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SUCCESS PRESUMPTIONS FOR SOCIAL PARTICIPATION OF THE OLD AND THE ELDERLY RESIDING IN CARE INSTITUTIONS: THE ASPECT OF SOCIAL WORK

Master's thesis

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The Master,s Degree Thesis

Summary

The research aims to reveal the assumptions of success of social participation of old and elderly person living in a care institution in social work aspect.

The object of research - the assumptions of success of social participation of old and elderly person living in a care institution in social work aspect.

The aim of the research – is to reveal assumptions of successful social participation of the elderly and old person living in care institutions on the theoretical and empirical basis of research in social work aspect.

Objectives of the research are: 1.To provide theoretical insights of the phenomenon of the social participation of old and the elderly living in care institutions. 2. To examine the social work as an integrated help to the old and elderly person living in care institutions, peculiarities of expression and to create an assumption model of a theoretical - hypothetical social participation applying theoretical analysis. 3. To reveal assumptions of successful social participation of the elderly and old person living in care institutions while implementing open-ended written survey and interviews in social work aspect in Lithuania and Ukraine. 4. To present assumptions of successful social participation of the elderly and old person living in care institutions using theoretical and empirical research results in social work aspect. 5. To provide recommendations to the institutions and offices whose activities are related to training and professional development of a social worker. The research methods chosen and applied in the Thesis: theoretical analysis, interviews and open questionnaire survey, the content analysis. The research involved 9 social workers, who work in institutions that provide long-term (short-term) care for old and the elderly persons in Lithuania and Ukraine. The survey consists of 3 parts. The theoretical part of the research presents theoretical insights of the phenomenon of the social participation of old and the older person living in care institutions and theoretical analysis of social work as a comprehensive assistance to person living in care institution.

The empirical part analyzes the social worker's opinion about a person living in care institution, social participation in order to identify the assumptions that determine the success of social participation. Its aim and objectives formulated in the research allowed to carry out the research work purposefully and the analysis of social workers opinion reveals assumptions of successful participation of the elderly and old people living in care institutions in social work aspect in Lithuania and Ukraine and the conclusions are provided:

1.Social participation, as a part of the welfare of society, depends on the public ideology of the views, collected through formal and informal interactions for the development and creation of

social networks. Old and older person living in care institutions of social participation is understood as the right and opportunity to remain possession of a full-fledged member of society, denying part of society approach to institutionalization as a personal expression of social isolation. Social participation is not an individual process, it is based on reciprocity – active person and open community.

2.On the basis of the theoretical analysis of the phenomenon of social participation, care services for people in this age group is as compensation in the form of decrease in their physical, social autonomy therefore social participation is a state social services quality term, promoting their participation in society to help as long as possible to preserve the autonomy and independence. Social work with old and elderly people living in care institutions include not only the social and health care coordination, but is oriented to comprehensive personal needs, personal and social network interaction between individual human problems and its social environment. Social worker is a part of this multi-assistance system, competent, who has its moral code and value system.

3.The results of empirical research in Lithuania and Ukraine, discovered preconditions for social participation of the old and the older person living in care institutions: competences of social worker, the conditions for social participation, social worker's positive attitude towards the participation of resident from care institution, constructive relationship of the social worker and the client, presence of a social network, application of social work methods for personal social activeness of the resident and positive attitude towards proposal to participate in activities.

4.Assumptions of success of social participation of old and older person living in care institutions in social work aspect at the international level to be qualified: many and various social forms of participation, positive social worker's attitude to social participation of the resident of care institution, knowledge of solutions of the problems associated with the person's passivity, cooperation with other institutions and organizations, the relationship with the church, individual work with the person as a basic social work method of application, the people's desire to participate in various activities. In Lithuania the main precondition for success, personal social worker characteristics is noted that influence the resident for more active social participation, whereas Ukrainian research results suggest that necessary knowledge to work with the old and elderly persons, the difficulties that research participants face for greater personal social participation, as for a solution of a problem, it can also be considered a precondition for success of social participation. Recommendations provided.

Key words: the old and elderly person, social participation, social competence, social services, care institution, long-term (short-term) care of old and elderly persons.

CONTENT

Introduction

The problem and the relevance of the study. The feasibility study of the most vulnerable groups of social exclusion (2014) denotes people with disabilities and lonely elderly as the most vulnerable groups. Member State to its citizens and social security measures collectively make up the core of the welfare state[1]. The Constitution of the Republic of Lithuania (Official Gazette., 1992, no. 33-1014) declared the consolidation of human rights, and the Act of the Republic of Lithuania on Equal Opportunities was enacted (Official Gazette., 2003, no. 114-5115, 2008, no. 76-2998) in 2003, which defines the main concepts: discrimination, equality and so on. This law establishes the concept of discrimination as an instruction to discriminate on the basis of disability. Social Integration of People with Disabilities is regulated by the principle of equality enshrined in the Act of Republic of Lithuania (Official Gazette., 1991, no. 36-969). Law Amendment (2004 m. 11 May. No. IX-2228) has been a shift from the medical to the social model of disability: new concepts and terms have been introduced[2]. The Government of the Republic of Lithuania 2012, 21 November, the Resolution No. 1408 approved by the National Social Integration Programme[3] 2013-2019 year strategic goal of the programme is to create a favourable environment and conditions for a dignified and full-fledged life of people with disabilities in Lithuania, to ensure equal opportunities and quality of life of people with disabilities. The goal of Lithuanian Republic Social Services Act (2006) is to enable a person (family) to develop and strengthen the skills and capabilities to solve their own social problems, maintain social contacts with the public, to help combat social exclusion. The disability statistics and dynamics report of Lithuanian Ministry of SAD provides that in the beginning of the year 2015 work incapacity pensions were paid to 253,4 thousand people in our country.

Scientific relevance of the study. Social participation of a person with a disability has been investigated by different authors in different aspects: disability NGOs activities (Beneševičiūtė 2014), quality of life assessments (Gruževskis, Orlova 2012; Kreivinienė, Vaičiulienė, 2012), scientific discourse about people with disabilities (Ruškus, 2005), higher education and students with disability status and feasibility study (Ruškus, et.al., 2007), people with intellectual disabilities social participation: definition and development opportunities (Jurgutienė, 2008), influence of physical activity and participation in the activity on the elderly people health and mortality (Shaw Liang, Krause, McGreever, 2010), stigmatization of older

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[1]The order of the national research program "Welfare Society approval 2015-03-03, No.3288. Access through internet: https://www.e-tar.lt/portal/lt/legalAct/11e48660c0f411e4bac9d73c75fc910a.

[2] Lithuanian Republic Law on Social Integration recast (Official Gazette. 2004, no. 83-2983). Access through internet: http://www3.lrs.lt/pls/inter3/oldsearch.preps2?a=233791&b=

[3] National social integration program for 2013-2019 years. Access through internet: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=437985&p_query=&p_tr2=2.

people and the consequent difficulties (Richeson, Shelton, 2006), etc. According to Ruškus (2007), quality of life of disabled people depends on many factors: the prevailing approach to disability of the society, economical and political factors, manufacturing, health care, education, cultural level, so a person with a disability who has become a member of exclusion group, the situation complexity requires multidimensional functioning. Hamilton (Gvaldaitė, Švedaitė, 2005) wrote in different classical methods of social work used for about a few decades, stating that social work has a collective, group and individual needs and decision solutions. As the lack of methodology In Europe, social work has been mainly based on the social worker's human qualities, skills, insights and intuition. According to "Methodology of Work with the disabled" (2009), support personnel and their roles change concidering the needs of these people, depending on the stage of life of a disabled person. A social worker with disabled people usually is an intermediary between the various social service institutions and a disabled person or his family. A social worker provides consulting services and helps not only people with disabilities, but also their families to survive the situation and overcome some of the obstacles that occur on specific family status.

Social relevance of the study. *Social participation* – is defined as an active participation of a member in the society and community life. Basic conditions of social participation is personal activity and open community. According to J. Ruškus and G. Mažeikis (2007), it is important that each activity should have a meaning, the question of all the the time is "What do we need to do: one or another?" Social participation is less than the idea to adapt or rehabilitate disabled, social participation concept provides with a relationship based on an intentional agreement (social construct), by which the individual is constantly defining his identity and addictiveness in a social body. Ebersold (Ruškus, Mazeikiai, 2007), summarizing the idea of social participation, identifies two key social participation in the development direction: to develop social relationships in order to increase cooperation and to enable a person to his involvement in public life. Social participation is defined as a person's activity in the open community which manifests itself in the development of individual way of a disabled person through his own internal and external resources of his environment. It has been unsatisfactory with mere achievement of integration of the disabled into society through social and professional rehabilitation, but (according to the researchers Ruškus, Mazeikis (2005)), involvement of the disabled is being strengthened, social participation is being expanded in economic, political, social and cultural aspects of society, with respect to the individual (not according to the specific types of disability) needs. The study (Shaw Liang, Krause, Gallant, McGreever, 2010) suggests that physical activity and participation in leisure activities, reduces the risk of mortality and is an important factor in the health of an aging population.

Therefore it is appropriate to carry out a study that would help to draw attention to the importance of the social participation of old and elderly people living in care institutions, it would reveal peculiarities of the identification of the old and elderly people living in care institutions in the perspective of a successful social participation in respect of social work and to obtain empirical outcome studies to provide guidance to social work professionals working in care institutions with the old and the elderly, educational institutions preparing social workers and resource centers, social workers, organizing qualification training.

The problem of the research, scientific and social relevance of the research allows to specify problematic issues: *What are the theoretical social participation assumptions of an old and the elderly person in care institution? What are the assumptions of successful social participation in the aspect of social work with the old and the elderly living in care institutions?*

Object of the research – social participation and success factors of social work aspect of an old and older person living in care institutions.

Aim of the research – to reveal the assumptions of a succeful social participation of an old and the elderly person in care institutions in social work aspect in theoretical and empirical basis of research.

Goals of the research:

1. To provide theoretical insights of the social participation phenomenon of an old and the elderly living in care institutions.

2. To examine the expression peculiarities of social work as an integrated help for the old and elderly person living in care institutions, and using theoretical analysis, to develop a theoretical - hypothetical model of assumptions and insights of social participation.

3. To identify assumptions of successful participation of an old and the elderly person in care institutions in Lithuania and Ukraine in social work aspect while using the open-ended written survey and interviews.

4. To provide the assumptions of success of social participation in a perspective of social work while using the results of theoretical and empirical research.

5. To provide the recommendations to the institutions and bodies, whose activities are related to the social worker training and professional development.

Research methodology and techniques: the methodological scientific theory basis of the research is considered:

Behaviorist theory – „in any case, what stimulates a person to act as others treat, rather similar to the survival of reinforcements conditionings" (Skinner, 2006).

Interpersonal theory – according to Sullivan (Perminas, Godtautas, Endriulaitienė, 2004), it is possible to understand a personality only in the study of interpersonal relationships. Personality occurs only when a person interacts with others.

For the fullfilment of the reasearch it is applied:

1. Theoretical analysis - to find out theoretical factors of social participation of a person living in care institutions.

2. A qualitative research method (interviews and open questionnaire survey) - to identify the preconditions for social participation in social work perspective.

3. Content analysis – in order to provide assumptions of successful participation in social work perspective.

Participants of the research. Social workers who work in institutions providing long-term (short-term) care of the old and the elderly. The research participants were selected through a sampling expert method, according to the competencies of the participants, its operation and characteristics. A total number of participants was 9 (N = 9). Of which: N = 6 Lithuania, N = 3 in Ukraine.

Key concepts:

Social participation – is defined as the presence of an active member of society and community life (Ruškus, Mazeikis, 2007).

A young-old age person – a person of 60 – 74 age (WHO; 2002).

An old-old age person – a person of 75 – 89 age (WHO;2002).

Long-term (short-term) care of young-old age and old-age people – long-term, intensive care of elderly people (care and nursing) living in care institutions, where a series of services are provided: a comprehensive, integrated, continuous care requiring professional assistance (Žalimienė, 2006).

Care institutions – social service institutions where a client continuously lives for a long time, receiving a constant supply of comprehensive, integrated services provided (Žalimienė, 2006).

Structure of the Master Thesis: *This Master Thesis is concidered of: Summuray in Lithuanian and English, Introduction, 3 chapters, conclusios, recommendations, list of literary sources (65 sources), annexes. The data of the research are illustrated by 18 tables, 3 figures. Annexes provide: instrumento of the research (annexes no.1), protocols of the interview(Ukraine) (annexes no.4;5;6), initial categorization of the Lithuanian and Ukraine (annexes no.3;8), subcategory tables of the Lithuanian and Ukraine (annexes no. 2; 7). Scope of the work – 59 pages (without annexes).*

1. THEORETICAL INSIGHTS OF A SOCIAL PARTICIPATION PHENOMENON OF OLD AND ELDERLY PEOPLELIVING IN CARE INSTITUTIONS

1.1.The expression of social activity and life quality of the old and the elderly people.

Human social Development – is a process that expands the possbilities of human choices (Guogis, 2000). According to the author, one can choose from many alternatives, which change in time, however a human being must be able to choose the three most important things at any level in a society – a long and healthy life, to acquire knowledge and to provide the resources that are necessary to achieve the level of normal life in the absence of these basic things, many other options are usually not available.

The world, especially developed countries, is undergoing profound demographic changes, leading to lower birth rates and a growing number of older people in the world. In Lithuania, in Žalimienė's (2005) observation, the number of elderly people and the weighting of growth trends suggest that in the future a large part of our society will be older people. According to the author, both, the total national standard of living, and microclimate of our living surrounding, finally social stability of the society will be strongly influenced by and depend on the prosperity of these groups; in modern society of the elderly welfare is an integral part of all public welfare part, therefor its development must be based on equal opportunities and the principles of non-discrimination on grounds of age. In order to create the well-being of elderly people, it is necessary to ensure sufficient material well-being, income and employment for older people, but also to encourage their participation in public life and to help them as long as possible to preserve the autonomy and independence (Žalimienė, 2005). Therefore, the author emphasizes importance of the guarantees of social services for the elderly and the assurance of services quality.

Disability is not just the body pathology, but a specific part of social and economic structures. These structures are responsible for the exclusion of the people with disabilities for their full participation in key social activities (Oliver, 1990, 1993, 1996). According to Oliver, "it is not self-sufficient in any kind of restrictions that are causing the problem, but the inability to provide adequate public services and to provide adequate confidence to take full account of disabled persons social activity needs" (Dimitris, Kauffman 2013).

The need is what a man needs or a social system which is based on the functioning of a given situation. The need - it is not the desire to have something or to get, but it is a deficiency, that interferes a person or system to develop or improve (Johnson, 2003). The author (2003) asserts that human need, according to the human development concept, shows that people develop physically, cognitively, emotionally and spiritually during their entire life cycle. Older

people need economic security, to meet the health needs and the conditions under which they can solve problems, retirement, health deterioration and approaching death.

In Magnusson (2014) opinion, it is rarely considered that the increase in life expectancy include not only demographic, but also cultural changes. The author denotes that a few studies have been performed (Palmore, 1999; Biggs 2001, 2006; Adelman, 2009; Cohen et al., 2010), which determine a negative opinion of the perception of older people in European and the United States cultures. Such an approach has been introduced from the ancient times and placed in the public life, policing social services for the elderly, as well as through educational programs. Reffering to Arbuckle and de Vries (1995), Magnusson denotes the loss of the roles as a cause of social isolation and provides similar results, which indicate loneliness, loss of spouse, health problems and poverty, social isolation as a possible cause.

Jurgelenas and others (2008) talk about life as an integrated entity that comprises mundane, work, celebrations, festivals, social and economic relations, sacral and transcendental sphere in their survey analysis of quality of life and age interaction areas of urban society. On the basis of the modern concept of sustainable development, it is declared that the quality of life is a result of social, economic and environmental factors interactions.

Jonson, Harnet (2014) provides an example of how a child with the right to education, in adulthood - the right to live independently (not with parents or foster care), work and have a family, often do not have any understanding of life in old age. Old age is defined as the time when a human being is weak and iin suspence of future life. Moreover, according to Johnson, Larsson (2009), norms and standards of care institutions hinder older people to claim rights to use the possible use that others of similar age people use. For example, the old lady would like to freely spend the day at home in a dress or have a sit at 4 o'clock on Wednesday; such a flexibility would individualize procedures of the institution, however, the links associated with the daily rhythm of life in an institution make the routines.

Human development theorists by Golant (2011), generally agree that older individuals who actively managed their experience and adapted to the challenges posed by age, are not passive observers in the context of the new environment. The fact that older people have the skill to survive life discomfort, emotional experiences or the overall negative assessment, it is likely that their life may be short-term inconvenience.

The old-age is usually accompanied by physical disability, various dimentions, leading to lower personal autonomy, mobility, social activity. Often the person is accompanied by dissatisfaction with the attention, the received support or various forms of depression. By the results of a survey (Filipavičiūtė, et.al. 2005) – perceived support and satisfaction with it is more important than the amount of assistance received. The number of supporters – is one of the most

important factors of welfare for an old person. As Naujanienė states (2004), in order to tackle chronic diseases caused by disorders of the elderly, old and elderly people are faced with two contradicting choices, namely the maintenance of autonomy and institutional aid reception. When an old man becomes a case, there is a risk that professional standards will exceed the personal values and individual lifestyle choices. Therefore, old people, even necessary in professional help, they refuse. "High-quality care" according to the medical model of old people often appear as excessive invasion and mean the loss of autonomy. Chronic disease directly and dramatically affects the quality of human life.

Studies (Paganini-Hill, Kawai, Corrado, 2011) found that the main activities of the elderly are such as "social" (attending church, going to the cinema, theater or sporting events, play games, activities and employment in the community, etc.) and "productive" (gardening, cooking, home management). Men and women of the age of 65 years old and older survey participants increased participation or various activities were associated with reduced mortality. Individual, only attending church activities and housework or gardening, was also significantly associated with reduced mortality. Lennartsson, Silverstein (2001) studies by 2 basic dimensions: lonely-social and sedentary-activity, have also showed that both men and women participation in activities significantly reduced the risk of mortality.

Studies of the population selected social activities show that in most cases they are watching TV or listening to the radio, walk outside, talk, chat about their previous life, and are engaged in spiritual and religious activities. They are less interested in dancing, games, work on computer (Spirgienė, Macijauskienė, 2007). The researchers have found out that people who have been actively engaged in social activities, were able to move more without subsidiary measures and were more independent in daily activities. More than half of the surveyed people, who have not been engaged in social activities, hardly moved on in their everyday lives.

The needs of communication of old people living in institutions may not always be fully satisfactory because they predominantly interact with other people and with the service staff. Other links (with relatives, former neighbors, and friends) are broken or too episodic. People of different characters and different experiences settle in care institutions, therefore communication is not always successful and can lead to interpersonal conflicts. There appear dissatisfaction, insecurity and other problems. Erber (2005) states that a rise of various problems and their successful solutions very often depend on purposeful and active social work in an institutions.

For example, Richeson and Shelton (2006) on the basis of research (Levy, Slade and Kasl, 2002; Levy, Slade, Kunkel and Kasl, 2002), note that older people who have a more positive self-perception and the aging image, have better physical health and a better survival than those with a negative attitude and perception of the assessment of their independence, social and

economic situation. In addition, in combination (Bengtson, Reedy, and Gordon, 1985; Coleman, Aubin, Ivano-Chalian Robinson and Briggs, 1993) research issues an opinion that negative attitudes to aging, predicts a low self-esteem and a high level of depression in older adults. Taken together, these studies suggest that negative attitude towards aging and negative self-stereotype can be harmful to the health (Richeson, Shelton, 2006).

The research (Shaw Liang, Krause, Gallant, McGreever, 2010) suggests that physical activity and participation in leisure activities, reduces the risk of mortality and is an important factor in the health of an aging population. This additional activity will yield more than the activity of daily living activities. Regardless of the activity and participation in the activities of the frequency, it is important that such activities are held.

1.2.Demographic changes and social services in Lithuania and the Ukraine: context of an aging population.

According to Eurostat (2016), in the beginning of 2015, 65 year old and older people accounted 18.9 percent of EU population. The largest proportion of elderly people compared with all concerned residents of the country, was in Italy - by 21.7 per cent., the lowest - in Ireland (13 percent.). At the beginning of 2015 in EU there lived almost 27 million people of 80 year and older; this is 7 million more than in the beginning of 2005. In 2014 The EU's 80-year-olds the average life expectancy was 9.5 years, the longest likely still live French - 11 years, while the Bulgarians live the shortest – 7 years. Lithuanian 80 year olders likely still live 8.3 years.

The World Health Organization identifies the following age groups (WHO, 2002):

• Young-old age person is considered to be the age of 60 – 74;

• Old-old age person is considered to be the age of 75 - 89 years;

• Oldest old age is considered to be a person aged 90 years or more.

Population by age group in European countries in 2013 (compared to the total population, the percentage in the beginning of the year), based on Eurostat database of 27th of October, 2014. As it can be seen, population by age groups (the proportion of the population), Lithuania and Ukraine is relatively similar.

Age groups	0–14	15–24	25–49	50–64	≥ 65
Ukraine	14,6	12,4	37,1	20,7	15,2
Lithuania	14,7	13,6	33,3	20,2	18,2

A big higher margin of 25-49 year old people (+ 4% in Ukraine) and older than 65 year age population (+ 3% in Lithuania). According to the data, it can be assumed that in Ukraine there are more working-age people. In Lithuania there are older and the elderly, which leads to higher government funds for social protection and social services.

Demographic change and social services in Lithuania. In accordance with the data of Lithuanian Department of Statistics, the elderly (65 years and older) people accounted for nearly

one-fifth (19 percent) residents of the country. In the beginning of 2016 there lived in the country 548.5 thousand of 65 years and older, of whom 151.9 thousand 80-year and older, a hundred year and older – 349. Elderly women were twice as many (66.4 per cent of all 65 years old and older population) than men. A tendency that women live longer than men is observed: in 2015 65-year-old women's average life expectancy was 19 years and for men - 14 years. Over the decade the average expected life of 65-year olds have been extended by one year.

The social report of Ministry of Social Security and Labour (SADM: 2016) states that an aging society with increasing human life expectancy, there is a growing need for community-based social services, which would enable individuals to receive assistance in their homes, to help them take care and the family members to remain in the labor market. For this purpose, in 2013, an Integrated Development aid program has been introduced and started to fulfil which was financed by the European Social Fund, the aims of which was to help the integral quality (of care and social services), people with disabilities, the elderly and advisory assistance to family members who take care of such persons. In 2013-2015 a pilot projec was implemented under this program in 21 municipality – staff teams of mobile care and social services have been formed to provide care and social services at home, delivering consulting services to family members and others. Under this plan an integral assistance will be launched in all the municipalities of the country (with the exception of Neringa) in 2016. The implementation of a new action plan is intended to be estimated 16.4 million EUR from European Union funds (Social Report: in 2016.).

According to Padegimienė (2008), the number of elderly people and the weighting between population growth trends suggest that in the future a large part of our society will be older people. The overall level of the country's life as well as our living environmental microclimate, finally, the stability of a society will depend on the prosperity of this society group. Therefore, the author concludes that in order to create the well-being, it is necessary to ensure not only a sufficient material well-being of older people, income and employment, but also to promote their participation in a society and help them as long as possible to preserve the autonomy and independence. Social services – this is a part of the modern state system of social security, which, along with pensions and other cash benefits help people to guarantee the necessary protection and well-being, as long as possible in their independence, opportunities to participate in community and public life. Residential care services are most needed for this particular age group people as compensation in the form of their physical and social autonomy decreases.

In 2013 licensing of social care institutions has started, and since the 1st of January,2015 social care can be provided only by a licensed institution, which has acquired a license to provide social care (hereinafter - the license). Licencing is performed by the Social Services

Department of Supervision of Social Security and Labour (hereinafter - the Department), according to the data of which, on 1st of May, 2016, 419 social care providing institutions had 654 valid licenses. Most of the licenses, 42 per cent, have been acquired by institutional social care (long-term, short-term) for adults with disabilities and elderly people[4].

Institutional care establishments, places in institutions for elderly and the old people and the number of them is presented in Table 1.

Table 1

Number of institutional care for the elderly at the end of the year,
Number of beds in care institutions for the elderly at the end of the year,
Number of population in institutional care for the elderly at the end of the year[5]

	Number of institutional care for the elderly at the end of the year | number	Number of beds in care institutions for the elderly at the end of the year | number	Number of population in institutional care for the elderly at the end of the year | people
2010	105	4 847	4 476
2011	101	4 699	4 420
2012	104	4 899	4 528
2013	102	4 947	4 665
2014	108	5 158	4 829
2015	110	5 285	5 012

In 2012-2016 social services have been developed to improve access to social services as close to the person's place of residence, to ensure choice and access to quality services according to personal and family needs, helping to prevent social exclusion and to integrate into society and the labor market as well as to motivate social services personnel for effective work . Development of social services increased home help service users from 15 thousand (in 2011) to 17.8 thousand (in 2015); people who have received aid in crisis centers - from 3 thousand up to 9 thousand, psychological and social rehabilitation institutions - from 0.6 thousand to 1.2 thousand, old people in institutions - from 4.4 thousand up to 5 thousand. (Table 1).

The order of Ministry of Education and Science (2015, No. 3288) - "The welfare of society" is considered to be an alternative to a "welfare of state ", which is understood as the state's guarantee for each dignified livelihood. It is awarded not as charity but as a social right – through social protection, social services, labor market and housing policy, education and health care. The welfare state is called a modern state, which is committed to protect its citizens from the free-market risks arising from unemployment, disability, and age or older, and thus give them

[4] Social report 2012-2016),/ p.128-129/, http://www.socmin.lt/lt/socialinis-pranesimas.html.
[5] http://osp.stat.gov.lt/analysis-portlet/print-servlet.

economic security. Obligations of the State to its citizens and social security measures collectively make up the core of the welfare of the state"[6].

Demographic changes and social services in Ukraine. In 1992 over 52 million people lived in Ukraine. Today the situation is different: Ukraine has only 42 million. In such a rapid pace in the loss of population, international organizations predict that by 2050 in Ukraine will live 25-30 million people, however, these figures may be too optimistic. The mortality rate is among the highest in the world. Ukraine ranks to be the second in the world in terms of number of deaths per thousand of people. Ukrainians are ahead twice as for such countries as Canada, Norway or Luxembourg. As the main reason may be given a very high mortality from heart disease (2 in the world), alcohol (5 in the world), and smoking-related illnesses (even 49 per cent of men smoke). At high mortality, it can not be expected a long life. Men on average live only 66 years. It is only 130 in the world, Ukraine is ranked alongside countries such as Laos and Mongolia.

Over the past seven years the number of people with disabilities in Ukraine increased from 2.1 to 2.5 million. Particularly alarming data on children with disabilities up to the age of 16 anniversary, which is now almost 123,000. However, people with disabilities see the situation a lot differently a century ago and today. This is due to positive changes in the government's social policy, other opportunities in medical, technical and technological support associated with social adaptation and condemnation of the negative attitude to the fact that there is a different origin, complexity of a disability and a degree of influence on the process that our country is no exception. This is the advanced technology, transport, communication systems, globalization, and informativeness and so on. Thus, now it is not enough to make decisions that are separated from the economic, political, legal and social - psychological norms and concentrate only on the social living conditions. Educational problems, workplace, it's entirely possible life is reflected by the state documents adopted. Today there are a lot of such documents, among them - the President of Ukraine "Decree on emergency measures - Inclusion - to create favourable living conditions for people with physical disabilities" and approved the Kyiv city programme "Environment without barriers "(Таланчук, П. М., 2010).

According to the Ukrainian Constitution, Article 51, adult children must take care of their disabled parents. According to the Ukrainian Family Code section 17, adult children are financially responsible for their parents who can not work. According to Article 47 of the Law of Ukraine "On the core labor veterans and other elderly people in the social security principles in

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[6]Ministry of Education and Science Minister of the Order of the national research program "welfare society" approval 2015-03-03, no. 3288. https://www.etar.lt/portal/lt/legalAct/11e48660c0f411e4bac9d73c75fc910a

Ukraine," the children must care for their elderly parents to provide them with support and assistance to take care of them.

Law of Ukraine "On amendments to the Law of Ukraine on the employment of people with disabilities Implementation (2006); "On the rehabilitation of the disabled in Ukraine" (2005); "On the Law of Ukraine" "On social protection of invalids in Ukraine on the basis of amendment" (2005). They set out to follow four percent Regulation employment of disabled people in enterprises, institutions and organizations, regardless of ownership and management (Столяренко, 2012).

According to the Law of Ukraine "On Social Services"[7] (hereinafter - the Law), residential institutions and bodies and territorial centers are defined as entities that provide social services. Act 7 provides that social services can be provided for a fee and free. Social services in accordance with the prescribed amount of state standards, can be provided to persons differentiating taxes, depending on the income of such people by the Ukrainian Cabinet of Ministers decree. The payment of social tariffs, which the Cabinet of Ministers of Ukraine approved in 2005 subject to state and municipal enterprises, institutions and social care institutions, legal entities established by law, non-profit-seeking individuals to provide paid social services. Paid social service rate calculated in relation to the services provided and other costs, value added tax costs.

There are 289 boarding schools in Ukraine, including 49 children orphaned, 144 neuropsychiatry boarding, 66 retirement homes and homes for disabled and 27 war and labor veterans boarding. The Agency's activities, access to them is regulated by Model Regulations, the Ukrainian Labour and Social Policy Ministry approved and registered by the Ukrainian Ministry of Justice. According to the social services state and local government entities, and other entities that provide social services, using budget funds in accordance with established state standards, social services are provided free of charge:

- Citizens who can not take care of themselves due to old age, sickness, disability and have no relatives who would provide them with the care and welfare;

- Citizens whose life circumstances are difficult due to unemployment and are registered in the public employment office as job-seekers, the homeless, disaster, catastrophe, people who are recognized as refugees and people in need of additional protection if the average of these incomes are lower than the cost of living;

- Children and young people who are in a difficult situation due to disability, illness, orphanage, homelessness, low-income, family violence and alcohol abuse.

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[7] http://zakon1.rada.gov.ua/laws/show/875-12

According to the Law of Ukraine "On psychiatric care" Article 5 The State shall guarantee the mental health care funding, it is necessary to provide and guarantee the quality of mental health care, welfare, housing for disabled and elderly people suffering from mental disorders and their care.[8]

1.3. Theoretical approach social participation of a person living in care institutions.

A decade ago, according to survey of the author (Ruškus, Mazeikis, 2007), it is not yet decided on a specific social service standards in detail, as one of the social services in the areas covered by a very fine and detailed, even the number of employees or size in square metres, such as social service agencies for elderly and disabled, to full freedom in developing the day care or temporary accommodation facilities. In the author's (2007) view, a developed social services inspection system, means not only the need to create iinstitution to fulfill this control, but first of all it is necessary to formulate specific evaluation indicators. This system can be developed alongside the development standards. Without confirmation the generally accepted standards of service quality assessment may be highly subjective and often the service provider is challenged. Such an inspection system is very necessary and it is necessary to ensure the quality of service when it comes to the services market for non-governmental organization wider inclusion in the ranks of providers, services privatization.

Both international instruments and national legislation of human rights are formulated in such a way that the state must protect the most vulnerable members of society. Without a doubt, the elderly are attributable to such a group. Such people as a social group is heterogeneous and different from the rest of society, their status depends on the economic and social situation of the demographic, cultural and operational factors, and individual level - from marital status, education, living environment (urban or rural area) and workers or those who have left (retired) employment. Compared with other older people who are healthy and whose financial situation is satisfactory, there are those who do not have sufficient means of subsistence (even in developed countries) and are among the most vulnerable and unprotected group.[9]

In 1991, the General Assembly adopted the United Nations Principles for older people, who, because of their programmatic nature, is also an important instrument in this context. It is divided into five parts, which are closely correlated to the rights recognized in the covenant. "Independence" includes access to adequate food, water, shelter, clothing and health care. These fundamental rights, additional rights to paid work and access to education and training. "Participation" means that older people should participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with

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[8] ibid.
[9] Rights of the elderly. 2002. Human rights in Lithuania: situation assessment and action plan. The National Conference http://www3.lrs.lt/owa-bin/owarepl/inter/owa/U0075356

younger generation, and should be able to create movements and associations. Under the heading "Maintenance" states that older persons should benefit from family care, health care and be able to enjoy human rights and fundamental freedoms, living shelter, care or treatment options. As for the "self-fulfillment", the principle that older persons should be able to achieve their full potential through access to the educational, cultural, spiritual and recreational resources of society. Finally, Section "Dignity" states that older people should be able to live in dignity and security and be free of exploitation, physical or mental abuse, should be treated fairly regardless of age, sex, race or ethnic origin, disability, financial situation or any any other state, and it must be assessed independently of their economic contribution ("Proclamation on aging", 1992).

Skiner (2006) said, someone who can contribute to the government in the broadest sense, is overlooked. Positive reinforcement, as indicated by the term, is anchoraged. It does not include neither inhibition nor aggressive punishment effects, as well as negative reinforcement, which they associate with the fear of the consequences. Positively fortified behavior - active participation in life without boredom and depression. When our behavior positively reinforced, we say that we enjoy what we do; we call ourselves happy. These human behavioral traits must be between any of the government's "people" targets, but they have not implemented the governments that seek to simply obedience, and in the best case remains the possibility of welfare states.

Universal democracy foundation, in Gerulaitis (2007) consideration, is discriminatory and hierarchical social relations avoidance. Therefore, social services and policies relating to people with disabilities, as stated by Mr Priestley (2001), has possiblly developed within the social cause of disability. Public health and development indicators are related to the individual level of independence for selecting the learning, work, personal relations, and participation in the community location and method (Bray, Pret-Shoot, 1995) (Gerulaitis, 2007).

A social network as a prerequisite for social participation.

Currently mere integration of the disabled into society through social and professional rehabilitation of achievement is not restricted, but also strengthens the disabled involvement, social participation in the expanding economic, political, social and cultural aspects of society, with respect to the individual (and not even specific to disability types) needs. Social participation is defined as a person's activity in the open community, which manifests itself in the development of individual disabled person the way through its own internal and external environment of its resources (Čepienė, 2008). The argument that a link exists through the dense and close social networks and help people in their daily lives. Bridge creation means the transition between the various social networks in order to develop opportunities and access to resources. Formal and informal networks of people in heterogeneity and diversity as well as

strengthening the construction of bridges in strengthening social capital. The interface takes place during the interactions while developing the resources. This family, friends and neighborhood relationships can be communication, civil relations - the construction of bridges, and the latter assumes the contacts between the various people and institutions that can be understood as the creation of interfaces. Individuals acting alone can not generate social capital. Social capital depends on the propensity to sociability, the ability to form new connections and networks (Putnam, 1995). According to W. Stone, Mr Gray and Mr Hughes (2003), social capital can be seen as a resource for collective action (Gerulaitis, 2007).

In today's society, it is particularly popular to talk about networks. According to Gvaldaitė, Švedaitė (2005), in scientific speech "network" term is used in a variety of fields - from the economy to the electronics - whether it is a market term or technical apparatus, some kind of a specific reality, or a special way of organizing. The social sciences to "network" is usually accompanied by the adjective "social". The author (in accordance with different studies), defines a social network:

- as a system of connections,

- as a network of communication,

- as an individual strategy,

- as a form of social communication.

As a matter of fact, there are two main categories of social networks:

• primary network, or informal, which includes family, relatives, friends, neighbors, and in some cases, co-workers as well. This network is not built or produced, it is acquired over time, are identifiable and is changing. Here people are connected by emotional connections that never break down (can be broken by the agreement, e.g., a divorce case, the ratio can be negative or indifferent, but the substance would never dissappear.

• secondary, or formal, where the links are organized. Here more people share a common goal. When the target is no longer, communication is lost. This network includes the market (occupation, company, institution) and social institutions (schools, kindergartens, social services, social institutions, etc.). This model distinguishes from the other in provision of relationship between the primary and secondary network assessment and exchanges, particularly in a positive assessment of the human, natural, original network, it is a relationship that includes personal history and his life. The essense of social network research – is to get out of their environment so that to penetrate to the unknown surrounding, which you would want to know (Gvaldaitė, Švedaitė, 2005).

The importance of the social network can be seen in the reflections of Klinenberg (2002) when social fragmentation surprise and disturbe, social isolation of seniors, the lack of

institutions in poor neighborhoods. For human failures can not be accused of any specific persons or organizations. Because, according to the author, when hundreds of people die behind locked doors and windows closed, in contact with friends, family, community groups and public institutions, every member of society is responsible.

Social participation of a person as a context of wealth creation

Social participation used to enable people to manage the situation where the disabled interaction with the community is a necessary element of sense. The social presence to reach the disabled and professional equality-based cooperative system, to participate in decision-making related to the quality of life. When a disabled person and his family is an active member of society and community, social participation can gain political participation and other forms (Gerulaitis, 2007).

Antonym of a concept social participation is institutionalization of people with disabilities. Institutional socialization path limits the individual's social activity, separates it from the social environment and infantiles, restricts responsibilities of self-determination, and justifies economic dependency (Ruškus, 2002). Social participation is the opposite idea of the institutional model: achieving self-sufficiency of the individual interacting with normal, non-enclosed environment, participation techniques can be very different: social, relationship, cultural, professional, etc. Living in an institution and a normal social life is incompatable, the authority may even create other disabilities, such as social skills decline, various pathologies multiplication and so on. Normal life means that there is a relationship developed and access to the widest range of social life (Ruškus, 2003) (Jurgutienė, 2008).

In Soviet times, people with disabilities have formed a clinical assessment model which does not include the active participation of disabled people and the value of the life of society, but on the contrary, people with disabilities separating from the public, the real life is an explanation a priori as a failure of social adaptation of a person with disabilities because of their own problems. Today Lithuania is quite modern and developed country, a member of the European Union, with all the modern and postmodern world attributes: the free movement of citizens, is widely used in information technology, civil liberties and democratic rights. Perople with disabilities have all formally the rights and freedom of individual self-expression and social participation. Singular and dependant people today find themselves in the active social life outside, only a few participating entity (Ruškus and Mazeikis, 2007).

Social segregation of disabled people, their separation into specialized environments inevitably creates a limited participation in social conditions, people with disabilities no longer have access to any modern person plural and multi-dependant, i.e. to participate and experience in various social fields. Obviously, in some fields and texts an individual can take the form of

disability, but in the other - on the contrary - as much capable. According to the author (2007), rather than the institution would help to overcome their disability, they further enhance. Skinner (2006) has a similar opinion: one can not disagree with the view that "the unintended consequences that come when we are told that we have to help people, can be much more serious. In an environment where such things as food, shelter and safety is ensuring the rights are less likely to serve as reinforcement. While helping too much, we postpone the effective conduct of the acquisition and we take the need for assistance. We can not help others doing things for them". Social participation concept clearly indicates that social integration success (and failure) does not depend on the severity of the individual's type or form of disability but rather it depends on interactions of an individual and environment. Education and care institutions should focus their the explicit (formal, official, a legitimate) and implicit (individual subjective, feel) mission, priorities, measures and concrete activities so that people with disabilities can be active in all types of communities have the opportunity to build relationship with other in various people developing interpersonal and inter-institutional relations, to make decisions about their future. Exactly an open instition implementing the principles of a learning organization, can help people at the same time develop personal and social networks together to feel safe in the presence of professionals to support their activity, to pay a constructive direction, to help the family to participate in the community and to create a permanent specialist support. Social participation in the realization means that from now on no longer the disabled adapt to public, but the public (and the institutions, and professionals, and others.) changes according to the needs of its members (Ruškus, Mazeikis, 2007).

Dillon (2010) says that often there is no orderly contact with the family and peer relationship to take place in a traditional society, but we are concerned with a number of others with whom our paths intersect every day. When we perform our daily ritual (buy coffee, work and learn, attend soccer practice, go to the movies, etc.), many people we meet are different from our family situation, different nationalities, and professional aspirations, different political and religious beliefs and so on. However, most of these people contribute not only to our physical environment. This is important both socially and morally. The more social interaction, the more people are satisfied with their lives.

Ebersold (2002) (Ruškus, Mazeikis, 2007), summarizing the idea of social participation, identifies two key social participation in the development direction: Creating social networks for greater cooperation. Assistance to a disabled object now is an environmental change of the development of interpersonal and institutional relationship necessary for successful individual plan realization.

Enable the person to his involvement in public life. One of the main activities of any community task is to enable the person to help express his strengths and weaknesses of the suspension. Social participation is only possible if the disabled person and his family to help develop the competencies of their actions, giving them the power to be partners with the help of Jimei find resources to enable the family and the disabled to develop their potentialities, their participation in the implementation of social situations. Personal empowerment necessary for its recognition as having "expertise capacity", or, in other words, as an equal partner in solving their own problems

Similarly, Ставицький claims (2012) too, in order to avoid the discomfort of communication between society and people with disabilities, it is advised of the planned intervention. Widely successfully using visits to schools and various institutions, meetings with people and media appearances, group discussions, which analyzes the impact and dynamics of action designed to penetrate into the situation of disabled people. Contact between disabled and healthy people (*The economic, social and cultural rights of older persons*, 1995), can effectively increase the positive attitude that the two sides have social and economic status.

Simulation (on the disabled person's side) allows you to get a feel for what it means to be a person with functional limitations and to change public attitudes to such a person. Ratio, communication, listening, acceptance, support - the main theme of psychoanalytic theory, which consisted of individual work with case basis. This approach gave rise to the formation of professional identity, helped to get rid of this area dominant moralism and social work, provided the scientific knowledge of human nature (Gvaldaitė, Svedaitė, 2005).

Prosperity is not just material prosperity, but fully successful people's lives. Social policy concerns to promote social relationship, fostering mutual dependency networks and maximize people's ability to help themselves. According to Coleman (1990), social capital refers to certain "aspects of social relations", which are inseparable from the intangible resources that arise from social relations and the associated and that can be specifically used for the benefit of players. Coleman said that the emphasis on the "social capital" its function is not a singular entity, but a variety of entities with two elements of communion. They all consist of some aspects of the social structures that facilitate certain structural actions. Unlike other forms of social capital, the essence lies in the structure of relations between subjects (Coleman, 1990).

The social participation of old and the elderly and quality of life is expression of public welfare and the general public prosperity. Ensuring material welfare and active participation in social activities show society's ability and capabilities to provide the certain services and their enforcement in view of the needs.

1.   SOCIAL WORK AS COMPELX ASSISTANCE TO PERSON LIVING IN RESIDENTIAL INSTITUTION

Social Work system consists of values, theory and experience. All of these components of the system thrives in a particular cultural soil, which is closely linked to the nation's traditions. Social Work entities - state and municipal institutions, non-governmental organizations as a system, which gives life to social work system. 1997. Member - the Council of Europe heads of the second summit of the social pooling the described as one of the most important needs of the enlarged Europe and the main instruments protecting human rights and dignity. It was founded in the Social Committee of concentration. Council of Europe's strategy - to create a more cohesive society, which would reduce the social exclusion risk. Particular attention should be paid to the poor and at-risk people's needs (The economic, social and cultural rights of older persons, 1995).

Ministry of Social Security and Labour Minister (2006) states that social work - a professional social worker and social workers assistants activities directed communication between people and their environment to improve in order to strengthen individuals and their communities to adapt to environmental opportunities and help them integrate into society. Social work promotes social change in society and allow themselves to people, communities to participate in the solution of their social problems, increasing own responsibility and without prejudice to human dignity.

As Švedaitė claims (2007), due to the fact that social work is a reality so different from the world of business that it gives up the business logic. And the attempt to squeeze in social work in the business logic of the laws does not mean anything else, but basically the same social work simplification, depreciation or just elementary social work and its purpose misunderstanding. Social work quality is not some sort of objective, stable value, which exists for decades. Quality, quality standards are always the subject of the agreement because the concept of quality of social work will never be the same, for example in Germany, Lithuania and Russia. In addition, it varies depending on the political will of the ruling majority, the country's economic strength, civil society level, etc. If the quality of social work is the subject of the agreement is worth to see what kind of interest groups seeking to determine the quality concept. There are many of such groups, and they have different interests.

First of all - *administering social assistance institutions*: they are concerned that the service would be good, but it is also important that they are as far as can be less expensive to have enough budget lines. Other interested persons group - *social workers, who work directly with customers*. They care that their work would create the right conditions to enable a high-quality, they are especially important for individual access to the customer and that one case requires a lot of time. The third group, which at least asked, but it is most important - *social work*

clients. They want good relations, understanding, security, respect, compassion, or vice versa - that their life is no interference, from the control of them. Social work quality can be defined and understood at least three levels: *as a structural quality, as the quality of the process and as a result the quality* (Švedaitė, 2007).

As for the quality of social services, we must first think about the social service recipient (client), as the quality of these services without the recipient's sense of quality does not mean anything. Therefore, in order to quality for social services, Žalimienė (2001), we first need to properly meet the recipient of services, as consumers, citizens and community members, service needs. The author provides a social services assessment of the quality of service recipient (customer) in terms of:

1. Recipient of the service as a consumer - must be ensured individuality, since any use of services is an individual;

2. The recipient as a citizen - a citizen must be guaranteed the right;

3. Recipient of the service as a member of the community - ensuring its integration into the community in which he lives.

Thus, the recipient of quality in terms of social services will be only when the quality is guaranteed in all three mentioned aspects.

Another aspect of the quality of social services by Žalimienė (2001) - quality of social services at the level of the individual depends on the quality of services at the level of social service agencies, and finally from the macro factors such as the state rendering social development strategy, principles and basic standards.

Social Services Quality Assessment Levels:

1. Individual - the recipient's level. - The subjective sensation of the client, to assess the needs of specific methodologies satisfaction.

2. Social Services office level. - Institutions guaranteeing the organization of socio-economic institutions operating efficiency.

3. The municipal level. Recipients of services based on the needs assessment and the development of adequate services. The promotion of best practice. Ensuring the availability of services.

4. State level. - Service development strategy design. Social services laws, standards preparation and their execution control mode of anticipation.

National social integration of people with disabilities 2013-2019 years of the program 2016-2018 year action plan (2015) main objective: to ensure the different disabilities have special needs of the disabled social integration services (social security, health care, education).

2.1. Specifics of Social worker when working with elderly people living in residential institution.

Social work according to Johnson (2001) - Specific activities aimed at personal social integrity based on certain principles. Social workers performing certain roles, provides those services to people with disabilities to help them maximize the self-realization, within the limits of the human individual and society the opportunity. Social support and assistance to the process of social workers, a variety of skills: Gnostic (search for information, awareness and screening); design (objectives and tasks, forecasting); design (content, methods and means of selection and adjustment); organization (conditions and natural stimulants targeted customer situation exchange, arrangement); communication (sociability, communication, interpersonal relationship development); INSPECTION or evaluation (understanding and critical analysis of the process); Reflection (personal competence activities, communication, self-analysis) (Johnson, 2001). "Working with people with disabilities Methodology" (2009) by working methodology with a variety of people with disabilities through a variety of activities, it states that the operating value for human and payment to engage in behavior that is different - different people in different ways the same activities. The action may be an identity, development, experience, prestige, status, new experiences, peace, joy, expression source. In order to understand the significance of a particular activity, you may want to find out what it means for a person and as consistent with his purpose in life. Mistakenly believed that it is always easy to grasp. Therefore, try to include someone in the new business will not recognize it needs to be cautious, because later in life more pleasant areas of activity in which people choose themselves. With age usually continue business as usual, making an effort to support the acquisition of new skills to perform new activities, it is useful to keep in mind the human desires and choices. Social work - a process in which the interaction professional - social worker and the recipient of the service, to reach a common goal.

For over a decade ago researchers (Ruškus, Mazeikis, 2005, Žalimienė, 2005, ir.kt) noticed provision of social services, the quality of social work methods in progress. State policy, carried out in order to reduce poverty, social exclusion, and support for persons with disabilities, their families, and social work professionals apply the latest training techniques. Institutional care establishments for renewal, the attractiveness of public and private social services institutions Establishment. However, the most important factor probably remains the professionals working with these people, to approach them in their work, the motivation and the desire to improve and enhance their skills and, of course, his inner attitudes and values.

2.2. Methodology of social work practices when working with a person living in residential institution.

To explain the diversity of social work methods and their classification today, as Gvaldaitė, Švedaitė (2005) claim, we have to remember the roots - the classical methods of

social work - individual work with case (*Case work*); social group work (*Group work);* community social work (*Community work*). They lie in social work as a professional in and guiding principles. When America was a popular work with the case in accordance with the specialization M. Richmond methodology, European countries have been given the privilege of learning, based on the history of social work and social change analysis. Hamilton (1959) wrote about a few decades applying different classical methods of social work, stressing that social work is a collective, group and individual needs and solutions. However, in Europe, the author (2005) observation that the lack of methodology, social work was mainly based on the social worker's human qualities, skills, inuicija and insight. 1950-1960 m. It was created by the United Nations supervised the program, which aims - to communicate and disseminate Western Europe, social work methods.

Working with a group, or a group of social work method originated and was developed in the United States around 1920 years. As regards to the sociological tradition (Gvaldaitė, Švedaitė, 2005), a mini Cooley distribution groups that have been employed today. The author, according to them, apart from the primary groups, with specific emotional relationship which allows individuals to survive first and most complex social communications experience, and so-called secondary groups, which are dominated by rationality and in return to support the relationship. How to distinguish Gvaldaitė, Švedaitė (2005), primary groups assigned to the family, then "clan" and the peer group, and the secondary dependent collective work, or other forms of gatherings, which are characterized by any specific purpose. The author notes to 1934. American Conference of Social Workers (National Conferece of Social Work) recognized the group work as a method of social work, while in Europe group method spread of 1960-1970 and immediately appears as an effective tool for dealing with immigrants, the social exclusion of a person, because it helped me out individual dimensions of the problem go to the community level.

In addition to individual and group work, America appears and the Community method (Community work). According Sanicola, Mass (1995) (Gvaldaitė, Švedaitė, 2006), it was obvious that the complexity of social problems can not be solved by traditional methods, through the solidarity channels, because of the problem included the community dimension and called for community involvement (Sanicola, Mass, 1995). And in Europe the case of individual work and community work was mostly social workers applied methods. It must be said that later in Europe the concept of "community organization and development" were merged into one and became a communal social work. "The work with the individual and the original group can be distinguished individual work, social counseling, customer-oriented consulting, mediation, family therapy. Working with a group of social and environment sector to be mentioned social

group work, community work, empowerment (Eng. Empowerment), social networking, case management, and so on.

Ms C. Johnson (2001), social work process presents as interaction process, which interacts feeling, thinking and functioning and distinguishes seven stages: preliminary formulation of the problem; prior problems essentially assumptions formulation; information gathering and selection; information analysis; plan; implementation of the plan; evaluation of the implementation plan.

In Skinner's opinion (2006), in terms of unforeseen consequences, which happens when we are told that we have to help people, can be much more serious. In an environment where such things as food, shelter and safety is ensuring the rights, they are the least likely to serve as pastipros. They can reinforce the behavior for life, some are bukinančios, and neither one does not help the development of human genetic potential. Children who have suffered any undue care, call the "corrupt", this term, according to the author, as well as for an adult.

According Magnússon (2014), social gerontology has a long history, methods and techniques in order to reduce social isolation among older people. The establishment of a new profession, educational programs for preparation for work with elderly people in the care sector can play a crucial role in reducing the social exclusion of older adults. The important thing is that the untapped social capital - gerontological social work - social experience and knowledge of the aging population. Briefly summarizing, the author states that successful social work methods to gerontological social work, is to be appointed and groups, not just individuals suffering from health problems.

2.3. Social worker's professional activity, competence and skills in working with the elderly

A social worker and a social worker assistant in professional life is guided by the Constitution of the Republic of Lithuania, the laws of the Republic of Lithuania, the Republic of Lithuania Government resolutions and other regulations, as well as the Lithuanian Social Workers Code of Ethics and the job description (LR MoSSL Order, 2006). The order states that the social worker must have theoretical knowledge about social work Lithuania's social security system, social protection of the relevant legislation, human rights, the European Union countries, social support systems; their acquired theoretical knowledge in social work and practical social work skills and abilities have constantly share with your colleagues, assistant social workers, social work students and other persons working in social work; to understand the functioning of society and how to function in an individual; must be able to accurately assess the human social situation, effectively communicate with the person and his environment, to organize the human, financial and other resources available, the organization of social work and social services .; must take into account the client's individuality, to follow his needs and choose the following

methods of social work and social services that are best suited to address specific client, his or her family or community social problems and best suited to their interests.

Social worker as defined in Lithuanian MoSSL Act (2006) in their activities must follow these values and attitudes: respect for our clients and to assess each of their uniqueness; be empathetic, try to understand each client and help him; treat all customers equally and to provide them with assistance, regardless of their social status, religion, gender, race, beliefs or convictions; trust your client, be objective in decision-making, not to follow the prejudices; to develop cooperation with the customer relationship, to the solution of social problems involving himself, his family and the community; to maintain confidentiality of client information known only to the provision of the laws of the cases and only in order to protect the best interests of the client.

Naujanienė (2004), on the basis of (Coulton, 1999) treats the illness of chronic disease in thirteen areas disrupted the balance between the individual and the environment, that is. y. violations of human capabilities: to have sufficient social connections; express feelings; have sufficient sources of emotional support; fulfill its obligations; to meet their own and others' expectations; engage in interesting and productive activities and achieve its goals; to carry out the work and / or social events with the requirements; to obtain the information needed for the future; dispose of knowledge about their physical condition, community resources, and so on. etc .; Know what to expect and how to behave in a new place, a new situation; have sufficient financial resources to meet the needs; to have help in meeting the physical and self-care needs; to move from one place to another. The author (2004) gives its opinion on the fact that the elderly and old people providing services to professionals in this list can get an overview of what you need to bear in mind when working with chronically ill people. Most of the elderly and old people afflicted with chronic diseases, self-medication and taking care of themselves. However, the emotional damage suffered by a sick person, it is difficult to measure (Naujanienė, 2004). According to Petrauskienė (2010), professional care for older people - is the aid of discovery and modeling of the recognition of the complexity of human care.

One of the main challenges in the future due to increased aging of the population, Magnusson (2014) considers time promoting social inclusion for older people. Social gerontolodge, he says, have a lot of knowledge, ways to prevent social isolation. Social isolation and access to social support and meaningful social relationships, role and activities of the absence is associated with poor health and well-being.

In our work social worker takes the social worker's Code of Ethics (1998). "Lithuanian Social Workers Code of Ethics" aims to reinforce values such as work on public welfare; assistance to individuals and families in solving their problems; social justice endeavor. The

main idea of social work - to defend the man as individuality and value, cherish their right to self-determination and self-realization. So it can be said that the *Lithuanian Social Workers Code of Ethics* consolidates general social work ideas.

For the first time in Lithuania social work as a professional activity legally defined in the Social Services Act (1996), validating the social worker profession, social work - a professional activity, designed to find out, evaluate and help solve social problems in personal, family and community levels; social worker - a specialist whose job is to strengthen the human adaptation to the environment and to restore relations with the community, helping them to integrate into society and the promotion of a more comprehensive human social functioning. Social work as a professional activity, is fully integrated in our country people together in life, but the new changes in the activities of social workers allowed to improve and change the definition of social work, social worker expand the functions performed.

Therefore, newly approved by the Lithuanian Social Services Act (2006) revised social work definition: social work - is an activity that helps a person, family to solve their social problems according to their capabilities and their participation, without prejudice to human dignity and to increase their responsibility, based on personal, family and public cooperation. Social workers in their professional activities usually examine individual human problems and its social environment. Therefore, social work - a professional activity for the public to promote social change and strengthen the country's well-being.

According to Bubnys (2004), a social worker studies acquires all core competencies. Social activity spectrum so broad that covers all areas of activity and social skills. Social competence includes all previously mentioned personal skills that are necessary in order to competently and efficiently carry out social work. Employee communication skills, empathy and other features of the method consists of a good working atmosphere between the client and the social worker. Knowledge, skills and social competence - facilitate good working results. Successful interaction with older people skills requires physiological characteristics of an old man and the aging process of understanding. Working with the elderly is based on age, as a unique stage of life, which has specific tasks and psychosocial crisis, understanding.

Theoretical insights of the phenomenon of old and elderly people living in residential institutions of social participation allow to consider such assumptions as social participation of these groups as a state social policy, based on a comprehensive assistance, covering social and health care coordination in accordance with the principles of equal opportunities; care institutions, its social workers, who live there and the social network interaction; their roles, focused on the old and the elderly comprehensive needs, enabling them to social participation.

Structurally, these data are presented in the theoretical-hypothetical social participation assumptions in the model (***Fig. 1***).
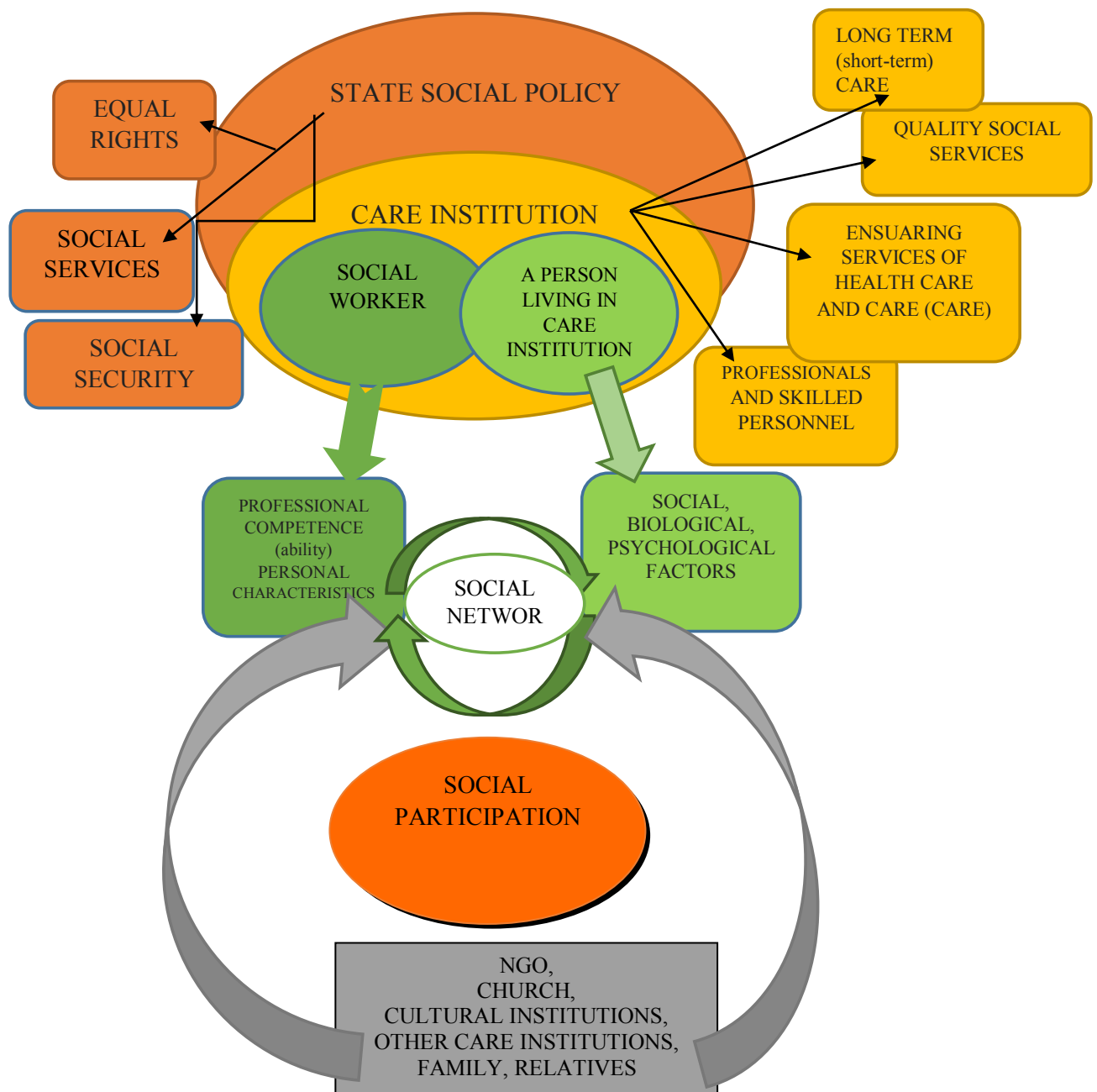

Figure 1 . Theoretical-hypothetical model of social participation a person living in care institution, (Made by the author, based on Gvaldaitė, Švedaitė (2005), Beneševičiūtė (2014), Gerulaitis (2007), Ruškus, Opole (2007), Anastasiou, Kauffman (2013), Golant (2011), Johnson (2001), Ministry of Social Services Act (2006), Žalimienė (2005; 2007) and others.).

2. ASSUMPTIONS OF SUCCESSFUL SOCIAL PARTICIPATION OF OLD AND ELDERLY PERSON, LIVING IN CARE INSTITUTIONS: AN ANALYSIS OF THE RESULTS OF EMPIRICAL RESEARCH

3.1. Research methodology

A qualitative research was selected for this survey. The interviews, open interviews in written and content analysis were used to conduct a research. Interview Questions for participants were selected on the basis of theoretical and hypothetical assumptions of social participation model (Fig.1), and the interpretation of the model structure. The research was carried out in accordance with ethical principles. Research participants took part in the research voluntarily, they were guaranteed privacy and confidentiality, and they were treated with respect, respecting their free decision to participate in the research.

The methodology basis of the research is considered to be these theories:

Behaviorist theory - assumption explanation of the phenomenon of social participation of old and older person living in a care institutions, because in any case, encouragement a person to act as the other treat, is similar to the survival of reinforcement conditioning. Mimicking those whose behavior has created the prevailing conditionings, people develop the desired behavior, although not directly confronted with the conditionality" (Skinner, 2006).

Interpersonal theory - the old and the elderly person in care institutions successful participation in the social assumptions of social work aspect, as Sullivan (Sullivan) believes (Perminas, Godtautas, Endriulaitienė, 2004), personality is possible to understand only by researching interpersonal relationship. As human development proceeds in a society, so besides other people, we would not have a personality. A personality is a model of relatively long-lasting and periodically resulting from interpersonal situations and characterization of human lives. A personality is what you cannot explore, regardless the interpersonal relationship, i.e. a personality is not in the psyche, but in the interpersonal relationship. All mental processes (perception, memory, thinking, imagination) is the interpersonal. Personality occurs only when a person interacts with others.

3.2. Research methods.

Interview is a tool of one of the most important data collection in qualitative research. According to Kardelis (1997) – an interview is a two-person conversation, the purpose of which is to research the necessary information for the tasks.

The content analysis – is a content research of the texts, drawings, photos and so on using empirical-analytical approach, which involves a text or other document structure distinguishing and defining the statistical observation units, encoded and transferred to the analysis of the text location (Merkys, 1995). The investigation using interview and open written survey methods, the

information gained, content analysis, coded and distributed by meaningful units, sub-categories, categories.

3.3. The research size

Total (N = 9), of which: Lithuania (N = 6), Ukraine (N = 3). Social workers who work in institutions providing long-term (short-term) care for the elderly and adults with disabilities (in Lithuania). Having not less than non-university higher education and not less than one year of social work experience. Social workers working in the field of social services, care institutions (in Kiev). The research participants have been selected by the investigator's discretion, according to the survey participants' competencies, research facility, its operation and characteristics of it. The research was conducted in 2016, September – November in Lithuania and in 2016, October – November in Ukraine, institutions providing long-term (short-term) care for the old and the elderly. The research participants' demographic data are presented in Table 2.

Table 2

Demographics data of the research participants' (Ukraine – **Bold**/<u>Underline</u>**)**

Gender	Age	Education	Occupation	Social work experience
Fem	50 year old	Higher	A social worker	20 years
Fem	30 year old	higher university	Vice social work	9 years
Fem	46 year old	higher university	Chief social worker	2 years
Fem	49 year old	higher university	A social worker	18 years
Fem	24 year old	higher university	A social worker	1,5 years
Male	66 year old	higher university	director	22 years
<u>Fem</u>	**<u>56 year old</u>**	**<u>higher university</u>**	**<u>director</u>**	**<u>23 years</u>**
<u>Male</u>	**<u>28 year old</u>**	**<u>higher university</u>**	**<u>psychologist</u>**	**<u>6 years</u>**
<u>Mot.</u>	**<u>54 year old</u>**	**<u>higher university</u>**	**<u>A social worker</u>**	**<u>9 years</u>**

Assumptions of success factors of social participation of old and older person living in care institutions: social work aspect. Results of the research.

As a result of initial categorization, sub-categories are distinguished from categories, opinions of the research participants' are presented, expressing assumptions of the old and elderly person living in care institutions of social participation to succeed in Lithuania and Ukraine, in a perspective of the social work. As for this research, it was an important part of each research participant's experience so that to identify the assumptions of old and older person living in care institutions of social participation to succeed in social work aspect. At a request of Lithuanian participants of the research, a survey has been conducted in writing. Two participants of the research wrote down the answers by hand, four research participants have requested that their questions would be sent by e-mail to which they responded and sent the answers to the investigator due to their employment. 3 survey participants from Ukraine have participated in the

survey, the survey fulfilled by an interview. Interview protocols are provided in the annexes (6, 7, and 8). The research method of analysis allowed to distinguish the research meaningful units, to get 443 empirical statements that are grouped into 30 sub-categories, which are divided into 8 categories, which emphasizes the opinion of survey participants (in Lithuania) and 260 empirically meaningful statements, which are grouped into 27 sub-categories, which are divided into 8 categories (Ukraine's survey). The number of categories allows to analyze the data and provide significant assumptions of successful social participation in Lithuania and Ukraine in perception of social work.

Old and older person living in care institutions, social participation prerequisites for the success of social work aspect of the research participants Lithuania considers to be a competence of social worker (146 claims). The data presented in Table 3.   Table 3

Category "Social Worker competence" (N = 6)

Once categorized and sub-categories distinguished from the category, the survey

Category	Subcategories	The notional units
Competence of social worker's	Possession of personal social worker characteristics that influence more active social participation of a the resident	47
	Professional competence required for a social worker to work with the old and the elderly	40
	Social worker's professional understanding of what is social participation	38
	Possession of the necessary knowledge to work with the old and the elderly	21
	Total:	**146**

participants (social workers) declare social competencies in favor of a social worker for 146 times. This category is dominated by such subcategories as: "Possession of personal characteristics of social worker that influence a resident for more active social participation" and "Professional competencies required for a social worker to work with the old and the elderly". According to Leliūgienė I. (2003), competences of a social worker can be divided into two components which are synthesized to personal values of social worker, and form a complex. These two elements - the general competence, which can still be described as social competence and professionalization degree. In opinion of the research participants, the social worker working with old and elderly people should have the following characteristics as: *"primarily a social worker has to be socially active", "interested in public life", "it is important to hear the customer's expectation", "the ability to understand, to unite a man", "capable of persuading", "patience, as they say "drop by drop and the constant dropping wears the stone", "to be able to listen, understand", "diligence", "integrity".* It is spoken about what kind of professional is required to be as a social worker: *"you need to have a lot of psychological and nursing knowledge", "you should be able to organize", "to be able to control the situation", "the ability*

to identify", :analyze and adopt a proper solution to the problem", "knowledge", "values", "finding a rational decision", "innovation". In terms of competence - this is the human expression of qualifications or ability to act in the event of knowledge, abilities, skills, attitudes, personality traits and values (Gumuliauskienė et al., 2002). The research of participants' opinions leads to the conclusion that a professional social workers understands professionally what is a social participation: *"The need, aspiration and opportunity quest to remain an active member of society", "social participation, in particular, starts in an institution", "citizens' participation in various activities", "interest in public life", "integration into society", "inclusion," "it is a personal expression way".* Expressing an opinion about what knowledge is required to have a social worker working in the care institution with the old and the elderly, research participants expressed that: *"Psychological", "communication", "Gerontological", "very good knowledge of the age of emerging biological, psychological and social changes", "to be sure to have the professional knowledge that researching appears to be somewhat meaningless", "understand senile diseases, to know the process, properties", "legal", "social", "just starting to work derived my understanding of some of the professors elaborate speeches".*

Attention is drawn to the fact that the research participants noted the psychological and gerontological knowledge of the importance of working with the old and the elderly. Social Gerontology, according to Magnusson (2014), has a lot of knowledge, ways to prevent social isolation.

In Ukrainian context, the category of "social worker competence survey participants' opinions presented in Table 4.

Table 4

Category „Competences of social worker" (N = 3)

In the opinion of research participants, the most important factor of social participation for

Category	Subcategories	The notional units
Competences of social worker	Possession of necessary knowledge for work with old and elderly person	33
	Possession of personal characteristics of a social worker that influence greater participation of person living in care institution	15
	Professional understanding of a social worker about the process of social participation	11
	Professional competencies necessary for social worker for fork with old and elder persons	9
	Iš viso:	**68**

the old and the older person living in care institutions is „*possession of necessary knowledge to work with the old and elderly*". According to their opinion of participants, *"one needs to have a lot of understanding about their age", "first of all to one should know the old human psychology, how to organize their lives in a care institution"," I think a lot, and all kinds of knowledge about old people".*

Personal characteristics of a social worker, based on the research result: <... I think he/she has to be humanized, responsible...>, <…One should be a good person firstly...>, <…happy, they are better when they see a smile...> etc. No less important than professional skills is how the social worker understands what a social participation is: *„maybe the desire not to age"*, *„so maybe not sitting at home"*, *„and the desire to see something, rather than waiting for death"*.

However, in the process of social aid, according to Johnson (2001), social worker requires a variety of skills. Providing assistance, social worker uses the knowledge that helps him to understand people in different situations, uses a system of values, which is justified by the professional organizations, communities and their personal values. Leliūgienė (1997) argues that human attitude towards person himself is very important. It is an indicator of his ability to deal with his own and other people's problems. Summarizing the survey participants expressed opinion, the key to personal social participation is a possession of characteristics of social worker that influence the resident for more active social participation" (47 illustrating statements in Lithuania) and the necessary knowledge to work with the old and elderly persons owning (33 illustrate statements in Ukraine).

The research participants gave their opinions for successful social participation, which are distinguished in the category "The conditions for social participation, presented in Table 5.

Table 5

Category "Conditions for social participation" (N = 6).

Category	**Subcategories**	**The notional units**
Conditions for social participation	A lot of various social forms of participation	30
	How often is participated in public life	20
	Excellent conditions for social participation	14
	Positive attitude to social activity of people in institutions	13
	Various everyday activities in care institution [as social participation -author's note]	6
	Iš viso:	**83**

The survey participants expressed their views on social participation of be those living in care institution and conditions there. The following subcategories are distinguished: "There are many and various social forms of participation", "Very often participation in public life", "and excellent conditions for social participation", "miscellaneous occupations in everyday life". The most important factor, as a condition for social participation, on the basis of the results of the research, there are available various forms of social participation offered in the care institutions for people living there: *"concerts are organized", a lot of events, meetings are organized", "festivals are traditional holidays are organized and celebrated", "participate in the events, exhibitions, concerts", "represents the institution", "visit healthy lifestyle clubs and organized events", and others.*

Population participation in society life can be seen in the research participants' statements about the frequency of activities: <… trips and various events are organized at least once a week...> <…longer trips are organized in warmer season…> <…shorter ones – at least 2- 3 times a month...> <…care home residents have the opportunity to leave the institution...> <…also periodically elderly and elderly people have the opportunity to go to the events that take place outside the institution...> <...2-3 times a month...> et al.

The participants' statements in the research indicate that favorable conditions for social participation: *"the conditions are excellent", "our institution has favorable social conditions of participation for old and the elderly", it is interested in everything can be accessed with a wheelchair", or "are there the lifts for disabled"*, "institution has a van adapted for the *disabled"*, "health care is provided – a nurse goes together". A representative of interpersonal theory of personality Sullivan (Perminas, Goštautas, Endriulaitienė, 2004) believes in that human development is going on only in a society, as we should not personalities without other people.

As the society itself accepts an old and elderly person living in care institutions in point of view of participants: "public opinion about social activity of people living in institutions is positive", *"especially young people have good opinion, because they need to see the old, disabled people, to get used to them and know they are among us, members of the public", "good"* [public attitude - author's note.], *"arriving guests contribute to social participation", "to objectively assess is quite difficult because most live in the environment in which people are quite tolerant " "I think that society rapidly climbs stairs of tolerance", "positive", "very often help is offered", it is rejoiced that the old people visit events",* and others.

In the context of Ukraine in the research participants' opinions on what conditions are needed to the old and the elderly person's social participation, is expressed in the category "The conditions for social participation" are presented in Table 6.

Table 6

Category "Conditions for social participation" (N=3)

Category	Subcategories	The notional units
Conditions for social participation	A lot of various social forms of participation	24
	Frequent participation in society life	10
	Excellent conditions for social participation	8
	Positive attitude to social activity of person in institutions	7
	Various everyday activities in care institution	2
	Total:	51

The principal condition for social participation as illustrated statements in this category are: "There is a wide variety of social forms of participation": "*a lot of events, concerts are at our place", "go to the shop", "go out to the city", "travel to the church to pray", "yet various*

meetings are organized" and that is "We very often participate in public life": " to organize as often as possible", "when they want it", "on Sundays".

The methodology of working with the disabled (2009), says that different people evaluate the same activities in different ways. The action may be a source of an identity, development, experience, prestige, status, new experiences, peace, and joy expression. In order to understand the significance of specific activities, it makes sense to find out what it means for humans.

This view is reflected in the results of empirical research, the category of "Positive assessment of resident's social participation by social worker" presented in Table 7.

<div align="right">Table 7</div>

Category „Social worker's positive assessment of care home resident's social participation" (N=6)

Category	Subcategories	The notional units
Social worker's positive assessment of care home resident's social participation	Positive attitude to social activity of person in institutions	32
	Satisfaction with the work of social worker, working with the old and the elderly person	25
	Positive assessment about their work and client	14
	Total:	**71**

As it has been noted (Ruškus, Mažeikis, 2005; Žalimienė, 2005 and et.al.), in the context of social service delivery, poverty and social exclusion, social work specialist training, support persons reporting progress, institutional care renewal, the attractiveness in the society, the most important factor leading to the success of social work probably remains the same social worker who works with the old and the elderly, in their approach to work, to their clients. This is confirmed by "Positive social worker's attitude towards care institutions personal social participation" 32 Key statements illustrating the research participants' views on the old and the elderly person's social participation, favorably and positively was responding on how the social participation does care in an institution living person: *"as every member of society, the client wants to communicate, too, to participate in any activities", "care home residents are not any "mystical creatures, for which everything must be done "differently" " , "on the occasion it time to show better oneself, to dress up", I think that a person feels important, valued, unique"*, and others. Repeated statements (25), indicating satisfaction with their work with the old and the elderly: *"visible dignified old age and service meet the residents happiness", "when residents are satisfied with the life in institution, they stay healthy and smiling", "the work itself. Clients"* [rewarding work - author's note], *"I basically believe social work is avocation for me, I'm sure that I help customers", "when they are waiting for classes", "I feel satisfaction each time before leaving for home, residents say, "just do not forget us,"* and other statements give an opinion that working with old and elderly people is empathetic, reflexive, and as they say in Social worker's Code of Ethics (1998), dedicated to serve the people.

Empirical research in Ukraine of the participants of their work assessment category of „Positive assessment of social worker of the social participation of care home residents" presented in Table 8.

Category „Positive assessment of social worker
of the social participation of care home resident" (N=3)

Category	Subcategories	The notional units
Positive assessment of social worker of the social participation of care home resident	Positive attitude to social activity of person in institutions	9
	Satisfaction with the work of social worker, working with the old and the elderly person	1
	Total:	**10**

The survey participants expressing attitude to their work, positively assess the involvement of a person in activities "Positive social worker's attitude towards care institutions personal social participation": *"psychologically feel more comfortable when they are not alone", "meet with other people", "see how things change",* etc. Social worker job satisfaction expressed in an opinion that *"first of all the fact that this is a particular age group."*

In order to find out what problems are a means of fostering the old and the older person living in care institutions for social participation, survey participants were asked what difficulties they face in their work. Category "What challenges have to face for greater personal social participation" (Ukrainian context) presented in Table 9.

Category „Challenges that have to be faced
for greater personal social participation" (N=3)

Category	Subcategories	The notional units
Challenges that have to be faced for greater personal social participation	Absence of a position of social worker	14
	pessimistic social worker's attitude to their work	13
	The individual's own negative self-presentation (because of age and illness)	8
	Lack of funds	7
	Difficulties related to age and disease of the person	6
	Inaccessible environment	2
	Total:	**50**

Empirically significant research participants statements describing the difficulties encountered to personal social engagement mentioned in this category into sub-category " Absence of social worker": *"we do not have a social worker", "but there come from the Social Services Centre"* [social workers come-author's note], *"as I said, there is no social worker at our place", "when someone needs to buy something, food, medicines or to accompany to a doctor",* "*I think if there was, the situation would be better* [a social worker; social participation situation- author's note]. It is also one of the difficulties can be identified in the research participants the expressed a pessimistic approach to work: *"I come when one needs my service",*

"I have been working for social services center", "I do not know, I can say nothing," I come, pick up what is needed, and go to other people" etc. A difficulty is referred as "the person's own negative self-presentation", "lack of funds", "difficulties related to the age and disease" and "inaccessible environment". It should be noted that during the empirical research of scientific - investigative practice [author's note], the institution has social workers coming from social services center under the needs of the care institution residents. The institution has no position of social worker. However, this issue of solution of this problem can be considered as one of the prerequisites for the success of social participation in the social work aspect.

Participants of empirical research in Lithuania provided their point of view of the difficulties encountered in order to enhance personal social participation and results are presented in the category "The challenges confronted to a more active social participation of a person" presented in Table 10.

Table 10

Category „The challenges confronted to a more active social participation of a person"
(N=6)

Category	Subcategories	The notional units
The challenges confronted to a more active social participation of a person	Resident's internal (negative) in respect of the provisions of social activity	11
	The difficulties related to the age and illness, disability	6
	The individual's own negative self-presentation (because of age and illness)	5
	Doctor's negative attitude towards a person is living in care institutions	5
	Lack of funds	3
	Frustration at work	3
	Environment (past and present) negative impact on the greater involvement of social participation	2
	Total:	**35**

Survey participants identified (35 illustrating statements) the kinds of challenges they have to face in order to foster institutionalized elderly and old age person more active in social participation. According to the significance covers the following subcategories: "Residents internal (negative) provision of social activity in relation to activeness", "difficulties related to the person's age and illness, disability", "Own personal negative self-presentation (because of age and illness), "Doctor's attitude towards a person living in care institutions", "environmental (past and present) negative impact on the greater involvement of social participation". The survey participants talk about the difficulties faced to a more active personal social participation: "mostly we deal with the resident's self-doubt", "apathy", "most of the population lack of motivation", "population apathy, indifference", "reluctance" [refusal to participate in the activities-author's note], "uninteresting" [resident's refusal to participate in somewhere- author's note], "but most lack the motivation", "the majority of residents just do not have the desire", "a

lot of acting" and others. Moreover, difficulties related to age, illness, disability have been mentioned: *"complex"* [social activity-author's note], "because the greater part of residents are with a need for permanent care", "all have some form of health problems", "older 80 years", "there come to live older people with severe disabilities", "most often these difficulties are age-related diseases caused by certain situations". The survey participants identify the difficulties in themselves as presenting oneself as a patient", *"avoiding often the answer"*, *"I'm sick"*, *"my doctor did not allow"*, *"old age"*, *"manipulation of their disease"*, *"manipulation in medicine taking cycles"*, *"I drink diuretics"*, *"participation in society is difficult for health issues (restrictions on the movement and on the disease)* and others. Still-lasting clinical-medical treatment of a person living in care institutions is mentioned: "still existing clinical-medical approach to age and disability", "an approach - a retirement home is a hospital, and they are sick people, so what travels can still be", "the doctor's view is similar - driving somewhere one needs to get a permit", "institution doctor implicitly but prohibits any person's promotion to greater involvement of life activities", "the most difficult and painful it is when faced with a doctor's "cold" approach to care home residents".

The research participants (as one of the challenges for a more active social participation of care institution residents), identified "Lack of funds": *"the main difficulty is the financing and transport shortage"*, *"the most common problems are financial, because everything is limited"*, *"when events are organized free of charge"*. It is likely that it is not very significant in comparison with the overall results of the research, but it is important to research participants in order to enhance public participation in a society. Naming the difficulties that have experience at work, the research participants' speeches have been described as "Disappointment of social work with the old and the elderly": *"and then a manager evaluates you as incompetent* [not being able to persuade people to get involved-author's note]*", "nothing"* [as a special work for the elderly and very old- author's note], *"you could do more for a person, but one of his learned helplessness, acting"*.

As one of the difficulties former environment is identified where a resident lived before: *"in the former environment he [resident - author's note] behaved differently, and after settling here in an institution things are changing '{adaptation difficulties- author's note], "it depends on the person's previous lifestyle, sociability", "activity in the previous age groups", it manifests the previous way of life", "reluctance to leave the living environment"*.

In order to clarify the assumptions of success of social participation of old and the older person living in care institutions, the participants of empirical research in Ukraine were asked to give an opinion on how the residents accept the proposal to participate in the activities. The

results category "How the residents accept the offer to participate in the activities" are provided in Table 11.

Category „ Constructive relationship of a social worker and a client" (N=6)

Category	Subcategories	Number of notion units
Constructive relationship of a social worker and a client	Solutions of the problems associated with passivity	17
	Activity of social worker (increasing social activity of a person)	16
	Total:	**33**

Research participants talked about how a relationship between the social worker and a resident is developed for 33 times. There have been recognized "Solutions of the problems associated with passivity" and what is "Social worker activities to personal social activity." Survey participants mentioned the ways in which they solve the problems related to the resident's passivity, to the activation: *"If the customer is encouraged, promoted, motivated, he is slowly getting involved in community activities", "I will use the suggestibility", "empowerment approaches", "I encourage him to engage in social activities", "I encourage him to unfold", "to blossom in the most beautiful colors", "enabling oneself as far as possible to self-manage personal matters", "individual talks",* and others.

The research participants describe the social worker's activities aimed at a person's social activity: *"carries out individual talks", "an individual aid is provided for residents", "encouragement to communicate with each other", "we find the need if they need social participation in society", "what are the client's expectations", "it is looked for cooperating institutions", "co-operation skills are encouraged", "direct contact with a person enables to convince him that it is useful to participate in social activities, expanding one's outlook",* and others.

Ukrainian survey participants provided their actions to a more active old and older person social participation. The results are expressed in notion units and a category created "Constructive relationship of a social worker and the client" are presented in Table 12.

Category „Constructive relationship of a social worker and the client" (N=3)

Category	Subcategories	Number of notion units
Constructive relationship of a social worker and the client	Solutions of the problems associated with passivity,	11
	Activity of social worker (increasing social activity of a person)	7
	Total:	**18**

Survey participants report on problems related to the person's inactivity, the solutions are to be regarded as a basis of constructive relationship of a social worker and the client": *"we are trying but it cannot be said that we always succeed"* [smiles-author's note], *"I tell them where I*

was, what I saw", "I do not know if this is important to them, but it is interesting to them". These solutions can be called communication, individual work with the old and the elderly person.

In order to highlight the care institution, which is home to the old and the elderly, as open to the public, cooperating and communicating status of an institution, the research participants were asked to give what they cooperate with a view to the old and the older person a more active social participation. The statements are provided in the category "Social Network", presented in Table 13.

Table 13

Category „Social Network"(N=6)

Category	Subcategories	Number of notion units
Social Network	Cooperation with other institutions and organizations	26
	Communication with relatives and close ones	5
	Relationship with church	5
	Total:	**38**

The research participants provided their views on cooperation with other institution, organizations, the family members and relatives of the people cared. In most cases the research participants said cooperating with various institutions and organizations: *"the charity and support funds", "cooperate with women's club" Aušra", "the societies of the disabled", "public health offices", "educational institutions", "Kaunas College Kedainiai department", "volunteers", "foundations", "various educational and cultural institutions", "Josvainiai community center", "cultural institutions administrations", "museum employees", "arriving guests from the surrounding villages and the cities contributes to social participation"* etc.

The old and the elderly person is not only living in care institutions, it is important to communicate, build relationships and communication with family and relatives: "leave to relatives", "gatherings with them at our place on birthday, anniversary", "with relatives of the residents", "communication with family, relatives" [who interacting with-author's note] and others. The research participants spoke about resident's the spiritual life, spiritual needs: "holy Mass are held", "once a month Holy Mass is held", "the Mass is held", "with Josvainiai pastor", "church" [whom communicate with –author's note].

This shows that the spiritual life of the old and the elderly as one of the forms of social activity is important as prayer, spiritual concentration as celebration of religious holidays, participating in Holy Mass gives the opportunity to more freely integration into society and enable to live in it (Social Work primer, 2004).

Cooperation, social relations, social relationship survey participants of Ukraine opinion in the context of the category of "Presence of social network", presented in Table 14.

Table 14

Categories „Presence of social network" (N=3)

Category	Subcategories	Number of notion units
Presence of social network	Relationship with Church (Orthodox, [author's note.])	6
	Cooperation with other institutions and organizations	5
	Communication with relatives and close ones	2
	Total:	**13**

Ukrainian research participants denote one of the forms of cooperation, a relation outside institution name "The relationship with the church (Orthodox, author's note])", *"Usually walk to church", "on holidays go to church too", "pray in church"* and etc. As already mentioned in the analysis of Lithuanian empirical data, an important relationship with God, the church and the spiritual life is for this age group. A social worker here is as a leader of relationship and acts for the person and the network running. Gvaldaitė, Svedaite (2005) argue that a social worker here does not have to organize special institutions or service, but he has to help and encourage to meet people that are recognized for meaningful relationship.

What kind of social work methods are applied by research participants to personal social activity are presented in Table 15.

Table 15

Category „Application of social work methods while seeking individual's social activity" (N=6)

Category	Subcategories	Number of notion units
Application of social work methods while seeking individual's social activity	The most commonly used method of social work with the resident	14
	The main social work methods to increase active social participation of a person	9
	Not so oftenly used social work method	3
	Total:	**26**

Having created the categories, with the exception of sub-categories, research participants spoke about social work methods of application in their professional activities in order to activate the participation of the residents 26 times. A meaningful for this research is "Most often used a social work method". The research participants spoke about social work methods which are applied in most cases in their professional activities: *"individual"* [most common method-author's note], *"mostly individual", "only using individual conversations a resident can be persuaded to participate in social life", "individual, group", "direct communication gives him the faith of others", "conversation and listening method is very important", "common aspirations quest and the implementation of those goals and others".* Social work methodically aimed at internal individual change - the concepts of self-perception, behavior, performance, relationship with other qualitative change as systematic social worker operation in Gvaldaitės, Svedaite (2005) opinion, it is always intervention in a person's life. Research participants named the main social work techniques for their work: "*I use individual and group work techniques",*

"individual and group sessions", "individual and group", "community, group and individual", "customized with the client and the group" etc. And not as frequently applied methods of social work: *"co-operation with a fully functional staff", "working with these people teamwork is necessary", "teamwork"* [a social work method used in work-author's note].

In the context of Ukraine research participants identified social work methods, which are applied to a person for more active social participation, are presented in Table 16.

Table 16

Category „Use of Social work methods seeking individual's social activity"(N=3)

Category	Subcategories	Number of notion units
Use of social work methods seeking individual's social activity	The most commonly used method of social work with the resident	6
	The main social work methods to increase active social participation of a person	3
	Not so oftenly used social work method	2
	Total:	**11**

When interpreting the survey data of participants expressed ideas of applying methods of social work, we see that the most frequently used method of individual social work: *"perhaps there is more personal communication"*, "usually we have a face-to-face talk", "with one of the most". Individual work with a person, according to Johnson (2003), is important fact that a social worker with the client shall examine and evaluate the situation in which there is a need for a plan that will help to remove the dysfunctional aspects of the situation. The main methods of social work research participants identified the individual and group work: *"I have the group and individual work",* "there sometimes happen to solve two procedural issues at the same time", "I have to convince individually and group interviews to conduct". The assumption of success of social participation could be identified individual social work approach to the old and the elderly person's social engagement.

In the point of view as old and elderly people living in care institutions accept offers to participate in the activities, research participants opinions allow to formulate the category "Residents positively accept offers to participate in the activities" provided in Table 17.

Table 17

Category „Residents positively accept offers to participate in the activities" (N=6)

Category	Subcategories	Number of notion units
Residents positively accept offers to participate in the activities	Residents willing accept offers to participate in activities	15
	Residents are active in various activities	4
	A person living in an institutions, has the option to choice	3
	Total:	**22**

Once categorized, with the exception of sub-categories, 22 times the research participants provided their views on how the residents themselves accept offers to participate in the activities, show that "Residents willingly accept offers to participate in the activities". The statements of

research participants indicate that the population is willing to accept offers to participate in the activities: *"involved not only as spectators but as participants too", "timidly at the beginning", "without trust", "sometimes scared- how would I look", "there are people who always willingly participate in public life", "staying active", "showing their skills", well"* [as a person accepts the offer to participate in public life-author's note], "some very keen" [to participate in public life- author's note], *"interest: where will we go?", "who is going with me?", "will you go together? Then, it all right",* "later only a part of the residents must be encouraged and reminded to come to the event organized" and other. The survey participants give their opinion about the participation in various activities: *"sufficiently active are those whose disabilities are not so serious"* [social participation situation-author's note], *"in my opinion, the institution works a lot with the residents", "there is attempt, it produces a result", "a part of the residents willingly participate in the organized festivals, events and everyday activities".*

In the context of Ukraine, the results of how old and elderly people living in nursing institutions accept offers to participate in activities is presented in Table 18, in the category "Residents positively accept offers to participate in the activities".

Table 18

Category „Residents positively accept offers to participate in the activities" (N=3)

Category	Subcategories	Number of notion units
Residents positively accept offers to participate in the activities	Residents willing accept offers to participate in activities	20
	Residents are active in various activities	4
	A person living in an institutions, has the option to choice	3
	Total:	27

A man becomes a member of society, not only as an object of socialization, but also as a subject too. As a subject, he does not only try to take over the social and cultural values, but also realize their potential in society. Human socialization is successful then, when his personality improves (Leliūgienė, 1997). Old and older person living in care institutions engages in various activities, promotes socialization, this is the basis for feeling and presenting oneself as a personality. On the base of the results of the research how the residents accept proposals to participate in activities, shows that "Residents willingly accept offers to participate in the activities": *"they even ask where, what and when will happen", "those who are independent", „not all of them are closed", "getting ready for", "dress up", etc.* Several worthy statements are noted: *"there are some in wheelchairs, but if they want, they can be transported into the hall",* "those who are independent, they take part", which can be seen as a positive for receiving the proposals for participation, influenced by the social worker's efforts.

3.5. Generalization of the research results and discussions

The research identifies the assumptions of success of social participation of the old and the older persons, living in care institutions within social worker approach, the views of this phenomenon, prism, are visible in Figure 2.
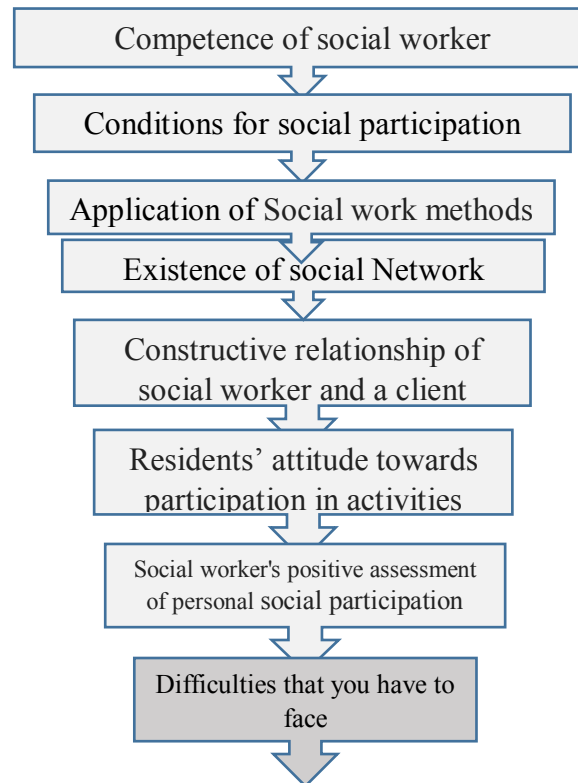

Figure 2 . Assumptions of successful social participation of old and older person living in care institution.
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Social workers competence has been identified in the research as a key of precondition for success of social participation of the old and the elderly person in care institutions. Social Work is a process in which all components are connected and complementary for a more active social participation of the old and the elderly person in care institution. In a social work, according to Johnson (2003), a person widely deals with analysis of a given situation and social functioning is done through the broadest knowledge. This knowledge is about assistance methods and applications of the system of values based on professional, organization, community and their personal values. A social worker with the required competencies, such as knowledge, skills, moral values (Indrašienė, Garjonienė, 2007) and the capacity to adapt them in their work, enabling social participation. Social work methods make it possible to establish a closer relationship with the person (Gvaldaitė, Švedaitė, 2005). As participation and social engagement, social network, its presence indicates the human sociability. The fact that we are associated with a number of others with whom our paths interact and how Dillon (2010) approves too, it is important both socially and morally. Relations of social worker and a client, individual approach, positivity [54] forms a positive attitude to the proposals to participate in the activities for care

home residents. Positive assessment by social worker of old and older person social participation shows, how a specialist values the client as a personality, emphasizing his strengths. The challenges that are confronted are to likely be settled by means of social worker competence.

Specificities of prerequisites for the success of social participation of the old and the elderly person in care institutions in social work aspect in Lithuania and Ukraine have been identified and are provided in Figure 3.
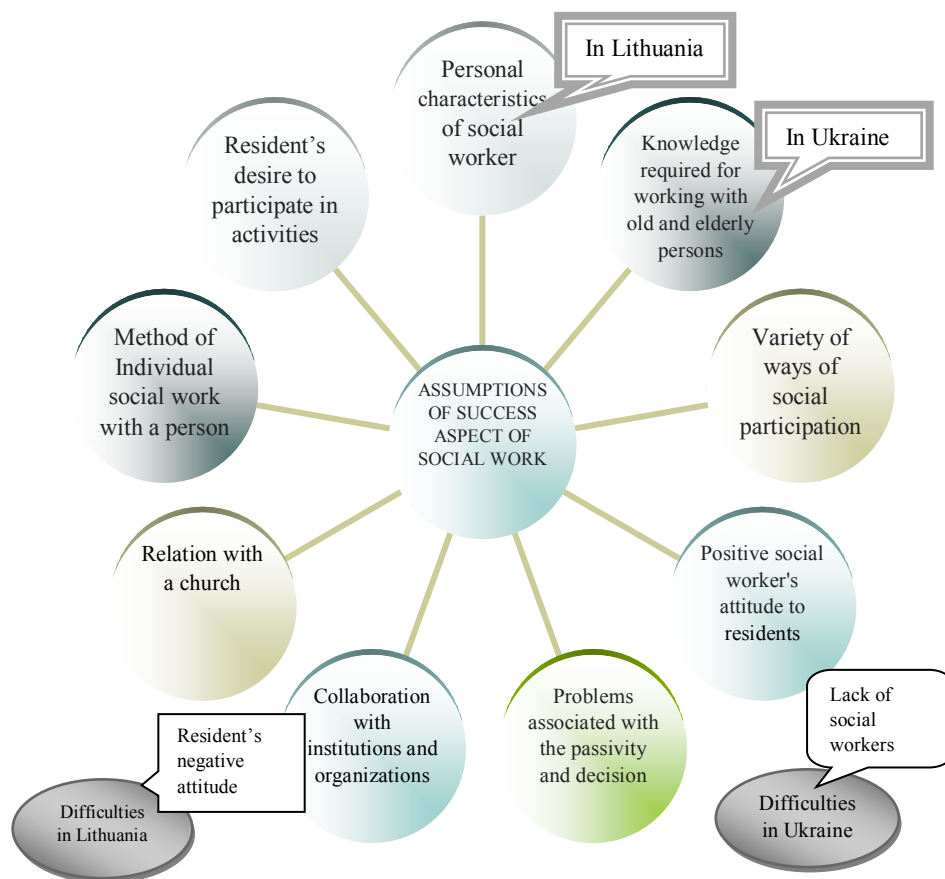

Figure 3. Social participation and success factors of social work aspect of old and older person living in care institutions, in Lithuania and Ukraine

Empirical research participants expressed the opinion by key units is divided into sub-categories, which enable formation of social participation to succeed in social work aspect. Social participation in a variety of ways, positive social worker's approach to the social participation of a resident, the ability to find ways to solve problems, collaboration and organization of social networking and support, deny Johnson's, Larson's (2009) view that the care home established norms and standards hinder older people access to the use the same as others of similar age people use [living at own home-author's note]. In their belief, flexibility would individualized office procedures, but the indications relating to the date of the rhythm, the life of the institution turn into a daily routine. However, the survey results do not confirm this,

and show how diverse and socially active may be life of old and older person living in care institutions.

Individual work with the client and the result received, the resident's desire to participate in activities is close to Golant's (2011) argument that older people have the skill to survive life discomfort, emotional experiences or the overall negative assessment, it is likely that this is their short-term inconveniences of life.

In the opinion of Lithuanian survey participants, personal social worker qualities can be called a major success of social participation in the social work aspect. And it is likely modifies Naujanienė's (2004) demonstrated approach to an old man to the fact that when he [the old man – author's note] becomes "the case", there is a risk that professional standards will exceed the personal values and individual lifestyle choices.

In the case of Ukraine, research participants focused on the need of knowledge required for working with old and elderly possession. Knowledge of social work as provided by Johnson (2003), notably common, the most borrowed from the social sciences, especially psychology, anthropology, physiology, and so on. Major social work knowledge is what is known about the people and their social systems. This knowledge about human development, human differences, social work process, intervention, and the opinion of the survey participants can be seen as a desire to improve, the need for the investigation process can be described as a social worker and self-knowledge. According to Johnson (2003), the surrounding sees as our ignorance of attitudes and values affect our interaction with others and the ability to help them. Self-perception as a personality, gives a basis for the other person to accept as a personality.

Difficulties that face Lithuania for the old and the elderly person in care institution for a more active social participation, detection, isolation, show the competence of a social worker. Because, according to Johnson (2003), social work problem is the way of the need to transmit through feelings, thinking and functioning of the invention. In the context of Ukraine a social worker need is expressed, it can be described as aspirational marking the significance of the profession by providing social services for elderly and the elderly in institutions and at the same time to the old people more successful social participation. The results allow to make and present conclusions of a phenomenon of social participation and success assumptions of social work aspect about the old and the elderly person in care institutions.

Conclusions

1. Social participation, as a part of the welfare of society, depends on the public ideology of the views, collected through formal and informal interactions for the development and creation of social networks. Old and older person living in care institutions of social participation is understood as the right and opportunity to remain possession of a full-fledged member of society, denying part of society approach to institutionalization as a personal expression of social isolation. Social participation is not an individual process, it is based on reciprocity – active person and open community.

2. On the basis of the theoretical analysis of the phenomenon of social participation, care services for people in this age group is as compensation in the form of decrease in their physical, social autonomy therefore social participation is a state social services quality term, promoting their participation in society to help as long as possible to preserve the autonomy and independence. Social work with old and elderly people living in care institutions include not only the social and health care coordination, but is oriented to comprehensive personal needs, personal and social network interaction between individual human problems and its social environment. Social worker is a part of this multi-assistance system, competent, who has its moral code and value system

3. The results of empirical research in Lithuania and Ukraine, discovered preconditions for social participation of the old and the older person living in care institutions: competences of social worker, the conditions for social participation, social worker's positive attitude towards the participation of resident from care institution, constructive relationship of the social worker and the client, presence of a social network, application of social work methods for personal social activeness of the resident and positive attitude towards proposal to participate in activities.

4. Assumptions of success of social participation of old and older person living in care institutions in social work aspect at the international level to be qualified: many and various social forms of participation, positive social worker's attitude to social participation of the resident of care institution, knowledge of solutions of the problems associated with the person's passivity, cooperation with other institutions and organizations, the relationship with the church, individual work with the person as a basic social work method of application, the people's desire to participate in various activities. In Lithuania the main precondition for success, personal social worker characteristics is noted that influence the resident for more active social participation, whereas Ukrainian research results suggest that necessary knowledge to work with the old and elderly persons, the difficulties that research participants face for greater personal social participation, as for a solution of a problem, it can also be considered a precondition for success of social participation.

Recommendations

According to the research results and conclusions, the following recommendations are provided:

Colleges and universities that train social workers, curriculum coordinators, and social work research program for teachers:

❖ Developing training programs there should be more focus on social gerontology teaching to the students as a future social workers, for their general competencies and skills in working with the old and elderly acquisition.

❖ The practice of social work students should be performed in the first semester, in order to help them to understand the specifics of social work and the spirit, and perhaps to help to realize their appropriateness.

❖ To encourage student volunteering in institutions, providing services for old and the elderly.

For coordinators of methodological centers organizing training seminars for social workers refreshing knowledge:

❖ To prepare periodic training programs for qualification, seminars, oriented to work with old and elderly persons living in care institution.

❖ Lecturers and experts of the field with specifics knowledge of this work should be invited to conduct such trainings.

For social workers:

❖ To improve the psychological and gerontological knowledge of working with old and elderly persons in trainings, seminars and supervision process. If necessary, to request the resource centers, educational institutions providing training of professionals, that these activities were designed to work exclusively with the old and elderly of care institutions.

❖ To communicate and collaborate with other care institutions for the purpose of social workers to share best practices.

❖ To be closer to the person of custody, to communicate with him and his surrounding in order to understand his psychology, expectations, problems.

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SENO IR PAGYVENUSIO ASMENS, GYVENANČIO GLOBOS ĮSTAIGOJE, SOCIALINIO DALYVAVIMO SĖKMĖS PRIELAIDOS: SOCIALINIO DARBO ASPEKTAS

Santrauka (Summary)

Tyrimu siekiama atskleisti seno ir pagyvenusio asmens, gyvenančio globos įstaigoje socialinio dalyvavimo sėkmės prielaidas socialinio darbo aspektu.

Tyrimo objektas – seno ir pagyvenusio asmens, gyvenančio globos įstaigoje, socialinio dalyvavimo sėkmės prielaidas socialinio darbo aspektu.

Iškeltas tyrimo tikslas – teorinio ir empirinio tyrimų pagrindu atskleisti pagyvenusio ir seno asmens, gyvenančio globos įstaigoje, socialinio dalyvavimo sėkmės prielaidas socialinio darbo aspektu.

Tyrimo uždaviniai yra: 1. Pateikti senų ir pagyvenusių asmenų, gyvenančių globos įstaigoje, socialinio dalyvavimo fenomeno teorines įžvalgas. 2. Išnagrinėti socialinio darbo, kaip kompleksinės pagalbos senam ir pagyvenusiam asmeniui, gyvenančiam globos įstaigoje, raiškos ypatumus ir taikant teorinę analizę sukurti teorinį - hipotetinį socialinio dalyvavimo prielaidų modelį. 3. Taikant atviro tipo apklausą raštu ir interviu, atskleisti seno ir pagyvenusio asmens, gyvenančio globos įstaigoje, sėkmingo socialinio dalyvavimo prielaidas socialinio darbo aspektu Lietuvoje ir Ukrainoje. 4. Naudojant teorinius ir empirinius tyrimų rezultatus, pateikti sėkmingo socialinio dalyvavimo prielaidas socialinio darbo aspektu. 5. Pateikti rekomendacijas institucijoms ir įstaigoms, kurių veikla sietina su socialinio darbuotojo rengimu ir profesinės veiklos tobulinimu.

Darbe pasirinkti ir taikyti tyrimo metodai: teorinė analizė, interviu ir atvira apklausa raštu, turinio (content) analizė.

Tyrime dalyvavo 9 socialiniai darbuotojai, dirbantys globos įstaigose, kuriose teikiama ilgalaikė (trumpalaikė) globa seniems ir pagyvenusiems asmenims Lietuvoje ir Ukrainoje.

Tyrimą sudaro 3 dalys. Teorinėje tyrimo dalyje pateikiamos seno ir pagyvenusio asmens gyvenančio globos įstaigoje socialinio dalyvavimo fenomeno teorinės įžvalgos ir socialinis darbo kaip kompleksinės pagalbos asmeniui, gyvenančiam globos įstaigoje teorinė analizė. Empirinėje dalyje analizuojama socialinio darbuotojo nuomonė apie asmens, gyvenančio globos įstaigoje, socialinį dalyvavimą, siekiant identifikuoti prielaidas, lemiančias sėkmingą socialinį dalyvavimą.

Iškeltas tikslas ir suformuluoti uždaviniai leido kryptingai atlikti tiriamąjį darbą ir atlikus socialinių darbuotojų nuomonės analizę atskleisti pagyvenusių ir senų asmenų, gyvenančių globos įstaigoje, sėkmingo socialinio dalyvavimo prielaidas socialinio darbo aspektu Lietuvoje ir Ukrainoje ir pateiktos išvados:

1. Socialinis dalyvavimas, kaip visuomenės gerovės dalis, priklauso nuo visuomenės ideologijos, visuomenės požiūrio, kaupiama per formalias ir neformalias sąveikas, plėtojančias ir

kuriančias socialinius tinklus. Seno ir pagyvenusio asmens, gyvenančio globos įstaigoje socialinis dalyvavimas suprantamas kaip teisė ir galimybių turėjimas išlikti pilnaverčiu visuomenės nariu, paneigiantis dalies visuomenės požiūrį į instistucionalizaciją kaip asmens socialinės izoliacijos apraišką. Socialinis dalyvavimas nėra individualus vyksmas, jis grindžiamas abispusiškumu - aktyvus asmuo ir atvira bendruomenė.

2.   Remiantis teorine socialinio dalyvavimo fenomeno analize, stacionarios globos paslaugos šio amžiaus tarpsnio žmonėms yra kaip kompensavimo forma sumažėjus jų fiziniam, socialiniam savarankiškumui ir socialinis dalyvavimas yra valstybėje teikiamų socialinių paslaugų kokybės išraiška, skatinanti jų dalyvavimą visuomenės gyvenime, padedanti kuo ilgiau išsaugoti savarankiškumą ir nepriklausomybę. Socialinis darbas su senais ir pagyvenusiais asmenimis gyvenančiais globos įstaigoje apima ne tik socialinių ir sveikatos priežiūros paslaugų koordinavimą, bet yra orientuotas į visapusišką asmens poreikių tenkinimą, asmens ir socialinio tinklo sąveiką, individualių žmogaus problemų ir jo socialinės aplinkos ryšį. Socialinis darbuotojas yra šios daugiaasmenės pagalbos sistemos dalis, kompetetingas, turintis savo moralės kodeksą ir vertybių sistemą.

3.   Empirinio tyrimo Lietuvoje ir Ukrainoje rezultatais identifikuotos seno ir pagyvenusio asmens, gyvenančio globos įstaigoje socialinio dalyvavimo prielaidos: socialinio darbuotojo kompetencijos, sąlygos socialiniam dalyvavimui, socialinio darbuotojo teigiamas globos namų gyventojo socialinio dalyvavimo vertinimas, socialinio darbuotojo ir kliento konstruktyvūs santykiai, socialinio tinklo buvimas, socialinio darbo metodų taikymas siekiant asmens socialinio aktyvumo ir gyventojų teigiamas pasiūlymo dalyvauti veiklose priėmimas.

4.   Seno ir pagyvenusio asmens, gyvenančio globos įstaigoje socialinio dalyvavimo sėkmės prielaidomis socialinio darbo aspektu tarptautiniame lygmenyje įvardintinos: daug ir įvairių socialinio dalyvavimo būdų, pozityvus socialinio darbuotojo požiūris į globos įstaigoje gyvenančio asmens socialinį dalyvavimą, problemų, susijusių su asmens pasyvumu sprendimo būdų žinojimas, bendradarbiavimas su kitomis įstaigomis ir orgsnizacijomis, santykis su bažnyčia, individualaus darbo su asmeniu, kaip pagrindinio socialinio darbo metodo, taikymas, paties gyventojo noras dalyvauti įvairiose veiklose. Lietuvoje pagrindine sėkmės prielaida identifikuotas asmeninių socialinio darbuotojo savybių, įtakojančių gyventojo aktyvesnį socialinį dalyvavimą turėjimas, Ukrainos tyrimo rezultatais įvardijamas reikalingų žinių dirbant su senais ir pagyvenusiais asmenims turėjimas, Tyrimo dalyvių pateiktų sunkumų, su kuriais tenka susidurti siekiant aktyvesnio asmens socialinio dalyvavimo, kaip problemos, išsprendimą taip pat galima laikyti socialinio dalyvavimo sėkmės prielaida. Pateiktos rekomendacijos.

Esminiai žodžiai: senas ir pagyvenęs žmogus, socialinis dalyvavimas, socialinė kompetencija, socialinės paslaugos, globos įstaiga, ilgalaikė (trumpalaikė) senų ir pagyvenusių žmonių globa.

Annexes