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**PERSONS WITH DISABILITIES, SOCIAL SITUATION EVALUATION**

*Master's thesis*

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## Summary

In this thesis theoretical analysis of scientific literature is carried out, which is related to the theme about disabled people's life quality at foster home and results of investigation are based comparing them with scientists' investigation data of similar type.

The aim of the survey: to analyze the social situation of disabled people at the perspective of social workers and their assistants.

Seeking to find out how people, working as social workers do estimate quality of disabled people life evaluation questionnaire, created especially for this reason has been used. Participants of the survey were interviewed using a questionnaire, which was prepared by the investigator. 102 respondents, who are working at social service home of Šilalė district, which is providing day care service for people with mental disability and 102 people from Ukraine employed as social workers participated in the survey.

The main conclusions of the research: since Lithuania joined the European Union, clinical estimation of disability is switched to bio-psychosocial, which emphasizes the importance of the implementation of disabled people social participation paradigm, where is necessary, seeking the effectiveness of social worker's job fulfillment, to harmonize the knowledge and skills, which allow to act professionally, fast and competent, and values, which let to do the work without prejudice to the ethical norms. Acting professionally social worker is able to synchronize all these areas. The most important factors which make the involvement and participation of disabled people in society's life possible are such as personal activity and open community. Important thing is that people with disabilities would have every opportunity to make decisions, as far as possible to live a more independent life and participate in community events. After the fulfillment of integration of respondents approach towards disabled people it was estimated that many respondents in Lithuania presume that the disability may be controlled by the person when meanwhile the answers of Ukrainian respondents differ in statistically significant way, so this allows to state that Ukrainian respondents are more likely to think that disability can not be controlled by the person. According to the opinion of the most respondents it has been determined that disability depends on other people's will; it has been also found out that it is disagreed that a person with disability should stay in some care institution, because disabled people are not a burden for society, they do not need a discipline and control as little children do and the applied supervision for them in care institutions is not sufficient so it would not be a contradiction if such people would live in a neighborhood. It should be given more resources of such people medical treatment. People with disabilities are not considered to be unhappy, though disability doesn't let them integrate into community, get employed, to learn and educate properly. Our society should take over much more tolerant provisions for people with disabilities.

Relevance of social worker's competence development requirement was revealed in both countries: ability to investigate social phenomena, create strategies of social problem solving, develop abilities of knowledge implementation in a changing society, to think critically and to estimate the social phenomena in an intercultural context.

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## PREFACE

**Problem and relevance of the research.** Social area is one of the priority ones and particularly relevant for every country's institution which provides social services, therefore appropriate organization of social work and some competence of social workers have a big impact ensuring quality of life of people with disabilities. Social workers, as organizers of social work, need the ability to act flexibly and creatively, tolerate indetermination and exploit it for the implementation of innovations (Gevorgianienė, Fargion, 2012). These skills should be an integral part of the social worker's competence. Increasing number of people with disabilities in care institutions motivate social workers in Lithuania and Ukraine to look for possibilities which would ensure subjective and objective quality of life for them (Андрущенко, Табачек 2007; Vaznonienė, 2011).

Today's scientist, politicians – strategists which are particularly interested in the welfare of every member of the society (Johansson, 2001; Fahey, 2003) seek to find out the problems, find the means and opportunities which would enable to ensure not even the minimum quality, but would motivate to seek for the higher quality of life, because better psychosocial wealth of a person also means more integrated society (Vaznonienė, 2011). It is applicable for people living at foster homes, who have disability, because they are a part of society also. It is likely that social workers, characterized by professionalism and competence, are often better able to provide general and specific social services and react to the newly emerging social problems working with disabled people. It also should be noted that people under the care of specialized care/day care institutions are being separated from society and in such way are slowly losing their individuality and such basic values as personal substance or privacy. People become dependent on the daily routine, which is made for them: they wake up, eat and rest only on the particular time and their personal needs or interests are rarely taken into account. Specialists work with care home residents in large groups, social distance is kept between personnel and wards, their different statuses reveal (Ilgarūbytė, 2015). In 2010 Lithuania ratified the United Nations Convention on the rights of people with disabilities and its Optional Protocol. When it was confirmed, Lithuania committed to seek that people with disabilities in Lithuania could live as more comprehensive life. For this purpose on the 15 day of November, 2010 European Committee approved Europe's 2010-2020 year strategy regarding the disability. One of the most important goals of strategy was named motivation of independent life of disabled people, deinstitutionalization and development of community services. Therefore on the 16 of November, 2012 minister of Lithuanian Republic's Social Security and Labor signed the order „ For strategic guidelines approval of social care home deinstitutionalization for disabled children, children without parents care and adult disabled people “. Guidelines of deinstitutionalization implementation were determined in the order and it was clearly identified that

during the execution of deinstitutionalization redistribution of material and human resources and further work according to the established model will be avoided. In such way it was planned to enable municipalities to provide community-based services, to create an alternative to institutional care of social services. But reality is completely different.

Today in Lithuania issues of care quality and deinstitutionalization for disabled people are being actualized, but they remain in a form of discussion because there is a lack of actions based with serious arguments and scientific researches which motivate deinstitutionalization. We may assign the process of deinstitutionalization for the late modernity when it was still only started to take care about mental and emotional wellbeing of people living in care institutions. As it is known, the exact opposite took place in early modernism, especially until the eighth decade of XX century when institutionalization of some society's groups took action, such as infants deprived of parental care, children or mentally disabled people, their life and care was meant to be understandable only in a way of institution care (Dunajevs, 2011).

The need of social services is being estimated according to demographic, economic and social situation evolving in society or in a specific city. Lithuania and Ukraine is not an exception. Therefore specifics of social work in both countries will be analyzed in the thesis. Social problems and aspirations of overcoming them are very similar and equally actual in both countries: increasing migration, unemployment, problems of elderly people, poverty, increase of addiction diseases, and medical attitude to people with disabilities, public indifference (passivity) in their respect and etc. Estimation results of the most actual social problems allow noticing that their solution is the field of social worker's activity. This grounds again the importance of social work and the necessity of social policy sustainable implementation in various levels which is not possible without the competently trained professionals of social work.

Competencies of social workers and features in a field of social work were analyzed by Virbalienė, Račkauskienė, Šumskienė (2011), Išoraitė (2007), Žalimienė (2006), Dirgėlienė and Kiaunytė (2005). Scientists Алексюк, Воловик, Кульчицька, Сигаєва emphasize the importance of general competencies in a professional activity of social worker, analyze the abilities which are important ensuring the efficiency of social worker's activity.

The concept of life quality of people with disability was investigated by the following scientists: Kreivinienė, Vaičiulienė, 2013; Šarakauskienė, Bagdonas, 2011; Rėklaitienė and etc., 2010; Rakauskienė, Skučas, 2009; Ruževičius, 2007; Šilinskas, Žukauskienė, 2004; Donald, 2003; Furmanavičius, 2001.

#### **Problematic questions of the survey:**

What is the social situation of disabled people in Lithuania and Ukraine? What are the positive aspects and/or problems of the situation, similarities and differences being actualized in the contexts of Lithuania and Ukraine?

**Object of the survey** – estimation of social situation of people with disability at the approach of social workers and their assistants.

**The aim of the survey** –to analyze the social situation of people with disability at the approach of social workers and their assistants.

**Tasks of the survey:**

1. To describe the problem of life quality of disabled people under conditions of institutionalized care applying methods of theoretical analysis.
2. To describe the organization / provision of social services which in a care home applying methods of theoretical analysis which aim to ensure the life quality of social service recipients.
3. To identify the social situation of disabled people in Lithuania and Ukraine at the approach of social workers and their assistants applying the methods of quantitative research.
4. To reveal the positive aspects and/or problems, similarities and differences of social situation of people with disability, actualized in the contexts of Lithuania and Ukraine, applying the methods of qualitative research.

**Participants of the survey.** Participants of the survey – social workers and their assistants of Lithuania, Šilalė district social service home and Ukraine, Svetoshinsky (Святошинський) district territorial social care centre workers.

General scope – 204 respondents (102 both – from Lithuania and Ukraine). Scope was formed using the non-stochastic method by selecting the groups, when distribution of subjects in the general set is not known. The group was formed using the convenient selection method.

**Stages of the survey:** first stage (October, 2015 – January, 2016) – analysis of scientific literature; second stage (January, 2015 – March, 2016) – conceptual part of the scientific work is presented; third stage (March, 2016) – analytical part of scientific work is presented; fourth stage (March – April, 2016) – analysis and summation of the research data, preparation of report.

**Methodology and methods of the survey.** For the realization of empirical survey methodology of quantitative research has been chosen. Data was obtained applying questionnaire method. During the short period of time at the low cost of funds 204 respondents had been surveyed. Method of questionnaire is formalized easily – it facilitates analysis of the collected data (Kardelis, 2007). Data received during the survey was processed using SPSS version 17 package and Microsoft Office Excel 2007 program. Descriptive statistical methods have been used for estimation of received variables.

**Key concept**

**Deinstitutionalization** – breakdown of existing institutional structure (Dunajevs, 2011) and „, all processes of planned transformation, scope reduction and (or) closing processes of care institution,

creating at the same time the standards of various other children care services which are oriented on the results and regulated according the law “ (UNICEF, 2010, p. 52)/

***Institutionalization*** – establishment of institutional structure (Dunajevs, 2011)

***Social participation*** – resettlement, personal activity and open society are the main conditions of social participation. Social participation develops such personal features as courage, dignity, justice, responsibility, ability to choose freely, planning of the future, and respect for traditions.

General features of this process: individualization, the equivalence, independence, cooperative communications, networking, open solution of conflicts, respect for differences, social skills (Ebersold, 2007).

**Structure of the thesis:** summary in English language, preface, 2 sections, conclusions, list of used literature (63 sources), summary in Lithuanian language, appendixes. According to the data of the survey 30 images and 3 tables were illustrated. In appendixes is presented: operationalization of the survey object, questionnaire for people engaged in social work (social workers and their assistants). Volume of thesis – 69 pages.



# **1. POSITIONING OF SOCIAL SITUATION OF PEOPLE WITH DISABILITIES AT THE ASPECT OF SOCIAL WORK**

## **1.1. Social work as a professional activity seeking a life quality for people with disabilities**

Social security of our country, Lithuania and Ukraine and people with disability is one of the most important concerns of today. A time of change in which we live is changing the established structures, usual activities and roles. Today we talk more and more about correlations of social workers' competence and life quality if disabled people. Social stability of each country depends on the capacity of country's government to reallocate funds in such way that needs of various social stratum would be satisfied. Social welfare standards and minimum norms of social life are not established in Ukraine, objective information about social needs of various citizen stratum is not sufficient. Three state welfare and care models are identified in scientific literature: liberal, conservative or motivating, corporate and redistributive or social-democratic (Esping – Andersen, 1990). In Ukraine all these models are applied: social-democratic model with elements of social insurance, liberal model with elements of solidarity and motivating corporate „welfare state“ model. Concept of social work, when analyzing it, is being described quite differently. One approach treats it as an aid system to socially weak groups of society; another approach looks more widely to social work – as to the complex of individual needs and interests. Social policy and social work confront the interests of social groups which compete for limited resources, idea of justice, the general needs of society and citizens' standard of living (Anuškevičius, 2006).

Guogis (2007) states that there is no unanimous scientific opinion on social work and social security terms.

International Federation of social work (IFSW) has presented and is using the following international definition of social work: „ Profession of social work promotes social change, solution of problems concerning human relations, provides opportunities and assistance improving their life. On the basis of human behavior and theories of social systems, social work seeks the harmony of people and their environment interaction. Human rights and social justice are the most important principles of social work“(IFSW Montreal, Canada, July 2000, p. 57).

According to opinion of Bagdonas (2001), social work as the activity (respond to care, estimation, planning, solution of problem – acting, manipulation, intervention, evaluation of the reached change and outcome) – is not the short-term one-time reaction, but the process which includes three the most important interacting components: the client, circumstances and the social worker himself.

Social policy, on which activity of social work organizers depend, performed by the state is the counterweight to the market fundamentalism. The essential significance lies not for profit redistribution, but for the relation of solidarity values with the principle of competition. Organization of social work is not only the help for an individual in case of disability, it also covers broader objectives: to maintain humanity; to ensure the protection of human rights; to promote the increase of well-being involving maximally physical and mental powers of each person; to create conditions for every person to give and to get from society more; to avoid social upheavals (Anuškevičius, 2006).

I. Leliūgienė (2003) divides social work depending on the organization of work and the nature of the aid. In such case if the correction of behavioral abnormalities is required, as it happens in most cases during the work with disabled people, the author indicates that the following methods of work may be applied: therapy of work, methods of leisure time organization, methods of education and upbringing, methods of involvement into beneficial for community work, methods of social control, social pedagogical care and etc. Organizing social education following methods are applied: social diagnostics, social pedagogical work in an open environment, projects, cultural animation, self-help and mutual help, training activity, educational activities experience.

In order to give efficient and effective help it is very important for a social worker to be able to estimate efficiency and effectiveness of the provided help and social work. L. Sapežinskienė and other authors (2003) indicate that social worker is a specialist, whose work experience is to enhance human abilities to adapt to the environment, rebuild relations with community helping him to integrate to society and promoting more wholesome human social functioning (Sapežinskienė et al, 2003).

E. Pilipavičienė (2006) denotes that social services is the main form of social work organization; goals of social work and social services are almost the same – it is being aimed to restore and help to maintain personal relationships with the society when the individual is not able to do it by himself (Pilipavičienė, 2006). L. Žalimienė indicates that social services include such services with the help of which professionals of social work are enabled to return the human ability to take care of himself and integrate into society composing the conditions which do not degenerate a human dignity (Žalimienė, 2003).

In terms of social work specifically, not the social policy, it should be noted that social work should be oriented to the client's activity. The customer should be treated not as a passive social service user or a receiver, but as an active participant of the issues. Social worker has to become a leader in this process of client's social situation change and show methods of needs satisfaction and reduction of troubles. Therefore social work is named as an interacting activity of social worker and customer which is realized under certain circumstances (political, law, material, human resources, community and society provisions) (Marcinkevičiūtė et al, 2007).

Traditionally, it is believed that the dominant role belongs to social workers. It is emphasized that they often take a role of organizer and coordinator realizing the social policy. Solution of social problems becomes effective when formulated social objectives of society are being estimated (Anuškevičius, 2006).

It is also emphasized that with social policy it is aimed to allocate the financial resources between society members on the basis of solidarity and social justice principle, help socially weak society groups solving the recent social problems and avoid the new ones. Important part of social workers' activity is social services thanks to which certain objectives of social policy are implemented. These services are provided for people who appear in different situations of social risk.

Applying passive means, such as allowances, compensations and pensions is trying to alleviate some of the problems, rather than to eliminate their causes. R. Dahrendorf states that "the growth of economics will not suppress employment neither new unemployment nor new poverty. Concrete, at its widest meaning, additional actions are required and it prove that it is not a problem of social welfare" (Dahrendorf, 1996). Therefore the tasks of social worker's job are much more wider than taking care of the passive means.

According to V. Skominas (2000) residents participating in the market receive a so-called direct primary income – wage, rent, interest and dividends. But the part of society members do not have the resources which provide such funds or the available amount is not sufficient for satisfaction of their own personal needs even in the minimum level, for example – children, disabled people, elderly people, temporary unemployed citizens. The state is trying to solve this problem redistributing the income and here social workers of wards become the direct assistants but they are focused not only on this object of work.

Bagdonas (2001) states that social work (its object) may be defined as:

- determination of social problem, evaluation and decision;
- interaction of social worker and a client;
- prevention of social problems;
- manipulation of circumstances;
- intervention of crisis;
- socialization and social integration, and etc.

At the narrow point of view social services are defined also in the context of social security system. As a part of this system using which is being aimed to eliminate the social exclusion, support the equality of people involving to society, providing services for the most vulnerable groups – elderly people, disabled, families, children, youth, unemployed people, homeless people, refugees and etc. (Žalimienė, L., 2003, p. 12). Important aspect in terms of social

services is the help of social service for people not financially but trying to integrate them to society.

Analysis of social service concept is specified by the three objects of this service (Žalimienė, L., 2003, p. 18), which are implemented by the social workers of wards:

1. The most important object of social services is to satisfy the vital needs of people and to create conditions which do not degenerate the human dignity when they are not able to achieve it independently. These are the services oriented at least to minimum satisfaction of needs.
2. The final goal of social services is to restore the human ability of functioning in society in such way that he would be able to care of himself independently in the future. These are the services oriented to the complete and mutual satisfaction of needs.
3. Social services may be provided as the prevention seeking to block the emergence of problems.

Social services as one of the service groups, according to its type, are very different and include many types of services. Classification of social services is provided in the 6 article of Lithuanian Republic's social service law (2006) and 4 clause of Social service catalogue (2006), where social services are divided to general and special social services ( see figure 1).

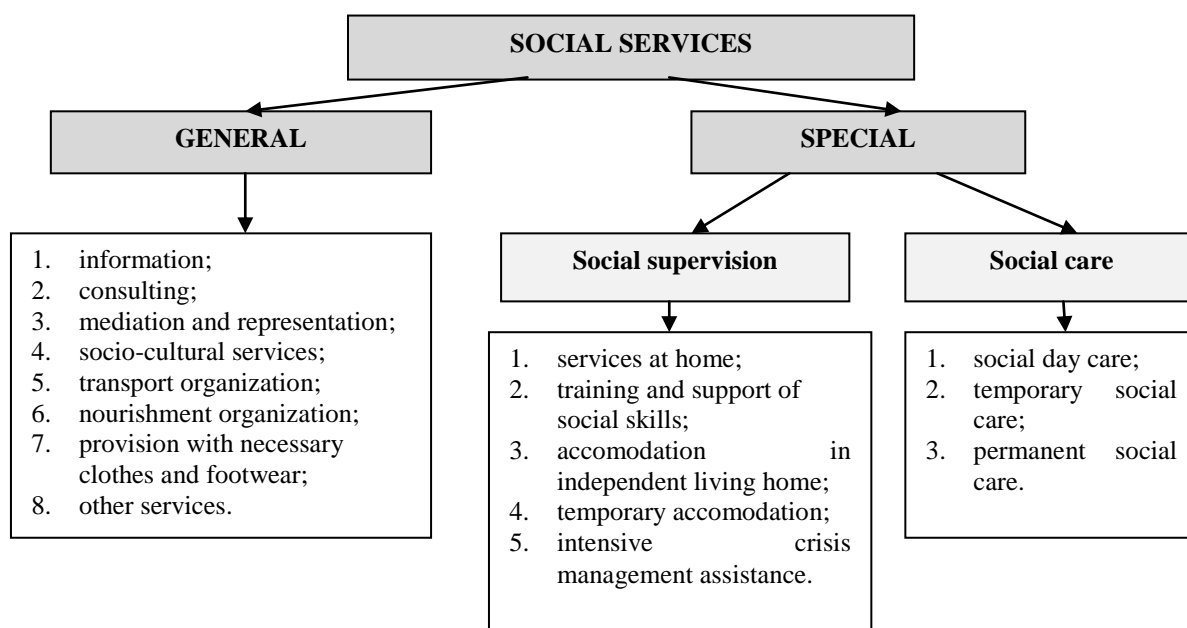


Figure 1. Types of social services (Law of LR Social services, 2006)

Source: made by the author of thesis

We can say that nowadays solution of social problems is one of the priority areas in society and role of social workers and their entrepreneurial competence has a significant contribution to solving various problems, especially to poverty reduction. The concept of social work is being analyzed by many authors. There is no doubt that the role of social workers becomes more actual for the

increasing gap between the social groups. Currently social worker is the main provider of social services. Furthermore this specialist has such functions as organization and coordination of social services. The complicacy and complexity of social worker's activity is crucial for his importance for society and state – activity of social worker has an impact for changes in society, for solution of human relations problems; it helps to strengthen the skills of functional existence of society and education of people seeking the increase of their welfare (Social work: introduction to professional activity, 2004). Thus, job of social worker includes a wide range of target groups, a variety of activities and different roles. Also a social worker has the biggest responsibility for the quality of social services. Activity of social workers becomes more actual and more important solving the emerged social problems and working with disabled people. It is written about this in more details in the next section.

Competence of personnel providing social services and their preparation for work with disabled people has an impact for efficiency and effectiveness of social services. Activity of social work is closely related to the competence of social work.

Social worker, during interaction with a customer, integrates and reflects knowledge, skills and values – the components that make up the social worker's professional competence system (Večkienė et al, 2010). Professional competence is the whole consisting of knowledge, skills, abilities, value orientations, motivation and sense which are needed for a successful professional activity and experience of this activity (Social workers' professional development schedule of social service field, 2015).

In a process of interaction of social worker and client tension arises between personal and professional identity, personal, professional and social experience interact, what is the base of social worker's Professional and communicational competence executing intervention under the crisis conditions (Liobikienė, 2006).

Generalized scheme of competence concept is shown in Figure 2. Unlike in other professions competence of social worker has a unique value because it is related to the most vulnerable part of the public welfare.

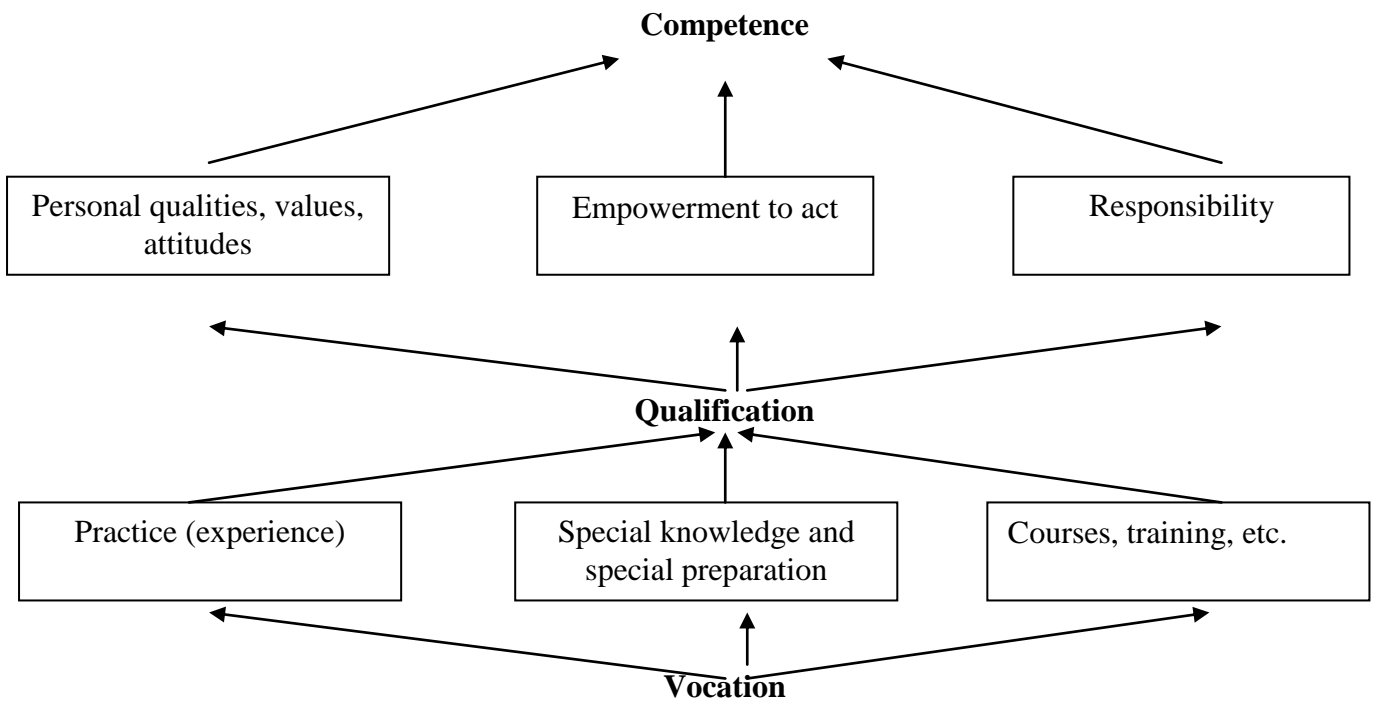


Figure 2. Scheme of competence concept (made by the author)

Competence is directly related to the qualification of a social worker that is with usage of some certain skills. Venna (2002) distinguishes three levels of professional competence (see Figure 3). First level is fulfillment of tasks in accordance with acceptable labor standard. This level of competence may be achieved using introductory training programs, the goal of which is to provide for everyone the same basics of work methods, develop general skills to function effectively, make decisions and so on.

Second level is the competence, necessary to improve the current practice. To achieve such level qualification improvement programs are used, the goal of which is to provide the knowledge and skills necessary for social workers, in order to perform duties better and functions assigned to a particular activity.

Third level is the knowledge which encompasses several disciplines and is necessary for solving various complex problems or situations. Knowledge of communication and collaboration is playing an important role here.

	Knowledge of work and skills	Latest professional knowledge	Knowledge of the relevant field covering several disciplines
3. Competence of the relevant area			Solution of the complex problems through cooperation
2. Professional competence		Improvement of methods and processes	
1. Competence for the performance of task	Effectiveness performing the tasks of work		

Figure 3. Social workers' levels of competence and development trends (Venna, 2002)

In order to become a specialist of social work it is required to gain professional skills, applying which it would be able to help the client to change constructively problematic situations in his life. There is not only one but a big variety of skills in social work which specialist has to be able to apply effectively working with an individual customer, groups or community.

According to A. A. Kozlovas et al (2007), general (independent of the operating specifics) and specific characteristics of professionalism are distinguished.

Category of social worker's professionalism should be analyzed at the aspect of social work activity and unity of personal actions as the professionalism of person and activity. Professionalism of social worker's activity is a high professional qualification and competence, mastery of professional skills and abilities, modern solving algorithms and techniques of profession tasks, which brings together to fulfill this activity as more efficiently as possible.

Personal professionalism of social worker is a high development level of personal subject characteristics and features important for a professional activity, motivational area and value orientations, strictness of aspirations which lead to positive development of a specialist. Various authors distinguish some certain types of skills which every professional social worker should have: to be able to estimate precisely the social situation of individual, to communicate effectively with a

person and his environment, to provide effectively human, financial and other possible resources, to organize social work and provision of social services (order of LR Social security and Labor Minister, 4 of January, 2006 No A1-2).

According to L. Varžinskienė (2008), professional of social work must be able to analyze, diagnose and synthesize information, think strategically. After the analysis of scientific literature the most important three general competencies of social worker who acts in society may be distinguished: social, intercultural and analytical (Figure 4).

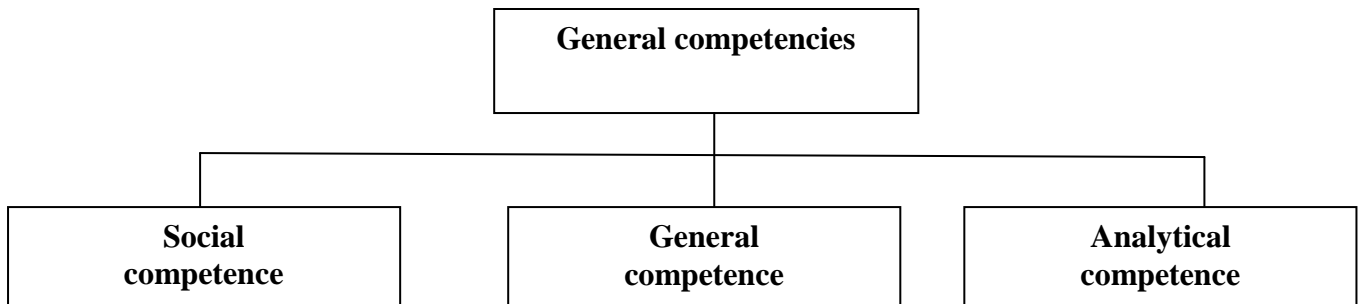


Figure 4. Essential competencies of the social worker (made by the author).

In the literature of social work it is indicated that skills which social workers must have usually are divided to basic and special ones. But there is no doubt that in order to perform a social work efficiently and in high quality optimal labor resources options and the best certain physical and mental abilities must be taken.

Kieran O'Hagan (1999) offers six general tasks of social work which, according to her opinion, may be called the areas of competence:

- 1) communication and commitment;
- 2) promotion and empowerment;
- 3) estimation and planning;
- 4) intervention and service offering;
- 5) work in organizations;
- 6) development of professional competence.

Professional competence of social workers is also estimated according to separate types of competencies:

- Ability to communicate/cooperate;
- Ability to plan;
- Ability to act independently (for social workers);
- Ability to improve;
- Ability to analyze the situation, reflect;
- Ability to perform intervention (for social workers);
- Ability to make an impact on social environment of client;



- Ability to develop and maintain the skills of independent living (2015, Vaičekuskaitė).

Social work is the management of detection, assessment and solution of customer's problems (Bagdonas, 2001). The main indication of social worker and social competence is solution of problems. Thus, social worker who is willing to solve not only his own but also customer's problems must have not only practical skills and theoretical knowledge but also to be socially competent. According to L. C. Johnson (2001) workers, willing to help the clients which have different needs under various situations, may do so if they know how to apply different types of activity and are able to choose the most suitable action.

Personal qualities are of great importance also qualitatively performing the functions of social worker. For creation and strengthening of community following abilities of social worker are required: support of communication and relationships, management of group processes, work in social network, leadership. Practice based on community means solution of problems through cooperation therefore it refers to a comprehensive social worker's ability to unite the community – ability to get along with people. Knowledge how to solve a problem, initiate and accept through cooperation the solution of problem, basically arises from social skills, because every task requires work and assistance coordinating the usage of professional and community members' knowledge, skills and other personal resources of people who are involved in the solution of problems (Sadauskas et al, 2010). It is also emphasized that social worker who is willing to perform his work suitably must develop these skills: self-perception, empathy, ability to communicate properly with people of other race, culture, gender, age, sexual orientation or disabled ones.

It is accented that social workers who spend all the working time between people must necessarily have communicational skills and knowledge of psychology (Marcinkevičiūtė et al, 2007).

The buildup of cultural competence is integration and transformation of knowledge about individuals or their groups to standards of behavior, policy, practice and provisions applied in a certain cultural environment seeking to improve the quality of service (Lum, 2004).

Social workers are often the strong and the weak chain, because individual job results of each worker is the effectiveness of the whole institution which is providing social services. In order to perform the work qualitatively it is necessary to choose precisely the performers of tasks – social workers of wards (Marcinkevičiūtė et al, 2007). Especially they must feature with some certain abilities and competencies.

V. Ivanauskienė et al (2003) indicates six general areas of social worker's competence:

- 1) communication and commitment;
- 2) promotion and empowerment;
- 3) estimation and planning;
- 4) intervention and service offering;

5) work in organizations;

6) development of professional competence (Ivanauskienė et al, 2003).

Social worker's ability to see „the rift“ under inconvenient social and economic circumstances in the conflict of needs and resources where the new attitude or activity may be established or the existing ones could be revolutionized, is very important for the success of practical work (Gevorgianienė et al, 2012). It is also notable that social worker must adhere to such values as honesty, courtesy, tolerance, dignity and decency, strong sense of good and justice. Antipodes of moral are also indicated, that is features which should be avoided by a social worker. They are such as: “bureaucracy and delaying, insensitivity and indifference to the person, injustice, the difference between words and deeds, arrogance, bribery, corruption” (Social work: introduction to professional activity, 2004).

According to R. Tidikis (2003), content and process of social work, enriched with moral values, ensures the effectiveness of communication relations, raises successful exposure requirements and obligations for social workers, implements and perpetuates a culture of communication, forms moral orientations of customers, moral estimation criteria and provisions of social phenomenon. As R. Tidikis (2003) states, ethical principles directing social worker not to formal and official but to moral relations which ensure an honest partnership and enables mutual moral improvement with a customer he is caring of are these: the principle of humanity; the principle of love and compassion; the principle of altruism; the principle of equality; moral principle of tolerance as a communication culture; moral principle of respect as cultural communication.

General competencies have an important role in a work process of social workers because they are the catalyst of objective competencies. General competencies become an integral part of the objective competencies. If there are no general competencies of professional activity it is difficult for a social worker to handle non-standard situations, work with different groups of clients, because interactive relations are dynamic and often hardly controlled. Therefore interpersonal qualities, social skills and team work become the features of work efficiency and which are asked being demonstrated for employers. It is important that the social worker would be able to demonstrate a basic knowledge of specialty, ability to analyze and systematize, solve problems, work in a team. Less important general competencies are stubbornness and desire to win and ability to work in an international environment (Virbalienė et al, 2011).

The main purpose of a social worker is a desire to help people achieve their goals effectively overcoming the obstacles with minimum pain. For this reason many resources are needed and one of the most important ones is the devotion for profession. Social worker is communicating with a customer – a person who needs help. The goal of social work is assistance for a person who is in a difficult situation and the most important attention is directed to human relationships, communication and ways of cooperation. Efficiency of social work depends on the ability of

communication with a client. Social worker's interaction with the customer is expressed in the establishment and maintenance of relationship with him performing various functions of social work under the different social circumstances which determine social work (Kavaliauskienė, 2008).

For the modern social work as a profession the purpose of which is taking care of other's existence and development, interpersonal relationships or interaction with the environment, aspiration of dialog becomes a necessity to get to know yourself better, to hear your inner voice, increase the possibilities of choice, to seek its own authenticity. Social worker, trying to establish the relation with a client and create dialogic interaction process, experiences professional challenges, risk and diverse feelings. Reflective, continuous dialogic process in social work becomes a mean of assistance which corresponds to client's and social worker's expectations and goals or their experienced states (Puidokienė et al, 2011).

Profession of social work promotes social change, solution of human relationship problems, gives opportunities and help for the improvement of their life. Based on theories of human behavior and social systems social work seeks the harmony of people and their environment interaction. Principles of human rights and social justice are the most important principles of social work. This definition implies a social worker's ability to communicate and cooperate, solve problems, initiate changes of environment, look for new opportunities and use them. Further discussed features and competencies assigned for an enterprising person let us decide how big is so called entrepreneurial spirit (Gevorgianienė et al, 2012).

The most important first indicator in a social worker's professional career is social skills which is worth to be discussed deeper. Social skills include a set of personal features, values and attitudes thanks to which a person may adequately communicate with environment, solve problems and adapt in Professional activity.

Professional competence of a social worker is as a whole of separate difficult activity's competencies. Gaining a competence, especially professional one, is not a finite thing, it has to be constantly developed and improved. Improvement is not only the pursuit of missing professional knowledge but also the change of personal features, correction of work style and gaining of new behavior skills. The latter process takes place in certain stages. Usually in scientific literature are distinguished: determination of competence, determination of perception, practical tasks of competence demonstration, practice of competence usage. A person integrates the gained competence into other already perceived competencies, thinking and behavior (Liučvaitienė et al, 2011).

Paulauskas (2000) named the strategic career – of the highest level, which can be reached with strategic thinking, individual's ability to switch quickly and adapt to the circumstances. Exactly all the aspects listed earlier are necessary for the successful activity and adaptation of social worker.

In a modern society the best conditions for adaptation have flexible, entrepreneurial, adaptive people which are able to solve problems of their personal life, education, career and family. For this it is essential to have strong identity, inner motivation, personal responsibility and self-control, perception of self-value, rationality, ability to choose freely the goals of education and career and realize them (Kučinskienė R., 2003).

Quality of social worker's motivation, orientation of personality – interests, ideals, provisions, combinations of value orientations – reveal the vocation of social worker – strong desire to act in a field of social work for a whole life.

Motivation in a professional work is related to personal urge to reach the success and at least to avoid the failures. Motivation of achievements is related to socialization of personality and may be expressed as „striving to raise the level of own opportunities“. Social workers with high motivation of achievements feature with: willingness and ability to work in the chosen work; initiative and persistence in achieving their goals; dissatisfaction at what has been achieved; faith in their abilities; a broad perspective into their work; preparation in advance for possible difficulties, unforeseen obstacles in professional activity; the ability to focus and maintain the efforts to know and improve themselves and their abilities; do the job better than before trying constantly; tendency to get involved strongly in their work; experiencing the joy of work success; inability to work badly; the need to discover new ways of working performing a usual work; dissatisfaction with easy success; lack of unhealthy sense of competition; desire that others also would reach the high level of performance; readiness to accept the assistance and to provide it to others (Kavaliauskienė, 2001; Derkač et al, 2003).

One more important part of competence is values. Under the modern living conditions when ideas of democratization and humanization are being developed and is aiming to solve problems of personal and human rights safety and security, human value and dignity become the general values in social work. On the basis of values approach of society and worker to the human being may be of dual nature:

1) *positive approach*, called as optimistic, because it is intended to discern hidden potential for improvement in every person even with severe disability and the individual is being estimated as a creating and feeling creature;

2) *negative approach* – pessimistic, which appears as denial and stigmatization of human personality (Ruškus, 2001).

In a professional career of social worker and his process of adaptation the most important are social skills which are worth to be discussed more. Social skills consist of a set of personal characteristics, values and attitudes, thanks to which a person can adequately communicate with environment and solve problems (Bagdonas, 2001).

As we can see in Figure 5, social competence includes almost all areas of social worker's competence – beginning with skills, values and circumstances and ending with the solution of problem.

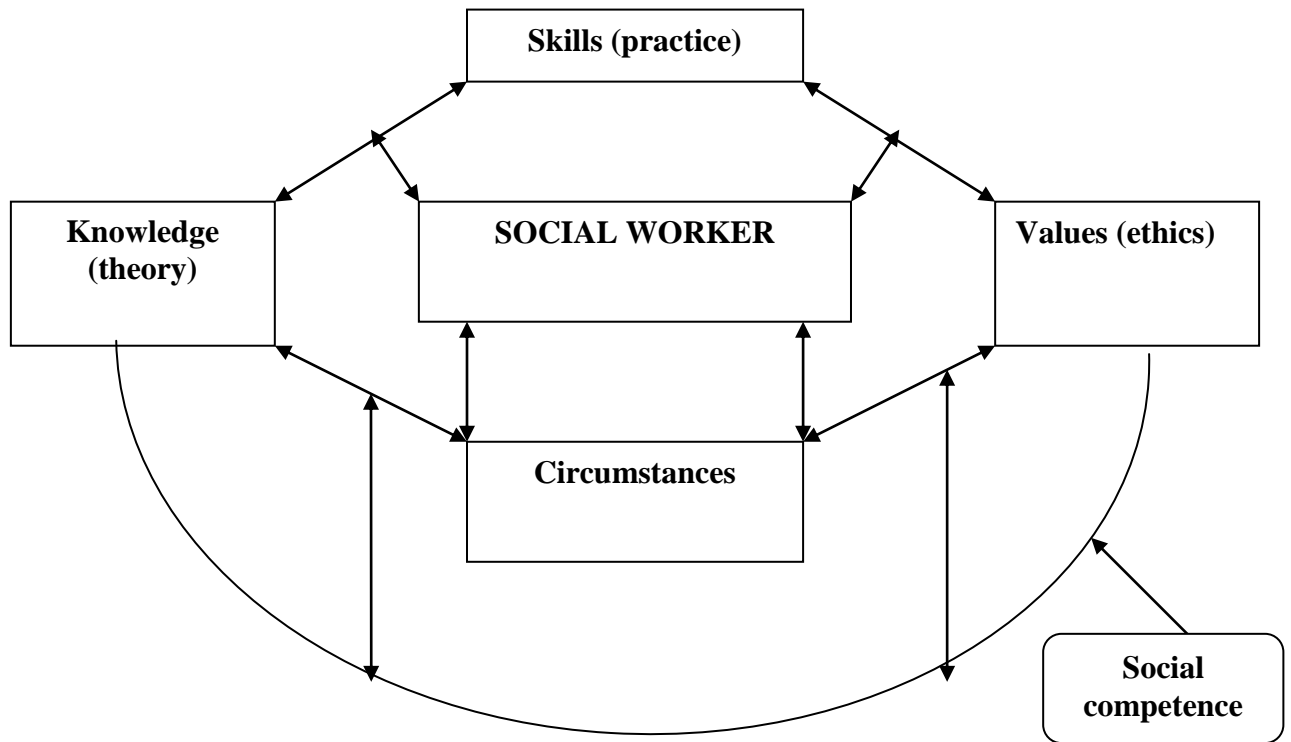


Figure 5. Competencies of social worker (Bagdonas, 2001)

As for the social worker's activity it should be noted that most of his activities are focused on the most vulnerable social groups (Figure 6). Therefore, working with the most vulnerable ones is difficult and can complicate the adaptation.

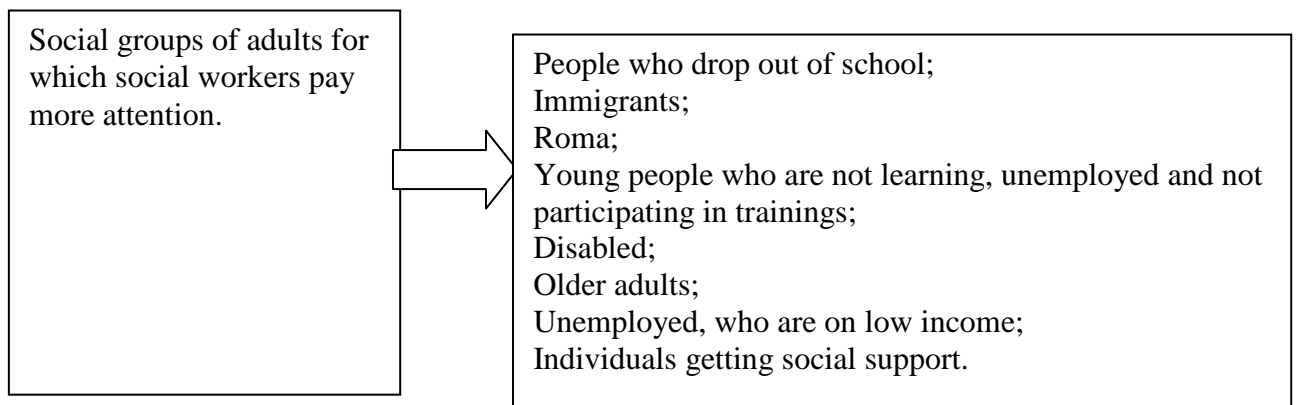


Figure 6. Social groups, which require specific attention  
(made by the author of thesis according to Leliūgienė, 2007)

According to M. Ryser (2000), the most important three areas of social worker's competencies are distinguished which are necessary for the successful career of worker and his adaptation: educational, organizational/planning and managerial (Rutkienė et al, 2007).

All these three functions are based on general competencies, such as communication, flexibility, initiative, responsibility, mobility. Social worker also must have Professional and personal competencies (see Figure 7).

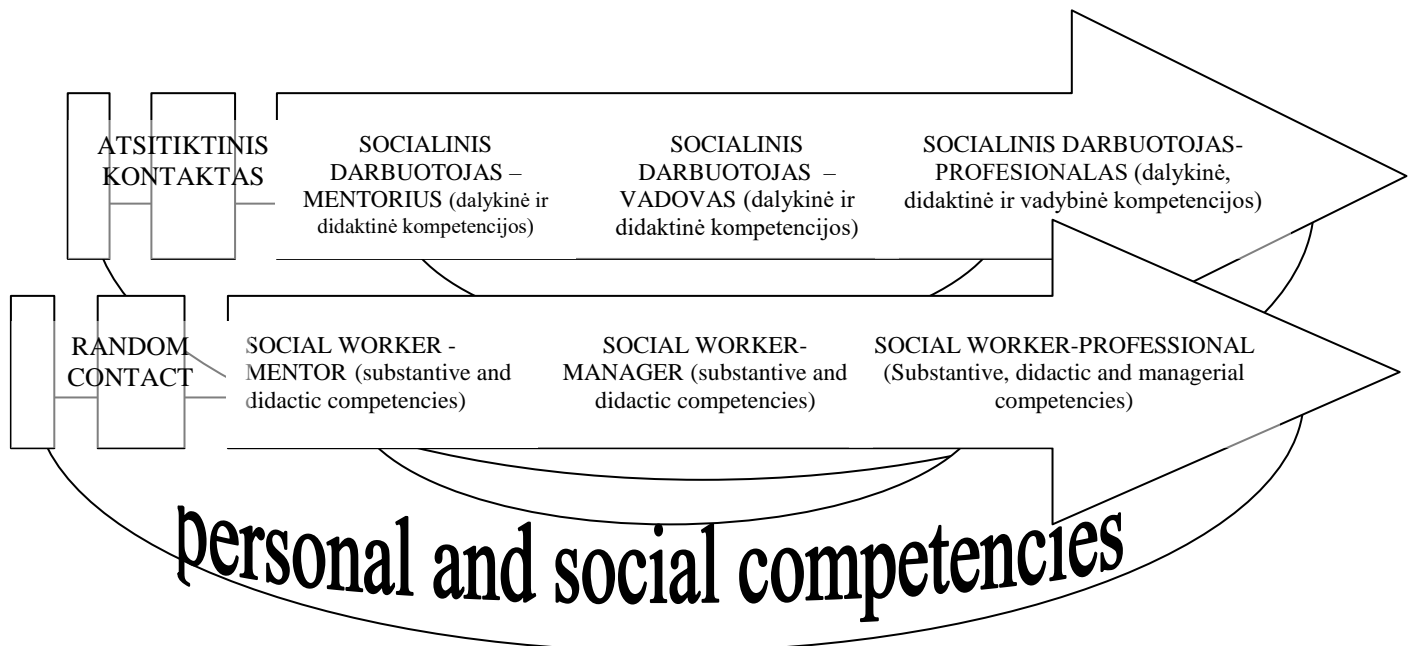


Figure 7. A variety of activities and unifying principles (Rutkienė et al, 2007)

Analyzing figure 7 we also may say that it is good if a new social worker would have a mentor beside at work for a while, which would feature with personal and social competencies.

Personal competence is described by:

- authenticity – ability to express feelings adequately, because they have an influence for our behavior, therefore confusion of feelings may interfere with a sincere conversation,
- enthusiasm – for a person who likes his profession is more easy to engage in it others,
- sense of humor – helps to engage, calm down, divert attention when the tension is rising, light self-irony is particularly important, because in such way can be shown for a learner that own limits are intelligible, own mistakes are seen and that induce them not to be afraid to make mistakes.

The main component of professional competence is strategic competencies which help to manage other heterogeneous variables solving various problems in a specific situation of activity (Ten pat, 2011). Therefore if a social worker who newly began work will feature the listed above components of personal competence his adaptation will be easier and take less time.

Žalimienė (2003) states, that according to that a social worker is working with a customer providing help for him and engages other specialists and organizations to the process, such role of social worker as *methodical negotiator* may be distinguished – social worker mediates between client and various institutions, organizations and services; between different institutions; between different specialists; between client and community or society and so on.

Furthermore such roles of social worker are indicated as *client identifier* – social worker detects people or groups of people which need professional help, determines what kind of reasons led to the difficulties and problems of these people. Social worker also acts as *mediator*. Social worker often finds himself between “two people, between an individual and a group, or between the two groups in order to help people resolve conflicts and work together” (Social work: introduction to professional activity, 2004, p. 155).

Social worker – *estimator*. Social worker often collects information related to client and his problems, estimates it and social problems.

Social worker with his activity motivates to act, inspires to solve certain problems, he also performs a role of mobilizer.

Other roles are related to the fact that social worker has to bring back the person to society, return his ability to participate actively in society’s life and in order to achieve this social worker has to transfer new knowledge for a person, strengthen his skills, that is teach – social worker – *teacher and consultant* (Social work: introduction to professional activity, 2004, p. 155).

Other authors assign also the following roles for a social worker:

- *therapist* (Lukoševičienė, 1995);
- *socio-therapist* (Šėdienė, 2003);
- *manager* (Pečiulis 2002);
- *innovator* (Ten pat, 2002).

Data analysis of Ukrainian research revealed the most frequently mentioned characteristic of social workers – sincerity, working with recipients of social assistance. This could be assigned more to personal abilities of social workers than to professional ones, but noticed features of informants show emotional ability of social workers to understand their problems and help to solve them empathically. This means that there are no differences between social worker’s activity in Ukraine and Lithuania, but Ukraine still lacks experience, therefore on 17 of June, 2015 Ministry of Foreign Affairs of the Republic of Lithuania and the Ministry of Health (executor of project) signed a contract of project implementation – “ Help for eastern regions of Ukraine reforming psychosocial rehabilitation sector”. The project is funded by the Development cooperation and democracy promotion program.

The project is designed to identify the main problems in the area of psychosocial rehabilitation services and to start reforming the provision of psychosocial services in the eastern regions of Ukraine conveying the best Lithuanian experience. For this purpose Lithuanian experts will estimate the existing situation and basing on the conclusions of assessment will present proposals for organizational scheme of psychosocial rehabilitation service provision. According to experience of Lithuania specialists will be trained for work in psychosocial rehabilitation institutions. Specialists of Ukraine will be trained in psychosocial work organization, psychiatric,

psychological, nursing, social work issues, and organization of occupation (leisure) provision. Result intended to achieve – create effective psychosocial rehabilitation services providing psycho-rehabilitation centers in eastern regions of Ukraine. The main goal of project: to start reforming provision of psychosocial services in eastern Ukraine identifying the general problems in a field of psychosocial rehabilitation services and conveying the good experience.

There is no doubt that for qualitative and effective work performance of social worker must be synchronized: knowledge (combining it with a wisdom of practice), skills, which let to act professionally, fast and competently, and values, which let to perform the work without violation of ethical norms. Social worker acting professionally is able to synchronize all these areas. Social worker acting in a care institution is based not only on certain competencies, but also on the core values of: respect for each person's value and dignity, professional integrity, social justice, solidarity, empathy. Social worker has to improve constantly his knowledge and competencies.

## **1.2. Presumptions of disabled people's social situation estimation at the context of life quality**

Recently much attention was paid to the quality of life and happiness. Quality of life is a wide concept and is closely related to the general welfare of society. Until 1970 in academic literature and applied researches the most attention was paid to such concept of welfare which is related to distribution of various goods and material resources. Today conception of life quality is different. After the II world war it was thought that the economic growth, based on the increase of income, is a key tool for improvement of life quality and welfare. But such attitude to promotion of welfare has shown that other not less important factors as health, education, literacy, poverty and etc. also cause some consequences for many more vulnerable groups of the population. It made public, government officials and world organizations to concern and seek for answers to what exactly has an impact for a psychological well-being and create preconditions for it to rise (Janušauskaitė, 2008). So quality of life has been explored more precisely since 1970. Although quality of life issues became more interesting not so long ago, but as the reasoning, what is the time, so the reflections of the “good life” is already found in works of Plato and his pupil Aristotle. For Plato the supreme value of life was thinking based on logic, which transcends human feelings. And Aristotle said that life which is not absorbed in feelings, even if it is related to risk, is worthless. Explanations of Plato corresponds more to modern criteria of life quality and Aristotle's – provisions of happiness which may not depend on economic and social life conditions. But we have to agree that these ancient philosophers were right and life quality elements remained until these days. From a closer perspective of time we need to note that in the beginning of previous century quality of life was seen as material wealth and money. Later, when the content of values and sense



of life was changing, conception of life quality and its components changed also (Juozulynas et al, 2005).

Issues of life quality are being investigated in various fields of science. Representatives of sociology state that it is a subjective perception of welfare which estimates the needs and conception of individual; in economics it is a level of life which is evaluated by material values and expression of money, traditionally expressed as the gross national product per capita, and physical life quality index, created in 1970 by the World Bank, which covers the social, economic and health-related variables (Susnienė et al, 2009). Representatives of medical science link the concept of life quality to health and disease ratio, inserting factors which affect healthy lifestyle (Žukauskienė, 2011). Psychology defines the quality of life as objective psychic well-being (Vaitkaitienė et al, 2007).

It should also be noted that quality of life usually is estimated in accordance with spillover theory which states that human satisfaction in one area of life quality has an impact for a level of satisfaction in other areas. Areas of life are situated with some certain hierarchy in human consciousness: at the highest is generally perceived the whole quality of life and after other parts of psychological welfare are situated individually: family, work, health, leisure and etc. (Susnienė et al, 2009). Therefore a bigger level of satisfaction in one area of life increases the level of satisfaction, according to the importance, the area above, for example - high quality of life at work or in a family increases satisfaction with a whole quality of life ( excess rises from the bottom to the top). However felt dissatisfaction with one area of life may not affect the level of satisfaction of other areas or increase it in one area. If a person is satisfied with his work he can compensate it with a bigger attention to his family and bigger satisfaction of family life quality (Furmonavičius, 2001).

It should also be mentioned, that the society itself or people construct unique and reasonable only for them model of life quality. Scientists relate this conception to inner characteristics of individual: feeling of happiness, opportunities for self-realization, positive and negative life events and etc. (Janušauskaitė, 2008).

In the definition of life quality provided by World's health organization in 1995 it is said that quality of life is the individual's perception of his place in life on the basis of his living environment and cultural value system and relating this perception to personal goals, expectations, values and things, connected to physical health, psychological state, level of independence, social relations, belief and relationship with the environment (Susnienė et al, 2009).

According to the author P. Juškevičius (2005), quality of life is interpreted as a level of welfare, perceived and estimated individually, not as a way of life. As it was mentioned before quality of life in the most scientific works is identified with a context of welfare, perception of happy valuable life or considered as life satisfaction (Šumskienė et al, 1999).

R. Rugienė et al (2005) define the quality of life as individual evaluation of their purpose in life in the system of culture and values where he lives and is related to his goals, hopes and interests.

Reviewing the previously presented definitions of life quality we see that quality of life includes various areas of life: functional status and functionality, psychological status and well-being, social relations and economic (Meyers, 2000).

Estimations of life quality usually include three dimensions:

- 1) personal skills – functioning;
- 2) resources and opportunities, which can be used to achieve the objectives, and for implementation of the interests;
- 3) a sense of well-being (Katschnig et al, 1997).

Other authors usually distinguish such areas of life quality: life conditions, family, social relations, satisfaction with spending leisure time, work/ education, finances, personal security, health, religion.

F. Baker and J. Intagliata (1982), estimating life quality and performing surveys, intended for evaluation of mental health services, added the data about health to these areas (Pauliukevičiūtė, 2010).

So we can see that defining quality of life we meet a problem that this concept has many various interpretations and different authors name its components in various ways. Also various questions arise related to the concept of life quality. For example - what kind of circumstances create good conditions for life; what kind of life is good for a person; which one is valuable and so on. Answers to these questions and their interpretations can be diverse. Moreover concept of life quality will depend on who is answering these questions: person himself whose quality of life is being analyzed or other people. If seen more broadly, question what makes human life better is related to moral arguments about duties and commitments, which are determined basing on the things required for improvement of people lives (Scanlon, 1993).

Returning to components of life quality can be determined general (including physical state, standard of living, social relations, functioning, position in society) and quality of life caused by health (Vaitkaitienė et al, 2007).

H. Schipper et al when talking about life quality distinguish four general LQ components: physical and emotional state; surrounding environment; public communication; somatic state (problems related to symptoms) (Vaitkaitienė et al, 2007).

We can see that the quality of life is measured by both - objective and subjective indicators. Subjective quality of life determines life satisfaction in general, and objective life quality reflects social and cultural needs for material wealth, social status and physical well-being (Susnienė et al, 2009). According to A. Juozulynas and his coauthors (2005) opinion, physical environment and

income are suitable measures for determination of objective life quality, because there is an absolute measurement norm of the variables rates. Estimation of life quality is achieved comparing the life norms of society to which individual belongs (Pauliukevičiūtė, 2010). Other authors also state that life quality depends on constant change of objective social, economic, environmental and other factors but this is usually subjectively estimated conception (Jurgelėnas et al, 2007). It may be that presumptions of life quality, seized objectively are even very high in the country and municipal level, but individual doesn't have and doesn't feel the quality of life because he doesn't find were to realize himself, he doesn't have recognition, desired social contacts, has poor family life, suffers loss, got ill and etc. (Merkys et al, 2008). Therefore subjective perception of life quality and what is making it better or worse is important for every person.

If talking about subjective welfare as the important life quality indicator for people, attention must be paid to the fact that it was an interesting issue thirty years ago (Šarakauskienė et al, 2010). Authors, analyzing the subjective welfare, state that even if people live in the objectively surrounded environment, they react to their own worlds defined subjectively (Ten pat, 2010).

Analysis of scientific subjective welfare is based on what people feel and think about their lives. Subjective human welfare is defined as sensation of full enjoyment of life (satisfaction with work, marriage, love relations, relationship with surrounding people, leisure and etc), domination of good emotions and positive estimation of own life and daily events (Grigaliūnienė et al, 2007). Subjective life quality is a peculiar phenomenon and autonomous social object of social researches (Merkys et al, 2008).

Other authors state that subjective welfare is more scientific definition of happiness (Šilinskas and Žukauskienė, 2004). Scientific analysis of subjective welfare is based on what people think and feel of their lives. Also three general components are distinguished which are analyzed separately. According to Diener three measures include the subjective welfare:

- 1) general satisfaction with life;
- 2) positive emotionality;
- 3) negative emotionality (Šilinskas et al, 2004).

T. Furmanavičius (2004), after reviewing the surveys of life quality, notes that life quality surveys describe subjective welfare which is an integral part of gender, age and education. Many investigators (Šilinskas and etc., 2004, Daukantaitė, 2003, Susnienė and etc., 2009) have a view that subjective welfare has three components: life satisfaction, domination of positive mood and the absence of a negative mood, this generally may be described as happiness. But in the surveys of recent years we can find the fourth one – satisfaction with important areas of life (Diener, 2000).

General satisfaction with life or a cognitive component may be divided to satisfaction with some specific areas of life, such as satisfaction with work, health, relations with parents, partners,

children and so on. It can be defined as general perception or feeling of life quality and universal structure for satisfaction with specific life areas is not determined (Daukantaitė 2003).

One of the most important aspects of subjective life welfare – happiness – is very subjective and depends not only on external factors. It depends on human himself, his origin (genes), values, likes, character and other features (Susnienė et al, 2009). D. Mayers (2008) defines happiness as permanent feeling of a full, meaningful and pleasant life. According to psychoanalytic Z. Froid what people call happiness arises from the nature of the accumulated satisfaction.

But modern psychology does not prelate happiness to sexual or other pleasures. Happiness can be defined as long multilevel process

According to other authors, happiness is primarily an expression of deep human satisfaction in your life, your being. This is a real adequacy for human social situation, work and achievements, needs and intentions. This is a subjective experience of the adequacy, personal identity, and its internal harmony sensation. But happiness covers negative human experiences as well, which arise because their real situation and achievements do not correspond to their goals and wishes, do not give them opportunities to satisfy their needs. Operating with the concept of happiness we can evaluate human lives, talk about happy and unhappy life, and predict ways how to live better (Novak et al, 2005). One of the most important presumptions of happy life is ability to experience positive feelings, create a good mood. Many people react more vividly to environmental impacts with human feelings, moods than with a mind. Satisfaction and joy brought by favorite work, creation is much more trustful life presumption than material wealth, comfort, body pleasures (Navaitis, 2002). Human can be happy under any circumstances of life: happiness depends on that how gratefully and joyfully we appreciate what we have today, here and now (Ten pat, 2002).

As authors state (Diener, 1997, Šilinskas and etc., 2004), other components of subjective welfare (positive and negative emotionality) reflect emotional reactions to life events (Šilinskas et al, 2004). So we may say that high level of subjective welfare obtains or is happy such person whose experiences satisfaction with life is linked to feel positive emotions and experience as less as possible negative ones (Ten pat, 2004). Also according to G. Šilinskas et al, (2004), it is necessary to pay attention to the fact that phenomenon of subjective welfare covers more permanent conditions not the instantaneous moods.

We have to note that according to the data of surveys results subjective welfare is mostly related to the features of personality, which are stable and do not change much during the time (Diener, 2003). So, subjective welfare consists of cognitive and emotional responses of individual to his own life.

It is determined that estimation ratings of subjective welfare are different of people with higher education, who is continuing studies, with bigger income. But the most strongly and reliably are related to subjective welfare these features of personality: optimism, self-respect, neuroticism,

extroversion, openness to new experiences, getting along with others, honesty (Šilinskas et al, 2004).

Quality of life as it is indicated in literature is a dynamic conception which includes subjective social and psychological dimensions and behavior related to health. Quality of life is related to subjective welfare but does not include all its aspects (Šilinskas et al, 2004). Quality of life indicates not only the absence of disease but also a high level behavior and emotional adaptation (Visser, Routledge, 2007).

The most summarizing definition – quality of life – individual ability of interaction inside, with group and environment, optimal development and usage of psychic abilities (cognitive, emotional and communicational); pursuit and preservation of individual and social goals, which corresponds to justice and equality of people (III World Conference of Lithuanian Psychologists 2006).

Quality of life is understood by other authors as absence of anxiety, anger, depression, emotional relations and social support (Muldon, 1998), mental, subjective state of individual covering general self estimation, satisfaction with its own existence, optimism and attitude to life (Acienė et al, 2009).

Quality of life according to C. Ryff (1989) is estimation of life that is satisfaction and also the balance between positive and negative impacts. It is the perception and fighting with existing and arising challenges of life. C. Ryff created the conception of life quality consisting of six dimensions: autonomy, environmental management, personal growth, positive relations with others, purpose in life, self-acceptance.

As C. Ryff states, these aspects are being influenced by various social factors: age, gender, social-economic status, race, culture. They change when individual is fighting with various challenges of life. C. Ryff (1989) also says that life quality is perceived as distinguished aspects of positive functioning such as: purpose in life, personal development, and environmental management, positive relations with other people, autonomy, and self-acceptance. Construction of life welfare consists of many layers: cognitive (how a person perceives and interprets the world), emotional (how he sees what happens to him and around), personality's (what personality traits formed during the development of the individual) and motivations and activity (what kind of aims and the actions are taken to improve their well-being). All these levels of life quality interact with circumstances on which person lives. But it doesn't mean that only they destine his mental well-being and behavior.

We can also state that there is a connection between life quality and sense of coherence. According to M. Markovienė (2004), inner harmony – orientation of human life expressing in positive his relations with a world and himself. Living in a period of fast social, economic and political changes feeling of insecurity is increasing and inner harmony as the quality of life becomes

more difficult to reach (Markovienė, 2004). Well adapted person, according to Markovienė (2001), doesn't feel inner conflicts or disturbing emotions. He believes in his success and also estimates his possibilities actually, is open for new experiences.

In 1989 C. D. Ryff, according to the analysis of literature distinguished six theory based measures of life quality:

- *Self-acceptance* (SA) – a positive attitude to himself and the past life perceiving own limits.
- *Purpose of life* (PL) – possession of goals and objectives that give meaning to life.
- *Control of environment* (EC) – ability to meet the daily requirements of life, adapt environment in such way for it would satisfy personal needs and desires.
- *Personal growth* (PG) – possession of constant development sense of self-realization
- *Positive relations with others* (PR) – striving to establish and maintain a warm, trusting interpersonal relationships with others.
- *Autonomy* (AU) – the ability to follow own beliefs (Šarakauskienė et al, 2011).

Each of these measures is theoretical construction which indicates different aspects of positive functioning (Ten pat, 2011).

As mentioned earlier, the quality of life allows a person to feel in harmony - inner harmony. Rogers (1951), representative of humanistic direction, analyzing the harmonious living human conception, releases several characteristics. First, harmoniously living person is open to his own experience. Thus, for each of the stimulus that results in the body or comes from the environment, it is transferable via the nervous system and not distorted by mechanisms of self-defense. Such a person lives existentially, every moment is inexperienced. He's doing what he feels is right at the moment, and is guided by that. The harmonious functioning human being is capable of his own center, his true self, with power of will regulate, control, coordinate with each separate part of the personality, not suppressing any of them (Markovienė, 2001). Such a person has a strong internal coherence, tends to value life as having meaning and believe that he is able to influence the outside world, which is expected to know and predictable (Žemaitienė, 2000).

It is also stated that individuals featuring with a higher quality of life have the internal force of control that the scientific literature is linked to human self-confidence, emotional balance, well-being, satisfaction, and so on. (Petrulytė et al., 2007).

In summary, we can say that the quality of life - this is the individual's subjective well-being, the realization of own potential, the ability to cope with normal life stress, work productively, the ability to influence the community. Quality of life is associated with human emotional stability, internal consistency and balance, absence of mental or somatic disorders and of individual abstract

functions: emotions, thinking, orientation, consciousness, sensation, perception, memory, understanding, and so on.

After the analysis of the life quality construct content it is clear that it reveals people's material, social, psychological and cultural living conditions and characteristics and. Different interpretations of the concept, its multidimensionality, focus on the objective and subjective assessments of psychological well-being shows how eventually evolved approach to each person, the public good life, and thus extends the understanding of why for today's society, it is important to analyze the person's psychological well-being. It should also be noted that in today's society, different social groups, personal well-being are estimated as an important basis for comprehensive development.

### **1.3. The importance of social workers attitude to disability providing day care services for disabled people**

After the restoration of Lithuania's independence, in the public and between professionals began to spread modern social integration, the ideas of normalization. Previously, cause of disabled people disadaptation was considered to be one or another individual's disorder, and social integration was corrective treatment or education. The new ideology states that the main reason for discrimination - is a negative attitude and behavior of society members, and social integration is determined by the social environment's ability to tolerate people with disabilities.

Assessing the integration of disabled people into society, in recent years these changes in Lithuania are important:

1) because of the influence of active modern integration ideologies attention to problems of disabled people increases and public tolerance;

2) changes in the context of values, highlighted discriminatory attitudes and behaviors both in society and among professionals and politicians (Ruškus, 2002)

Among medical, pedagogical technological aspects of disability estimation the most important one becomes social – political factor. Priority is personal values, rights and equality issues.

Disability is not only the result of human physical, intellectual or mental changes, but also stereotypes, social image and social interactions (Ibid, 2002).

Despite the appearance of social life, people with disabilities often are limited upon real contacts and relationships. The reason refers to a "vicious circle of communication" (Lum, 2004):

limited experience or complete lack of relationship → ignorance about the relationship possibilities and advantages → knowledge required to establish a relationship, the absence → misbehaving in society → interpretation of negative surrounding → small chances of social skill

practice→ inadequate skills of relations between each other - again, returning to a limited mutual relations experience. However, a disabled person's social development limits are not absolute and constant; they are not determined by natural limits, so you can expect expansion of these limits if training. External causes of communicational skills expansion- social environment and education, which poses for a disabled person new activity goals, help to accumulate the knowledge, abilities and make skills (Cymru, 2000). So here weighty role of social workers.

Assessing a disabled person's social relationships with the public, social ostracism images may be found. They were separated as if would not have any emotions. When dealing with them also prevailed in the various aspects: of fear and rejection to the designation of special mystical powers. Difference of disabled people rose in other symbolic forms of disabilities - a bad omen (in ancient times), disability - sin (Jewish culture), disability – black war and misery (the Middle Ages), disability - medical and educational object (Renaissance) and disability - the public's ability to accept a different person . The negative social attitude towards disabled people, thinking that they are different, so are unable to do anything, is partly due to adaptation. However, the man, even the mentally retarded, that is - unique. Of course, mental abilities affected by disturbances affect self-perception and development. Intellect gives a person an opportunity to understand themselves and to learn from his own experience (Budryte et al., 2004).

Recently, in foreign and Lithuanian scientific literature increasing attention is paid to disabled people groups: causes of disability are analyzed, their communication and behavioral characteristics, education and training models of children with special needs, rehabilitation of the disabled, occupation and employment opportunities, public approach to the integration of disabled people, legal framework that defends the rights of people with disabilities, etc.

Periodical surveys of various organizations show more favorable for public and potential employers' approach to people with mental or severe physical disabilities refer to the society and the labor market. However, despite the results of the studies, disabled people, those with unemployment rates in the Baltic countries, including Lithuania, are extremely high, e.g. exceeds 50 percent (Plečkaitis 2015).

The main factors that made it possible for people with disabilities, involvement and participation in public life is a personal activity (Gordon, Adelman et al., 2000) and open community (Schuller, 2000). These are essential conditions for social participation. What is important is that people with disabilities have every opportunity to make decisions, as far as possible to live a more independent life, to participate in community events. The public evaluating at the social aspect of the cooperative system, which provides that every member of society, regardless of their disability, have the same opportunities and conditions to belong to and participate in the collective life (Gerulaitis, 2006).



According to Ebershold (2002), one of the main directions of development of social participation - to enable a person seeking his involvement in the life of society, "to help express his strengths and suspend weaknesses" (Ruškus, 2007). It is important to create conditions for a person who has a disability, and his family to develop their potentialities and implement their social participation in situations. Other direction of social participation - an effort to build relationships in order to increase cooperation. For the successful integration of the disabled is not enough implementation of narrow (family or institution) interests, it is necessary to promote interpersonal, interdisciplinary and inter-institutional relations, involving the same disabled and the surrounding people, professionals, partners and community. It is important to make activate the entire individual's environment, because it is the part of his surroundings.

According to J. Ruškus (2007), social participation fosters individual characteristics such as courage, dignity, justice, responsibility, ability to freely choose, the future planning, respect for traditions. This is only part of the values, which can be gained by a person if his social participation is focused. Therefore, one of the main directions of development of social participation - to enable a person to get involved in public life. It is important to create conditions for the disabled person to develop his potentials and implement his social participation in situations (Ruškus 2007).

Participation of people in various social institutes unifies society. Family, education, law, health care, media and work are the key social institutions (Baranauskienė, 2004).

The provision of a broad range of emotional support for a disabled person living in an institution, the main role is for an employee who is friendly and compassionate, despite his physical appearance, skills and behavior. So, first of all, each employee must be empathetic, able to be sensitive, sincere and considerate that supports other human states, insight into them. Empathetic employee has to identify such emotions of disabled individual like anger and frustration, happiness and optimism, excitement and impatience of depression and anxiety, he has to be able to accept and adapt to them, their tactful and sincere behavior and encourage them to continue to use or train other expression patterns. Consolation and reassurance, encouragement, support, cooperation, compassion - are most necessary forms of behavior in dealing with a disabled person. The employee, stimulating emotions and behavior, teaching them constructive communication and cooperation methods, may change seeking to achieve the positive results using such educational measures:

- praising for sharing things or toys with others;
- encouraging any assistance to both children and adults, and providing the opportunity to help;
- using not only the playing instruments, but also the actual items of communication (phone, mirror, music, etc.) and the environment;
- allowing to play irregular games of the basis or not, thus allowing the child to occur;

- demonstrating acceptable behavior examples;

People with disabilities, as well as without disabilities, attracts to and binds to the discretion of the selected person and want him as a friend, for experience of love and tenderness. Therefore, staff must help the disabled: to expand social links and social circle, finding new activities that meet the communication possibilities; try a variety of activities that help meet the essential needs of the disabled; teach how to make friends and keep in touch, providing individual support. There are two main goals to all stakeholders, the social integration of people with disabilities: to organize activities so as to separate the individual skills improved, and he will be able to live as independently as possible; people with disabilities can live like others and with others. The biggest problem faced by people with disabilities - the approach of working staff and specialist to the person with a disability (Varžinskienė, 2003).

In summary, we can say that participation of people in various social institutes unify society. The social worker is like a mediator between the authorities and the person with a disability. There is no doubt that on the social worker's competence, professionalism life quality of disabled person depends.

## **2. ESTIMATION OF DISABLED PEOPLE'S SOCIAL SITUATION AT THE APPROACH OF SOCIAL WORKERS AND THEIR ASSISTANTS: EMPIRICAL INVESTIGATION**

### **2.1. Methodology of the research**

In this scientific study quantitative research was used - method of survey in written (questionnaire) which has helped to reach the goal.

Questions of closed and opened type were provided in questionnaire in order to reveal more and more precise facts. Requirements and etiquette of the questionnaire were taken into account: commitment to participant – he has the right to choose the place, time, amount of information that he wants to share. The main requirement was that participation has to be voluntary. Anonymity and confidentiality must be guaranteed. Questionnaire was anonymous, that is when the answer is not related to the person who was answering. These requirements were taken to an account creating the questionnaire. It was anonymous, name and surname were not needed. Respondents accepted it very well, because they would refuse of filling the questionnaire if personal data was required. It was asked to fill in the age, but several questionnaires were found without this information. Communication with respondents was on the basis of general principles of research ethics by Kardelis K. (2002): it was explained where and for which purpose information, gained during the research, will be used. I understood that people, who agreed to participate in a survey, did a favor for me. I emphasized for respondents what kind of benefit is for that who is involved in a research. While distributing the questionnaires I communicated with respondents and answered the emerged questions. It was also explained why this survey is being performed and what is the main purpose of it. It was informed where the received data will be used. Behavior with respondents was respectful, it was explained about the benefit of the fulfilled survey and that their opinions and cooperation is very important. It is also planed that in June, 2017 will be returned to the institution which has participated in a survey (in Lithuania) and all the received results and conclusions will be provided.

Method of the survey in written form was chosen because according to Merkys (1995) it is the most convenient way to interview the respondents.

It is the cheapest, fastest option and the most people are interviewed. Composing the questionnaire it was based on suggestions of Kardelis (2002):

1. Questions in the questionnaire should be only those that are needed - that is, those whose answers will be used to solve the problem.
2. Maintain a balance between the closed and open questions. Not confine only with closed or only with opened questions.
3. Double questions can't be provided.
4. It has to be a possibility to avoid the answer.

5. Questions have to be simple and clear.

Preparing the questionnaire it was tried to provide the most important and suitable for solution of problem questions which would not be expressed in a difficult way. Questions of closed and opened type were also provided.

## **2.2.Methods of the research**

In order to compose questionnaire which would be acceptable, clear and easy for everyone first of all is important to consider what kind of data will give results and which way is the easiest in order to achieve the goal. It is very important to find out what is relevant for social workers and their assistants improving the life quality of disabled people. Therefore preparing questionnaire it was aimed to cover as many areas as possible in order to find out how do social workers and their assistants estimate the life quality of disabled people and what kind of difficulties they have working with them. Therefore object of research was operationalized and its disclosure methodology was prepared (see appendix 1). Personal approach of social workers and their assistants to disabled people was chosen. The attitude includes subjective opinion of worker and feelings analyzing the life quality of disabled people. The questionnaire reveals not only the competencies necessary to work with these people, but also the problems that may be the cause of low quality of life for people with disabilities.

Written survey method (questionnaire) was used in a study. Having the analysis of received data scheme of object operationalization was prepared which was the base composing the instrument of the research. This questionnaire is oriented to estimations, expectations and emerging difficulties of social workers and their assistants during the work in care institutions with disabled people. Using this instrument it is willing to find out the opinions of social workers and their assistants about the system and the way how the life quality of disabled people could be improved.

Social workers were chosen as respondents because people living in care institutions are not completely able to answer the questions. For performance of my study in selected places some of such people even do not realize how to answer the simplest questions, therefore it was chosen to see their life quality from the position of social worker and his assistant.

Questionnaire data blocks are divided into 3 sections. The questionnaire consists of 23 statements. This does not include demographic data, which form a first section. Second section: approach to disability, feelings of communication with a disabled person (9 statements). One of them – open question. In a third section questions are provided where respondents have to choose the most reasonable answer for them. According to that it is determined what kind of approach respondents have to life quality of disabled people (13 statements).

Choosing a quantitative method during survey it is aimed to reveal the more general provisions and prevailing trends.

Accumulated data was investigated and classified according to separate tasks of researches, from general themes to more concrete ones.

Questionnaire was chosen anonymous in order to increase the openness of the respondents.

Applying the questioning as a sociological information collection method, respondents answered in writing to the questionnaire. Respondents filled the questionnaire according to indicated requirements.

**Internal consistency check of questionnaire.** Internal consistency check of used questionnaires has been carried out by calculating *Cronbach Alfa* criteria. Questionnaire will be treated as properly executed if its *Cronbach Alfa* value will be bigger than 0,7.

Data is calculated using SPSS (*Statistical Package for Social Sciences*) software, which is convenient processing the collected information and is designed for work with data, its analysis and setting of connections. Data received during the survey were processed with SPSS 17 version package and Microsoft Office Excel 2007 program.

For the check of hypotheses about the normality of variable distributions was a used criterion of *Kolmogorov–Smirnov* and *Shapiro-Wilk*.

**Provision of data analysis:** Analysis was made in written form. Collected data imaging method was used - diagrams, tables. For the data expressed with interval scale averages and standard deviations are calculated and for criteria expressed with rank or nominal scale – frequencies (percentage). In order to compare how the received results differ in different social – demographic groups of respondents the following statistical criteria have been used:

*a) Mann-Whitney test* – used to detect differences between the two populations, when the compared variable is ordinal or of relations / interval, when the parametric criterion does not meet the conditions of use (this criterion is the t-test analog of independent samples).

Presumption of this criterion – distribution of values is equal, but in one population distributive may possibly be shifted in relation to other population's distributive, variable compared in samples has to be not of the lower measurement level than rank one, it is also required that there would not be many joint ranks, that is that rank variable would have sufficiently many different values (usually seven different values is enough).

*b) Pearson's compatibility  $\chi^2$  criterion („chi-square“)* (when results are expressed in nominal and rank scale).

In all the cases statistically meaningful will be the difference liability of which will be bigger than 95 percent, that is when  $p < 0,05$ .

### **2.3. Scope of the research**

During the survey 102 respondents from Lithuania and 102 respondents from Ukraine were interviewed. All respondents have been working with disabled people. Average age of Lithuanian respondents was  $37,5 \pm 10,4$  years, Ukrainian -  $38,7 \pm 11,1$  years, in the scope of Lithuania the

youngest respondent was at the age of 20 years, the oldest – 57 years, accordingly in the scope of Ukraine – 21 years and 57 years. All social – demographic characteristics of respondents who participated in the survey are provided in the table 1.

Table 1

**Social – demographic characteristics of respondents**

		Lithuania		Ukraine	
		N	Percent	N	Percent
Gender	Men	11	10,8%	11	10,8%
	Women	91	89,2%	91	89,2%
The highest acquired education	Basic	5	4,9%	6	5,9%
	Secondary	1	1,0%	0	0,0%
	Unfinished higher education	7	6,9%	6	5,9%
	Vocational	6	5,9%	4	3,9%
	Bachelor's degree	68	66,7%	74	72,5%
	Master's degree	13	12,7%	11	10,8%
	Doctorate	2	2,0%	1	1,0%
Duties	Working and studying	10	9,8%	12	11,8%
	Specialists	81	79,4%	82	80,4%
Family members or friends with disabilities	Having	21	20,6%	22	21,6%
	Not having	81	79,4%	80	78,4%

As we can see in table 1, the majority of survey respondents were women, what is natural enough because the profession of a social worker or assistant usually is chosen by this gender.

According to the highest acquired education most of Lithuanians had bachelor's degree (67 percent), between Ukrainians – also education of this level (73 percent). We can also see that most of specialists of both countries do not have people with disabilities among family members or friends.

**2.4. Social situation of people with disabilities in Lithuania and Ukraine**

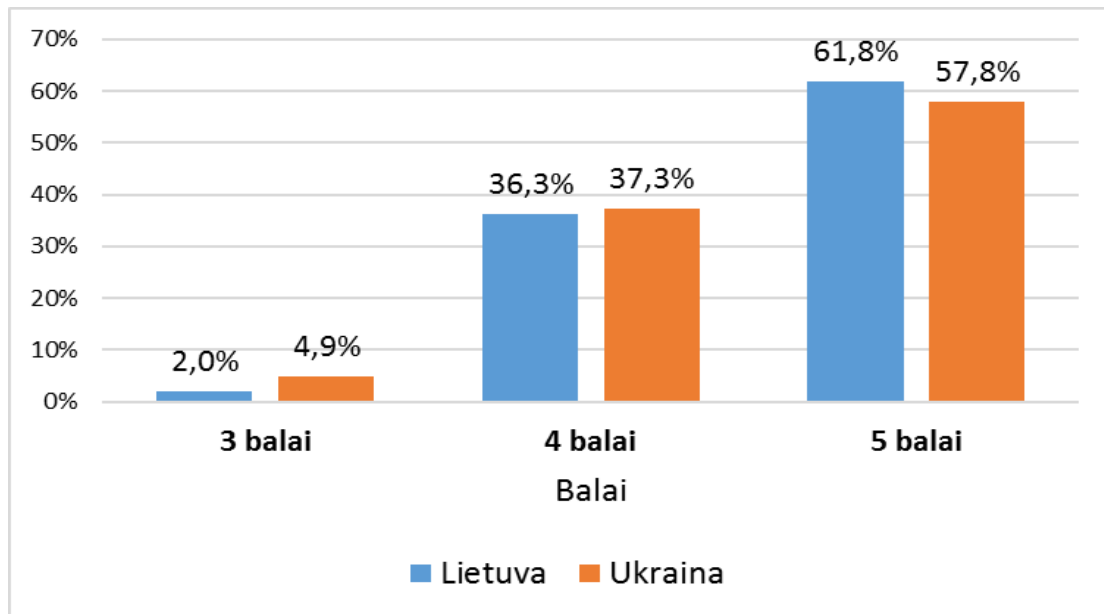
**2.4.1. Attitude of social workers and their assistants to disabled people**

The most important priorities, values, on which is based the selection of activity, relation to the activity and attitude to disabled people, of the survey recipients have been found out with the first questions of the survey.

Therefore the most important motivators of respondents work and their approach to disabled people has been identified.

To compare if the answers of Lithuanian and Ukrainian respondents differ meaningfully, values of chi-square were calculated, which are provided in the appendix 2 of this work and in the text of empirical research analysis.

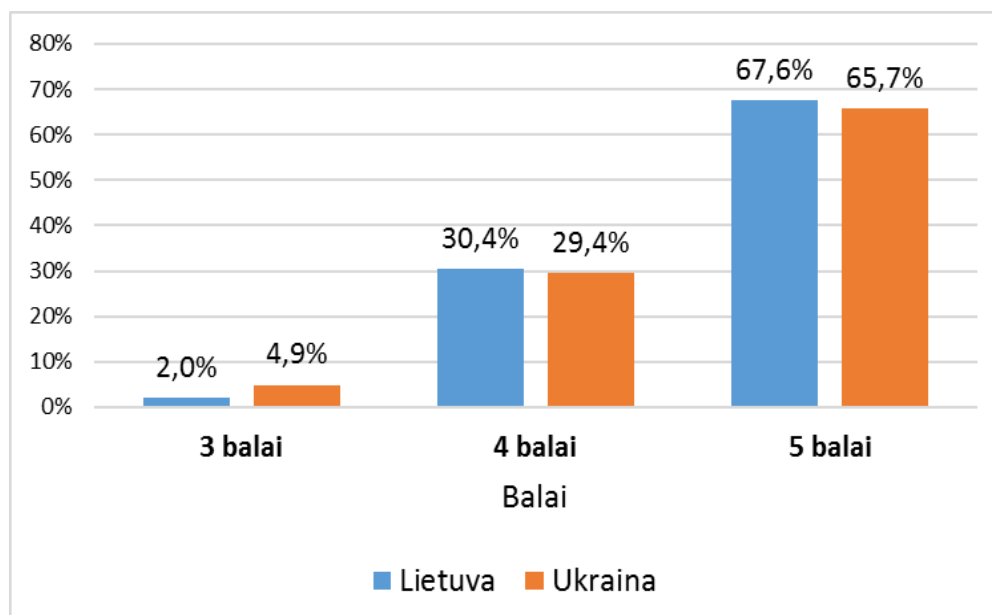
Respondents were asked how they feel when they talk to a person with disability (see fig. 9).



**Figure 9.** Distribution of respondents according to the feeling of convenience when talking to the disabled person

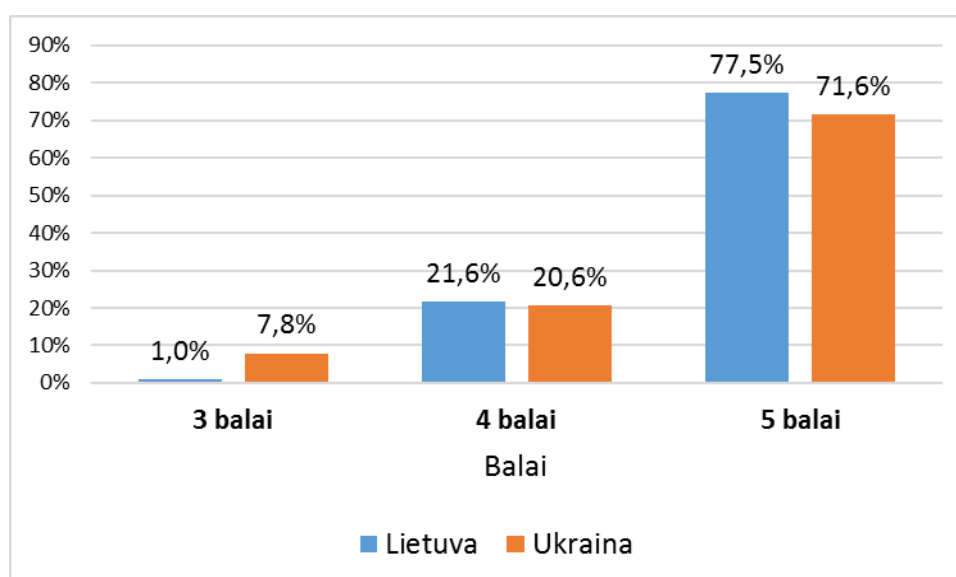
As we can see from the data provided in figure 9 most of Lithuanians and Ukrainians estimated the convenience of communication with disabled people with 4-5 points which indicates that social workers and their assistants feel convenient enough and opinions of Lithuania and Ukraine regarding this issue didn't differ much ( $\chi^2=1,430$ ,  $df=2$ ,  $p=0,489>0,05$ ).

Data provided in figure 10 show the distribution of respondents according to the feeling of convenience when communicating with disabled person. We can see that most of respondents estimated the convenience with 4-5 points which shows that communication with disabled people does not make feel them inconvenient and opinions of Lithuania and Ukraine respondents regarding this issue statistically coincided ( $\chi^2=1,332$ ,  $df=2$ ,  $p=0,514>0,05$ ).



**Figure 10.** Distribution of respondents according to the feeling of convenience when communicating with disabled person

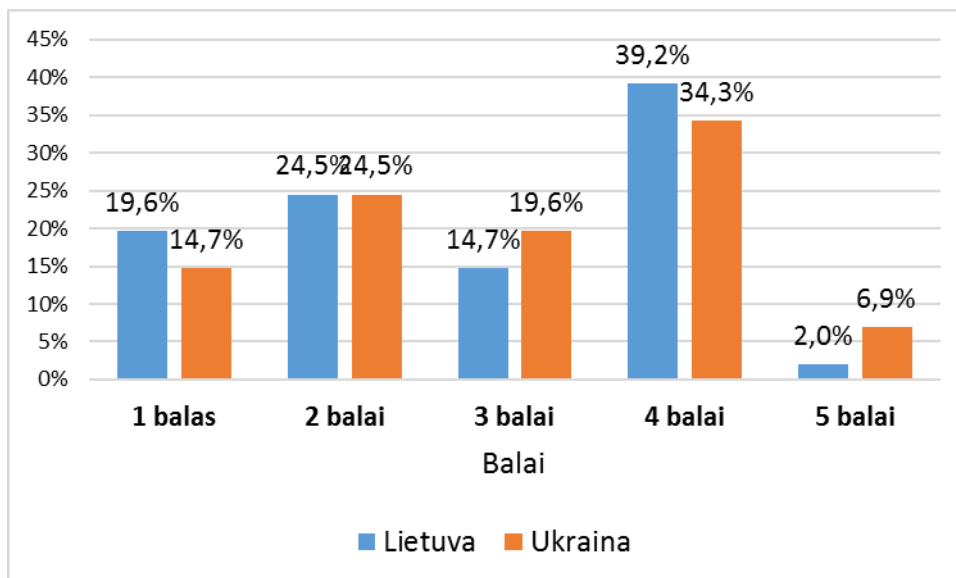
With other question respondents were asked to indicate in five points scale if people with disability cause annoyance for them (1 – agree, 5 – disagree). As we can see in fig. 11 most of respondents of both countries indicated 4-5 points, what shows that respondents are not likely to get annoyed by disabled people and this opinion in groups of Lithuanian and Ukrainian respondents statistically coincided ( $\chi^2=5,705$ ,  $df=2$ ,  $p=0,058>0,05$ ).



**Figure 11.** Distribution of respondents according to resolution of irritation regarding the disabled person

Also respondents were asked if/how they feel sorry for people with disabilities (see fig. 12).

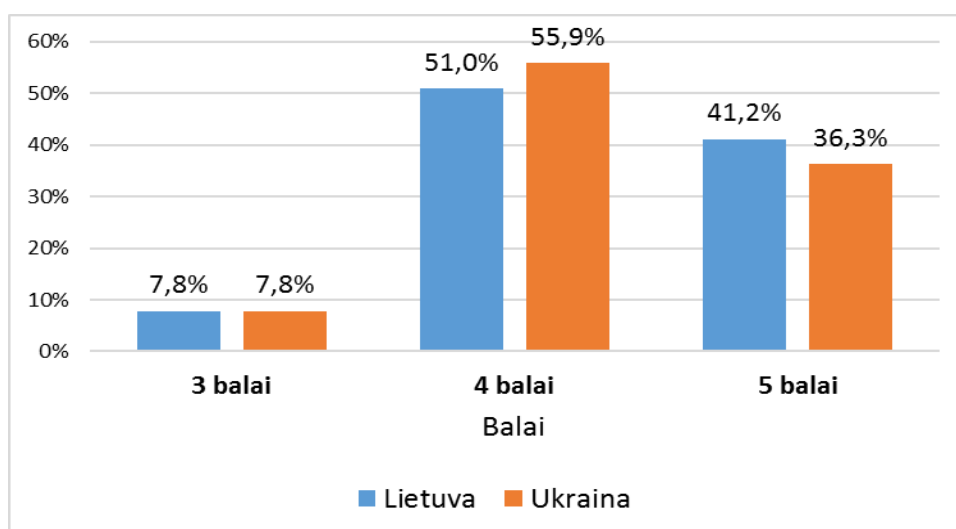




**Figure 12.** Distribution of respondents according to resolution of pity regarding the disabled people

Respondents (in Lithuania and Ukraine) had to indicate in rank scale from 1 to 5 (from „completely not“ to „a lot“). As we can see in a provided figure most of respondents do not feel much pity when communicate with disabled people (1 point – 20 percent, 2 points – 25 percent, 3 points – 15 percent), and only 2 percent of respondents evaluated pity with 5 points. Answers of Ukrainian respondents are similar but the pity reveals more and older age of respondents has an impact on this. Therefore it is noted that these answers of Lithuanian and Ukrainian respondents didn't differ statistically much ( $\chi^2=4,540$ ,  $df=4$ ,  $p=0,338 > 0,05$ ), which shows that the resolution of pity in both countries regarding the disabled people is statistically similar in both countries.

Data provided in figure 13 show distribution of respondents according to the concern of people with disabilities (1 point – „absolutely no concern“, 5 points – „very big concern“).

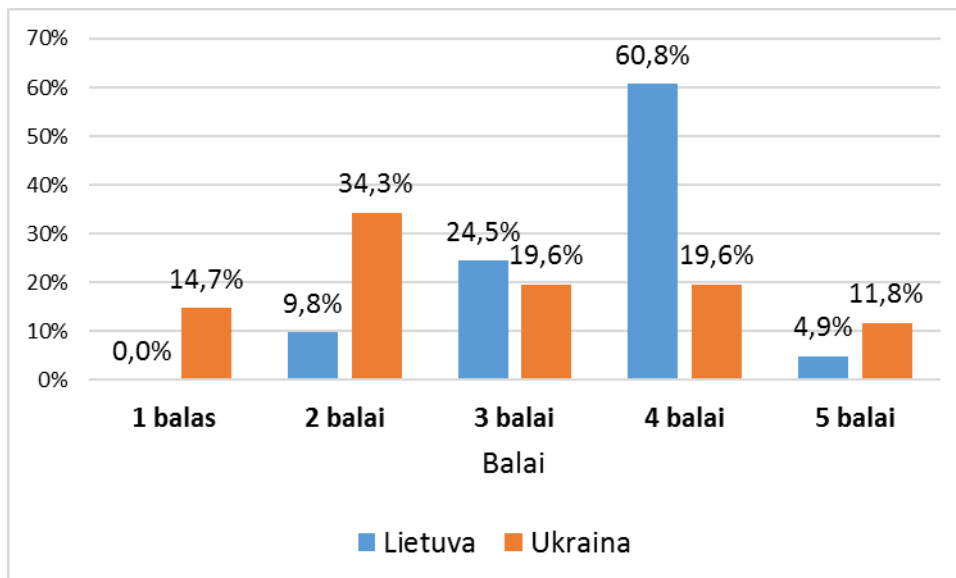


**Figure 13.** Distribution of respondents according to the concern of disabled people

As we can see in a figure most of respondents of both countries estimate concern with 4 points and nearly half of them – 5 points. This shows the people who participated in a survey are likely to be concerned about disabled people. It was also determined that these opinions in groups

of Lithuanian and Ukrainian respondents didn't differ much ( $\chi^2=0,546$ ,  $df=2$ ,  $p=0,761>0,05$ ), what shows that the respondents of both countries are concerned about disabled people equally.

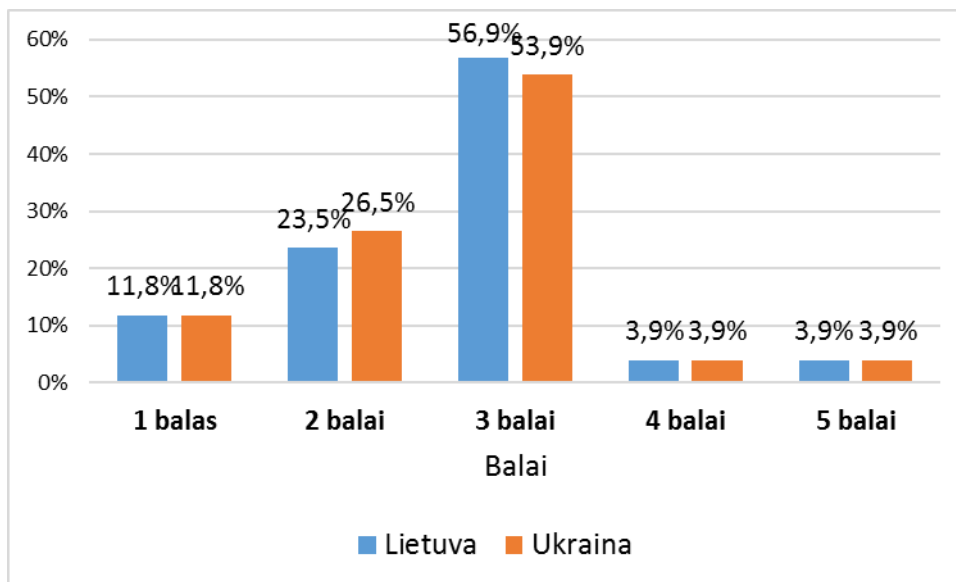
One of the questions was intended for respondents' opinion about disability. Respondents had to indicate in rank scale from 1 to 5 points (from „can not controlled by person“ to „can be controlled by person“) (see fig. 14).



**Figure 14.** Distribution of respondents according to attitude to disability control

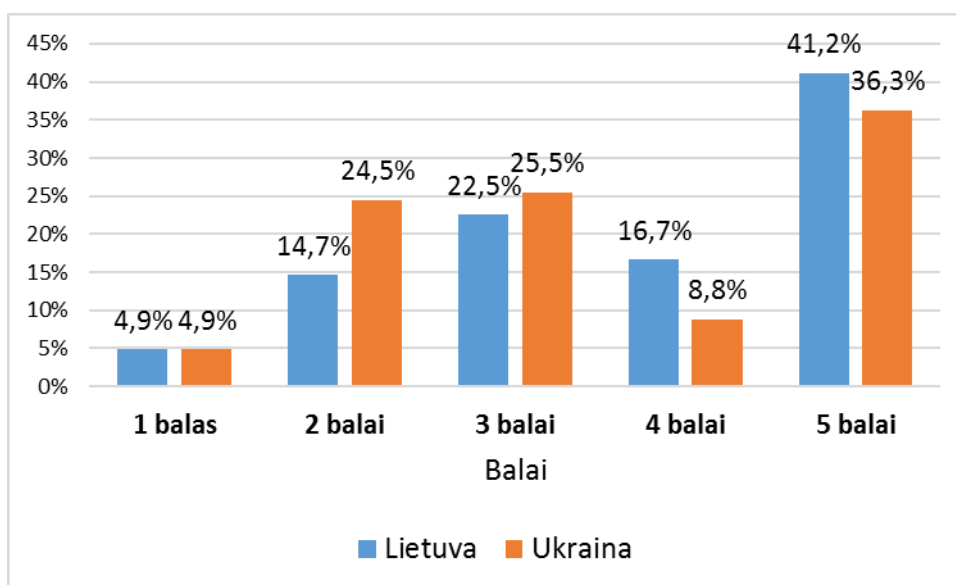
As we can see in figure 14, even 61 percent of respondents indicated 4 points, 5 percent – 5 points. This shows that most of respondents in Lithuania think that disability may be controlled by the person. Answers of Ukrainian respondents differ statistically significantly ( $\chi^2=53,839$ ,  $df=4$ ,  $p=0,000<0,05$ ) and this let us state that Ukrainian respondents are more likely to think that disability can not be controlled by the person.

Also respondents were asked to estimate in a 5 point scale from 1 („Can not adjust“) to 5 („can adjust by himself“) if a person can adjust his own disability. As we can see from the data in figure 15, answers of both countries' respondents didn't differ much ( $\chi^2=0,256$ ,  $df=4$ ,  $p=0,992>0,05$ ). Most of respondents estimated abilities of person to adjust his own disability with 3 points, what shows that usually opinion regarding this issue is neutral.



**Figure 15.** Distribution of respondents according to attitude to person's ability to „adjust“ his own disability/disease

Further approach of respondents is provided to the question if or /how much disability depends on the will of other people (1 point – „does not depend on people's will“, 5 points – „depends on people's will“, see fig. 16).



**Figure 16.** Distribution of respondents according to the approach to disability's dependence on other people's will

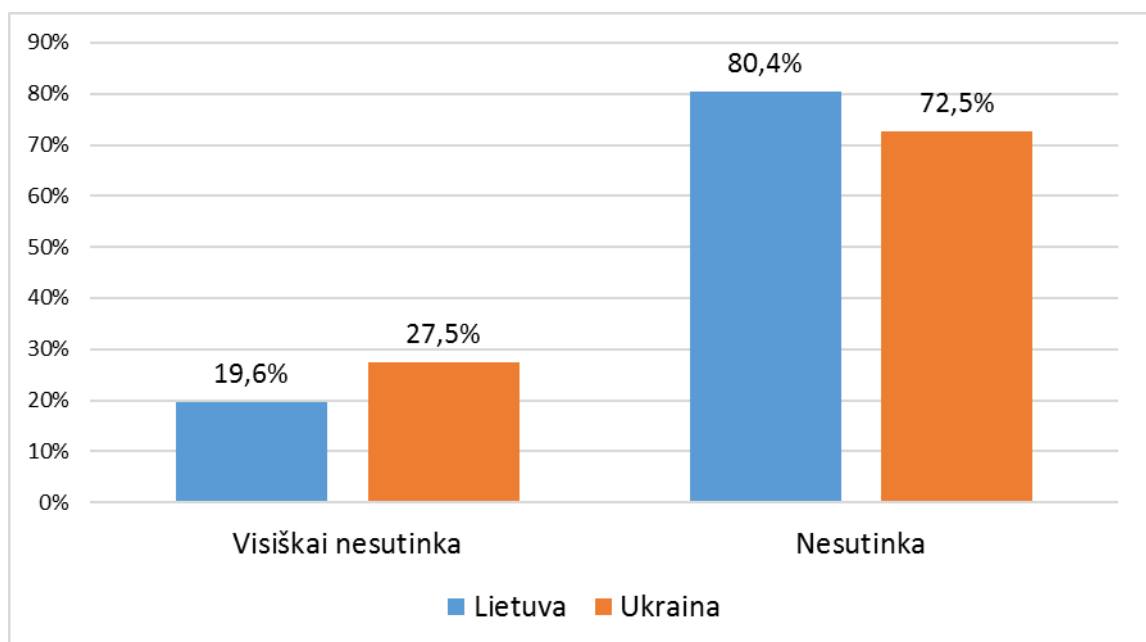
As we can see in figure 16 most of respondents in Lithuania think that disability depends on other people's will. In a rank scale respondents indicated mostly 5 points (41 percent) (Ukrainian respondents – 36 percent) and 4 points – 23 percent (Ukrainian respondents – 9 percent).

Minimum estimations (5 percent) were indicated by Lithuanian and Ukrainian respondents. Despite these differences answers of Lithuanian and Ukrainian respondents didn't differ much ( $\chi^2=5,462$ ,  $df=4$ ,  $p=0,243 > 0,05$ ).

## 2.4.2. Estimation of social work with disabled people, possibilities of their employment and education

In the second part of empirical survey respondents were asked to estimate 13 statements which were expressed in five point scale of Likert from 1 („totally disagree“) to 5 („totally agree“). In order to estimate if the answers to separate questions differ significantly in groups of Lithuanian and Ukrainian respondents, values of *chi-square* test have been calculated, which are provided in the appendix 3 of this work. In the end of this part general scale of attitude to disabled people is provided (summarizing all 13 statements), which shows the general approach to disabled people.

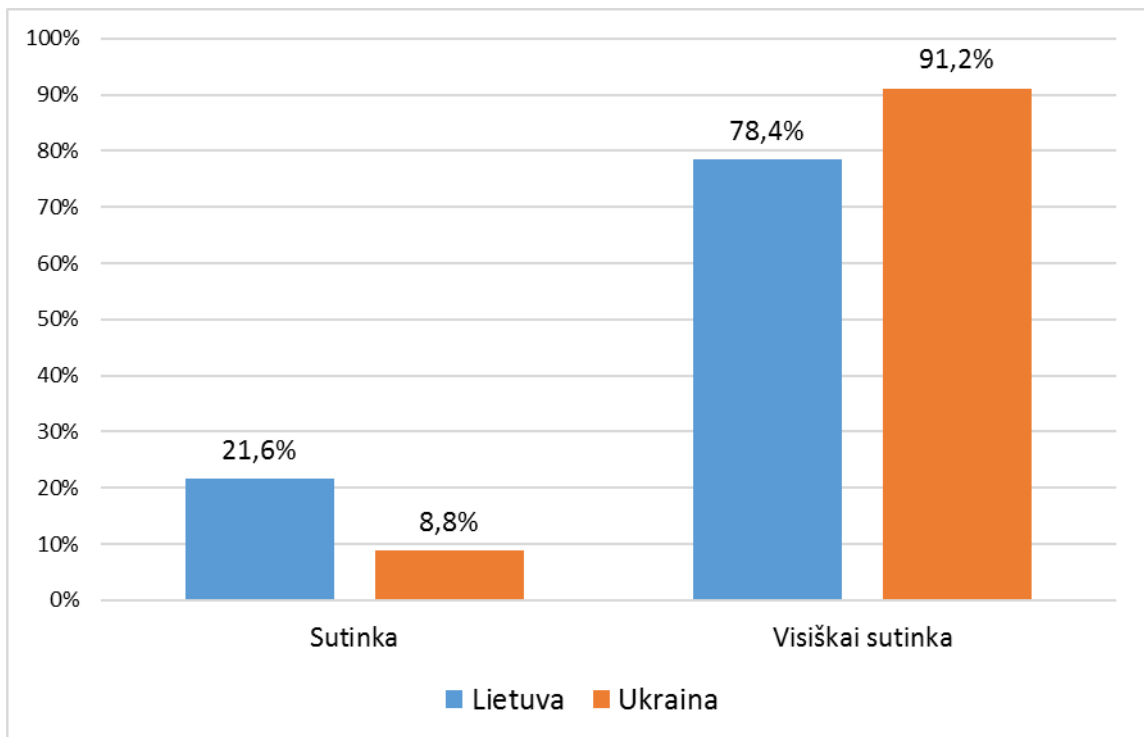
Data provided in fig. 17 illustrates respondents' approach to where the disabled people should live. It was asked if they agree with an opinion that such people have to live in a care institution.



**Figure 17.** Distribution of respondents according to agreement (disagreement) with opinion that disabled people would live in a care institution

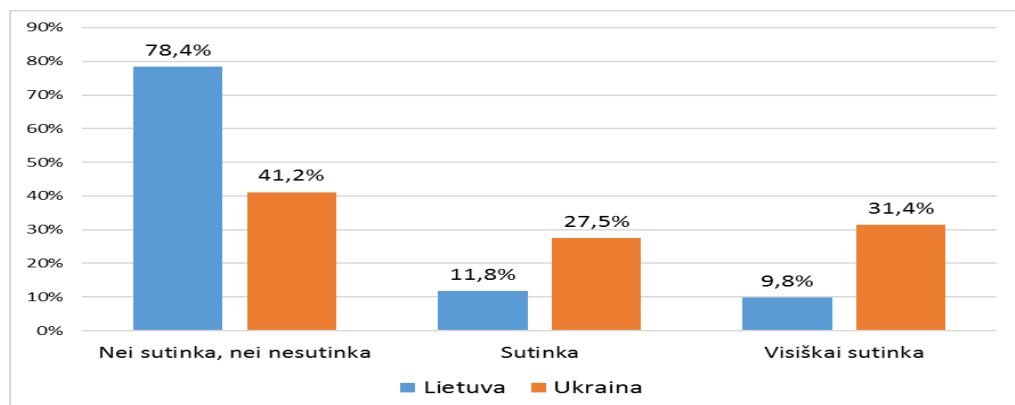
As we can see from the provided image all respondents who participated in a survey from Lithuania and Ukraine do not agree that people with disabilities would live in care institution. 80 percent in Lithuania and 73 percent in Ukraine indicated that they disagree and 20 percent in Lithuania and 27 in Ukraine – that disagree totally. It is likely that for such results of the survey had an impact the place of survey performance/ workplace of respondents – institution providing day care services, that is for people with disabilities services of occupation, care and etc. Are being provided only through working days, customers of institution spend their evenings and nights at home. It is also noted that answers of Lithuanian and Ukrainian respondents regarding this issue didn't differ much ( $\chi^2=1,744$ ,  $df=1$ ,  $p=0,187>0,05$ ).

In figure 18 data is provided which illustrates respondents attitude to the funds provided for the care and treatment of adult disabled people.



**Figure 18.** Distribution of respondents approach according to agreement with opinion that it should be provided more funds for care and treatment of adult disabled people

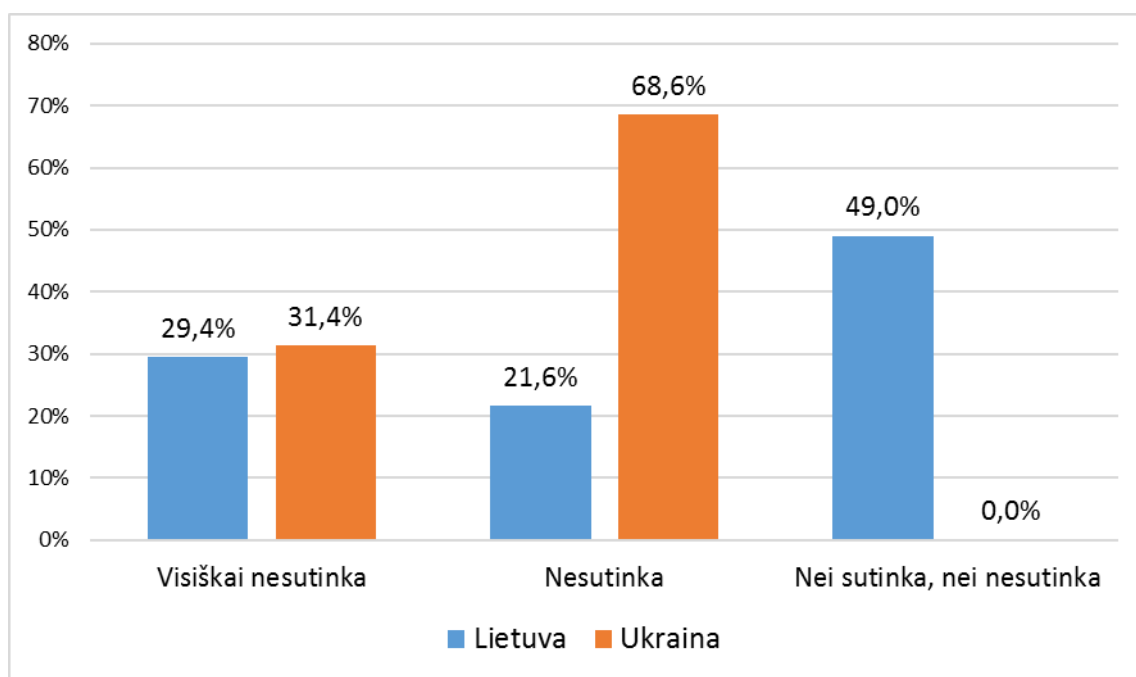
As we can see all respondents agree that more funds should be provided for care of adult disabled people. Lithuania is committed that until 2020 number of adult disabled people who appear in institutional care has to decrease 40m percent, children – 60 percent, but the data of research made by Repečkaitė (2016) show that the vital investment of the European Union for this project mainly "sunk" to create a little more user-friendly environment, but not for alternatives (Repečkaitė, 2016). It is noticed that attitude of Lithuanian and Ukrainian respondents differed significantly ( $\chi^2=6,428$ ,  $df=1$ ,  $p=0,011 < 0,05$ ), which let us state that Ukrainians more than Lithuanians think that more funds should be provided for the care of disabled people. Respondents were asked if there are enough people with disabilities at care home (see fig. 19).



**Figure 19.** Distribution of respondents approach to the care of disabled people at care home

As we can see from the provided picture 10 percent of respondents in Lithuania totally agree that care of disabled people at care home is not sufficient, 12 percent agree, 78 percent neither agree nor disagree. Answers of Ukrainian respondents distribute in similar way, which means that they think that better care is required at care home. Therefore it was determined that answers of respondents significantly differed ( $\chi^2=29,760$ ,  $df=2$ ,  $p=0,000<0,05$ ), which shows that Ukrainians agree more than Lithuanians that care of disabled people is not sufficient. Anyway we may presume that life in a community means that a human has an opportunity to choose where and with whom to live and can get a support and services at home. Wide range of services would be a help for close environment of people with disabilities, for example – psychological help, advices of social worker and pedagogue. In case of accident qualified medics would help and education would be supervised by mobile team of specialists.

Respondents were asked to express their opinion if the people with disabilities are unhappy (see fig. 20).



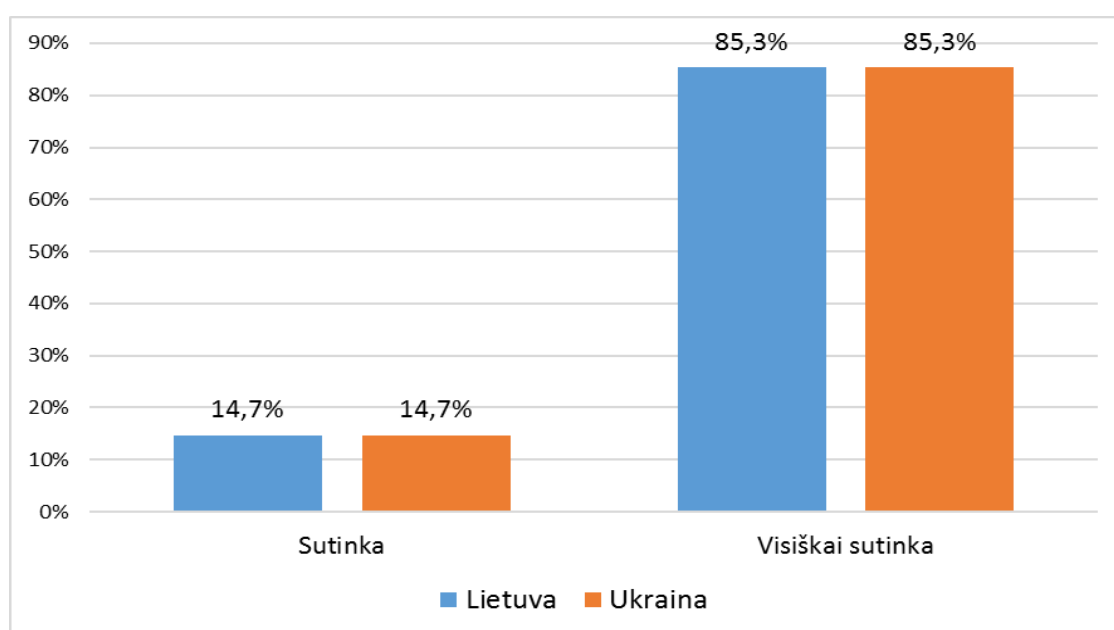
**Figure 20.** Respondents attitude about how much disabled people are unhappy

As we see from figure 20, 22 percent of Lithuanian respondents agree and 29 percent agree completely with a statement that disabled people are unhappy, 49 percent indicated that they neither agree nor disagree. Ukrainian respondents completely agree with a statement that disabled people are unhappy (31 percent), 69 percent indicated option „agree“ and it was determined that answers of Lithuanians and Ukrainians differed significantly ( $\chi^2=75,108$ ,  $df=2$ ,  $p=0,000<0,05$ ), which show that Ukrainians statistically disagree more than Lithuanians with opinion that disabled people are unhappy. Because the participants of the survey were respondents who work with people having mental disabilities it may be a „far“ insight that they would agree with statement that improving life quality of disabled people programs should be performed (by separate institutions, municipalities,

regions, whole country) for the psychosocial rehabilitation of people suffering from mental disorders, their reintegration, occupation and learning, improvement of their environment, home and life conditions. In every municipality specialists of mental health centers, general practice doctors, care departments of municipalities, services of psychological service departments, police, service of children care, church, nongovernmental organizations, clubs of anonymous alcoholics, day centers, social support centers and other institutions should be involved.

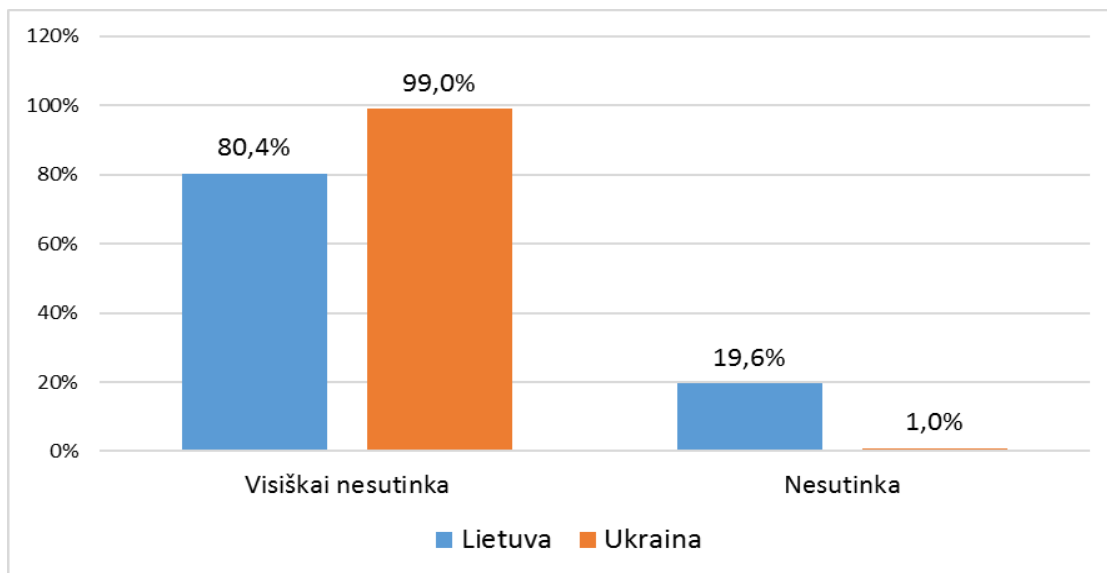
In order to ensure the continuity lasting of achieved results is possible only assessing in complex the problems of mental health and coordinating the activity of all related institutions (UAB „Eurointegracijos projektai“, 2007).

With following question respondents were asked to estimate the statement about the ability of disabled people to integrate to community (see fig. 21).



**Figure 21.** Distribution of respondents attitude according to how much disability doesn't let people to integrate fully to community

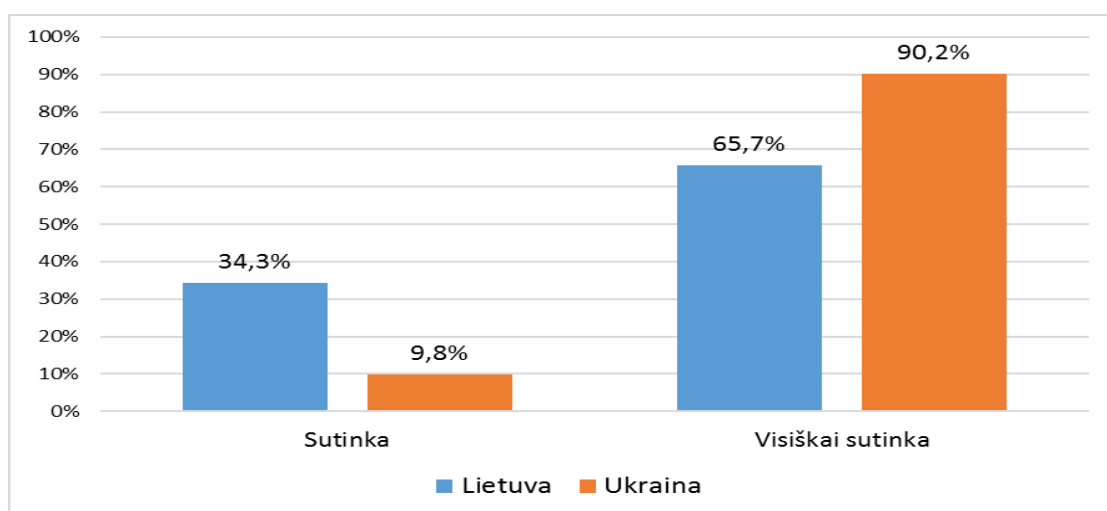
As we see from the figure 21 all respondents agree (turned out to be analogical distribution of answers in Lithuania and Ukraine), that disability totally prevents integration to community. 85 percent noted „agree“, 15 percent – „totally agree“. This shows that people with disabilities can not live optimally in our society and it leads to many unsolved problems and the fact that there are difficulties in a system of Lithuania and Ukraine integrating disabled people into society.



**Figure 22.** Distribution of respondents approach according the agreement to opinion that disabled people are the burden for society

From the received answers of respondents we may state that they don't think that disabled people is a burden for society. All respondents indicated that they disagree (80 percent said that they disagree totally and 20 percent disagree). Ukrainian respondents disagree 100 percent that disabled people are the burden for society. It is notable that this difference was significant ( $\chi^2=19,163$ ,  $df=1$ ,  $p=0,000<0,05$ ), which let us state that Ukrainians are more likely to agree that for disabled people is more difficult to get employed.

Study of Mikutavičienė and Guščinskienė (2012) highlighted the negative, stereotypical and stigmatizing attitude of society towards mentally disabled people. Life quality of disabled people depends on society's attitude to disability, because such people usually can not take care of themselves and depend on help of surrounding people.



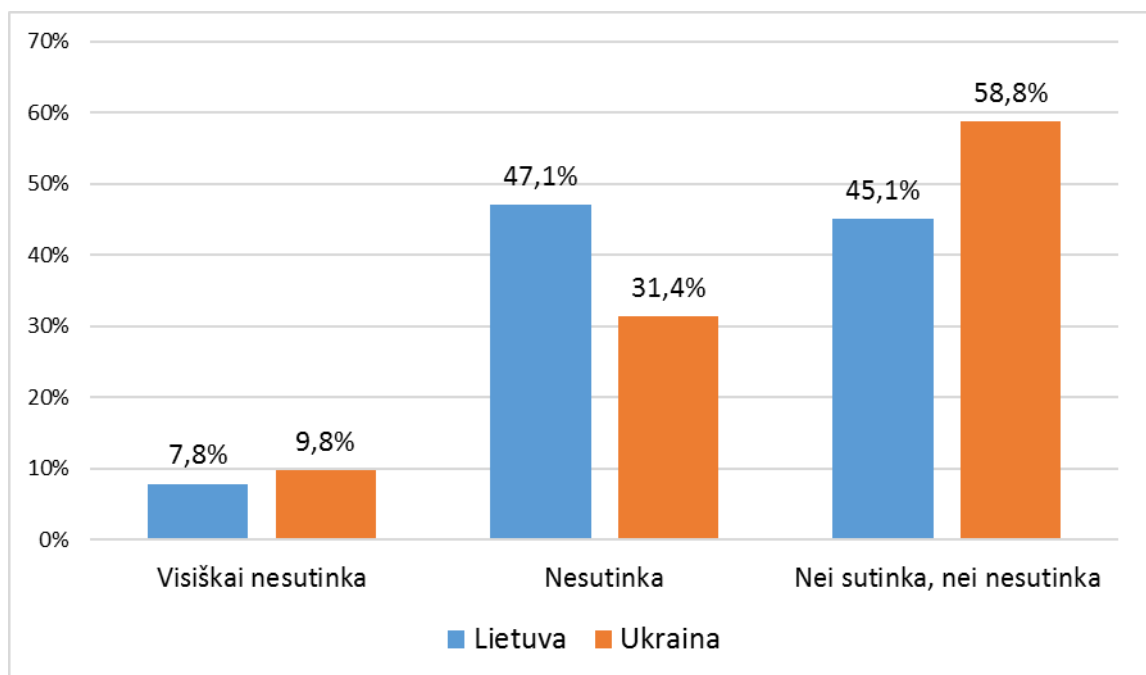
**Figure 23.** Distribution of respondents approach according to the agreement with opinion that disabled people have fewer opportunities to be employed



As we see from the distribution of answers all of them think that disabled people have less opportunities to be employed. 66 percent of Lithuanian respondents and even 90 percent of Ukrainian respondents totally agree with this statement and 34 percent of Lithuanian respondents and 10 percent of Ukrainian respondents agree. Furthermore it was determined that answers of Lithuanian and Ukrainian respondents differed a lot ( $\chi^2=17,820$ ,  $df=1$ ,  $p=0,000<0,05$ ), which let us state that Ukrainians are more likely to agree that disabled people have less opportunities for work. Results of surveys by other authors show that bigger participation of disabled people in labor market would be ensured by these means: more flexible forms of work, bigger opportunities of qualification improvement (Okunavičiūtė, 2012).

Every tenth disabled interviewed person meets a problem of work place application. Performed studies (Ivanauskienė, Varžinskienė, 2006) highlighted prevailing position of disabled people – to be employed part-time. We may assume that application of flexible occupation forms employing part-time is a successful condition of employment for disabled people (Okunavičiūtė Neverauskienė, 2012).

In the next figure distribution of respondents attitude is provided if people with disabilities have proper conditions to learn and educate.



**Figure 24.** Distribution of respondents attitude if disabled people have proper conditions to learn and educate

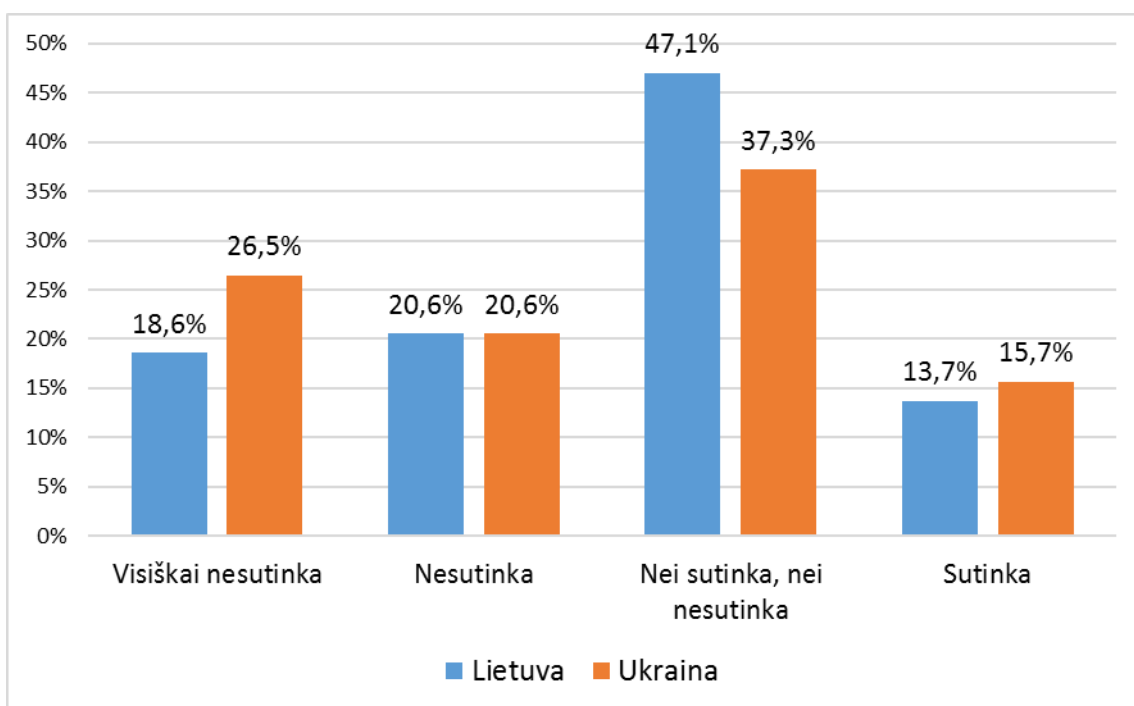
Despite of the fact that there are fewer opportunities for employment respondents do not think that there are no proper conditions for disabled people to learn and educate. More than a half respondents who participated in a survey indicated that they disagree with a statement and answers of Lithuanian and Ukrainian respondents didn't differ much ( $\chi^2=5,271$ ,  $df=2$ ,  $p=0,072>0,05$ ).

Results of other authors' survey (Šėporytė, Tereškinas, 2007; Janušauskaitė, 2008) show that there are unequal conditions to get education for people who have different disabilities. According to this approach should be more individualized to disabled people who want to gain profession. Study of the mentioned authors revealed failure of vocational training, rehabilitation and retraining in Lithuania. Vocational training, rehabilitation and retraining service institutions offer educational courses and programs which are very unfavorable in labor market.

Recently 800 disabled students are seeking the highest education in Lithuania. It is rarely talked about that the bigger part of them have surprising talents and skills as well as highest estimations of public exams.

Despite the achievements of these people in higher education they rarely get a job. Scientists of International labor organization determined that better integration to the labor market of disabled people would enable poor and of middle-income countries increase their gross domestic product to 3-7 percentage (Danilevičienė, 2014).

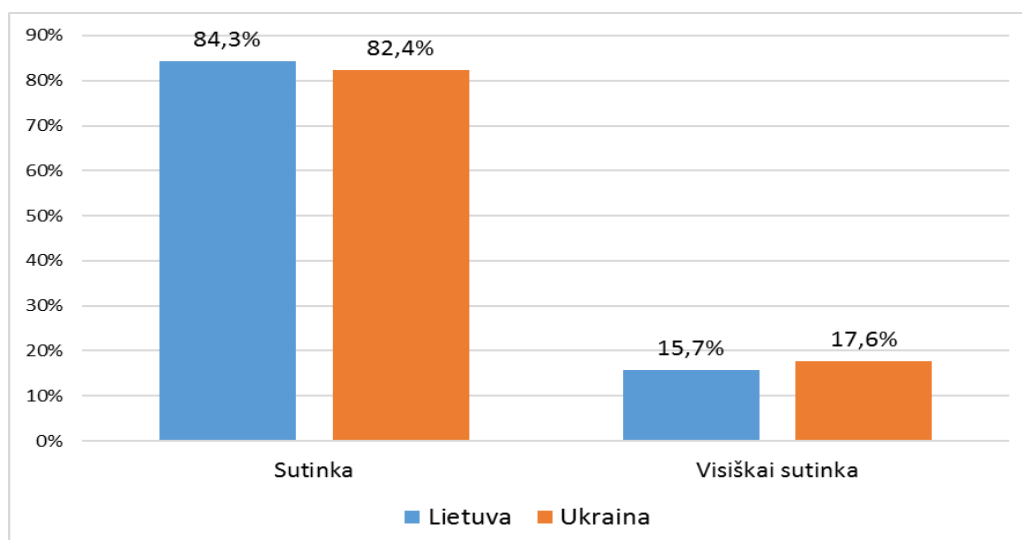
Further distribution of respondents approach is presented according to agreement with the opinion that disabled people need such control and discipline as little children.



**Figure 25.** Distribution of respondents approach according to the agreement of opinion that disabled people need such control and discipline as little children

As we see from the figure 25, 14 percent of respondents in Lithuania and 16 percent in Ukraine agree that disabled people need the same control and discipline as small children. 47 percent in Lithuania and 37 percent in Ukraine are having doubts. Answers of Lithuanian and Ukrainian respondents didn't differ statistically much ( $\chi^2=29,760$ ,  $df=2$ ,  $p=0,000<0,05$ ), what shows that in Lithuania and Ukraine statistically people are of the same opinion if disabled people require the same control and discipline as little children.

In the following image provided opinion of respondents according to that if society is tolerant for disabled people.

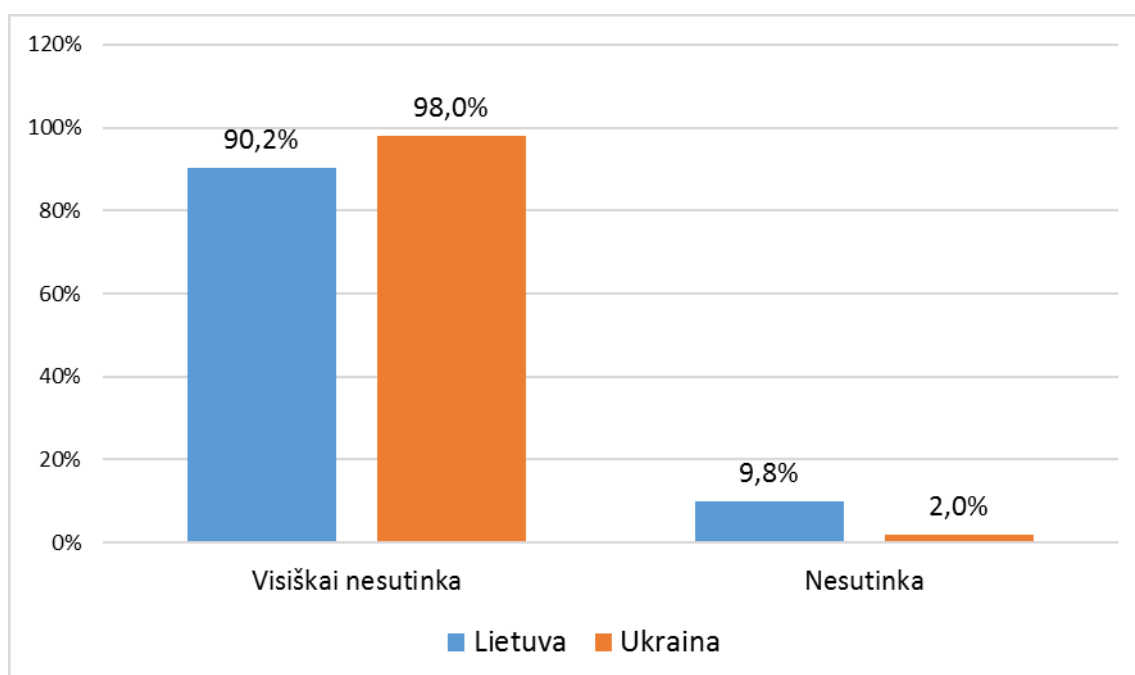


**Figure 26.** Distribution of respondents opinion according to that if society is tolerant for disabled people

From the figure 26 we see that all respondents agree with the statement that our society should take over more tolerant provisions regarding the disabled people and this agreement didn't differ much between Lithuanians and Ukrainians ( $\chi^2=0,141$ ,  $df=1$ ,  $p=0,707>,05$ ).

In Lithuania approach to disabled people is still very medical. Person with disabilities is seen as a whole set of disorders which constitute identity of that person and which have to be cured. Peculiarity of medical approach is that person is evaluated as a problem (for society, family, school) which has to be treated – little hope, therefore means of discrimination are being offered: to put such people to specialized institutions and to cover it from society with high walls (Ruškus, 2007).

In the next image attitude of respondents is illustrated of how they would react if a disabled person would live in their neighborhood.

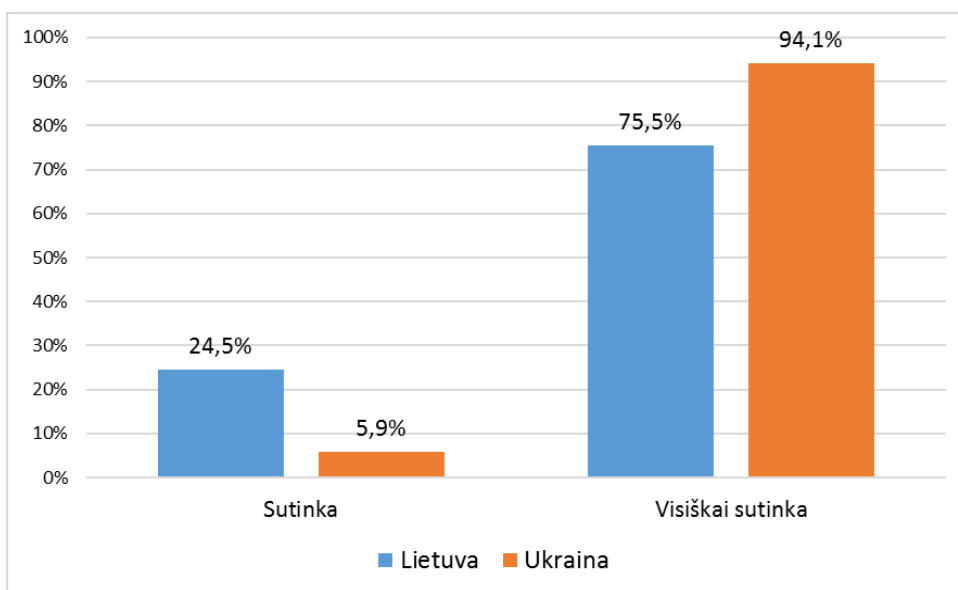


**Figure 27.** Distribution of respondents approach to the disabled person living nearby

As we see not even one respondent would not mind if in a neighborhood would live a person with disability, but answers of Lithuanian and Ukrainian respondents differed significantly ( $\chi^2=5,667$ ,  $df=1$ ,  $p=0,017<0,05$ ), which let us say that Ukrainians statistically are more likely to disagree that in neighborhood disabled people would live. In other study (Repečkaitė, 2016), it is said that specialists recognize that any community life of people with disabilities usually falls on the shoulders of parents, and for integration is difficult only because of common stereotypes. In the end of 2015 in social research center of Lithuania, by the order of Ethnic Research Institute, data of the research showed that nearly half of Lithuanian residents would not like to live in neighborhood with people having mental disability. The same amount of people would not like to work together.

In Lithuania social integration of disabled people is organized under the principles of: equal rights and opportunities, prevention of discrimination, independence and assurance of freedom to choose, availability, compensation of disability, decentralization and destigmatization, but practice shows that these principles often exist only in theoretical level, so people with disability meet a quite wide specter of problems which burden quality of their life (Mikutavičienė, Guščinskienė, 2012).

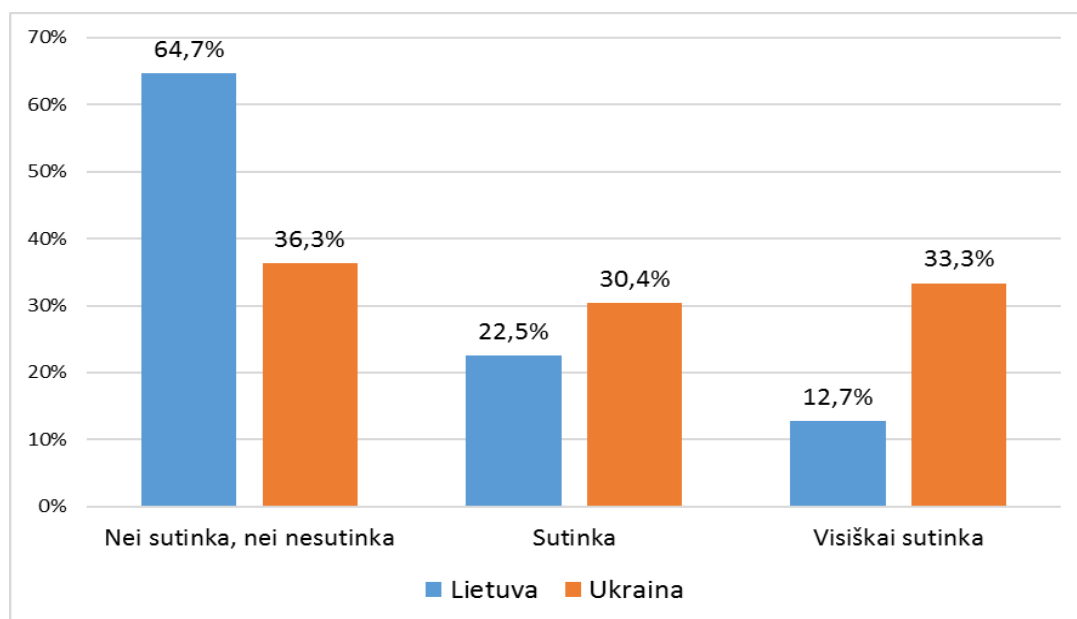
Data presented in the image below show what kind of opinion are the respondents – is it good that there are existing institutions of care where service for disabled people are provided.



**Figure 28.** Distribution of respondents opinion to the service provided in care institutions

Analyzing the data in figure 28 we see that 76 percent of Lithuanians and 94 percent of Ukrainians totally agree with the existence of such institutions, other respondents just agreed. Answers of Lithuanian and Ukrainian respondents significantly differed ( $\chi^2=13,732$ ,  $df=1$ ,  $p=0,000<0,05$ ), which mean that Ukrainians statistically are more likely to agree with that existence of such care institutions is a positive phenomenon.

Finally respondents were asked to answer if they agree if the approach to disabled people would be as to social outcasts.



**Figure 29.** Distribution of respondents attitude to disabled people as to social outcasts

From the data shown in figure 29 we see that only 35 percent of Lithuanians partially or totally agree that it would not be the approach to disabled people as to social outcasts, meanwhile between Ukrainians the same opinion had 64 percent et al had neutral opinion. These differences were significant ( $\chi^2=18,733$ ,  $df=2$ ,  $p=0,000<0,05$ ), which shows that Ukrainians statistically have more positive opinion that disabled people would not be at the approach of social outcasts.

Further in the second block of questionnaire summarizing the answers of 13 analyzed statements provided above we receive the general scale point of approach to disabled people (it is noted that statements 1, 4, 6, 9 and 11 at the time of summarizing were reversed), when the higher point shows more positive attitude to disabled people. And first of all in order to determine inner compatibility of this part of questionnaire *Cronbach Alfa* coefficient (equal to 0,750) was calculated which was bigger than 0,7 what indicates that questionnaire is composed correctly.

Analyzing received data we see that average point of Ukrainian respondents approach to disabled people was 56, 28 and was bigger than the average of Lithuanian respondents, which was - 53, 52. When Mann-Whitney U test was calculated it was determined that these averages differed statistically significantly ( $U=3021, 00$ ,  $p=0,000<0, 05$ ), which show that approach of Ukrainians to disabled people is much better than one of Lithuanians.

## 2.5. Generalization of the research results

We can say that the social integration of people with disabilities is reflected and results in the country's economic level, situation in the labor market, society's attitude towards the problems of disabled people and real opportunities to fund social, health and educational areas. The most important directions of disabled people integration: using rehabilitation means (medical, professional, psychosocial, development of independent skills), social services, applying physical,

home and informational environment, promoting means of employment, occupation and participation in culture, sports and leisure activities, forming positive society's approach to disabled people, seeking the equal opportunities. Position of disabled people and opportunities of integration are influenced by resources which are intended for the social security guarantees, care and assistance, services and development, environmental adaptation, education and training, employment and financing for other measures. Economic state of country, level of unemployment (especially in countryside) promote people to seek for individuality as for the source of living and do not motivate their rehabilitation and achieving the return to the labor market, is slowing down the development of social services, improvement of occupational system, realization of disabled people rights to education. Estimating the life quality of disabled people: people with disabilities have the opportunity to integrate into society with rehabilitation center's assistance, rehabilitation center is increasing the occupation of people with disabilities, specialists whose work greatly contributes to the quality of life and psychological well-being improvement work there, big contribution is from psychologists, social workers, disabled people are happy with the help of rehabilitation center for them and especially with social and occupational programs, because with a help of these programs they can improve all the skills gained earlier and also learn new unknown things, of course there are still a lot of improvements to be made, but at this time, according to all possibilities it already have achieved a great deal.

Estimating respondents approach to disabled people it was determined that most of people communicating and talking to them do not feel any inconvenience or irritability; they are concerned about this group of people.

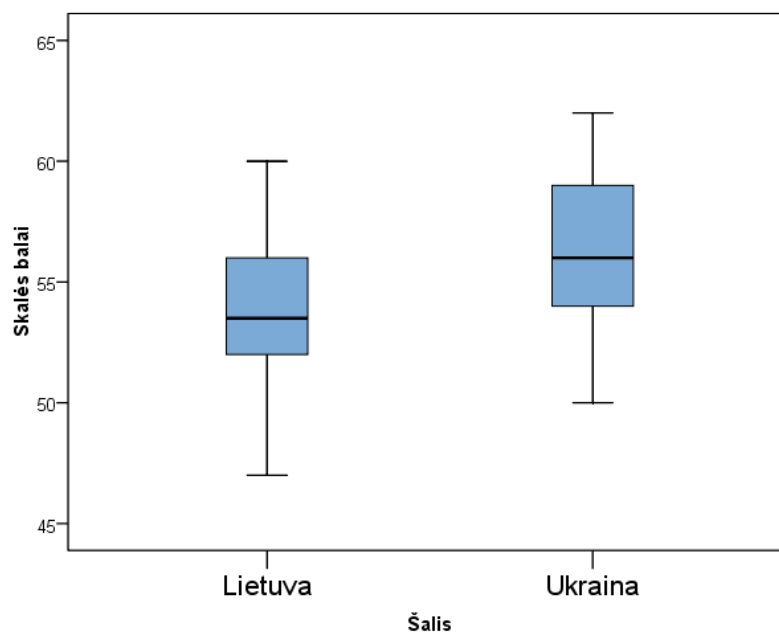
Also, in order to determine which statistical tests (parametric or nonparametric) have to be used for the comparison of point averages of approach to disabled people between Lithuanians and Ukrainians we calculate Kolmogorov–Smirnov and Shapiro-Wilk tests. As we see from the data in table 2, in both scopes of both tests (Lithuania and Ukraine) values were statistically significant (because  $p < 0,05$ ), which shows that data distribute not according to normal distributive, therefore for the comparison of scale point averages we have to use nonparametric Mann-Whitney U test.

**Table 2**

Check of normality of approach to disabled people scale

Country	Kolmogorov-Smirnov test			Shapiro-Wilk test		
	Statistics	df	p	Statistics	df	p
Lithuania	0,132	102	0,000	0,937	102	0,000
Ukraine	0,155	102	0,000	0,943	102	0,000

Point averages of approach to disabled people between the respondents from Lithuania and Ukraine are provided in figure 30 and table 3.



**Figure 30.** Rectangular diagram of respondents attitude scale towards people with disabilities

**Table 3**

Characteristics of attitude scale to disabled people

	Average	Standard deviation	The lowest point	The biggest point
Lithuania	53,5196	3,87613	47,00	60,00
Ukraine	56,2843	3,05519	50,00	62,00

After calculating the general scale point of the approach towards disabled people and after comparison of the averages in Lithuanian and Ukrainian groups it was determined, that even if averages of both groups were high enough (more than 50 points from possible 65), which shows that approach in both countries is quite positive, but Ukrainian average was statistically significantly higher than Lithuanian one ( $U=3021,00$ ,  $p=0,000<0,05$ ), what show that attitude to disabled people in Ukraine is statistically significantly better than in Lithuania.

Results of other surveys show that in the region there is a shortage of existing methods coping with social problems, techniques and human resources - as well as social work specialists (Gerulaitis, Virgailaitė-Mečkauskaitė, Grigaliūnas 2012).

In Lithuania and in Ukraine more and more it is beginning to understand that one of the most important factors determining place of people with special requirements in society is adequate approach of society itself to such children and adults and their real opportunities.

## CONCLUSIONS

1. After the entrance of Lithuania to European Union it is being shifted from clinical estimation of disability to biopsychosocial, emphasizing importance of implementing the social participation paradigm of the disabled, where is necessary to combine knowledge and skills in order to perform the social work qualitatively and effectively, which let to act professionally, fast and with competence, and values which let to perform work without prejudice to the ethical norms. Social worker, acting professionally, is able to harmonize all these areas between each other. Acting in an institution of care social worker is not based only on certain competencies, but also on the core values.
2. General factors, which make possible involvement and participation of disabled people in life of society, are personal activity and open community. Important thing is that disabled people would have all the possibilities to make decisions, live as more independent life as possible, participate in community's events. Society, if estimating it at the aspect of social participation, is cooperative system, which predicts that every member of society, regardless to his disability, would have the same opportunities and conditions to belong and to participate in collective life.
3. After the integration of respondents approach to disabled people it was been determined that most respondents in Lithuania think that disability may be controlled by the person, when answers of Ukrainian respondents differ statistically significantly ( $\chi^2=53,839$ ,  $df=4$ ,  $p=0,000<0,05$ ), what allows to state that Ukrainian respondents are more likely to think that disability can not be controlled by the person. It is also determined that according to the opinion of majority respondents disability depends on a will of other people; and is not agreed that disabled person should be in a care institution, they are not a burden for society, they don't need such discipline and control as small children do, it wouldn't be an argument if such people would live in a neighborhood and the supervision applied in care institutions is not sufficient. For the treatment of such people more funds should be provided.
4. Results of the survey showed that people with disabilities are not considered to be unlucky, but disability impairs their integration into community, get employed, study and educate properly. Respondents also understand that our society should take over more tolerant provisions regarding the disabled people. Actuality of social worker's competence development need has revealed in both countries: ability to investigate social phenomena, create strategies of social problems solution, develop skills, apply knowledge in a changing society, think critically and evaluate social phenomena at intercultural context.



**RECOMMENDATIONS FOR PEOPLE OF SOCIAL WORK  
IN LITHUANIA AND UKRAINE**

1. Purposeful work with the local community is necessary, familiarizing residents with disabled people, their problems and ways to help. To help the various authorities changing public attitudes towards people with disabilities in a positive direction.
2. Write articles for local newspapers, municipal site about the disabled people, examples of their success adapting in society.
3. Organize common events, initiate projects which promote successful integration of disabled people into society.
4. Motivate more active participation of disabled people in community's activity. To emphasize the assistance which may be given for disabled people by society.
5. Provide projects creating secured places of work for people with intellectual and mental disabilities.

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## Santrauka (Summary)

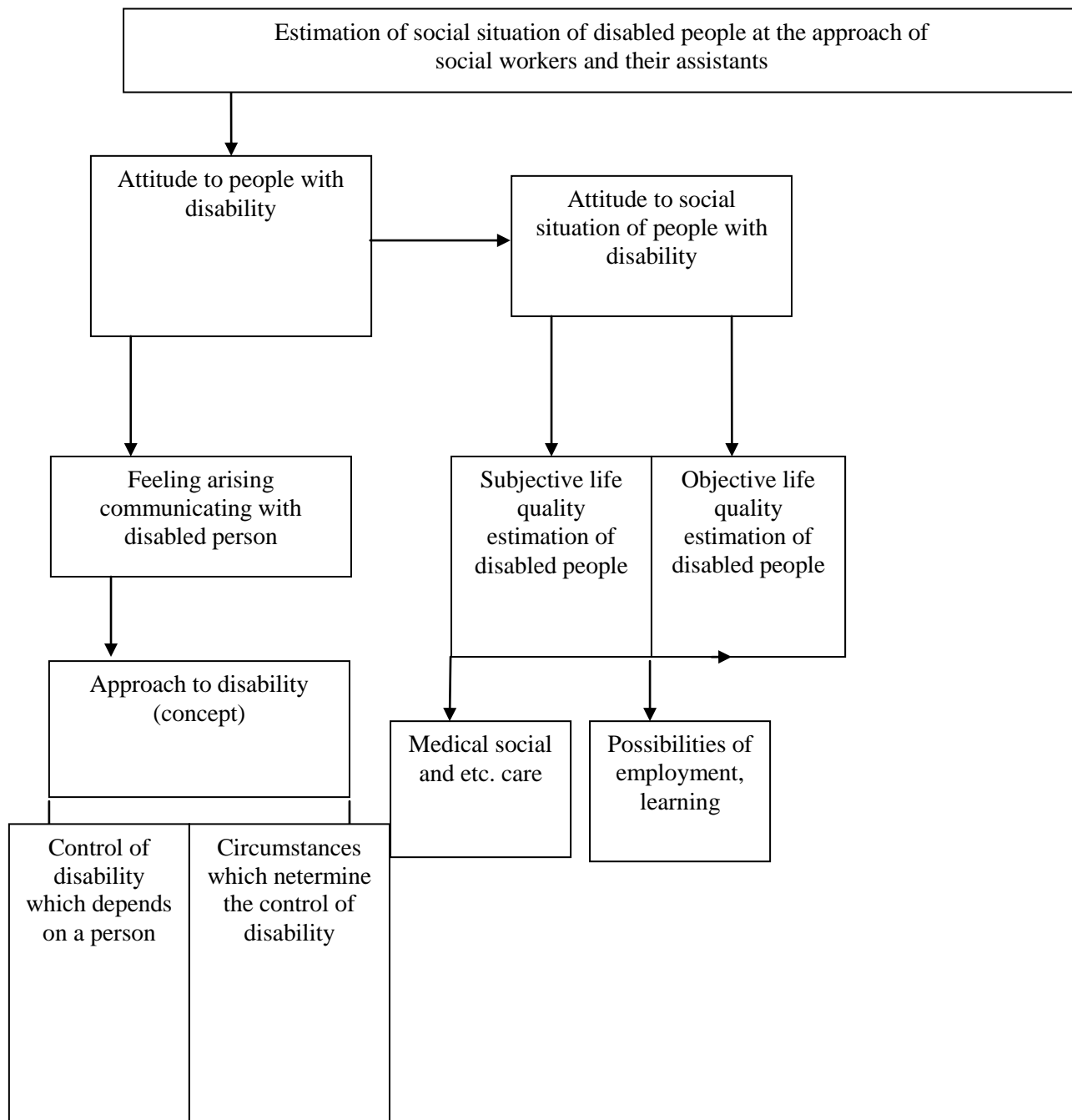
Darbe atlikta teorinė mokslinės literatūros analizė, kuri susijusi su žmonių su negalia gyvenimo kokybės problema globos namuose tema bei grindžiami tyrimo rezultatai juos lyginant su mokslininkų panašaus pobūdžio tyrimo duomenimis.

Tyrimo tikslas: išanalizuoti asmenų, turinčių negalią, socialinę situaciją socialinių darbuotojų ir jų padėjėjų požiūriu.

Siekiant išsiaiškinti, kaip socialinį darbą dirbantys asmenys vertina žmonių su negalia gyvenimo kokybę buvo naudojamas specialiai tam sukurtas vertinimo klausimynas. Tiriamieji buvo apklausti naudojant anketą, kuri buvo paruošta tyrėjo. Tyrime dalyvavo 102 respondentų, dirbančių Šilalės rajono socialinių paslaugų namuose, kur yra teikiamas dienos priežiūros paslaugos psichinę negalią turintiems asmenims ir 102 Ukrainos socialinį darbą dirbančių asmenų.

Svarbiausios empirinio tyrimo išvados: Lietuvai įstojus į Europos Sąjungą pereinama nuo klinikinio neįgalumo vertinimo prie biopsichosocialinio, akcentuojančio neįgaliojo socialinio dalyvavimo paradigmos įgyvendinimo svarbą, kur kokybiškam ir efektyviam socialinio darbuotojo darbo atlikimui būtina suderinti žinias, įgūdžius, kurie leidžia veikti profesionaliai, greitai ir kompetentingai bei vertybes, kurios leidžia darbą atlikti nepažeidžiant etinių normų. Profesionaliai dirbantis socialinis darbuotojas geba visas šias sritis tarpusavyje suderinti. Pagrindiniai veiksniai, kurie padaro įmanomą asmenų, turinčių negalią, įsitraukimą ir dalyvavimą visuomenės gyvenime, yra asmens aktyvumas ir atvira bendruomenė. Svarbu yra tai, kad turintys negalią turėtų visas galimybes priimti sprendimus, gyventi kiek įmanoma savarankiškesnį gyvenimą, dalyvauti bendruomenės įvykiuose. Atlikus respondentų požiūrio į neįgaliųjų integravimą nustatyta, kad daugelis respondentų Lietuvoje mano, kad negalia gali būti asmens valdoma, tuo tarpu Ukrainos respondentų atsakymai išsiskiria statistiškai reikšmingai, o tai leidžia teigti, kad ukrainiečiais respondentais vis tik labiau mano, kad negalia negali būti asmens valdoma. Taip pat nustatyta, kad daugumos respondentų nuomone negalia priklauso nuo kitų žmonių valios; taip pat nustatyta, kad nėra sutinkama, kad negalią turintis asmuo turėtų būti globos įstaigoje, jie tikrai nėra našta visuomenei, jiems nereikia disciplinos ir kontrolės kaip mažiems vaikams, nebūtų prieštaraujama, kad tokie asmenys gyventų kaimynystėje, o globos įstaigose taikoma priežiūra nėra pakankama. Tokių žmonių gydymui turėtų būti skiriama daugiau lėšų. Žmonės su negalia nėra laikomi nelaimingais, tačiau negalia jiems trukdo integruotis į bendruomenę, įsidarbinti, tinkamai mokytis ir lavintis. Mūsų visuomenei derėtų perimti gerokai tolerantiškesnes nuostatas dėl negalią turinčių asmenų. Abiejose šalyse taip pat atsiskleidė socialinio darbuotojo kompetencijų plėtotės poreikio aktualumas: gebėjimas tirti socialinius reiškinius, kurti socialinių problemų sprendimo strategijas, ugdyti gebėjimus pritaikyti žinias besikeičiančioje visuomenėje, kritiškai mąstyti ir vertinti socialinius reiškinius tarpkultūriniame kontekste.

## *APPENDIXES*



Operationalization of the research object



## APPROACH OF SOCIAL WORKERS TOWARDS PEOPLE WITH DISABILITIES

### What is the actual situation in a care institution now?

SOCIAL AREA is one of the PRIORITIES and highly RELEVANT to every single municipality, ward and care institution. Thus SOCIAL WORK ARRANGEMENTS and certain competencies of social workers have a huge impact on ensuring the quality of life for people with disabilities.

Please respond to the questions provided for in the survey in an **OPEN** and **HONEST** manner

102 social workers and their assistants  
**take part in the survey**



The questionnaire is **ANONYMOUS**.  
You are not required to give  
your **name** or **surname**

You will need  
15-20 minutes to complete the questionnaire.

**Please respond  
to every single question provided for  
in the questionnaire.**

**NOTE!** There are no “**right**” or “**wrong**” answers in the questionnaire.  
**YOU** are only required to choose and select the answer  
that reflects **YOUR** opinion **most accurately**.

**THANK YOU FOR TAKING PART AND GOOD LUCK!**

The questionnaire has been designed and the survey is carried out by Viktoras Leonovas, a postgraduate student of Social Welfare and Disability Studies of Šiauliai University.

1. What is your gender?
  - Male
  - Female
2. What is your age? (in years) \_\_\_\_\_

3. What is the highest level of education you have attained? (If you are presently a student, your highest level of education already achieved)

- Basic (unfinished secondary)
- Secondary
- Unfinished higher
- Vocational (special secondary, post-secondary)
- Bachelor's degree
- Master's degree
- Doctoral degree

4. Are you a student or a professional?

- Student
- Professional
- Both a student and a professional
- Other:

5. Do you have any family members/friends who have a disability?

- Yes
- No

6. Talking to a person who has a disability, you feel  
Very uncomfortable 1 2 3 4 5 Very comfortable

7. Being friends with a person who has a disability, you feel  
Very uncomfortable 1 2 3 4 5 Very comfortable

8. People who have disabilities irritate me.  
Totally agree 1 2 3 4 5 Do not agree

9. How sorry are you for people who have disabilities?  
Not at all 1 2 3 4 5 Very

10. How much are you worried about people who have disabilities?  
Not at all 1 2 3 4 5 Very

11. A disability...  
Cannot be controlled by a person 1 2 3 4 5 Can be controlled by a person

12. A disability...  
A person cannot control the illness themselves 1 2 3 4 5 A person can control the illness themselves

13. A disability...  
Is independent of other people 1 2 3 4 5 Depends on other people

14. What is required to improve the quality of life for people with disabilities in care institutions?

*The following statements reflect different approaches to people who have disabilities. Disabilities are medical disorders which can interfere with the person's thinking, feelings, mood, ability to communicate with others and day to day functioning. Please select the option that describes your response to every statement best. Your response is what matters to us most. Please do not worry if certain statements look similar to the ones already answered. We kindly request you to select your response to all of the statements.*

	Totally agree	Agree	Neither agree, nor disagree	Do not agree	Totally disagree
1. A person who has a disability must be in a care institution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. More money collected from taxes should be allocated for the care and treatment of adults who have disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The care that people with disabilities receive in care homes is not sufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People with disabilities are unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A disability is an obstacle for a person to integrate into the society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. People who have disabilities are a burden on the society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. People with disabilities have less employment opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. There are no appropriate conditions for people with disabilities to study and have training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Totally agree	Agree	Neither agree, nor disagree	Do not agree	Totally disagree
9. People who have disabilities require control and discipline identical to those required by small children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Our society should adopt a much more tolerant approach to people who have disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would not like to have a person with a disability living next door	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. It is good there are care institutions where services are provided to people with have disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. People who have disabilities should be seen as the outcast of the society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR TAKING PART AND GOOD LUCK!**