

Research methodology and methods

The study will be approached through a constructivist lens. The reality of people with disabilities in social care will be constructed via interviews with different social workers from within that setting. Ultimately, the image of life with disability in social care will be portrayed by the interviewees' perceptions and interpretations of their lived experiences.

The theory of empowerment will also be applied. Social workers provide empowerment to the people they work with, providing tools and skills for them to grow and develop qualities to better their lives. The interviewees of this thesis will be questioned about their perceived influence on the people of disabilities' they worked closely with quality of life.

Theoretical research will be applied through literature analysis, after which empirical research will be carried out with the qualitative study method of conducting semi-standardized interviews. The narrative analysis method will be applied to the data collected.

Research participants

Qualitative research will be applied through convenience sampling to have semi-standardized interviews with approximately four social workers working with and providing care and assistance to people with disabilities in Šiauliai and Klaipeda.

Literature Review

General sense of understanding of the factors of this thesis is crucial as nothing exists in a vacuum. To provide context for the study and experiment, the following section will provide a brief overview of social work, quality of life, and people with disabilities focusing within the setting of Lithuania. Social work, people with disabilities, and quality of life are all factors that have intersected with one another throughout history. Social work has served people with disabilities since its conception, from its very definition. Likewise, quality of life has been an important factor of health care services since it came into being, including social work.

1.1 - Social Work

Social work is a broad field that covers a wide array of sectors and services. The Lithuanian governmental systems and organization of society share a significant history with that of the Soviet Union. Aspects of social work can be seen under different names and titles, before it became officially recognized as its own field. To fully understand social work in Lithuania, there must be an understanding of Eastern European social work history as a whole.

Though Lithuania's history precedes before the date of independence, social work has also existed in different shapes and forms throughout history; however it has mostly been officially acknowledged and recognized for as long as Lithuania has in modern day - that is to say the field is fairly novel. Before the world wars, psychological issues in Eastern Europe were mainly taken care of by religious communities (Sieca-Kozlowski, 2013). Non-profit and charity organizations provided what are currently known as social services, the state would not be responsible and most of the work was possible due to sponsors and volunteers who were plentiful and active (Pranskeviciute & Neverauskiene, 2018). Social work is not a natural development, but rather a product of the current institutional period of time (Maciulskyte, 2014).

After the dissolution of the Soviet Union, post-soviet countries had many affairs in order and in trying to establish themselves, governments policies and standards that were socially and politically acceptable at the time (Petrea & Haggengburg, 2014; Maciulskyte, 2014). Social work was legally recognized in 1992 (Pranskeviciute & Neverauskiene, 2018) and the Lithuanian

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Association of Social Workers was formed in 1993 (Adomaityte, 2023) just a few years after the dissolution of the USSR and the independence of Lithuania, during a time of formative change (Daliija, 2012). Vytautas Magnus University was the first institution to offer social work as a major to be studied in Lithuania, thereby aiding in social work officially becoming a profession in the country (Daliija, 2012).

At the beginning, social workers did not need to have many qualifications to work in the field, the practice of having people work under various titles in similar fields carried over from Soviet times (Varzinskiene, 2009; Salvendy, 1975), and the stigma of social workers being associated with difficult and problematic people persists in modern day (Ivanov & Mitchell, 2016). Much of social work is a collection of past practices and material with the quality and experience depends on the social worker, causing a noticeable difference between theory and practice; though social work is a constantly developing field (Maciulskyte, 2014), most of its innovation can be attributed to non-profit organizations (Eidukevičiūtė, 2013; Pranskeviciute & Neverauskiene, 2018). Non-profit organizations carry out events and public awareness campaigns, similar to what was done in the USSR, which has become a foundation for government services today (Pranskeviciute & Neverauskiene, 2018; Saarma, 1968, p. 261). With the current system, state institutions, municipalities, and public organizations receive most of the gains from social services, mainly financial benefits (Maciulskyte, 2014).

Social work in the modern day is largely based on the welfare system (Mačiulskytė, 2012), it could even be suggested that the welfare system led to our current experience of social work; the system was and is underdeveloped (Maciulskyte, 2014), which puts more responsibilities on ‘social work’ which is still underdeveloped to this day. This is an example of how social work is dependent on the time and circumstances. Social work theory will always revolve around the needs and values of the relevant society, whereas the practice will be wholly reliant on the social worker, client, and relevant contexts (Maciulskyte, 2014). In 2016, the Lithuanian Association of Social Workers officially joined the International Federation of Social Workers (Adomaityte, 2023), an organization which defines social work as such:

IMPROVEMENT IN QUALITY OF LIFE OF PWD

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing” (IFSW, 2014).

1.2 - People With Disabilities

Seeing as people with disabilities are the largest marginalized group in the world (WHO, 2021), there are multilevel obstacles preventing them from achieving levels of comfort at any of these variables as easily. In fact, most people with disabilities are part of another marginalized group: poor, sick, homeless, unemployed, the list goes on (World Bank, 2022). The general public and academic world’s understanding of disabilities has been slow, yet steadily progressing. From seeing disability as a burden to hide or fix to viewing disability as something to accept and adjust to, thus improving their human rights protections and with it, their quality of life (Friedman et al., 2019).

In Lithuania, from the 6% of the population that have disabilities, only a minority of them are employed or have access to proper education (Human Rights Monitoring Institute, 2016). Due to social, systemic, and historic discrimination and ignorance and low priority, people with disabilities are often overlooked and made to face challenges with little to no assistance (National Audit Office of Lithuania, 2020; Baranauskienė, 2021). Mental disabilities are often known as ‘invisible’, hindering not only the treatment but being able to acquire the status as a person with disability at all (Katsarava et al., 2018). Apart from the general lack of accessibility in the public, such as transportation and communication for the blind or deaf, the amount of services and institutions specifically for people with disabilities is insufficient (Bright et al., 2018), as only 19% of the health facilities in Lithuania are fully accessible (Neįgaliųjų Reikalų Departamento).

IMPROVEMENT IN QUALITY OF LIFE OF PWD

The lack of job opportunities for people with disabilities result in their higher unemployment rates and stifled ability to live independently. With only 29% of adults with disabilities in Lithuania having jobs to support their own lives, that leaves approximately 67% of the community as unemployed (Gudavičius, 2021; Čiužaitė, 2021). As the system does not fully live up to the human rights of today, most services of employment intermediaries in Lithuania are provided by NGOs (Čiužaitė, 2021). People with disabilities seem to be a low priority for the government, neglecting their financial and social care (Gudavičius, 2021).

There is a crucial need for people who are trained and equipped to work with people with disabilities, because even when they have access as much as people without disabilities, they simply may not be able to make use and gain as much as the rest of the society (Katsarava et al., 2018). Legislature and policies have not been reflecting in the population, as the rate of unemployment among people with disabilities has stayed stagnant (National Audit Office of Lithuania, 2020; Baranauskienė, 2021). Academic literature on people with disabilities is under researched and there are plenty of topics yet to be studied and explored.

1.2.1 - Social Work and People With Disabilities in Ukraine

As of its independence in 1991, Ukraine kept the social services it practiced in the Soviet Union, mostly centered around children, disabled people, domestic issues, and public health (Semigina & Boiko, 2014). NGOs began to form focusing on those who were mentally ill, struggling with addiction, HIV positive, and creating centers for young disabled people and their families (Semigina & Boiko, 2014). In 1994, the first Bachelor's school of Social Work was formed, and ten years later social work was officially an accredited profession (Semigina & Boiko, 2014). As of 2005, social work was taught in around 50 academic institutions (Semigina et al. 2005). In 1999, the League of Social Workers of Ukraine was formed, giving key attention to children, orphans, family relations, HIV/AIDS, and education of social work (Better Care Network, 2022a). In 2014, the Ukrainian Child Rights Network was created, of which the League of Social Workers is a member of; its main goal is to ensure that the Convention on the Rights of the Child is upheld in Ukraine (Better Care Network, 2022b).

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Like most post-soviet countries, the mental health field is underfunded while largely using tools and facilities from Soviet times (Petrea, 2012). However, in 2014 attention was brought to how much was lacking in the social work field and how underprepared social workers were for circumstances of war (Gusak, 2022). Since then it has been more the country has been more critical of the field, and it has been making steady plans improvements (Nadworny & Harbage, 2022; Raver, 2007), with the experience gained over the years though not sufficient enough as the efforts had low enforcement and supervision of quality (Kuryliak et al., 2022; Kyrychko et al., 2020).

In the workforce, one cannot discriminate against someone because of their disability, however before the invasion in 2022 (Nemchenko & Marchuk, 2022), approximately a quarter of people with disabilities were employed (EDF, 2022). People with disabilities are barely protected by the government and in extreme cases can have their rights taken away from them (Šveřpa, 2022). There is a lack of government financial aid, assistance, or services, causing a severe lack of accessibility in general society (Šveřpa, 2022). In 2001, non-government organizations formed The National Assembly of Persons with Disabilities of Ukraine and have been providing as much as they can, while partnering with international organizations and advocating for better treatment and care (EDF, 2023).

Unfortunately, these structures have affected the situation of people with disabilities since the invasion. Some citizens have no accessible ways for them to enter basements, subway stations and bomb shelters, whereas others cannot hear the air raids like the rest (EDF, 2023). Fortunately, the world has been offering donations to help during this time, however the people with disabilities have found that other people with disabilities can both understand them best and provide the most effective help directly (Nazarenko, 2023).

From September 25 until September 29 of 2023, Ukraine University held lessons and presentations about different aspects of the social work system in Ukraine to students from Vilnius University from Lithuania. The presentations from Ukraine brought attention to many different ways government and non-profit organizations gather resources and aid people in care. In terms of government owned institutions specifically for people with disabilities, both Ukraine

IMPROVEMENT IN QUALITY OF LIFE OF PWD

and Lithuania show the importance of adaptability with each disability, and how more funding allows better quality of treatment and care. It is necessary to acknowledge that despite the larger size and population of Ukraine compared to Lithuania, the Russian invasion has caused the amount of people with disabilities to increase and for the system and funding to have been stunted. Lithuania seems to base its social care system around the standards and requirements of the European Union, whereas the Ukrainian professors used systems in Nordic countries as examples of what to strive for.

The concept of quality of life came into existence during the 1970's, as a goal and measurement of health care (Morris, 1980). Before then, there was a focus on the length of survival on Earth, regardless of how or the quality of. Quality of life is commonly measured by the quality of environment, overall health, relationships, independence, creative expression and growth, often deemed as significant factors. Though quality of life is highly subjective and has various tools and scales of measurement, it is defined by WHO (2012) as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (p. 12).”

1.3 - Quality of Life

Despite the previous definition mentioned above, quality of life has slightly differing operational definitions depending on the tool of measurement being used. The specific focus and intention of the tool, leads to different prioritizations across the tools of measurement. Generally, quality of life is dependent on environment, health, relationships, independence, creative expression and growth.

Environment of a person is a setting and context for their existence, it provides information on its own such as the level of security, along with the access to maintain and upkeep said environment. Beyond the material possessions and sanitization of the physical environment, there are also the financial, emotional and psychological dimensions. Environment displays what a person has access to and therefore the influence on the quality of life can be gathered from the data.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Health is a responsibility everybody carries, regardless of the circumstances they are born into, and nobody escapes the inevitability of sickness and infections. Ability to maintain a healthy diet, good hygiene, and so on decreases the chances of sickness and the treatment that comes with it. However, emotional and psychological are also important to maintain as they can also affect physical health, and are often the thematic frame through which people experience and make conclusions about life.

A person's relationships are a significant factor, considering that other people are the only other living creatures on Earth that share our intelligence and value. The relationships of friends, family, coworkers and other acquaintances have significant weight to sway in the quality of life. Importantly, there is also the relationship with oneself, the most necessary to look after.

There are many aspects of life to consider in regards to a person's independence, essentially this counts as how well you would be able to make it in the world on your own. If a person has financial stability, education, housing, freedom and rights they would be considered rather independent and less reliant on others and external factors for their own wellbeing. Independence offers foundation and control and autonomy is one of the significant traits of self-worth and self-value.

Creative expression allows for the release of intrinsic desire and motivation. Taking part in activities out of leisure or interest rather than necessity would signify that the person was able to relax and express themselves in life. With growth one has the chance and ability of self-reflection. Of course, physical development can work as an indicator of life quality, but generally learning and maturing also implies time and opportunity for self-improvement.

Many of the factors affect one another because intersectionality plays a part in everyone's lives. These factors are common predictors and indicators of coming close to determining a person's quality of life. They remain vague, as there is no single definition and as the concept is highly subjective and based on self-evaluation so are the measurements. Quality of life has roles in the medical field, though its focus in this paper will be on a psychological context.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

In the USSR people could be admitted into psychiatric institutions without their consent (Saarma, 1968), historically self-determination and autonomy was often lost on people with disabilities. The right to self-determination is a significant aspect of one's life, as it aids people in acquiring what they desire rather which is philosophically a determining factor of quality of life (Pennacchini et al., 2011; Friedman et al., 2019). When choices and decisions are made for them, the achievement of fulfilling individuals' goals may not be a priority, another determining factor of quality of life (Pennacchini et al., 2011).

1.4.1 - Constructivism

Every person's individual experiences and circumstances form their opinions and generalizations about the world. Though there is no clear, single definition of constructivism (Amineh & Asl, 2015), the approach is based on the theory that reality is subjective, based on our lived experiences and perception of life (Carpenter & Brownlee, 2017). Individual constructivism emphasizes the role of individuals' personal experiences in their perception of reality (Carpenter & Brownlee, 2017). Social constructivism is based on the idea that learning, adaptation, and development of reality happens through social interaction (Dean, 1993). Constructivism can also be applied on a broader scale, viewing our societies and personalities holding the meanings and values that we have placed upon them and vice versa (Fisher, 1991; Kukla, 2000 as cited in Amineh & Asl, 2015).

Jean Piaget is regarded as the first to introduce the concept of constructivism in modern times (Amineh & Asl, 2015). Piaget (1977) theorized that constructivism is based on each person's cognitive development and abilities. Constructivism is not a passive theory, as it is about the 'activity' of constructing meaning and reorganizing information into previously established categories we have mentally established for ourselves (Piaget, 1977). Alternatively, if we cannot reconcile new information into any of those places, Piaget (1977) states that we adapt said information until it makes sense to us.

Lev Vygotsky is more significant in the history of social constructivism, as he believes knowledge is developed through socializing with other people, the community, and culture (Vygotsky, 1978; Amineh & Asl, 2015). The theory states we learn from our social interactions

IMPROVEMENT IN QUALITY OF LIFE OF PWD

and therefore are always gaining new information (Vygotsky, 1978). However, Vygotsky was critical of Piaget approach to constructivism, for as Piaget understood that cognitive development is the basis for learning and therefore perceiving the world, Vygotsky argued that social interaction plays a significant role in the development of our cognitive abilities (Vygotsky, 1986 as cited in Amineh & Asl, 2015). Our interactions with people shape the way we think, and by extension our reality and the way we view the world and our lives (Vygotsky, 1978).

Though there may be an elevated sense of value in objectivism, despite the fact it is impossible to achieve and to be confident of objectivity. Subjectivity is more practical and applicable to individuals, than objectivity. Objectivity can be surmised through individuals, and inevitably, through their subjectivity. Additionally, in this thesis, objectivity can be defined as the collective academic literature. The results of the study will be contested with proofread academic literature, and will be added to the collective academic objectivity.

The concept of reality being based on one's personal experiences and perceptions comes across a split in the social work field. Over time, as people gain knowledge, treatments that were previously understood as beneficial and healthy have become obsolete and determined as dangerous. According to the constructivist approach, the reality of these treatments have changed over history. Alternatively, a social worker could take actions they believe are for their client's benefits, however the client may not recognize any positive effects that came from those actions. The reality of social worker's plans differs among the two.

However, it is evident that reality can be changed with more information and changing perspectives (Jackson, 2010). As the social workers typically spend extended amounts of time with their clients, the study will be carried under the assumption that the social workers are working with their clients to align their goals, values, and worldviews to a point in which their subjective realities of treatment and care will have more similar and reflective realities (Dean, 1993; Berlin, 1996; Furman et al., 2003; Mahoney & Granvold, 2005). Constructivism can help people reconstruct meaning in their lives, such as with trauma, identity, certain events, emotional responses, and coping mechanisms (Martinez-Brawley, 2020). Notedly, with or without the help of a social worker, agency is a necessary value of constructivism (Mahoney & Granvold, 2005).

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Everything about constructivism is dependent on the individual and their developmental processes, such as their perceptions and how they come to their conclusions (Mahoney & Granvold, 2005; Clore & Ortony, 2013 as cited in Carpenter & Brownlee, 2017). The person determines their reality through their schemas and the way they organize their emotional experiences (Kanselaar, 2002; Mahoney & Granvold, 2005). Even when working with social workers, the client has a perceived problem and is working toward their perceived solution (Lee & Greene, 1999). Constructivism's value of agency and self-determination are congruent with social work (Fisher, 1991).

A person's reality offers insight to their understanding and meanings they ascribe to different aspects of their lives, shaped both by both society and personal experiences (Berlin, 1996). Similarly when they are forced to reevaluate their lives and values, their core organizational systems display their adaptation skills and functions (Berlin, 1996). This perspective can help social workers understand their clients and meet them where they are mentally, to work towards an achievable path to betterment (Dean, 1993; Lee & Greene, 1999; Berlin, 1996; Furman et al., 2003). It is beneficial to be knowledgeable of various theoretical approaches, not to prioritize any one in particular (Dean, 1993). Constructivism is not applicable in every context, and there needs to be more empirical evidence on how people learn and develop their understanding of the world (Kanselaar, 2002).

1.4.2 - Empowerment Theory

Social work has always been about empowering the most marginalized of society, and fighting for better treatment, rights, and protection (Kam, 2021). Initially 'good Samaritans' would offer charity and help to the castaways of society, and eventually social work has become an official government department (Coady & Lehmann, 2016; Carpenter & Brownlee, 2017). Perhaps due to it being one of the most legally recognized results of social action, the social work department is still riddled with corruption, exploitation, selfishness, and irresponsibility. Therefore, in regards to empowerment theory, government social workers trying to inspire the community to fight for change has been perceived as praiseworthy yet also worthy of criticism.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Before the empowerment theory, social workers relied more on the Hierarchy of Needs (Maslow, 1943), specifically on the self-actualization of their clients (Bonham-Carter, 2012 as cited in McIntosh, 2016). For comparison, empowerment is highlighted in the National Association of Social Workers' Code of Ethics (NASW, 2018 as cited in Joseph, 2019). In 1981, Julian Rappaport introduced the concept of applying empowerment to community psychology in order to grant the disadvantaged tools to lift themselves up and provide a sense of agency and control (McIntosh, 2016). Though Rappaport explored empowerment in community psychology, he stated that more local and unique empowerment strategies are most impactful (Rappaport, 1987 as cited in Joseph, 2019). Marc Zimmerman (2000) expanded on Rappaport's work on different levels: psychological, organizational, and community empowerment.

In social work, empowerment is a process as well as an outcome of intervention (Parsons, 1991; Carr, 2003 & Carroll, 2004 as cited in Zoabi & Gal, 2020). Empowerment refers both to the state where people feel that they can control their destiny and can take action to achieve their goals and to the processes that enable them to attain that state (Zoabi & Gal, 2020). Empowerment is incorporated to counter the sense of powerlessness clients often feel (Parsons, 1991, McIntosh, 2016). Just as powerlessness can be felt at different levels, there are social work interventions that aim to empower at those levels, such as interpersonally, domestically, socially, structurally, and institutionally (Rappaport, 1981 as cited in Perkins & Zimmerman, 1995).

Empowerment as a process is primarily about supporting the subject to take control and power, giving them enough courage and strength to alter and define their situation. Rather than being allowed or given power, authority, and ability, social work uses the definition of taking, seizing, gaining or developing it (Parsons, 1991). Key skills needed from clients for the empowerment process to be effective are: personal attitude, knowledge and capacity, ability to develop action plans, ability to act (Parsons, 1991). Apart from providing optimism and professional support, social workers empowering individuals also lowers the risk of being taken advantage of by the services and wider system (Adams, 2003). The empowerment process is needed for the empowered to continue empowering further.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Gaining critical self-awareness and social consciousness is a necessary aspect of developing empowerment (Albuquerque, Santos & Almeida, 2016 as cited in Cavalieri & Almeida, 2018). As people, individually and collectively, we live in contexts that we must be knowledgeable of (Cavalieri & Almeida, 2018). Being aware of the factors that contribute to and determine our lives, as well as gaining insight to understanding other people and world events (Freire 1987 as cited in Cavalieri & Almeida, 2018) contributes to developing an informed worldview and understanding of one's place in the world. Therefore self-awareness and social consciousness are conducive to the relationship with one's self-esteem and sense of competency (Cavalieri & Almeida, 2018).

Empowerment as an outcome is the 'acquisition of personal, interpersonal, or political power to improve the lives of marginalized people (Zoabi & Gal, 2020, p.2).' Empowerment social work interventions aim to teach clients skills and equip them with tools to better manage their feelings of helplessness and cultivate a sense of control in their lives (Zoabi & Gal, 2020). Psychological empowerment from social workers elicits internal change in individuals, which collectively could lead to external change with political empowerment (Cavalieri & Almeida, 2018). A single instance of empowerment isn't considered significantly effective, as people are constantly changing, improving and backsliding; it is a process involving the individual's relationship with their environment (Cavalieri & Almeida, 2018).

Social participation is essential to effective external and internal change (Cavalieri & Almeida, 2018). Empowerment has been partially defined as a heightened sense of high esteem, which is probable to change due to internal and external factors. Internal growth leads the path of confidence and enough self-identification to feel a sense of belonging (Vieira, 2015, p.127 apud Almeida & Serra, 2016 as cited in Cavalieri & Almeida, 2018). External change is more heavily dependent on the circumstances and environment of a person, and is in many ways communal (Cavalieri & Almeida, 2018).

According to the Theory Evaluation Scale, the empowerment theory fails in the categories of conceptual clarity, testability, and boundaries (Joseph, 2019). As discussed earlier in this section, there is not a clear, set academic definition of empowerment, thus not allowing

IMPROVEMENT IN QUALITY OF LIFE OF PWD

for the theory to have conceptual clarity. Measuring and testing empowerment, has been deemed as contradictory and potentially problematic by some (Rivest & Moreau, 2014 as cited in Joseph, 2019). Though there were some boundaries outlined in some of the earliest texts on empowerment theory when applied to psychology (Rappaport, 1981; Zimmerman, 2000), they do not apply to social workers as they are not as limited and restricted in their field (Joseph, 2019).

Power blocks are obstacles and challenges that get in the way of one's empowerment, in which empowerment itself is needed to overcome (Adams, 2003). Direct power blocks interfere with people achieving their goals, whereas indirect power blocks are internalized struggles and oppressions. Empowerment interventions work on approaches to take on direct power blocks and how to break down the indirect ones. Upon overcoming these power blocks in a trusting, defined working relationship with their social workers, the clients are empowered and have the tools and skills to help empower others as well (Coady & Lehmann, 2016).

As there are certain power dynamics and structures that do not exist in every culture or community, with each level of intervention and the context of each client, expectations of effectiveness should be measured and weighed against the circumstances (Rappaport, 1987 as cited in Perkins & Zimmerman, 1995). There is always the risk of a mental health professional aiming to take advantage of their clients one way or another (Adams, 2003). Psychological help should develop tools and skills with their clients, but not enough to take away from their agency and independence (Adams, 2003). Sometimes empowerment alone is not enough and more help with different avenues are needed to properly care for the client's needs; therefore, it is crucial for social workers to always act with empathy and have the cultural competency to empower clients in their most unbiased manner (Cavalieri & Almeida, 2018). Social care offers empowerment to its clients which enables them to undergo changes and developments in the new environment (Larkin et al., 2008). At times, the social care system helps the clients to empower one another in group situations.

People with disabilities were blacklisted and seen as less valuable for not being able to work, therefore being a burden to society. The USSR always hesitated to acknowledge people

IMPROVEMENT IN QUALITY OF LIFE OF PWD

with disabilities existed within their society at all, which cultivated an entire culture of shame around disability. The remnants of that culture is still felt to this day (Ivanov & Mitchell, 2016). The social work that was based on it, has progressed since then, in centering and uplifting people's worth besides their ability to work - however that change is happening slowly and even slower out in general society. People with disabilities have always been a target of social care, as their quality of life has never been prioritized. With this study we will observe how much has changed and the modern day effect of social care services on improving the quality of life of people with disabilities:

Research object

Improvements in people with disabilities' care and quality of life under social services.

The aim of the research

To discover areas in social care that improve care and quality of life of people with disabilities.

Tasks of the research

1. Theoretical analysis method for the social work system in people with disabilities' care.
2. Theoretical analysis method for the social work system in people with disabilities' quality of life.
3. Semi-standardized interview method for social workers, to discover changes in social care and quality of life of people with disabilities under social services.
4. Narrative analysis method to identify areas in social care that improve care and quality of life of people with disabilities.

2. Research Methodology

2.1 - Research Bias

The study will be qualitative as it will use interviews to gather empirical data. The researcher has had experience working with social worker's through volunteering, prior to carrying out this study; therefore they could not approach this subject with an entirely blank space due to implicit bias and unconscious effects the previous experience has had on them. Though the researcher's time volunteering was fulfilling, they felt the social services left much to be desired, as such initially they wanted to approach the topic with a negative bias. However, after learning more through research and deliberation with their thesis advisor, they decided to take a positive approach, as to not play into the bias unintentionally. Additionally, the researcher kept a reflexive journal, to note down their thoughts and observations.

The study will be carried out with a constructivist approach, as the interviews will construct a narrative and it is congruent with qualitative analysis. As the results will be based on the social workers observations, their interactions with the participants and the participants intermingling with one another, social constructivism is the most relevant constructivist theory for this study (Anderson & Johnston, 2016; Prawat, 1992 as cited in Davis et al., 2017). Seeing as constructivism is a theory of agency, it would be congruent with the thesis, as social workers support the autonomy of their clients, often through empowerment. The interviews will approach how the realities of their clients have changed over time since entering their care. As with the nature of the constructivist approach, the interviews will have different perceptions of realities.

The empowerment theory will play significance in the interpretation of the results seeing as on a basic level, this thesis is observing the effects of empowerment on quality of life. The research questions of this thesis is based on the effect and influence of the empowerment theory from social workers on their clients' quality of life. This study aims to evaluate and study the

IMPROVEMENT IN QUALITY OF LIFE OF PWD

effect that social care empowerment as a process has on its clients in the specific context of people with disabilities in Šiauliai and Klaipeda. The participants' behavior and attitudes will be compared and contrasted before and after receiving social care.

2.2 - Narrative Analysis

To answer the problem questions (1) 'Do people with disabilities' quality of care improve upon receiving aid from social services?' and (2) 'Do people with disabilities' quality of life improve upon receiving aid from social services?' it was decided to take a deductive collective approach with Bruner's (1992) method of narrative analysis to derive significant, meaningful information from the primary data and interpretations. The method is a widely applicable and flexible tool that is useful in finding details and insightful information. This thesis takes a deductive approach with the method. Each interview was recorded and transcribed afterwards, so as not to interfere with the flow of the interview and the researcher's notes on nonverbal cues and such.

2.3 - Participants

There were 5 participants, in between their mid-20s and mid-30s. All were women and Lithuanian natives, save for one who was a man from Georgia. The participants worked as social workers in institutions in Klaipeda or Šiauliai. To be valid participants they had to (1) be social workers in the present or past, (2) have worked with people with disabilities, and finally (3) have practice experience within Lithuania. Please see participants' demographic information in Table 1.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Table 1

Description of Participants

Participant Number	Gender	Nationality	Age	Job Status	Location	Demographic	Area of work
P1	Male	Georgia	31	Current	Klaipeda	Children	Day care
P2	Male	Lithuania	27	Current	Šiauliai	Elderly	Day Care
P3	Female	Lithuania	30	Past	Klaipeda	Elderly	Elderly home
P4	Female	Lithuania	26	Current	Šiauliai	Teenagers	Group home worker
P5	Female	Lithuania	25	Past	Klaipeda	Children	Day care

2.4 - Research Design

IMPROVEMENT IN QUALITY OF LIFE OF PWD

The interviews lasted approximately between 30 to 60 minutes each, and were held online. The participants were made aware of the fact that the interviews would be recorded using the researcher's computer recording program beforehand and were required to fill out an informed consent form before the interviews. The form indicated that the participants would remain anonymous, that their information would stay confidential, and they could change their mind about participating at any time (Annex 3). Questions were structured within the specific context of working with people with disabilities and common factors used in quality of life measurement tools were incorporated.

Some sample questions include:

How do you assess clients' individual needs?

How is it ensured that treatments and services are of high or acceptable quality?

What is being done to ensure clients' safety and security?

Since entering your care, what changes have you seen in your clients' health?

Since entering your care, what changes have you seen in your clients' relationships?

Since entering your care, what changes have you seen in your clients' independence?

(See the full list of semi-standardized interview questions in Appendix 2)

2.5 - Data Analysis

According to Bruner (1992) the founder of the narrative analysis method, there are 10 sides to narrative: (1) Narrative diachronicity, (2) Particularity, (3) Intentional State Entailment, (4) Hermeneutic composability, (5) Normativeness, (6) Canonicity and breach, (7) Referentiality, (8) Genericness, (9) Narrative accrual, and (10) Context, sensitivity, negotiability. Therefore, in each interview, the researcher took special attention to information that made up any of the narrative sides.

1) Narrative diachronicity

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Narrative diachronicity refers to the duration of time in the story. Upon reviewing transcripts, the researcher compiled how long the events of the social workers' recounts took, such as 'a few years' and 'several months'.

2) *Particularity*

Particularity refers to specificity of certain details and events. In the interviews, when a social worker would refer to a particular client and example, that would fall under particularity.

3) *Intentional State Entailment*

The intentional state entailment is a statement or demonstration of one's motivation and intention. Though the intentions of the participants of the study were all social workers which could imply they had similar goals and aims, they did not all come from the same background and worked with different demographics.

4) *Hermeneutic composability*

Hermeneutic composability is the structure of events that makes a story a narrative. As the participants give their answers, they are doing so from their perspective or their interpretation of their experience; taking information from the narrative, or story of their lives.

5) *Normativeness*

Normativeness refers to the wider social norms, different from canonicity which is more about the sense of normalcy in their own personal lives. In the interviews, there is a disparity on how the social expectations of a social worker stand against the public understanding of social work.

6) *Canonicity and breach*

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Canonicity is the usual state, or what is considered normal, whereas a breach is whatever happens to upset the state of equilibrium. In the context of this study, canonicity and breaches would be based around their workplace and clients.

7) *Referentiality*

Referentiality grounds the 'story' to reality, by referencing aspects of life that the 'reader' would most likely understand or even have experience with. It portrays the narrative to something that could realistically happen, as opposed to being detached to people outside of the 'target audience'. Though the intricacies of social work and living with disabilities may not be accessible to the average person, it would not be so hard to bring a basic level of theoretical relatability considering they would be conversing with the researcher who had no professional experience in the field.

8) *Genericness*

Genericness refers to the themes and 'mood' of what is being told. The attitude of the storyteller and the emotions the audience is expected to have. The genericness of each interview would depend on the participant, however the approach of my thesis is to find positive improvements on people's lives.

9) *Narrative accrual - continuity/lore, new stories from old.*

Narrative accrual acknowledges that stories do not occur in a vacuum. There is history and context, to the world, factors of the situation, and the participants in question. As well as the fact that these stories most likely play a part in other people's narratives.

10) *Context, sensitivity, negotiability*

Context, sensitivity, and negotiability refer to the implicit agreement and understanding between the storyteller and the audience. The general context was social work

IMPROVEMENT IN QUALITY OF LIFE OF PWD

specifically for people with disabilities, any additional sensitivities would be provided by the participants during the interviews.

3. Results

3.1 - Results

In order to perform the qualitative narrative analysis, the relevant interview data will be sorted into the 10 sides of Bruner (1992) to create the narrative of people with disabilities in care from this study:

Narrative diachronicity

In being able to observe change and improvements among clients, it could vary between months and years; the longer someone was in care, they usually kept growing and changing. The narrative diachronicity was obviously limited by how much time they had spent working with clients with disabilities. Most of the participants had 2 to 3 years of experience, although P3 had been working as a social worker on and off throughout her career of 'almost 10 years' in different departments.

Particularity

The clients' particularity would be the result of time and effort, such as succeeding at a new skill or shifting their overall attitude due to their connection with the social worker. Though P2 worked with elderly people, he would refer to them as kids due to their mental state and behavior:

'We actually had a kid who wouldn't communicate - he was nonverbal. So, we considered him to be low functioning and put him together with the other kids. But later we decided to have the groups do activities together, so the activities that different functioning groups could do, we put them so they would do it together. And actually, the

IMPROVEMENT IN QUALITY OF LIFE OF PWD

children started to help one another and learn from each other ... Yeah so, from spending time with the different groups, the nonverbal kid actually learned to sign some words, and he could 'tell' us that he was not able to before.' (P2)

On the other hand, there would also be instances where the client and institution were not able to continue working together, some of the reasons include severity of disability, client's constant inability to uphold and respect the rules of the organization, or simply because the client never grew to adapt or accept the setting.

Intentional State Entailment

Most of the clients are usually not ill-willed and attempt to cooperate and obey as best they can. Although, the participants would also often observe clients who were unwilling or seemingly aimless under their care, develop excitement and determination as they gained a sense of understanding, and with it they saw the worth and use of the institution or service. 'Of course, there are people that are more difficult to work with ... you can try your best but if the person doesn't want it then ... (P4)'

Hermeneutic composability

As previously alluded to, the narratives would vary but most clients would be wary and take some time to warm up to new settings and people, however whether it took weeks, months, or more would depend on each individual. 'Our homes are not very big and the children are close to each other in age, so usually they get used to everything. Of course, some of them are slower and their disabilities can affect how comfortable they are (P4).' There were also significant relationships with social workers being formed that had a great weight in their experience, cooperation, and motivation. Over time, the clients would display improvements or lack thereof, and the participants would be aware and plan the best steps to take. It was not uncommon for narratives to abruptly end, as there are plenty of people who use social services temporarily or clients who had to stop due to external circumstances. 'Every time I have a chance to talk to a child alone, I try to help them as much as I can because sometimes - I don't know if they will come back or if I'll see them again (P1).'

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Normativeness

People with disabilities are often seen as needing special assistance and aid by society. In great part, due to the history of hiding and separating people with disabilities from the public eye, many members of the general public are ignorant, ill-informed, and are not fully aware or confident on how to interact with them. They are expected to exist in their own spaces, such as special classrooms and schools, however there have been attempts of integration that are slowly but steadily becoming more common.

‘We try to give the residents freedom to have extracurriculars and join clubs, have activities with other people but there are strict regulations that we have to follow, because they are orphans and also with disabilities ... they do not have as much freedom as others but it is for their safety and protection’. (P4)

Canonicity and breach

The canonicity can involve routine, schedules, a ‘social promise’ to interact with certain people and take part in certain activities. When a client acts unexpectedly, that could be an emotional breach and when other systems that are set into place stop working temporarily - it can add stress. At times, the clients can have difficulty controlling their reactions and responses, sometimes their thoughts and feelings can lead to unsafe actions. At those times, it would be the participants’ and their coworkers’ job to restore canonicity.

‘We always have to have a routine so that things make sense to the kids. We start every session with a schedule and it’s kind of like a clock for them, they know what will happen next and what they are doing now. We have backup plans if things go wrong, which is almost every week (laughs). Usually we think of a way to take care of the problem or child who is distracting the others and ask the other available worker for help if they can.’ (P5).

Referentiality

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Most of the participants mentioned regular efforts to create opportunities for their clients to interact with the general public. The interaction could come from volunteers, or volunteering themselves, joining clubs, participating in events, and holiday festivities. ‘During festivals and parades, when there are holidays - celebrations, we usually participate in the city somehow. Whether by selling home made products or playing a musical performance or something like that (P2).’

Genericness

The participants described their clients as generally open and not ill-willed, even if some were introverted, more temperamental, or standoffish. The clients were treated with expectation of respect and value of rules and regulation. The participants generally described maintaining fun and pleasant environments as much as they could. Hard days are inevitable for clients, and there is always a level of alertness and responsibility required for the job.

‘During the week we try to work with the kids, help them develop some skills you know, and every Friday we have a fun day. They look forward to it the most, so it’s like a reward at the end of the week (P2).’

‘Sometimes some of the elderly would have questions about death and other, heavy topics - and we tried not to deny how they were feeling, but keep hope in the conversation. I think, still it was good for them to share and be heard than to have kept the thoughts to herself (P3).’

Narrative accrual

For some clients, working with the participants was their first exposure to direct, personal services, while that was not the case for most of the older clients. Many of the clients do not consider the future in depth, save for vague general aspirations. Clients typically have a mindset of not assuming anything will change, or not getting entirely too attached and accustomed to the present order of things.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

‘When a person leaves the daycare we usually host a goodbye. But when some of the workers or volunteers are on a break, or if they miss a week, they are always asking about them and they want to know when they will see them again (P4).’

‘There are a few regular attenders, the organization is independent and not very big. Every week there are new people and old people, but most people are temporary (P1).

Context, sensitivity, negotiability

The understood agreement is that people with disabilities are different but deserving the same as everyone else. Disabilities are not all the same, it requires time and information to learn how to adapt and best treat a person. That may cause unwillingness and hesitancy among society, but the aim is to improve their and everyone else’s quality of life as well.

‘The people at the elderly care home were always happy to see new faces. Some of them were withdrawn and more quiet than the rest. They wanted interaction, communication, for people to take interest in what they were doing, how they were doing and also to learn about other people.’ (P3)

3.2 - Narrative Analysis Results

Following the narrative analysis (Bruner, 1992), 10 sides from the participants’ interviews were derived:

- (1) the narrative dichotomy vary from months but mostly take place over years,
- (2) the common particularity were clients having a shift in mindset or understanding that would have a tangible effect in their lives,
- (3) the intentional state entailment at least on a subconscious level, was to grow in their independence and self-confidence in the world and overall have a more content existence,

IMPROVEMENT IN QUALITY OF LIFE OF PWD

(4) the hermeneutic composability would typically start with transitional adjustments upon entering a new environment, eventually falling into rhythm within their relationship with their social workers or the relationship not able to form in the first place and the narrative ends,

(5) the normativeness of the clients is the common public assumption that since people with disabilities and special needs require different treatment and assistance, naturally they should be separated from the rest,

(6) the canonicity would refer to fulfilling the regularly planned routines and schedules, therefore breaches would be any disruption within their lives whether physical, mental, emotional, or otherwise, that would interfere with their canonicity,

(7) referentiality is relevant because the methodology of this thesis made it so the main portion of the client's information would be within the context of their lives that revolves around social work; the referentiality would be represented through challenges at school and comments made by client's family members,

(8) beyond all the emotional tones of existing as a disabled person in social care, the genericness would seem to be based on a yearning towards a basic sense of safety and security,

(9) narrative accrual would often depend on the clients' experiences and current stages of life, it would affect whether they expected their present to continue until further notice or if they view their peasant circumstances as a temporary situation,

(10) every effort is made to clarify the context, sensitivity, and negotiability to ascertain that the clients understand as much as possible and to ensure that they and the social workers are on the same page, generally the understanding is that there is an agreement to make the most out of the circumstances to better and improve the clients' experience and quality of life.

Discussion

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Particularity and intentional state entailment sides showed how the very presence of social work within the clients' lives, already provided support and opportunity to betterment in their lives (Kam, 2021). Supporting the empowerment theory, the results display that role of a social worker in a client's life can be significant in terms of their motivation and self-confidence, namely in hermeneutic composability as well as context, sensitivity, and negotiability. especially through the lens of the empowerment theory (Larkin et al., 2008). Canonicity and breach are all but entirely constructivist, and there were generally better outcomes, if the clients and social workers could cooperate (Mahoney & Granvold, 2005).

As the clients were receiving treatment and care specifically with their needs and circumstances being tailored to, their quality of care improved. The results cannot speak for the overall quality of life, as the information is mostly limited to what was observed within institutional facilities, however it is clear that social work care certainly holds significant potential for improving quality of life at least in part.

People with disabilities have been ignored and denied without being able to fully and clearly represent themselves, even this study relied on social workers for their experiences. While progress is on its way, research of people with disabilities is lacking and underrepresented in academic literature. Social work has always been for the marginalized and disadvantaged, however more access to information and understanding is positively correlated with the ability to provide more effective, targeted, and efficient services and therefore results.

An aspect of the interview process that was not accounted for beforehand, was the meta-narrative of the social workers, the participants of the study. The data was filtered through their subjective, constructivist reality, therefore it only seemed necessary to analyze it as well. The participants' narrative would only offer context to the people with disabilities, and would be the fullest narrative this thesis could offer.

The narrative dichotomy was heavily influenced by the fact that, due to having studied psychology for their bachelor's, the researcher has had connections and access to certain social workers which was used to find the participants of this study. As a result, most of the participants

IMPROVEMENT IN QUALITY OF LIFE OF PWD

could be considered new and ‘beginners’ in the social work field which is worth noting as there is a high turnover rate of workers leaving social work (Cho & Song, 2017), therefore it stands to reason the experience, and interviews, would provide different content.

As social work is a humanistic field that works directly with people and lives, it would only be logical that there would be certain human, emotional instances that would stay in the mind and have an effect and be a particularity. There would also be certain work practices that developed due to repeated or extreme cases with clients. Thus the particularity could also be extended to the organizations as well. Perhaps unsurprisingly, the common particularities among the interviewees were several examples of people with disabilities they had worked with or had some proximity to. Most participants told of positive cases of improvement, due to the questions and prompts, however on a few occasions mentioned some cases they seemed slightly disappointed in themselves in which they could not figure out a way to get through or felt they did not know enough at the time.

Regardless of intention or motivation, the job of a social worker is literally to help the people they are working with. Consequently it must be safe to say that there may be more incentives that made up the intentional state entailment, apart from personal connections to social work all the participants had. The intentions differed based on the specificity of the job, but there was a general consensus from the participants to assist the clients in their development and overall ease of day to day living and management. P1 having a job aided with their housing and residency in the country, P5 had been volunteering at her place of work for a year before getting hired, though she only worked there for a year. P3 has worked in psychology throughout their career, and so they worked in social work for a period.

The hermeneutic composability would typically begin with how the participants had gotten into the field of social work, the unexpected challenges upon first starting the work, and their current drive and motivation for staying in the field. The narratives would often start with passion or determination, often due to a personal connection or reason for going into social work. Upon the first several months, they were faced with challenges that they had not considered, and did not always have a clean protocol on how to handle. Over time, they developed more

IMPROVEMENT IN QUALITY OF LIFE OF PWD

confidence in themselves and their role in their clients live's, remembering to keep their eyes on the bigger picture. Talking to a more experienced colleague and seeing their influence on a client would be important factors for how they viewed the work and likely in turn, how they viewed their clients in general.

The normativeness of the participants displayed that social workers are expected to have more responsibility and knowledge from the public, as often they are the most contactable workers of a larger system and organization. People look to social workers for hope, solutions, and emotional support. They are 'the helpers of society', even when they may feel unsure themselves they have to try and provide comfort and authority for those under their care. Unfortunately, sometimes social workers and clients' official guardians do not see eye to eye, which may cause frustration for all parties involved. To be a social worker is a job, they do not represent themselves, they have to be mindful with what they say and how they react.

Social workers can be faced with intense realities, regarding life and death at times. There is a sense of expecting the unexpected but apart from that, the canonicity is to be able to rely on other social workers for support and to have faith in one's ability, training, and skills. The canonicity and breach are not entirely simple, as working with people with disabilities does not provide a smooth stable rhythm - in short, breaches are expected to the point that they are nearly a part of the canonicity.

Whenever a person outside of this world sees a person with disabilities, at an event or school it is most likely due to the effort of social workers. referentiality to society was mostly through organized events or individual cases where their services were in higher demand from the population. There were social workers who worked with students at school, others who aimed to integrate them into social events. There have also been waves of people coming in for services at times, such as when russia invaded Ukraine in 2022.

The main genericness was positive, hopeful, and persistent, yet admittedly weary. The emotions and feelings of the interviews were positive; they seemed happy to share their experiences and thoughts. They looked at social work as challenging yet overall gratifying. At

IMPROVEMENT IN QUALITY OF LIFE OF PWD

times there were sad, more somber moments, and there was also a sense of grit and strong will that seems necessary for a social worker.

Social workers are aware that much of what they do is based on previous generations. As well as the fact that they are likely of a generation that is going to redefine social work practices as well. The practice and theory is constantly moving and progressing, therefore the narrative accrual fits within the context of social work constantly evolving with the participants working off past standards and refining their practices to be more relevant. As they work in the field, they are a part of the new model that will be taught to future generations.

The context, sensitivity, and negotiability refers to the general understanding that social work is done in good faith, with honesty and positive intentions and the agreement that every person is fallible and keeping in mind the big picture. The social workers aimed for cooperation, and treated their clients with respect in order to receive it. Patience and continued openness were instrumental traits that paved the way towards a working relationship.

Through interviewing social workers about their practice with clients with disabilities, their sub-narrative was formed:

- (1) the narrative dichotomy was mostly between 2 to 3 years,
- (2) the common particularity were standout, memorable cases with clients,
- (3) the intentional state entailment was to help their clients better themselves for their overall experience of life,
- (4) the hermeneutic composability would typically begin with how the participants had gotten into the field of social work, the unexpected challenges upon first starting the work, and their current drive and motivation for staying in the field,
- (5) the normativeness of the participants displayed that social workers are expected to have more responsibility and knowledge from the public, as often they are the most contactable workers of a larger system and organization,

IMPROVEMENT IN QUALITY OF LIFE OF PWD

(6) the canonicity and breach are not entirely simple, as working with people with disabilities does not provide a smooth stable rhythm - in short, breaches are expected to the point that they are nearly a part of the canonicity,

(7) referentiality to society was mostly through organized events or individual cases where their services were in higher demand from the population,

(8) the main genericness was positive, hopeful, and persistent, yet admittedly weary

(9) narrative accrual fit within the context of social work constantly evolving with the participants working off past standards and refining their practices to be more relevant,

(10) the context, sensitivity, and negotiability refers to the general understanding that social work is done in good faith, with honesty and positive intentions and the agreement that every person is fallable and keeping in mind the big picture.

Limitations

This study's research methods are highly subjective, which would make it hard to generalize in an objective sense. The main data came from secondary information, as the participants were not people with disabilities themselves, but rather social workers who had working experience with them; this may have detracted focus and muddled the results from being clear. As is the case with such qualitative studies, the researcher had biases that may have unknowingly affected their research, despite the measures put in place to neutralize them. The sample size could be considered small, which would decrease the accuracy of the study. Additionally, this study made use of convenience sampling, making the study sample more biased and less generalized therefore compromising its external validity.

Conclusion

1. Theoretical analysis method for the social work system in people with disabilities' care.

The modern social work system, is fairly new and required more time spent on it to diligently create more efficient and practical uses of the field. However, it is providing help and assistance, such as in the areas interviewed.

2. Theoretical analysis method for the social work system in people with disabilities' quality of life.

The quality of life of people with disabilities on social care has only been improved. Social care has provided services and opportunities they were not able to have sufficient access to before. Though it would be much smoother and effective if there were more people in the field, with expert knowledge on disabilities, and equipment tailored specifically for disabilities.

3. Semi-standardized interview method for social workers, to discover changes in social care and quality of life of people with disabilities under social services.

It always takes time to get accustomed to a new environment, therefore at first it may be difficult to handle clients. There is a period of developing trust and ensuring that there is no ill-will. The patients are treated with respect and eventually understand their new circumstances as a new routine. However, if people are not able to adapt and the institution is not able to adapt to them alternative resolutions are explored.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

4. Narrative analysis method to identify areas in social care that improve care and quality of life of people with disabilities.

Areas in social care that improve quality of care and life the most are the passion, consistency, and devotion of the social workers. Many people leave the field, but a sense of stability is important for people in social care. However, even people who left were able to have a significant impact on the progress and development of the clients. Social workers consistently tried different methods and environments to improve the quality of care and life, and through the experiences improved their understanding of their clients.

Entering social care for people with disabilities tends to improve their quality of life. The quality of care they receive improves, considering they may not have been receiving any other type of care at all beforehand. While that is an improvement, social workers need to be well supported and cared for in order to be able to carry out their duties to their utmost capabilities. The social work field needs more attention, in terms of finances, people, and areas of study.

Recommendations

Based on this study the researcher recommends developing programs and opportunities for people with disabilities to interact with people different from them, alongside consistent support from their social care. There should be a targeted campaign to recruit more people from diverse backgrounds and different sets of skills to go into social work, as the people should reflect the society they represent. As the current study was limited, a study on a greater scale on the effect of social care in people with disabilities day to day lives' rather than solely within social care institutions would be recommended as well. There is also a need for studies on the effect and place of social work in Lithuania.

List of Literature

Adams, R. (2003). *Social work and empowerment* (3rd ed.). Palgrave Macmillan.

<http://ndl.ethernet.edu.et/bitstream/123456789/47318/1/15.Robert%20Adams.pdf>

Adomaityte, I. (2023). *Lithuanian association of social workers* || *Lietuvos socialiniu darbuotoju asociacija*. International federation of social workers.

<https://www.ifsw.org/member-organisation/lithuania/>

Amineh, R. J., & Asl, H. D. (2015). Review of Constructivism and Social Constructivism.

Journal of Social Sciences, Literature, and Languages, 1, 9-16.

https://d1wqtxts1xzle7.cloudfront.net/51548785/construtivisim_and_social_C-libre.pdf?1485736263=&response-content-disposition=inline%3B+filename%3DReview_of_Constructivism_and_Social_Cons.pdf&Expires=1702414296&Signature=LMhMeg9j7OB8oJTKSTHZo0VMLYLnlqoUcRgdKu2upVHLRaupBTHT9b~Q4K2NiJ~yW8DOhQerwNAz3o0GHg8ttSmbLiWsTRv2s95TXVShApdPE7VL4IHRYRWhYMGGeCrNOBfGURCMGuE28BoBzyRK52ACDX8FVmNlhXIBsguNV-wVtQJBDt5H~SWu72N2r~IchaHdXc4xR-DzGKU0pnP5TekaVhWE~nIS0ZLW6C~nGnZXhPRIo5ORXcLAvfeC0eitQAfTFvmQVV4qwBWKeU9CtbpXig2EcHOMGcabP13E04EEE5ws8ftGpnulPVeNwch8r5All~xAZkgxxHr9k8ZGlw_&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

Anderson, A. & Johnston, B. (2016). Chapter 9 - Information literacy and social epistemology.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

- Information literacy to social epistemology*. (pp. 131-152). Chandos Publishing.
<https://doi.org/10.1016/B978-0-08-100545-3.00009-0>
- Baranauskienė, I. (2021). Vaikų, turinčių negalią, discriminacijos raiška Lietuvos sveikatos priežiūros sistemoje. *Ugdymas Specialus*, (1), 99-115.
<https://doi.org/10.15388/se.v1i42.593>
- Berlin, S. B. (1996). Constructivism and the Environment: A Cognitive–Integrative Perspective for Social Work Practice. *Families in Society*, 77(6), 326-335.
<https://doi.org/10.1606/1044-3894.930>
- Better Care Network*. (2022a). League of Social Workers of Ukraine. Retrieved from
<https://bettercarenetwork.org/about-bcn/what-we-do/organizations-working-on-childrens-care/league-of-social-workers-of-ukraine>
- Better Care Network*. (2022b). Ukrainian Child Rights Network. Retrieved from
<https://bettercarenetwork.org/about-bcn/what-we-do/organizations-working-on-childrens-care/ukrainian-child-rights-network>
- Burlacu, F. (2018, June). The importance of the quality of life in achieving happiness. *Cogito*, 10(2), 96-104.
<https://www.proquest.com/scholarly-journals/importance-quality-life-achieving-happines/s/docview/2121523360/se-2>
- Bright, T., Wallace, S., & Kuper, H. (2018). A systematic review of access to rehabilitation for people with disabilities in low- and middle-income countries. *International Journal of Environmental Research and Public Health*, 15(10), 2165.
<http://doi.org/10.3390/ijerph15102165>

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Bruner, J. (1992). The narrative construction of reality. In H. Beilin & P. B. Pufall (Eds.), *Piaget's*

theory: Prospects and possibilities (pp. 229–248). Lawrence Erlbaum Associates, Inc.

https://www.sas.upenn.edu/~cavitch/pdf-library/Bruner_Narrative.pdf

Carpenter, D. E. & Brownlee, K. (2017, April). Constructivism: A conceptual framework for

social work treatment. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (6th ed.) (pp. 96-116). Oxford University Press.

Cavalieri, I. C. & Almeida, H. N. (2018, April). Power, empowerment and social participation-

the building of a conceptual model. *European Journal of Social Science*, 5(1), 174-185.

<https://doi.org/10.26417/ejser.v12i1.p189-199>

Cho, Y. J., & Song, H. J. (2017). Determinants of turnover intention of social workers: Effects

of emotional labor and organizational trust. *Public Personnel Management*, 46(1), 41-65.

<https://doi.org/10.1177/0091026017696395>

Čiužaitė, G. (2021, June 1). A way forward for employing people with disabilities in Lithuania.

LRT.

<https://www.lrt.lt/en/news-in-english/19/1422262/a-way-forward-for-employing-people-with-disabilities-in-lithuania>

Coady, N. & Lehmann, P. (2016, May). One: An overview of and rationale for a

generalist-eclectic approach to direct social work practice. *Theoretical perspectives for direct social work practice, 3rd edition: A generalist-eclectic approach.* (pp. 4-36).

Springer Publishing. <https://doi.org/10.1891/9780826119483>

Cummins, R. A., McCabe, M. P., Romeo, Y., & Gullone, E. (1994). Validity Studies the

IMPROVEMENT IN QUALITY OF LIFE OF PWD

- Comprehensive Quality of Life Scale (Comqol): Instrument Development and Psychometric Evaluation on College Staff and Students. *Educational and Psychological Measurement*, 54(2), 372–382. <https://doi.org/10.1177/0013164494054002011>
- Dalija, S. (2012, July). *Development of social work profession in Lithuania: Between identity and citizenship*. Social work social development 2012: Action and impact conference. <https://portalcris.vdu.lt/server/api/core/bitstreams/95a4ebbf-b2b4-4974-8c52-9b01e648f935/content>
- Davis, M. L., Witcraft, S. M., Baird, S. O., Smits, J. A. J. (2017). Chapter 3 - Learning principles in CBT. In S. G. Hofmann & G. J. G. Asmundson (Eds.), *The science of cognitive behavioral therapy* (pp.51-76). Academic Press. <https://doi.org/10.1016/B978-0-12-803457-6.00003-9>
- Dean R., G. (1993). Constructivism: An approach to clinical practice. *Smith College Studies in Social Work*, 63(2), 127-146. <https://doi.org/10.1080/00377319309517382>
- Dias, T., Friche, A., & Lemos, S. (2020, July 29). Quality of Care Scale instrument applied to Care Network users for the Person with Disabilities: a psychometric analysis. *Audiology - Communication Research*. 25, e2256. <https://doi.org/10.1590/2317-6431-2019-2256>
- Eide, A.H., Loeb, M. (2016). Counting People with disabilities: Historical Perspectives and the Challenges of Disability Statistics. In: Grech, S., Soldatic, K. (eds) *Disability in the Global South. International Perspectives on Social Policy, Administration, and Practice*. Springer, Cham. https://doi.org/10.1007/978-3-319-42488-0_4
- Eidukevičiūtė, J. (2013). *Family social work practices in the context of transitional Lithuanian*

IMPROVEMENT IN QUALITY OF LIFE OF PWD

- society*. Rovaniemi : Lapland University Press.
https://lauda.ulapland.fi/bitstream/handle/10024/61776/Eidukeviciute_actaE_115pdfA.pdf?sequence=4&isAllowed=y
- Emerson, E., Madden, R., Graham, H., Llewellyn, G., Hatton, C., & Robertson, J. (2011). The health of people with disabilities and the social determinants of health. *Public Health*, 125(3), 145–147. <https://doi.org/10.1016/j.puhe.2010.11.003>
- European Disability Form. (2023). *National Assembly of Persons with Disabilities of Ukraine*.
European Disability Form.
<https://www.edf-feph.org/our-members/national-assembly-of-persons-with-disabilities-of-ukraine/>
- European Disability Form. (2023). *One year of war: persons with disabilities in Ukraine*.
European Disability Form.
<https://www.edf-feph.org/one-year-of-war-persons-with-disabilities-in-ukraine/>
- Fadyl, J. K., McPherson, K. M., & Kayes, N. M. (2011). Perspectives on quality of care for people who experience disability. *BMJ quality & safety*, 20(1), 87–95.
<https://doi.org/10.1136/bmjqs.2010.042812>
- Fisher, D. D. (1991). *An Introduction to Constructivism for Social Workers*. Praeger.
- Furman, R., Jackson, R., Downey, E., & Shears, J. (2003). Social constructivist practice with youth. *Child and Adolescent Social Work Journal*, 20, 263-275.
<https://doi.org/10.1023/A:1024504925017>
- Friedman, C., VanPuymbrouck, L., OTR/L. (2019). The impact of people with disabilities choosing their services on quality of life outcomes. *Disability and Health Journal* 12, 187-194. <https://doi.org/10.1016/j.dhjo.2018.11.011>

IMPROVEMENT IN QUALITY OF LIFE OF PWD

- Gudavičius, A. (2021, February). *European Semester 2020-2021 country fiche on disability equality: Lithuania*. Luxembourg: European Union. <https://doi.org/10.2767/484863>
- Gusak, N. (2022). The Status of Military Social Work in Ukraine: Current Efforts to Develop This Role and the Obstacles Encountered. In: Forgey, M.A., Green-Hurdle, K. (eds) *Military Social Work Around the Globe*. Military and Veterans Studies. Springer, Cham. https://doi.org/10.1007/978-3-031-14482-0_17
- Human Rights Monitoring Institute. (2016). *Disabled Lithuanian Children Still Isolated by the Education System*. The Civil Liberties Union for Europe. <https://www.liberties.eu/en/stories/lithuania-lack-of-inclusive-education/7531>
- Iezzoni, L. I., Rao, S. R., Ressalam, J., Bolcic-Jankovic, D., Agaronnik, N. D., Donellan, K., Lagu, T., & Campbell, E. G. (2021). Physicians' perceptions of people with disability and their health care. *Campbell Health Affairs* 40(2), 297-306. <https://doi.org/10.1377/hlthaff.2020.01452>
- International Federation of Social Workers. (2014, July). *Global definition of social work*. International Federation of Social Workers. <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
- Ivanov, A., & Mitchell, C. (2016, April 27). *Counseling and Russian culture*. Counseling Today. <https://ct.counseling.org/2016/04/counseling-and-russian-culture/>
- Jackson, P. (2010). 6 - From function to use. *Web 2.0 knowledge technologies and the enterprise: Smarter, lighter and cheaper*. (pp. 155-196). Chandos Publishing. <https://doi.org/10.1016/B978-1-84334-537-4.50006-5>
- Joseph, R. (2019). The theory of empowerment: A critical analysis with the theory evaluation

IMPROVEMENT IN QUALITY OF LIFE OF PWD

- scale. *Journal of Human Behavior in the Social Environment*, 30(2), 138-157.
<https://doi.org/10.1080/10911359.2019.1660294>
- Kagan, J. (2022, June 24). *What Is Quality of Life? Why It's Important and How to Improve It*. Investopedia. <https://www.investopedia.com/terms/q/quality-of-life.asp>
- Kam, P. K. (2021). Strengthening the empowerment approach in social work practice: An EPS model. *Journal of Social Work*, 21(3), 329–352.
<https://doi.org/10.1177/1468017320911348>
- Kanselaar, G. (2002, July). *Constructivism and socio-constructivism*. ResearchGate.
https://www.researchgate.net/publication/27690037_Constructivism_and_socio-constructivism
- Katsarava, Z., Mania, M., Lampl, C., & Herberhold, J. (2018). Poor medical care for people with migraine in Europe – evidence from the Eurolight study. *The Journal of Headache and Pain* 19(10). <https://doi.org/10.1186/s10194-018-0839-1>
- Kim, B. (2001). Social Constructivism. In M. Orey (Ed.), *Emerging perspectives on learning, teaching, and technology*.
<https://cmapspublic2.ihmc.us/rid=1N5PWL1K5-24DX4GM-380D/Kim%20Social%20constructivism.pdf>
- Kitchin, R. (2000) The Researched Opinions on Research: People with disabilities and disability research. *Disability & Society*, 15(1), 25-47. <https://doi.org/10.1080/09687590025757>
- Knežević, M., Ovsenik, R., & Jerman, J. (2006). Social work as a profession: As perceived by Slovenian and Croatian social work students. *International Social Work*, 49(4), 519-529.
<https://doi.org/10.1177/0020872806061237>

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Kuryliak V., Polumysna O., & Shevchuk A. (2022). Persons with disabilities

in Ukraine: Social media integration tendencies. *Культурологічний альманах* 3, 137–155. <https://doi.org/10.31392/cult.alm.2022.3.19>

Pennacchini, M., Betolaso, M., Elvira, M. M., & De Marinis, M. G. (2011). A brief history of the

Quality of Life: Its use in medicine and in philosophy. *Clin Ter*, 162 (3), 99-103.

<https://homerenaissancefoundation.org/wp-content/uploads/2018/01/Quality-of-life.pdf>

Petrea, I., & Haggengburg, M. (2014). Mental health care. In B. Rechel, E. Richardson, M.

McKee

(Eds.), *Trends in health systems in the former Soviet countries*. (pp. 159-172).

<https://www.ncbi.nlm.nih.gov/books/NBK458299/>

Pranskeviciute, I. & Neverauskiene, L. O. (2018, September). *Social enterprises and their*

ecosystems in Europe. Luxembourg: Publications Office of the European Union.

Larkin, M., Cierpial, C., Stack, J., Morrison, V., & Griffith, C. (2008, March 31). Empowerment

theory in action: The wisdom of collaborative governance. *OJIN: The Online Journal of*

Issues in Nursing 13(2). <https://doi.org/10.3912/OJIN.Vol13No02PPT03>

Lee, M-Y. & Greene, G. J. (1999). A social constructivist framework for integrating

cross-cultural issues in teaching clinical social work, *Journal of Social Work Education*,

35(1), 21-37, <https://doi.org/10.1080/10437797.1999.10778944>

Legatum Institute. (2021). *2021 Legatum Prosperity Index*. Legatum Institute.

<https://li.com/reports/2021-legatum-prosperity-index/>

Lucas-Carrasco, R., Eser, E., Hao, Y., McPherson, K. M., Green, A., Kullmann, L., &

IMPROVEMENT IN QUALITY OF LIFE OF PWD

- WHOQOL-DIS Group (2011). The Quality of Care and Support (QOCS) for people with disability scale: development and psychometric properties. *Research in developmental disabilities*, 32(3), 1212–1225. <https://doi.org/10.1016/j.ridd.2010.12.030>
- Mačiulskytė, S. (2012). Professionalization of social work in Lithuania from the perspective of social construction. *Tiltai [Bridges] [Brücken]* 4 (61), 13-33. <https://etalpykla.lituanistika.lt/object/LT-LDB-0001:J.04~2012~1367188915506/J.04~2012~1367188915506.pdf>
- Maciulskyte, S. (2014). The code of society transformation in social work: Modelling the construction of Lithuanian social work professionalization. Rovaniemi : Lapland University Press. https://lauda.ulapland.fi/bitstream/handle/10024/61785/Maciulskyte_ActaE140_pdfA.pdf?isAllowed=y&sequence=4
- Mahoney, M. J. & Granvold, D. K. (2005, June). Constructivism and psychotherapy. *World Psychiatry* 4(2), 74-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414735/>
- Martinez-Brawley, E. E. (2020, January). Changing perspectives and changing goals. Constructivism in social work re-visited, *The British Journal of Social Work*, 50(1), 264–281, <https://doi.org/10.1093/bjsw/bcz112>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-96.
- McIntosh, D. (2016). Empowering clients means empowering ourselves first: Knowledge is power. *The New Social Worker*. <https://www.socialworker.com/extras/social-work-month-project-2016/empowering-clients-means-empowering-ourselves-first/>
- Morris, M. D. (1980, January). The Physical Quality of Life Index (PQLI). *Dev Dig*.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

18(1),95-109. <https://pubmed.ncbi.nlm.nih.gov/12261723/>

Nadworny, E. & Harbage, C. (2022, September 16). For older Ukrainians in front-line cities, visits from social workers bring comfort. *NPR*. Retrieved from <https://www.npr.org/2022/09/16/1123139855/ukraine-social-workers-elderly>

National Audit Office of Lithuania (2020, September 7). *Social integration of persons with*

disabilities.

Valstybės

Kontrolė.

<https://www.valstybeskontrolė.lt/EN/Product/23939/social-integration-of-persons-with-disabilities>

Neįgaliųjų Reikalų Departamento Prie Socialinės Apsaugos Ir Darbo Ministerijos. (2019). Neįgaliųjų socialinės integracijos veiklos rezultatų bei Jungtinių Tautų Neįgaliųjų teisių konvencijos ir jos fakultatyvaus protokolo įgyvendinimo stebėsenos tvarkos aprašo. <https://www.ndt.lt/wp-content/uploads/Kriteriju-lentele-2019m.pdf>

Nemchenko, L. & Marchuk, M. (2022, November). Ukraine: Amendments to Ukrainian laws concerning employment of persons with disabilities. Baker McKenzie InsightPlus. <https://insightplus.bakermckenzie.com/bm/employment-compensation/ukraine-amendments-to-ukrainian-laws-concerning-employment-of-persons-with-disabilities>

Nueman, D. (2022, March). *What is the importance of care quality?* Elation Health.

<https://www.elationhealth.com/blog/independent-primary-care-blog/importance-quality/>

OECD. (2011, May). *Better Life Index*. OECD Better Life Index.

<https://www.oecdbetterlifeindex.org/>

Parsons, R. (1991). Empowerment: Purpose and practice principle in social work.

Social Work with Groups: A Journal of Community and Clinical Practice, 14(2), 7-21.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

https://www.researchgate.net/publication/232603610_Empowerment_Purpose_and_practice_principle_in_social_work

- Perkins, D. D. & Zimmerman, M. A. (1995, October). Empowerment theory, research, and application. *American Journal of Community Psychology* 25(5), 569-579. <https://doi.org/10.1007/BF02506982>
- Petrea, I. (2012). Mental health in former Soviet countries: From past legacies to modern practices. *Public Health Reviews*, 34(2). <https://doi.org/10.1007/BF03391673>
- Piaget, J. (1977). The Development of Thought. *Equilibration of Cognitive Structures*. Oxford: Basil Blackwell.
- Raver, S.A. (2007). The emergence of inclusion for students with disabilities in Ukraine. *International Journal of Special Education*, 22(1), 32-38. https://digitalcommons.odu.edu/cdse_pubs/9/
- Saarma, J. (1968, June). The mental health services in the Soviet Union. *Canadian Psychiatric Association Journal*, 13(3), 259-266. <https://doi.org/10.1177/070674376801300314>
- Salvendy, J. T. (1975, April). Psychiatry in the Soviet Union. *Canadian Psychiatric Association Journal*, 20(3), 229-235. <https://doi.org/10.1177/070674377502000310>
- Semigina, T. & Boiko, O. (2014, July). Social work education in post-socialist and post-modern era: case of Ukraine. In C. Noble, H. Strauss, & B. Littlechild (eds), *Global social work education- crossing borders blurring boundaries* (pp.257 – 269). Publisher: Sydney University Press. <https://doi.org/10.13140/RG.2.2.25366.55365>
- Semigina, T., Gryga, I. & Volgina, O. (2005). Social work education in Ukraine. In F.

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Hamburger, S. Hirschler, G. Sander & M. Wobcke (eds), Training for social professions in Europe, vol. 3, Finland, Russia, Belgium (Flanders), France, Luxembourg, Czech Republic, Ukraine, Hungary, Romania, Moldova, Liechtenstein (pp. 152–170). Frankfurt am Main: Institut für Sozialarbeit und Sozialpädagogik.

Sieca-Kozłowski, E. (2013). The Post-Soviet Russian state facing war veterans' psychological suffering: Concept and legacy. *The Journal of Power Institutions in Post-Soviet Societies* 14/15. <https://doi.org/10.4000/pipss.3995>

Šveřepa, M. (2022). *100 days: Ukrainians with intellectual disabilities and their families surviving the war.* Inclusion Europe. <https://www.inclusion-europe.eu/100-days-people-intellectual-disabilities-ukraine/>

Varzinskiene, L. (2009). Prestige of Social Work Profession. *Social Research* 1(15), 98-104. <https://etalpykla.lituanistika.lt/object/LT-LDB-0001:J.04~2009~1367167089245/J.04~2009~1367167089245.pdf>

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes* Cambridge, Massachusetts: Harvard University Press.

World Health Organization. (2004). *The World Health Organization quality of life (WHOQOL) - BREF, 2012 revision.* World Health Organization. <https://apps.who.int/iris/handle/10665/77773>

World Health Organization & World Bank. (2011). *World report on disability 2011.* World Health Organization. <https://apps.who.int/iris/handle/10665/44575>

World Health Organization. (2021, November 24). *Disability and Health.* World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

IMPROVEMENT IN QUALITY OF LIFE OF PWD

World Bank (2022, April 14). *Disability Inclusion Overview*. World Bank Group.

<https://www.worldbank.org/en/topic/disability#1>

Yeo, R. & Moore, K. (2003, March). Including people with disabilities in poverty reduction work: "Nothing about us, without us." *World Development* 31(3), 571-590.
[https://doi.org/10.1016/S0305-750X\(02\)00218-8](https://doi.org/10.1016/S0305-750X(02)00218-8)

Zastrow, C. H. (2019). *Introduction to social work and social welfare: Empowering people, 3rd edition*. Cengage Learning.
https://www.hzu.edu.in/uploads/2020/9/Introduction%20to%20Social%20Work%20and%20Social%20Welfare_%20Empowering%20People.pdf

Zheng, Q-L., Tian, Q., Hao, C., Gu, J., Lucas-Carrasco, R., Tao, J-T., Liang, Z-Y., Chen, X-L., Fang, J-Q., Ruan, J-H., Ai, Q-X., & Hao, Y-T. (2014). The role of quality of care and attitude towards disability in the relationship between severity of disability and quality of life: Findings from a cross-sectional survey among people with physical disability in China. *Health Qual Life Outcomes* 12, 25. <https://doi.org/10.1186/1477-7525-12-25>

Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 43–63). Kluwer Academic Publishers.
https://doi.org/10.1007/978-1-4615-4193-6_2

Zoabi, K., & Gal, I. (2020). Empowerment potential of social work techniques among practitioners in Israel and the USA. *IntechOpen*.
<https://www.doi.org/10.5772/intechopen.90654>

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Annexes

1.

Operationalization of the research object

Quality of Care

Quality of care will be measured by the Quality of Care Scale and the Quality of Care and Support scale, which have been tested to be applicable to people with disabilities (Dias et al., 2020; Lucas-Carrasco et al., 2011). Quality of care will be determined by: professionals and service, accessibility of care, meeting social needs, and received information.

Quality of Life

Quality of life will be measured by consistent and overlapping themes from multiple quality of life measurement tools (Cummins et al., 1994; Legatum Institute, 2021; OECD, 2011; World Health Organization, 2004). Quality of life will be determined by: health, environment, education, safety, social relationships & participation, economic quality, and psychological satisfaction

2.

Semi-standardized Interview Questions

Quality of Care

When you receive a new client or patient, how are you briefed? What information do you get and choices do you make before meeting them?

What steps are taken to ensure that you or whoever is assigned is adequately educated and qualified to take care of the disabilities of the clients?

How do you assess clients' individual needs?

How do you try to give your clients control and autonomy about how they are treated?

IMPROVEMENT IN QUALITY OF LIFE OF PWD

What do you do to ensure your clients have constant access to their social work providers and care services?

How is it ensured that treatments and services are of high or acceptable quality?

Are there any plans of action for clients who may have yet undiagnosed or misdiagnosed disabilities?

What responsibility is taken on the amount of accessibility of services for clients as their circumstances change?

Are clients made aware of their rights, benefits, information on their disabilities and treatments, in ways that match their level of comprehension?

What is being done to ensure clients' safety and security?

What effort is put into supporting clients' social, leisure and other daily activities (transportation, mobility, accessibility to events, etc)?

Quality of Life

Since entering your care, what changes have you seen in your clients':

Environment

Material Comfort

Cleanliness

Income (Salary, Benefits)

Overall health

Physical: hygiene, healthy diet

Emotional: negative and positive feelings, emotional regulation

Psychological: body image, self-esteem, self-worth

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Relationships

Understanding of Self

Family

Friends

Social Workers

Other Acquaintances

Independence

Education

Employment

Civic Participation

Personal freedom

Creative Expression and Growth

Personally

Intellectually/Cognitively

Behaviorally

Emotionally

3.

Informed Consent Document

Dear Participant:

IMPROVEMENT IN QUALITY OF LIFE OF PWD

Please consider participating in a study about partner selection. Participation in this study is completely voluntary. You are under no obligation to participate in the study and, if you do decide to participate, you may stop at any time. There will be no consequences for deciding not to participate or for deciding to stop participation in the study.

If you decide to participate, you will be asked to answer questions about your experience as a social worker and your relationship with your clients with disabilities which will approximately take from 20 – 70 minutes to complete.

The information you provide during your participation in this study will remain confidential. The results of the study will only be reported in aggregate form and no identifying information will be released. To further safeguard your confidentiality, a pseudonym will be used in place of your name. The information you provide during the course of this study will not be used for any purpose outside the scope of this research study. All data will be destroyed by January 26, 2023.

Participation in this study involves minimal to moderate risk, as questions might inquire about past relationships and thus bring forth uncomfortable feelings.

There is no cost to participate in this research project.

This research project is being conducted by Zoe Oluwadara Adelaja, as part of their thesis for their Social Work Master's. The thesis advisor is Odeta Šapelytė. If you have any questions or

IMPROVEMENT IN QUALITY OF LIFE OF PWD

concerns regarding this research project, please contact Zoe Oluwadara Adelaja via zoe.adelaja@sa.stud.vu.lt.

Thank you for your time.

Zoe Oluwadara Adelaja, 2023

Do you agree to take part in this interview?