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**NEED AND AVAILABILITY OF SOCIAL SERVICES FOR THE ELDERLY  
WITH DISABILITIES IN LITHUANIA AND UKRAINE: COMPARATIVE  
ANALYSIS**

*Master’s thesis*

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## Summary

Master's thesis was intended to analyze and compare the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine.

To achieve this objective, the following research objectives have been formulated: (a) to analyze the perceptions of aging and old age, the aging process, disability situation in the old age and the aspects of social services for the elderly with disabilities; (b) to identify the need of social services for the elderly with disabilities in Lithuania and Ukraine; (c) to identify the availability of social services for the elderly with disabilities in Lithuania and Ukraine; d) to compare the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine.

The research methods: analysis of scientific literature, questionnaire-based survey, statistical data analysis, comparative analysis. 335 elderly with disabilities from Lithuania and Ukraine participated in this survey: 264 respondents from Lithuania and 71 respondents from Ukraine.

The main findings of the research: the elderly in Lithuania puts emphasis on the need for a more general social services, enclosing sociocultural and clothing and footwear provision services as the most needed. Social services are assessed as well available, bringing improved access to general social services and general social services sources: social service center, parish and non-governmental organizations. The elderly residing in Ukraine has a great need for both general and special social services, with particular emphasis on the need for social care services. Availability of social services for the elderly with disabilities is very small, and the group struggled to or are unable to obtain some of the general and special social services. Social service center is designated as the main source of the availability of such services to this group of persons. Comparative analysis revealed that the elderly with a disability residing in Ukraine have a greater need for social services, particularly relevant to social care and by naming specific social welfare in services. Lithuanians marked a much larger access to both general and special social services (with emphasis on increased access to sociocultural services), which, unlike in Ukraine, is ensured in a wide variety of sources: social services center, parish or non-governmental organizations.

Based on obtained research results, recommendations have been developed for institutions providing social services for the elderly with disabilities in Lithuania and Ukraine.

Key words: the elderly with a disability, need and availability of social services.

## Introduction

### *The social-practical relevance of the research*

Advanced world (in particular Western Europe) countries are faced with challenges in the changing age structure of population: declining birth rate and mortality, and also longer life expectancy, as well as a growing number of sixty and older population. Each year, an increasing public consists of old and elderly persons, it is noticeable not only in Lithuania, but in other Member States of the European Union. This phenomenon particularly began to accelerate from the end of the 20th century. The main factor in this phenomenon is a decrease in the birth rate and migration of young, working-age people (Europos senėjimo ataskaita, 2015).

European aging report (European Commission, 2015) stated that in recent years, Europeans statistically live longer than ever before, however, the declining birth rate. Over the next few decades, the rapid increase in elderly persons, while the people of working age – will decrease. It states that by 2060 one 65-74 years person will have two working-age persons. Gedvilaitė-Kordušienė (2013) carried out the study and found that the aging of Lithuanian population in the context of the European Union during the first decade of the 21st century went from the demographically youngest country to the demographically oldest. This change indicates that the pace of population aging is a relatively rapid change in accordance with the elderly persons over twenty years and Lithuania is in the first place among the countries of the European Union.

Based on the data of the Statistical Department (Statistikos departamentas, 2016), in Lithuania at the beginning of year 2016 almost every tenth (9.6%) resident in this country is elderly (65-74). Data states that, if the situation will not change, at the beginning of the year 2030 almost one-third of (28.9%) Lithuanian population will consist of elderly persons.

Rapid aging process force persons to suffer disability, they are no longer able to take care of themselves, including a feeling of insecurity, so it is time to search for a care. Gradually, the person shall cease to the members of his family, including the spouse, friends, relatives, elderly person remains alone, so his social environment becomes extremely narrow (Šinkūnienė, 2010). Changes in the family model and the increasing migration of people often force elderly people to be accommodated in a stationary care home (Zaborskienė, 2012).

Not only in our country but also in the whole Europe life expectancy is rapidly getting longer and birth rates decline in the population, and, therefore, it can be seen that it formed the new society, which is dominated by the elderly people, so that the public will have to suffer a number of challenges. In order to monitor the phenomenon and its consequences of old age, it is necessary to deal with each aspect. Fundamental problems of demographic aging were analysed: Mikulionienė

(2011), Juozulynas, Jurgelėnas, Filipavičiūtė, Butkienė, Alekna, Savičiūtė (2010) analyzed the aging and quality of life issues, active and healthy aging was examined by Mockus (2011), and Mockus, Žukaitė (2012), Jankauskienė (2011), as well as this is stressed by European Union and Lithuanian normative documents. The problems of demographic aging in the social agenda of the European Union were examined by Kanopienė and Mikulionienė (2006). Juozulynas, Jurgelėnas, Greičiūtė, Butikis (2007) discussed the problem of aging and quality of life. Spirgienė, Macijauskienė (2008, 2010) carried out an assessment of the needs of elderly people in long-term residential care institutions. The elderly and old peoples' social networking features and the importance of socialization analysed by Bartkutė (2000). Rapolienė (2007) looked at elderly people identity in Lithuania. Social services, their classification discussed by some authors: Žalimienė (2003), Bagdonas and others (2009), Guogis (2008). Need for social services for the elderly persons researched by Hitaitė, Spirgienė (2007), Rakevičiūtė (2005), Jurkuvienė and Audronytė (2007), Kašėtienė (2009).

***Problematic questions of the research.*** This study seeks to answer the following questions: what is the need and availability of social services for the elderly with disabilities in Lithuania? What is the need and availability of social services for the elderly with disabilities in Ukraine? What are the differences of need and availability of social services for the elderly with disabilities between Lithuania and Ukraine?

In order to compare the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine the ***hypothesis*** was formulated: it is likely that the need of social services for the elderly with disabilities in both countries is high, but in Lithuania social services are more available.

***The object of the research*** – need and availability of social services for the elderly with disabilities.

***The aim of the research*** – to analyze and compare the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine.

***Objectives of the research:***

1. On the basis of scientific literature to analyze the perceptions of aging and old age, the aging process, disability situation in the old age and the aspects of social services for the elderly with disabilities
2. To identify the need of social services for the elderly with disabilities in Lithuania and Ukraine.
3. To identify the availability of social services for the elderly with disabilities in Lithuania and Ukraine

4. To compare the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine.

***Research methods:***

1. Analysis of the scientific literature sources.
2. A questionnaire-based survey.
3. Statistical analysis of the data.
4. A comparative analysis.

***Participants of the research:*** 335 elderly with disabilities from Lithuania and Ukraine participated in this survey: 264 respondents from Lithuania and 71 respondents from Ukraine. The selection of participants was based on the method of convenient selection.

***Master's thesis structure:*** summary, introduction, three chapters, conclusions, recommendations, references, summary in lithuanian language and appendices. The work has 21 figures, 11 tables and 1 appendice. The volume of the work – 61 page and refers to the literary source of the 97 references.

# 1. THEORETICAL ANALYSIS OF AGING

## 1.1. Aging and old age discourse

According to Mikulionienė (2002), the interest in old age and aging yet occurred a long time ago. 5<sup>th</sup> century B.C. Confucius preached that a person who elderly should be treated by a higher respect. Aging as a complex phenomenon can result in both social and economic consequences. Aging of the population can be described as a long time change process of biological human organism and its functions (Mikulionienė, 2004)

Koskinen, Naujanienė, Večkienė (2004) state that "the concept of aging and old age in social gerontology is characterised by the following statements:

- Aging and old age understood how these events: cultural, social, and historical;
- Aging takes place in the context of human interactions, it runs old people discrimination, stereotypes, images of aging and old age;
- The nature of society influences the human aging;
- Demographic aging alters the public authorities;
- Aging people in many ways influences our society;
- Old people have their own aging and old age;
- Aging and the old man is understood to be the interaction between the individual and society;
- Support of different interventions can be affected by aging and old age "(Koskinen, Naujanienė, Večkienė, 2004, p. 14).

Vaitkevičius (2002) stated that the old age description is associated with negative changes in favor of the force of the body, loss of strength, and mental exhaustion. Lemme (2003) highlights a wide definition of "aging", however, the use of high uncertainty. It highlights the biological aging as a key process, but its ecological approach to the aging of the population demonstrates the mutual interaction between the individual and the environment.

A different concept of aging provides Naujanienė (2004): a social psychological aging can be perceived as an individual person's interactions with the environment. This interaction includes the values, beliefs, social roles, self-image and the process of adaptation. The social implications of aging includes and various social institutions (the economy and health care).

Kairys (2002), talking about age, indicates that it is a natural help and support from the party's survival, the necessity of the necessary natural phase. According to the author, the body is

running out of physical and mental forces, an elderly person more than the young include laziness, apathy, even it becomes less resistant to various diseases.

According to Šerpytienė (2008), old age can be identified by the senior maturity, defined as biological, psychological and social changes. In the process of appearance changes, a person gets the capacity limitations of adaptation, and the greater chance of injury and disease, as well as weakness of physical, mental, memory and the perception. Vision, hearing loss causes the loss of perception of reality, including vulnerability, social exclusion. Aging narrows the social networking circle, loneliness, sadness and lack of income comes. According to the author, the elderly due to physical, social or psychological constraints can not take everyday activities, that is way it is necessary to engage in to other activities and to change person's sense of the value of himself.

Koskinen, Naujanienė and Večkienė (2004, p. 78) claim "old age, aging and old people are not homogeneous process, and the aging process can be positive and negative. People experiencing aging in different ways, each is experiencing a positive experience, the other negative; still others are going through voluntary contributions from the positive and negative experiences. According to the authors, none of these claims is not false. Old age is a life experience resource: old people, the knowledge, the experience gained may refer to the other, helping to foster the tradition and culture. A positive approach to aging is determined by the positive experience, which helps to positively look at life of the elderly".

According to the Mikulionienė (2004), the age and the concept of aging are associated with individual lives. Žalimienė (2003) highlights the aging as one of the social risk factors that lead to the need for social protection, and the highest risk first appears in the income and the need for personal care. Author defines aging as the eternal and the consistent development process of humankind, and the growth in the number of older persons describes the demographic aging. There are three human development and aging-related aspects:

- Physical (biological) aspect. Attention shall be paid to the processes of outside and inside of the individual. At the time of the biological process changes in a person's state of health: diseases of the organism occurs in the higher level and the likelihood of death increases;
- Psychological aspect. It is the human abilities, awareness and attention. These things help a person adjust to the aging process;
- Social aspect. Aspect of the relationship and the role of the person, the exchange of the status, the receding social networking and cognitive processes (Mikulionienė, 2004).

The World Health Organization (WHO) recommends that a person's age distribution is as follows:



- From 45 to 59 years is the middle age period;
- From 60 to 74 years – older persons;
- From 75 to 89-year – old age period;
- From 90 years - longevity.

According to the World Health Organization distribution, at the age of 60 years person shall be regarded as the elderly (WHO, 2007). Aging by Myers (2000) and Žukauskienė (2012) is the process in which a gradual and consistent changes of all physical symptoms and mental structure arrives. It is stated that this process starts from the moment of fertilization, and takes place until death. This is referred to the backward development, slowly changing the entire organism. In the progress of the biological process, the human body is forced to adapt to the emerging internal and external conditions. Aging is considered one of today's biggest problem, just the period of the significant economic, social and political changes in the country.

Countries shall be regulated by law, and at the international level has to recognize documents that identify human rights so that the most vulnerable members of society must be protected and safeguarded. The elderly and elderly persons are also in this group (Žalimienė, 2005).

The United Nations Committee of the economic, social and cultural rights approved term "older person" emphasizes precisely the age of 60 and more years. In Lithuania there is no law defining the "older person". The only thing that can be attributed to 60 years and older persons in this category is the statistical data submitted by the Statistical Department. At the end of 2015 in our country 701 thousand of elderly and older persons were registrated, who accounted for far more 1/5 (20.9%) in the general population of the country. It should be noted that in 1990, there were 100 thousand less of elderly persons and generally, they only accounted for 16% of the total population of the country. Therefore, the trend is visible that in Lithuania, the group of 60 years old and older continues to grow, while increasing the percentage of their expression in the whole population. We call this process the process of population aging (Statistikos departamentas, 2015).

In summary, it can be said that old age and aging are defined differently. Old age leads to myriad running processes of individual. You need to understand the process of aging as a natural, which is experienced by people in very different ways. One group welcomes this process, the others feel it as negative, yet another group understands it as the process of both positive and negative experiences. It is noted that the persons who evaluate this age easier adapt to the changing lifestyle. Old age is not exactly determined by year, it depends on the individual's lifestyle and the external conditions. Each time this period comes through and gets to perform. When a person feels that, he lives in a meaningful way, looking positive at his age and feels the inner coherence he could remain

young for a long time. If a person feels lonely, and all abandoned, redundant, dominated by pessimistic mood, anger and aggressiveness, hatred and intolerance, envy – old age comes early.

## **1.2. The theoretical aspects of the aging process**

Person's physical, psychological and social changes are observed at the old age, which causes changes in personal functioning, its economic, and social potential. Palujanskienė (2004) argues that aging is a natural process, beginning much earlier than old age. In addition to the biological changes, the happening of the psychological and social changes occurs that changes social relations.

Mikulionienė (2004) presents human development and the aging as physical, psychological and social aging. The outside man (appearance) and inside changing processes are defined by the physical aspect. A person's abilities, awareness and attention are described as the psychological aspect. These features help to adapt during the age of the aging process. In the meantime, the social aspect of a person's status and role change occurs, a decrease of social communication and cognitive processes begins. The following will be analysed in the psychological and social change aspects.

### **1.2.1. Psychological aging process**

Psychological sense of old age is perceived as a person's subjective psychological experience. They are acceptable to the person, if he had his life as undesired effects of mass and personal goals, what part may result in a social environment (Mockus, Žukaitė, 2012). In the meantime, Atchley (1997; cit. Linkevičienė, 2009) has identified the most important psychological aspects of human aging:

- emotional (anxiety, fear, sadness).
- cognitive (thinking, perception, memory, and intelligence);
- behavior (loss of the ability to adapt).

Emotions – it is a physiological excitement, action and interaction of the conscious experience of the expression of psychological reactions (Lučinskienė, 2013). During old age, emotions become weaker, so the older person experiences less intense joy, as well as the intense sadness. Feelings are becoming more neutral (Charles and Carstensen, 2010). Linkevičienė (2009) indicates that the most common old age is characterized by the plenary of more restrained, but greater satisfaction. Kept

again, and resumed relations with close people gives a sense of the fullness for the elderly persons. Honours do not give so much joy as in young adulthood and the criticism gives less grief. However, fullness of life remains a target. The older human sadness often is associated with physical disability and pain.

The World Health Organization stresses that mental health is a feeling-good condition. This means that a person can realise the available capacity, can overcome the stress resulting from the productive work (WHO, 2007). Žukauskienė (2012) claims that old age can be described as a psychological adaptation to the changes under way.

Lemme (2003) argues that one of the biggest feelings during psychological changes at this stage – unnecessary feeling. It is a big obstacle to the description of how to participate in social activities. Therefore, they feel fear, uncertainty and anxiety that interfere with the normal functioning of the society.

Keršytė (2008) argues that the human consciousness is the *I*. It is only a "part" of the entity. After it, or until it lies in the "himself". It can be linked to the body of the entity's existence, which precedes the consciousness and it covers. Speaking on the subject, "*the himself*" for his mismatch with the self, which manifests itself in the body of its existence. The entity is not in anyway associated with the incarnate, body time and body being unfolds as the permanent loss of their own lack of self, lack of being, manifesting through the aging process. Fischer (2010) based on Beauvoir words, talks about old age and aging as variant and explores the origins of the fear to get old. Old age not only avoided or obviated, but it is, in many ways, a taboo topic status. Effect of social and economic factors affecting the "privileged" or non-human position in old age, however, focuses on the aspect of filosofic temporariness, and being understood that the metamorphosis of the body threatens identity.

Cognitive function is the brain's ability to receive process, integrate and maintain the focus of the information received, time, space, contain, store and use their knowledge, intelligence, vision, hearing, perception. All of these features are necessary for the person to be able to function properly. Mockus and Žukaitė (2012) argues that the cognitive decline of activity is associated with poor adaptation of life to adapt to the changed conditions, such as the consumption of alcohol, the insulation, and suicide. Moreover, over the life of the rich elderly people acquired knowledge and education helps them to pick out the relevant information from the environment. Therefore, the elderly people ability to learn and recall skills gets less, and the interpretation of the experience acquired in the form of old age, which requires creativity, can spur. That is why people with better cognitive skills value their lives less frequently confronted with psychological problems (Stepukonis, Puodžienė, 2009).

Orienteering and inadequate global acceptance, the isolation and insularity, behavioral disorders and conflicts – it's a social problem, which is caused by the psychological signs of aging. Insularity, loneliness and isolation for the elderly person from the community alienates, friends and relatives causes a number of communication problems (Aleksienė, 2013). Elderly persons in their demeanor are seeking to remind everyone once of their social roles, but their flexibility declines. Elderly people often does such conduct and means that almost always works. This sort of manipulation of other people, with the aim of preserving the value of your standing and achieve the desired objectives.

### **1.2.2. Social process of aging**

According to Charles and Carstensen (2010), early social theory of aging suggests that the largest changes in psychological functioning occurs at a later age. Disengagement theory, which in the past decades is the most of famous of social aging studies, argues that people, when they reach old age, emotionally, tend to pull off, detach from relatives and friends, and gradually get ready for death. Although there are lots of empirical research carried out, but not based on the theory of withdrawal, argue that the connections stop with loved ones and friends. At old age social connections declines, but old age is positive and social networking allowing period of life.

According to Grigaravičiūtė (2011), old age is the age of a human phase, part of the life cycle. An old man is a part in a social environment and it plays certain social roles. "Disability, disease and the chance of a bad feeling increases during aging. When a disease or disability becomes a serious problem, many elderly people become residents of certain institutions in a nursing or retirement home. It becomes difficult to continue their roles and adapt, but they have more free time for leisure activities" (Žalimienė, 2005, p. 127). Almonaitienė (2009) indicates that the social isolation poses the greatest risk to the elderly people mental and physical health.

Vinikienė (2008) says that the social characteristic of the elderly and the aging of the elderly people's is withdrawal from social life and social roles. However, she adds that social aging is not only withdrawal from the social environment, but at the same time, and the acquisition of new roles. New specific social roles run person and his aging. Most of the specific roles are related to the advanced age of the human family. The release of the children from the home, pension, dependence on their children or other close relatives, disability, disease, and life care or nursing institutions means the traditional periods accompanying a man in old age.

At every stage of life a person is faced with new roles, not to the exclusion of the old age, is seeking to operate effectively in the new life situations. The new circumstances arising from the

lead role change in old age: taking possession of his grandparents, retirement. In addition, in the old age person is more likely to deal with chronic disease or sick person's role. The assumption of the role of the grandfather's or grandmother's is often uplifting and successful, while confronting with the widower's role is a difficult and painful (Naujanienė, 2004).

Successful aging depends on the persons' proper preparation. Mockus and Žukaitė (2012) indicates that the quality of life in old age leads to a psychological approach to successful aging. Those who value aging as a positive development, easier adjust to changes in lifestyle and those who appreciate the negative face of aging deal with more difficulties at this stage of life.

In summary, it can be said that in the old age person suffers psychological, physical and social changes in the physical and mental capacity reducing the personality, posing with the problems and reducing the possibilities of positive socialization. It is also possible to argue that all the aging process involving both changes in the physical, psychological and social, are closely interlinked.

### **1.3. Aging in the context of social policy**

According to Rakauskienė (2006), the main objective of the social policy is to keep or change the overall social situation of the population or individual groups, classes, professional groups, social networks. The most important values, which targeted this policy, is the law of equality, independence and self-determination, economic security (Bikmanienė, Večkienė, 2004). According to Burbulienė (2006), in the social policy of the elderly people, country seeks to put into practice the concept of modern and active old age, emphasizing the mobilization of internal resources of the person, and not a disease, disability or bereavement. Kanopienė and Mikulionienė (2006) states that for countries which wish to control development under the conditions of the aging population, one of the fundamental challenges is to balance people's expectations: as much as possible, to minimize the consequences of the additional cost of the aging of the population and as far as possible, maximize the longer life expectancy provided in the personal and public benefits.

According to Misiūnas (2005), there is a lack of legal base, encouraging the retention of older people on the labour market, and in some cases, even prevent their further work. According to Skrabienė (2007), countries should allow the elderly and old people work part-time, shift work, seasonal work, and so on, at the same time improve people's social relations, their activity.

Social policy in the context of the needs of the elderly include social work policies, insurance policies, social policies (Žalimienė, 2002). The interests of the elderly people concerned

with issues such as work experience and availability of bail; guaranteeing adequate retirement benefits; the house and the daily environmental adaptation (Padegimienė, 2008).

Moskvina and Okunevičiūtė-Neveauskienė (2011) indicates that the social policy is concerned with:

1. The retirement age, and older people's participation in the labour market (employment policy).
2. The guarantee of a sufficient level of income (social security and pension policy).
3. Social inclusion (social support, community-based services for the care and development policy).

Kanopienė and Mikulionienė (2006) argues that the forecasts of linear health and care services consequences (future will ever need in the health care and nursing services, and it can become unbearable burden to the public) are increasingly against erecting a more subtle, custody and care of older asking for change.

Gedvilaitė-Kordušienė (2013) investigation has shown that the aging of the population of Lithuania in the context of the EU countries can be described as a huge leap. In the year of 2001 in the context of the EU countries, Lithuania could be attributed to demographically youngest country, and during the twelve-year period Lithuania jumped closer demographically the oldest EU countries: according to the population of 65 years and older rose from 17<sup>th</sup> to the 7<sup>th</sup> position.

To sum up, it can be argued that the problems of the elderly and old people need to be looked holistically, covering the various areas of life and the light should be provided in high-quality services that are focused on ensuring their independence.

## **2. THE PROVISION OF SOCIAL SERVICES FOR THE ELDERLY WITH DISABILITIES**

### **2.1. Social gerontology theory in the context of the provision of social services**

Gerontology research and practice knowledge is necessary for the understanding of the aging process and management. In social work with the elderly people, in order to discuss the problems of aging and prevention techniques for a variety of research, you always need to know how to understand the gerontology term. Večkienė and others (2004) defines the concept as a very wide and rich field of cognitive science, covering the whole spectrum of social theories – from micro to macro level. Gerontology explores old age and aging changes and explains how they are influenced by the interactions between people. Aging consists of the positive and negative aspects.

Mikulionienė (2011) distinguishes six research fields of gerontology science: biological research area explores the physical aspects of human aging, diminishing the capacity of the human body, also, is trying to understand the causes and consequences of the rebuild. Geriatric or clinical gerontology is looking for ways to prevent diseases related to physical aging, how to treat them or to compensate for changes in them. Psychogerontology is studying the processes of coordination, senses, perception, mental capacity, human development, personality skills to overcome the difficulties associated with the accompanying aging. Social gerontology, studying the social and social psychological aging. Social aging researchers looks at public attitudes to the old man and the old man's approach to the public. Human interaction with the environment is understood as a social psychological aging, which includes human values, beliefs, social roles and the process of adaptation to aging. Educational gerontology seeks to identify the most effective methods of learning in the aging process, what are the activities and what new capabilities to adapt the old people. Political gerontology explores the political influence in the society, shaping the new development strategy.

Gerontology science representatives (Večkienė and others, 2004; Paplia, 2007; Rantakokko, 2011; Naujanienė, 2007; Mikulionienė, 2011) analyzing the evolution of the human physical delves not only to external changes in the body, but also to the health and condition of the organs, changes in the various phases of the motor abilities of the age. The evolution of aging includes the thinking and features of language, mind and cognitive abilities at different stages of the human life. And the third aspect is the development of human aging, human development; sociologists researching their life or one of the stages of life as a whole.

Representatives of social gerontology (Večkienė and others, 2004; Mikulionienė, 2011) are interested in the physiological and psychological human aging only in so far as the mental and physical changes are influenced by the interaction of the public and individuals. This is how our society is prevalent in old and elderly people can best reflect the demographic data. Residential long-term care institutions for elderly in Lithuania belongs to the Ministry of Social Security and Labour, greater attention is paid to social problems.

It is recognized that social activity is related to successful aging. In Lithuanian Social Services directory (2006), is written that the main providers of social services are social workers, who not only provide services, but are the organizers and coordinators of these services. When providing social services social workers collaborate with other professions. Social work promotes social changes in the society and provides an opportunity for people to participate in the same communities in addressing their social problems, raising the same responsibility and without prejudice to the dignity of the people.

Danilova (2004) argues that the work when working with elderly and old people is manifested in the fact that the work performed in the age-oriented policy, relating to the welfare of individuals, their dignity, and a sense of duty. Elderly customers pose special requirements: ethics, knowledge, and skills. Social work values, such as the right to self-determination and integrity, equally valid and working with elderly people. You may encounter ethical problems because of these values, it is difficult to implement. The social worker must have knowledge about the biological, psychological, and social aging. Danusevičienė and Povilaikaitė (2004) argues that the old people have exactly the same rights as the other customer groups. They also have the right to participate in decisions affecting them and their families. The social worker may interfere with the old people's lives while still retaining their autonomy only and without prejudice to their dignity and sense of duty. That the meetings with the old man, may require different levels of support. A social worker have a broad look at the problems by giving assistance to old people.

Žalimienė (2007) argues that the old people's homes workers' and old people's homes resident relationships are rarely based on respect and mutual understanding. Working with the elderly and old people have their own specificity, which requires certain characteristics, in particular the workers' positive attitude to these clients. Kindness, tolerance, empathy, respect for an old man – it's such a personal qualities, which in the absence of a person does not become an old people's home worker. But studies have shown that little attention is paid to the following personal characteristics in the adoption of a new employee. Working with old people is in need as well as knowledge of the laws governing the rights of the elderly and old people, as well as pensions,



public, social, cultural, and medical services. The essence in social work with old people – it's various functions, responsibilities, activities, relationships with other people.

## **2.2. Social services for the elderly with disabilities in Lithuania**

From the view of social work and social gerontology, one of the most important issues is the organisation and provision of social services on the needs of older persons, and echoed to create conditions for an active and healthy aging. In the context of an aging population and social integration, social service providers are worded in two main objectives: 1) to arrange for and to the provision of social services for older persons, which supports the independence of the individual, social, and physical activity; 2) echoed the social care and nursing needs (Lukamskienė, Budėjienė, 2013).

European Union countries have built up a different experience in the provision of social services for older residents. It depends on the traditions and economic and social development, culture, way of life. European countries generally distinguishes between four models of social services:

- Social-democratic, based on the principle of universality and the social services are treated not only as an aid to the population, but also as a social right. Wide range of social services and a variety of human needs. Many state funds to provide social services.
- The family care model, which is based on the principle of subsidiarity. Its essence in any social problems must first deal with the same individual. If he fails to do so, he must assist the family and relatives. If the family cannot help, assistance is provided by the local community, i.e., Church, neighbors, and non-governmental organizations. The public sector intervenes only when the family or community is no longer able to help.
- Liberal model. Here highlights the market as one of the most important in the areas of mutual aid. It is believed that a man should be able to live without social security system. The state mandates the provision of social services on the contracts for the next sector.
- The conservative model is characterized by the fact that the high value is given to the market and the ban on state controll (Vietos savivalda ir socialinis darbas, 2006).

The provision of social services in Lithuania is regulated by the Social Services Act (LR Socialinių paslaugų katalogas, 2006) and its subsidiary legislation. The law of social services

promotes a variety of social services and their accessibility, provides that the free services must be for the most socially disadvantaged and vulnerable social groups. This act defines social services and their provision and receipt.

In order to better understanding of the concept of social services, the first step should be to figure out the same service. According to Bagdonienė (2004), social services are activities to overcome the ongoing difficulties for the users. In other words, the social service is to meet the needs of the users, however, will not have a material form, the service should help people meet their needs, and, where appropriate, the aid that is necessary at this time and has a large demand of society (Kučinskas, 2005). Service may not be entirely intangible form, they have and the material side, which is part of our social life. The author points out that paid services mostly satisfies the needs of the target in the household and the form of intangible consists of social and cultural needs. From the definition, we can see that the authors of the concept of services define it in different ways, but the basic concept and purpose remain the same. Firstly, service is a process, which takes place in the interaction between individuals, and in the process, the main purpose is to improve the service of the recipient at the time of performance of service problems.

The term "social services" does not have a uniform definition in the scientific literature, different authors define it differently. According to Žalimienė (2003), social services are part of the provided intangible social work for society, the required aid, which is organized in certain institutions, communities; it can be provided for a variety of customer groups. The definition of social services can deal with in a narrow and a broad sense. In a broader sense, the concept of service is defined as the public services – education, health, social security, sports, leisure, cultural services. All of these services consists of voluntary activities, which does not seek to make a profit. The narrower concept of these services consists of the social security system: sickness, disability, old age, family, children, unemployment, housing, social exclusion (Žalimienė, 2003). Social protection is a permanent phenomenon, because so far we are looking for the most appropriate social services. According to the Guogis (2000), social services are the main public employment programmes and social security, social protection services. Social services seek to meet the needs of the population of the state, thus allowing essential human dignity, compatible with the living conditions of the person himself can no longer deal with its own problems, in the event that helped return the ability to take care of themselves, their integration into social life (Kalesnykas, 2000). In accordance with the legal Act of Social Services (2006), the services are considered to be service, under which the aid is granted to a person (family) because of age, disability, and social problems in whole or in part, without the skills or opportunities to take care of personal (family) life, and to participate in public life.

We can argue that social services are as social support for the population of the various public authorities, both for individuals and groups, in order to meet the vital needs of person when he is unable to cope with his problems or function independently in society.

Social services can be provided by the authorities, municipalities, organizations, help at home services. According to the Act of Social Services (2006), social services are classified into types: general social services and special social services. Social services are provided directly to the person helping to live independently in your own home, in order to avoid special services. The provision of general social services, there is no need of specialist care; these services are separate, without the assistance of employees. These services include:

- Information, counselling;
- Home help (services, with a view to create the conditions for live a full life at home);
- Nursing at home (services provided at the client's home, in cooperation with health authorities and social workers);
- The allocation of money for care (custody of the money can be allocated to individuals, who may use them for social services).

The special social services are provided to individuals, where the general social services are ineffective. The special social services are provided for persons in non-residential and residential care institutions. These services include:

- *Non-residential social care* (for example, daily care, temporary accommodation) for different social groups, people of all ages;
- *Residential care institutions* is the social care institutions, designed to meet a variety of people and vital to the needs of the social groups to solve their social problems, to ensure regular monitoring of the population for the safe and secure environment.
- *The institution of the temporary living* is the social care institutions that provide social assistance to persons who do not have place of residence and helps to solve the problems for which they have become clients of these institutions.
- *Day care institutions* is the social care institutions where persons during the day are provided by the various social services.
- *Mixed social service institutions* are the social service agencies that provide social services for different social groups of people in the same institution (Išoraitė, 2007; Directory of social services, 2000).

Žalimienė (2003) argues that there are many kinds of social services, so it is important to codify the laws of the development of both the theoretical and practical point of view, or to exclude certain groups, which allows you to classify according to certain grades. Social services are divided into three main groups (see Figure 1).

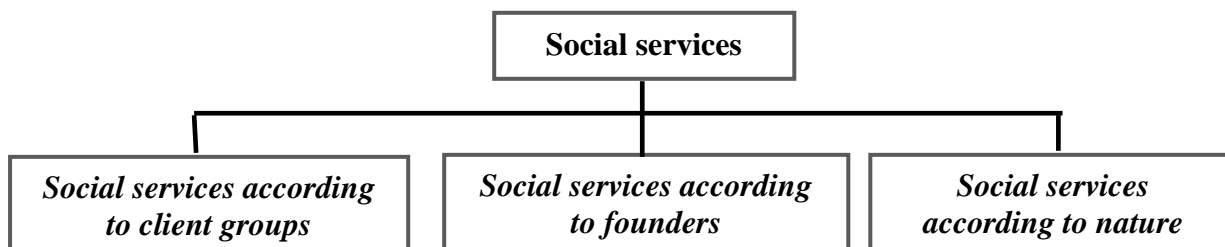


Figure 1. **Classification of social services in accordance with Išoraitė (2007)**

According to Žalimienė (2003), the first group is social services according to customer groups. This group includes social services for old people aged 65-86 years and older.

The second group is defined by the founders of the social services. The founding members of the bodies may be:

- State;
- The municipality;
- NGO'S, religious communities, private and legal persons.

Most of the institutions operating in Lithuania belongs to the founder of the budgetary founder – state or municipality (Išoraitė, 2007). The state is responsible for the organisation of social services, in order to implement the organisation of assistance; state has taken to create a variety of institutions.

The third group of social services is according to the nature of social services. This group determines where and how the provision of social services should be. According to Žalimienė (2003), social services are divided into community-based and residential.

Community-based services include assistance at home, daily care, and preventive services for families with children, sign language interpreter services, social work services. Our community-based services are provided by the state mostly for persons who are living in own home. The client himself comes to a social service agency or receive the necessary services required. These services are usually provided in a certain part of the day (for example, a day, a few hours during the day, etc.). Žalimienė (2003) argued that community-based services in the jurisdiction shows that it is important that the human lives in our community and this community is actively involved in the provision of assistance to him.

Residential (stationary care) services – services in temporary accommodation. Residential care services provided to a person 24 hours a day, whereas he is a permanent resident of the institution. The period of living at the institution may be limited (temporary accommodation service) or unlimited (residential care service). In the case of these services, the community's role is especially important and emphasized. The service is provided in the residential care homes for: elders, children, disabled people in care homes, hostels, and crisis centres (Žalimienė, 2003).

During the exchange of the family as a social institution in the context of the aging society, it is believed that in the future, it is likely that the older person's custody will be released not at the family space, but the organisation of social assistance and social services will be at stationary and non-stationary institutions (Lukamskienė, Budėjienė, 2013).

To sum up, we can say that the social services for older persons with disabilities includes many types of services, they can be provided by many authorities, municipalities, organizations having legal status. Services are classified into certain types, whose main aim is to restore the independence of the people, creating the conditions to live in own home.

### **2.3. Social services system for people with disabilities in Ukraine**

Social stability in each country depends on the capacity of the national authorities as a reallocation of resources to meet the needs of various social strata. In Ukraine, the minimum social welfare social standards and norms of social life are not established; there are not enough objective information on the social needs of the various sections of the population. Three welfare and care models are identified in the scientific literature: liberal, conservative, or covering, corporate and redistribution or social-democratic. In Ukraine, these models are implemented as follows: social-democratic model with elements of social insurance, liberal model with elements of solidarity and cover corporate "welfare state" (Matakas, Smalskys, 2007). Ukrainian public management and social policy theorists and practitioners emphasis research on social policy (Nemčenko, Kulikov (Немченко, Куліков), 2006). Ukrainian scientists offers social policy model, based on the tripartite (Government, employers and trade unions). States that improved regional areas and the central social welfare board and the coordination of the social work, will increase social services provision performance (Odinsova (Одінцова), 2006).

The Government of Ukraine (Verkhovna Rada) has recently made a few changes to the social assistance system for people with disabilities. Firstly, they extended the network of institutions providing social services at all levels. Responsibility of social services was reallocated between the executive authorities and the municipalities in order to more clearly definition of the

social rights of persons with disabilities. Responsibilities of workers providing social services were established as well. However, despite these changes, the lack of funding in this area and the quantity and quality of the services provided is very low (Chamberlin, 2011).

In Eastern European countries, including Ukraine, during the Soviet Union regime the provision of social services was designed as institutional type of services to any customer group, i.e., a person could obtain social services just as the institutional custody situation. At this stage of the country's legal system, there were extremely strict laws and subordinate legislation in the context of persons with disabilities, which was separated from the public (Bridge, 2004). Bogdashina (2012) and Feinstein (2010), notes that in a few decades back disability in Ukraine "did not exist" for a number of doctors attitude. Until recently, segregation was a normal event in Ukraine. It was considered that only a healthy body and mind could live fully in society. Any deviation from the standards has been accompanied by a "hiding" of the person.

In order to establish care or social services meaningfully, only purely medical findings were important. After 1991, when the country gained independence, the communist mode has been replaced by liberal democracy, and many Western European ideas were used to dealing with social problems. People with disabilities had better access to social assistance in the community environment, and advocacy for these persons to both social and educational and medical needs, which until then had been ignored. Disability issues in Ukraine is particularly topical after the 1986 Chernobyl disaster and its toxic causes by radiation exposure. After the disaster, the birthrate of babies with disabilities has greatly increased. It was concerned not only about the provision of social services to such persons, but also of professionals training to work with children and adults with disabilities (Bridge, 2004).

Polyshuk (2003) states that after the independence of Ukraine a completely different idea of the social work and its' concept was offered. Since then the activity in the field of social work began. Semigina Volgina, Gryga, (2005) points out that from that period the development of social services began, and they were available to all people with disabilities. Although institutionalization was not avoided, however, the various care institutions for children and adults with disabilities has been set up in each territorial unit of Ukraine. However, the range of services offered by the social care institutions remained small.

There is no Ukraine's legislation on elderly persons with disabilities, so any assistance to this group of people with disabilities are governed by the law<sup>1</sup>- designed for the definition and the provision of social services.

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<sup>1</sup> Про соціальні послуги Верховна Рада України; Закон від 19.06.2003 № 966-IV <http://zakon2.rada.gov.ua/laws/show/966-15>. Про затвердження Типового положення про центр соціальної

In spite of the changes that have occurred in the provision of innovative social services for people with disabilities, the social services system needs necessary organizational, legal, and human resources. At present, the ongoing changes in the social system is fragment, does not include all of the social services. In particular, there is the lack of continuity of social services provided. The whole system of social care and services shifts from institutional to community-based (Lukashevich, Myhovich, 2003; Zhylinkova, 2009; Korzun, 2012).

To sum up, it could be argued that in Ukraine as well as in Lithuania the social assistance to elderly persons with disabilities system is in the conversion period from institutional care and services to community-based social services. These changes require a very high legal, financial, infrastructure, human resources and methodological resources.

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реабілітації дітей-інвалідів Мінсоцполітики України; Наказ, Положення від 15.08.2013 № 505 <http://zakon2.rada.gov.ua/laws/show/z1511-13> (socialinē rehabilitācija neįgaliems vaikams\). Про затвердження Порядку надання соціальних послуг із встановленням диференційованої плати та внесення [...] Кабінет Міністрів України; Постанова, Порядок від 19.12.2012 № 1184 <http://zakon2.rada.gov.ua/laws/show/1184-2012-%D0%BF> (socialinės paslaugos namuose). Про Порядок організації мультидисциплінарного підходу з надання соціальних послуг у територіальному [...] Мінсоцполітики України; Наказ, Порядок від 26.12.2011 № 568 <http://zakon2.rada.gov.ua/laws/show/z0354-12>

### **3. RESEARCH OF THE NEED AND AVAILABILITY OF SOCIAL SERVICES FOR THE ELDERLY WITH DISABILITIES IN LITHUANIA AND UKRAINE**

#### **3.1. Research methodology and organization**

##### *Methodological concepts of the research*

**Humanism** (Maslow, 2011; Rogers, 2005). This provision keeps the person as the main asset, its prosperity in social institutions, and the criteria for the assessment of equality, justice, humanity in the principles of human relations. The main objectives are, according to humanism, humanity's heyday, the welfare of all people and the legacy of a better world for future generations. The principles of humanism in the investigation will reveal the theoretical analysis, in which the elderly person with disability will be seen as a person with needs of the individual, and social services to such persons shall be treated as a source of human welfare.

**Positivism** (Durkheim, 2001). Positivism is very closely related to the empirism. Searching for "positive" news, which would help to create a society without social failures. The study of a certain phenomenon can reveal its relationship with other phenomena, patterns, but never their nature. The social effects must be investigated as effects. Durkheim (2001) believes that everyday life can be mineralised by statistical tables including information. Positivism is based on several principles: social cognitive techniques (experiment, the quantitative measurement) designed in accordance with the testing methods of natural sciences; it aims to discover the objective laws of the social world and universal, which, according to its equivalent to norms of natural sciences; it separates the facts and values; social science-based social engineering. The principles of the positivism in this study will reveal the quantitative survey (survey in writing, using a questionnaire), which will help to determine the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine.

##### *Research methods:*

###### Theoretical

1. Analysis of the scientific literature. It purports to reveal the theoretical aspects of aging and old age, physiological, social, and psychological changes in the context of the provision of services for the elderly and theoretical aspects of provision of social services for the elderly with disabilities.



### Empirical

The quantitative survey, using the questionnaire (see annex No 1). This survey was to determine the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine. Kaffemanienė (2006) and Luobikienė (2000) considers the questionnaire as a set of questions, which are made up in order to examine any social phenomenon or process. A questionnaire-based survey as a method gives these people the opportunity to express its position in response to the questions or the evaluation of certain claims.

### Research data analysis method

Quantitative research data was analysed using descriptive analysis by SPSS 17.0 software package. It was calculated in percent (%) and mean (M) and standard deviation (SD).

### *The research instrument*

The questionnaire for elderly with disabilities consist of questions/statements blocks: 1 demographic and 4 information blocks:

1. Demographic and social data of the elderly with disabilities.
2. The need for social services to the elderly.
3. Information about the independence of the elderly with disabilities.
4. The availability of social services for the elderly with disabilities.
5. The source of the availability of social services for the elderly with disabilities.

### *Ethics of the research*

Bitinas, Rupšienė, Žydžiūnaitė (2008) have identified a few essential ethical principles for the organization and execution of the research, which will be followed in this work. First, study participants must participate on a voluntary basis, as well as the author of the study in writing before the survey will inform the participants about the substance of the investigation and the value of the results obtained, both for reasons of confidentiality, the persons involved in the investigation, and in relation to the results obtained in carrying out the investigation to follow the participants and their dignity and respect for the principles of maintenance.

### *The research sample*

Respondents were selected on the basis of the convenient selection. Rupšienė (2007), Valackienė, and Mikėnė (2008) notes that the convenient selection includes those units of general population which are readily available. During the practice in Kiev (Ukraine) researcher surveyed 71 respondents and in Lithuania 264 respondents were surveyed in a number of institutions where they are visiting and receiving a variety of social services.

### 3.2. Characteristics of research participants

Quantitative survey involved 335 persons (the elderly with disabilities) in Lithuania and Ukraine. The distribution of the survey participants by country is shown in Figure 2.

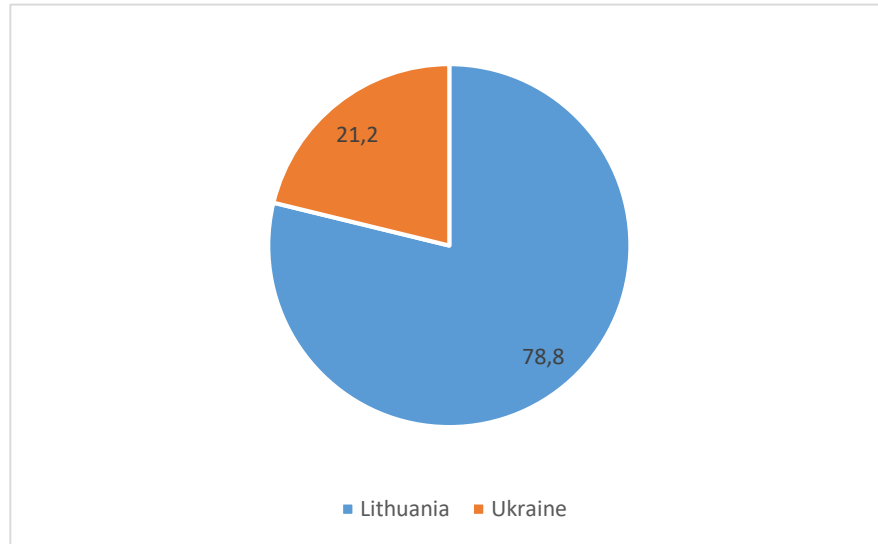


Figure 2. **The distribution of the survey participants by country, %**

The results suggest that a little more than three quarters of people involved in the study were from Lithuania. The number of such differences in different countries are due to the fact that, in Ukraine, researcher was able to carry out an investigation just being in a country practice (short time), and in Lithuania, the inclusion of the countries concerned in the investigation was a consistent process, including respondents in the survey in a few months.

#### 3.2.1. Characteristics of research participants from Lithuania

Figure 3 contains a breakdown by sex of the respondents.

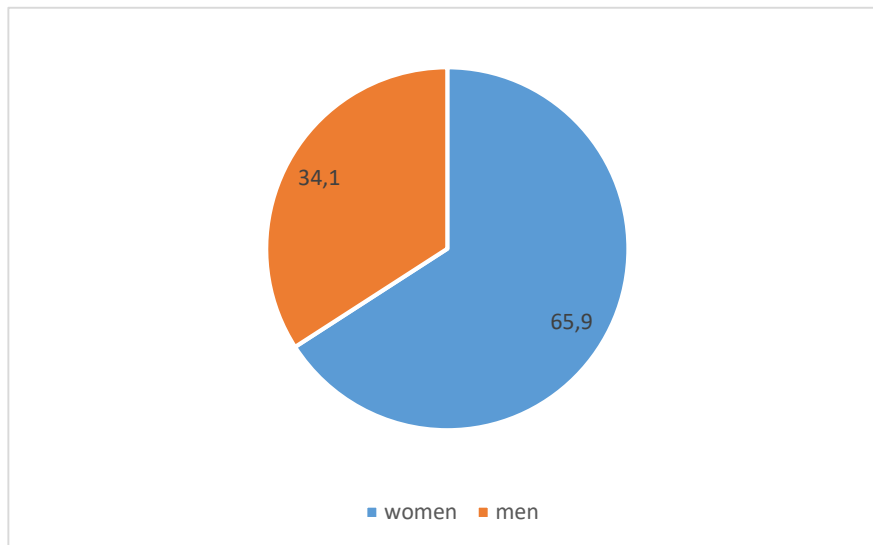


Figure 3. **A breakdown by sex of the respondents, %**

Analysing the results of the distribution of respondents by gender, it can be argued that almost two-thirds of the survey subjects are women. Women become more actively involved in the survey, as well as they more frequently are provided with social services for the elderly in institutions where the survey took place.

Figure 4 presents the distribution of respondents according to age.

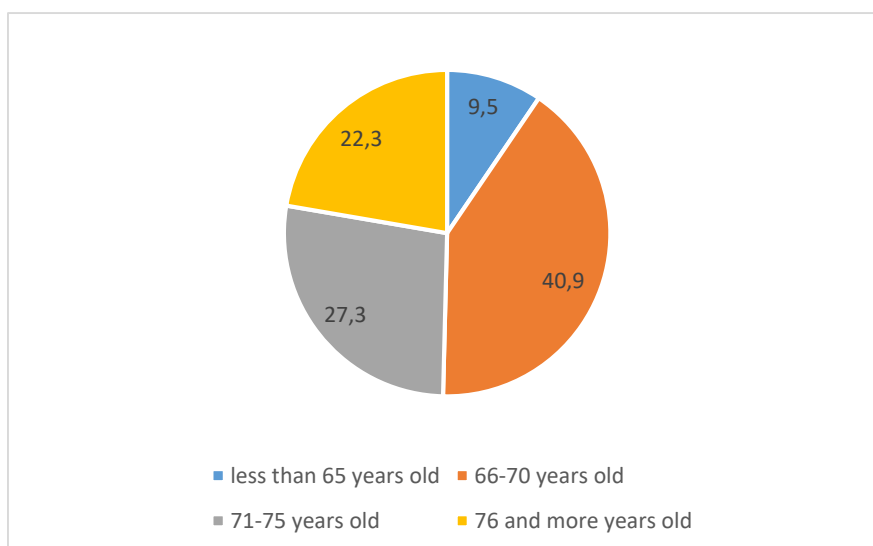


Figure 4. **Distribution of respondents according to age, %**

The results obtained suggest that four out of ten of all persons involved in the survey are 66-70 years of age. A little more than a quarter of all are 71-75 years old. Encouraging initiative in

survey is taken by people who are 76 years and over and this group is far more one-fifth of participants and only every tenth study participant has reached more than 65 years.

Figure 5 gives distribution of respondents according to their education.

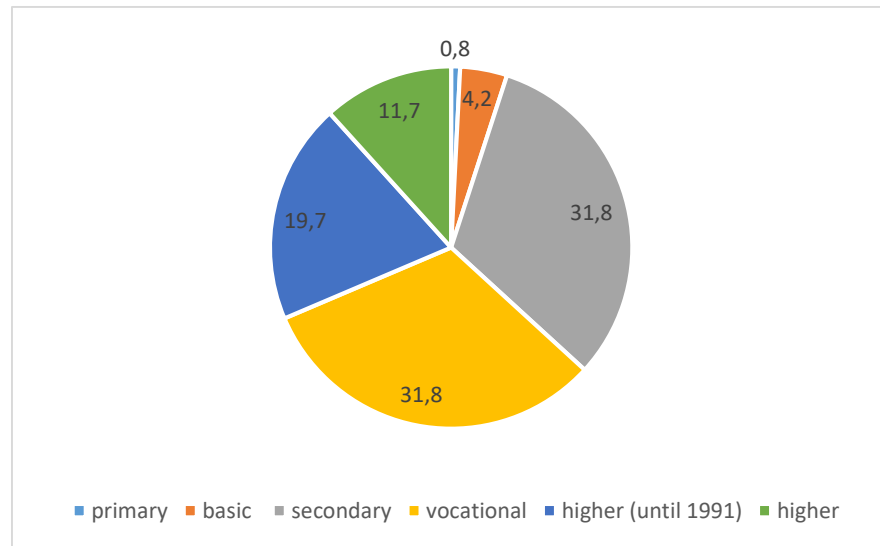


Figure 5. **Distribution of respondents according to their education, %**

The analysis of the distribution of respondents according to their education results, it can be said, that the equality of the respondents having secondary and vocational education and it accounts for almost two-thirds of all participants in the survey. One-fifth of involved elderly persons have a higher education in Lithuania, which is acquired before 1991. Approximately every sixth of all respondents have basic education or lower education.

Figure 6 presents the distribution of respondents according to the family situation.

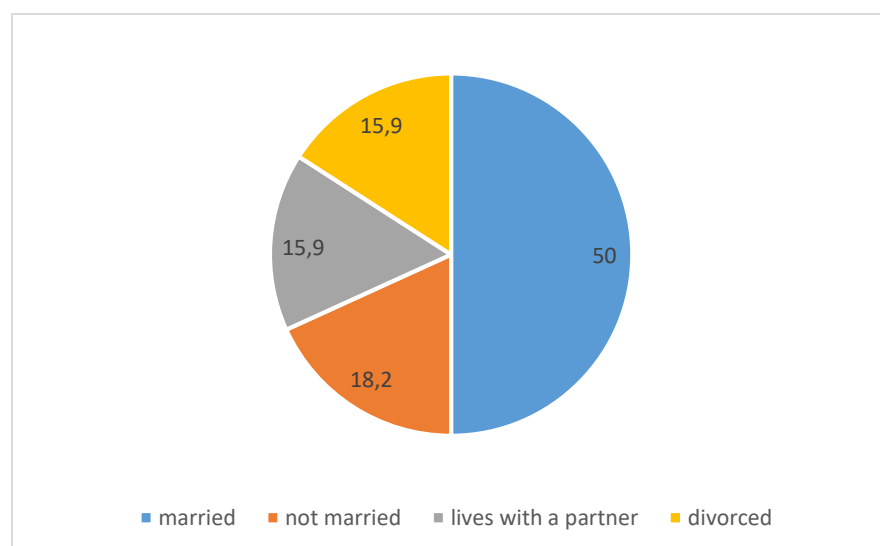


Figure 6. **Distribution of respondents according to the family situation, %**

The results obtained show that the half of all participants of the survey in elderly individuals with disabilities is married. Almost every fifth person has not entered into marriage, and there is far more than every sixth who lives with a partner, or is divorced.

Figure 7 is accompanied by the distribution of respondents according to the number of children.

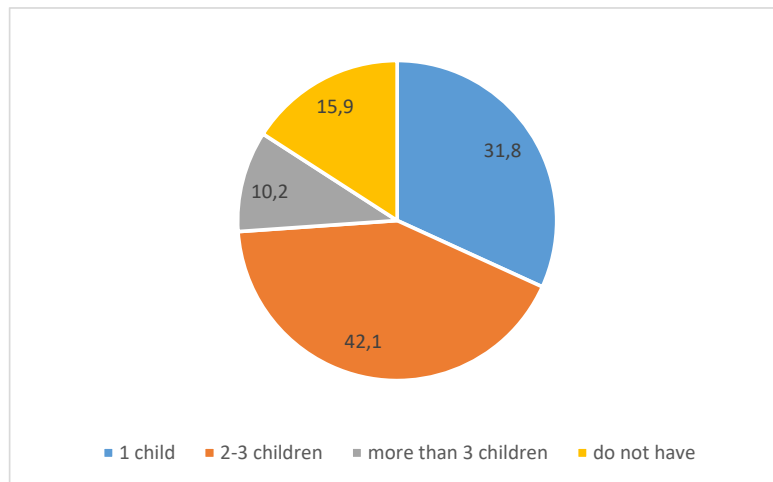


Figure 7. **Distribution of respondents according to the number of children, %**

The analysis of the distribution of respondents according to the number of children held by the results, it can be assumed that the largest part of the respondents as more than two-fifths of the people involved in the survey have 2-3 children. As much as one-third of the respondents have less than one child. Almost every sixth do not have a child and every 10th participant has more than 3 children.

Figure 8 provides the distribution of respondents according to live lately.

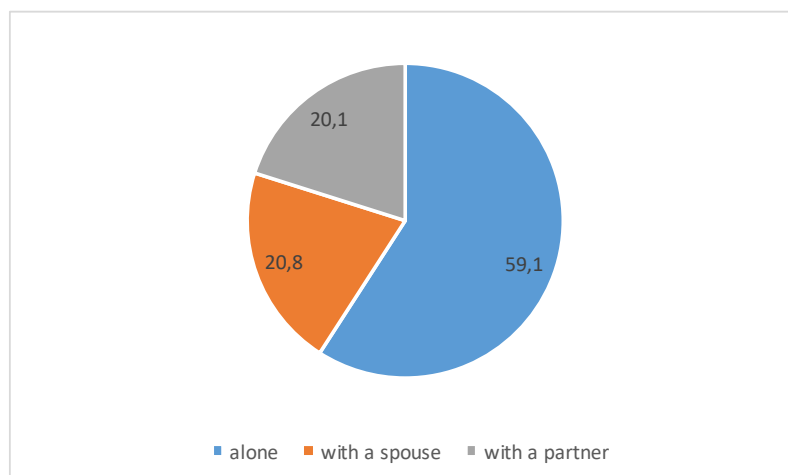


Figure 8. **Distribution of respondents according to live lately, %**

The results obtained suggest that three-fifths of all involved in the survey of the elderly with disabilities currently are living alone. A little more than one-fifth of those – with a spouse and a similar number of individuals living with life partner.

Figure 9 presents distribution of respondents in accordance with the accommodation.

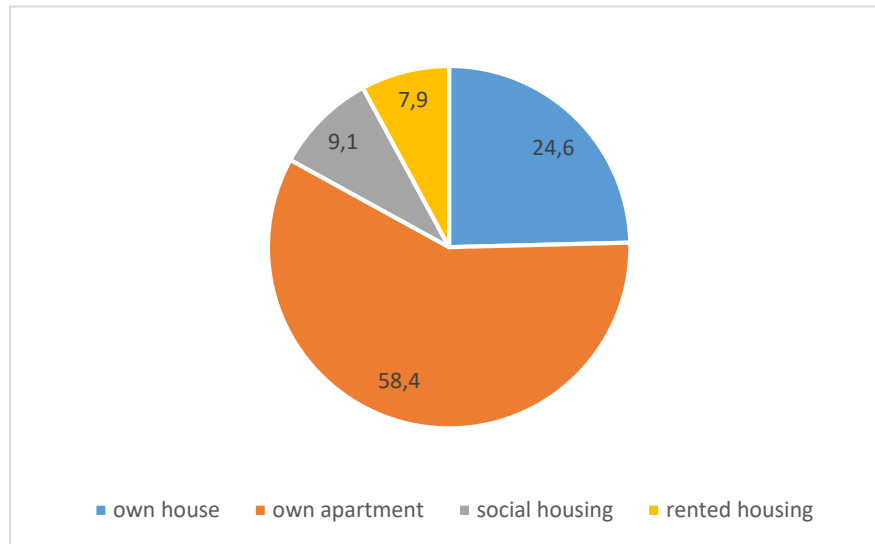


Figure 9. **Distribution of respondents in accordance with the accommodation, %**

The analysis of the distribution of respondents according to their place of dwelling on the results, it can be argued that most of the participants in the survey has its own apartment. Almost a quarter of the elderly in the survey has its own house. A very small part of the persons concerned, live in the rented house or apartment (7.9%) or social housing (9.1%).

Figure 10 presents the distribution of respondents according to the residential accommodation and the facilities.

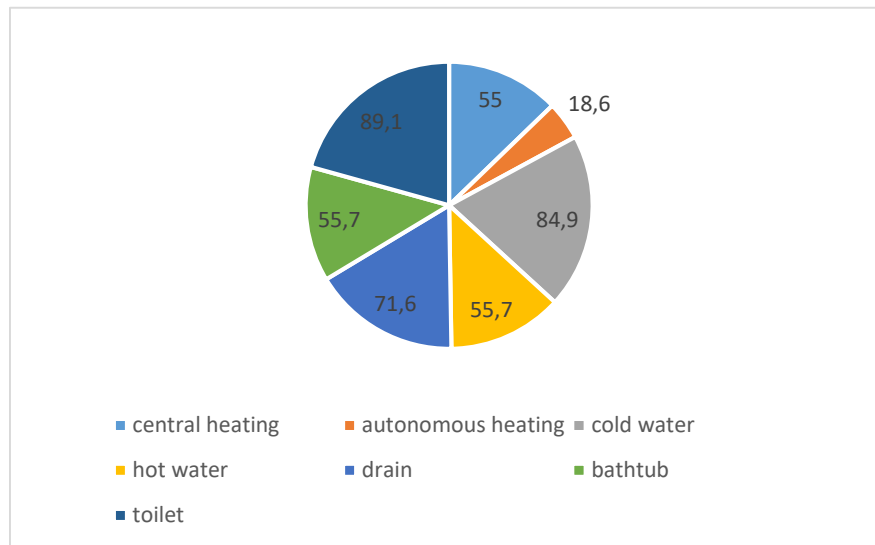


Figure 10. **Distribution of respondents according to the residential accommodation and the facilities, %**

The results obtained suggest that there is a variety of amenities for respondents living quarters, the most common of which is the cold running water and a toilet. A very small percentage of the elderly in the survey (18.6%) has an autonomous heating in a residential dwelling. The results show that approximately three-fifths of survey participants live in the dwelling, which has central or autonomous heating, cold and hot water, drain, bathtub and toilet.

Figure 11 presents distribution of respondents in accordance with a source of income.

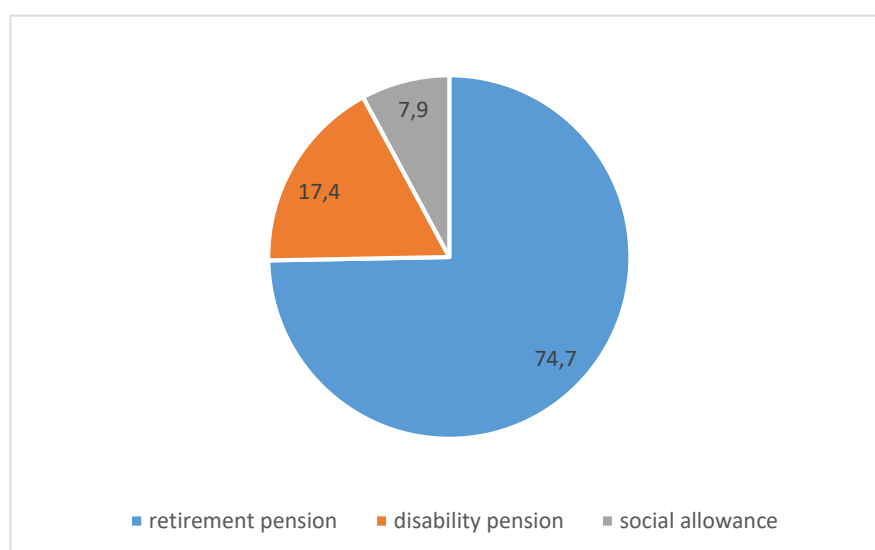


Figure 11. **Distribution of respondents in accordance with a source of income, %**

The analysis of the distribution of respondents according to their source of income results, it can be argued that nearly three-fourths of elderly people with disabilities live with retirement pensions. While the rest of the disability pension or social allowances, respectively 17.4% and 7.9%.

Figure 12 presents the distribution of respondents according to monthly income.

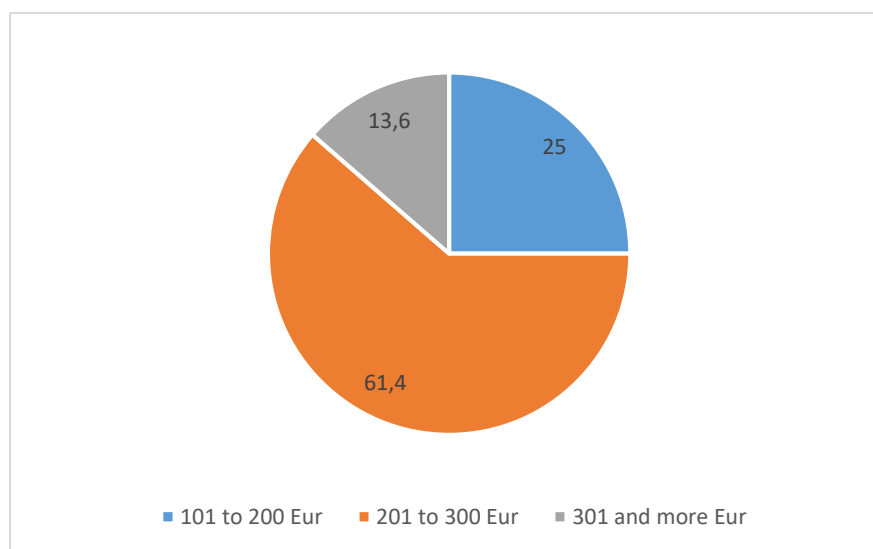


Figure 12. **Distribution of respondents according to monthly income, %**

The results suggest that a quarter of the elderly with disabilities lives by up to Eur 200 seeking monthly income. Almost two-thirds of the survey subjects lives on the income from 201-300 Eur, while higher than 300 Eur monthly income has only a little more than the seventh elderly person with a disability living in Lithuania.

### **3.2.1. Characteristics of research participants from Ukraine**

Figure 13 contains a breakdown by sex of the respondents.



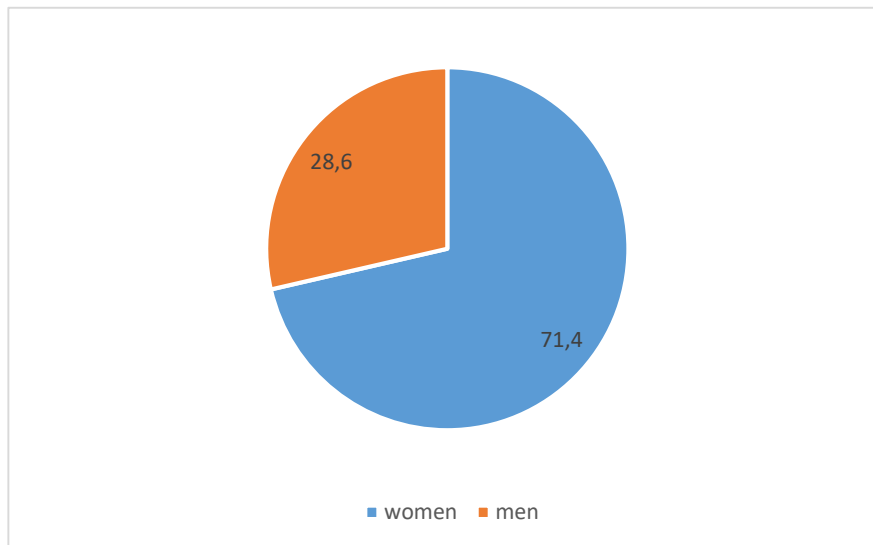


Figure 13. **Breakdown by sex of the respondents, %**

The results of the analysis of the distribution of respondents by gender, it can be argued that nearly three-fourths participants of this research are women. Women become more actively involved in the survey, as well as they are more frequented persons provided with social services for the elderly in institutions where the survey took place.

Figure 14 presents the distribution of respondents according to age.

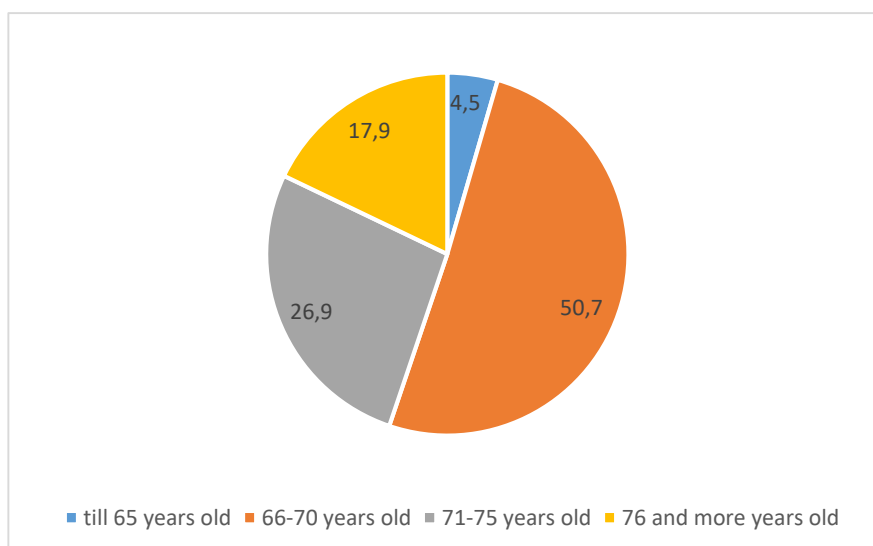


Figure 14. **Distribution of respondents according to age, %**

The results suggest that a little more than half of all persons involved in the investigation consists of 66-70 years old. A little more than a quarter of all respondents belongs to 71-75 years

old group. Less than one-fifth of participants have 76 and more years and only every twentieth survey participant has not reached more than 65 years.

Figure 15 gives distribution of respondents according to their education.

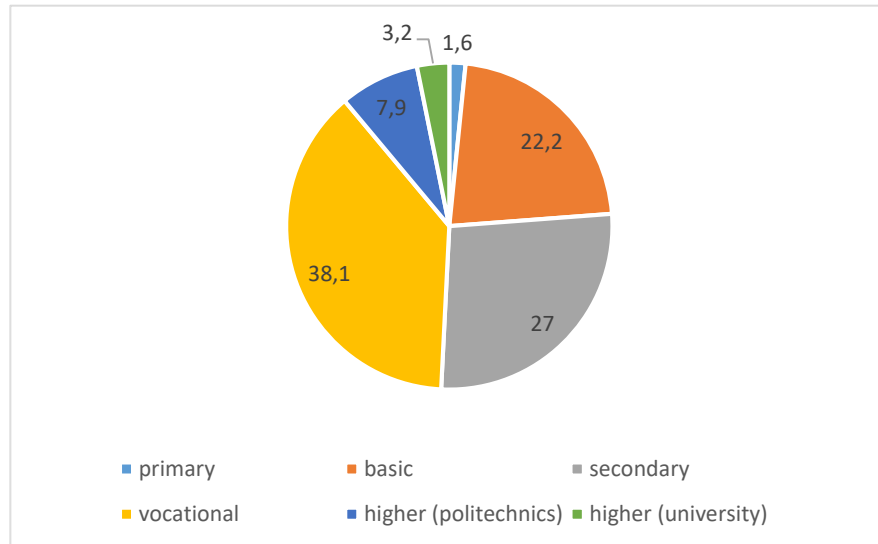


Figure 15. **Distribution of respondents according to their education, %**

The analysis of the distribution of respondents according to their education results, it can be argued that most of the individuals involved in the survey have vocational education and a little more than half of the survey participants have secondary or lower education.

Figure 16 presents the distribution of respondents according to the family situation.

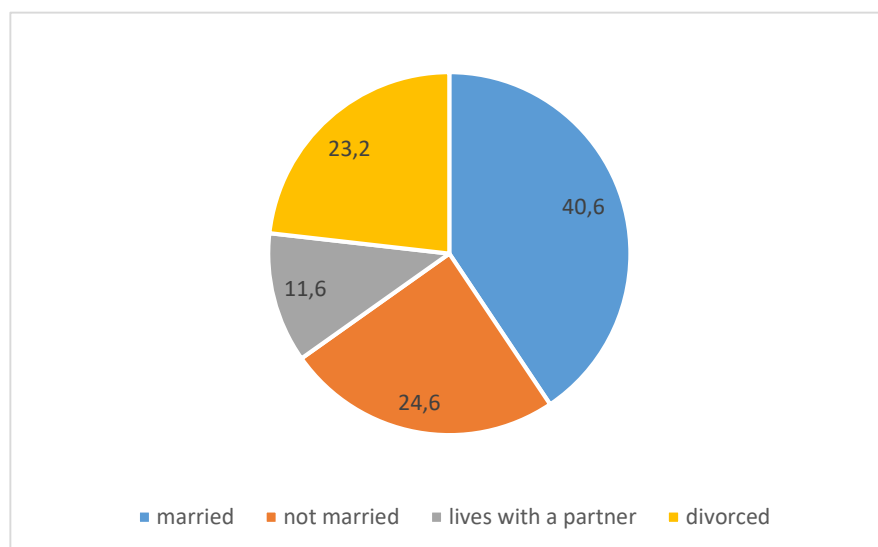


Figure 16. **Distribution of respondents according to the family situation, %**

The results show that the two-fifths of all survey participants are married or not married. Even a quarter of the elderly in the study are divorced. And the tenth lives with a partner.

Figure 17 is accompanied by the distribution of respondents according to the number of children.

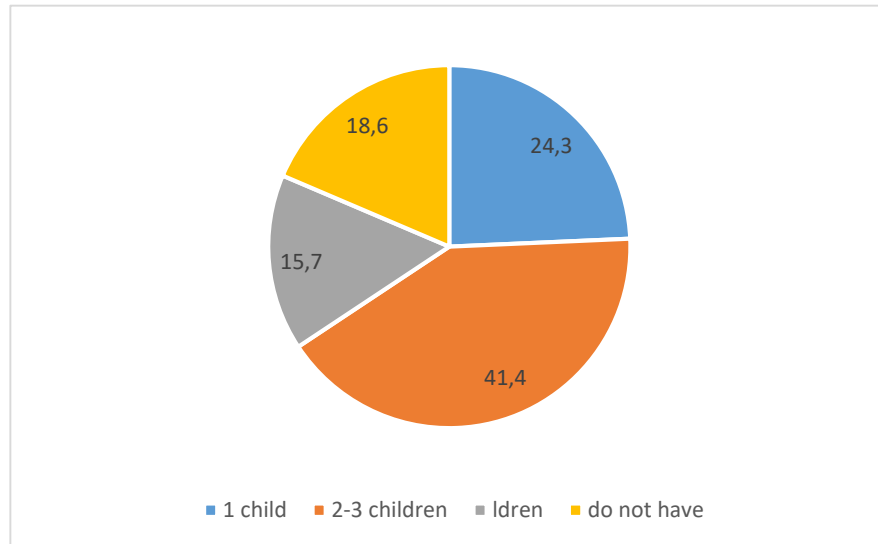


Figure 17. **Distribution of respondents according to the number of children, %**

The analysis of the distribution of respondents according to the number of children held by the results, it could be argued that the biggest part of the two-fifths of those polled have 2-3 children. About a quarter have one child. Almost one in five do not have children, while the remainder (15.7%) have more than 3 children.

Figure 18 provides the distribution of respondents according to live lately.

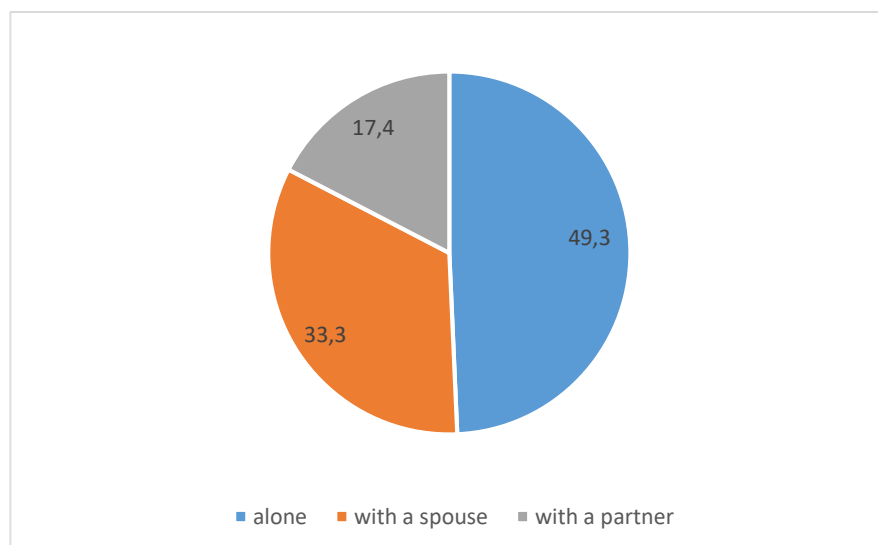


Figure 18. **Distribution of respondents according to live lately, %**

The results suggest that half of all the elderly with disabilities involved in the survey currently are living alone. One-third of respondents lives with the spouse, and the rest (17.4%), with a life partner.

Figure 19 presents distribution of respondents in accordance with the accommodation.

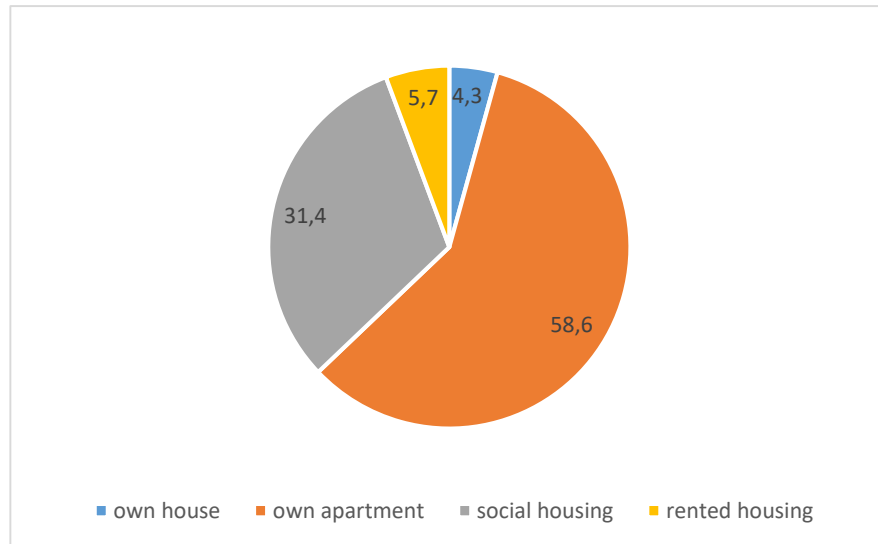


Figure 19. **Distribution of respondents in accordance with the accommodation, %**

The analysis of the distribution of respondents according to their place of dwelling on the results, it can be argued that most of the participants in the survey has its own apartment. Almost one-third of the elderly are involved in the study from social apartment. A very small part of the person concerned has its own home (5.7%) or live in rented accommodation (4.3%).

Figure 20 presents the distribution of respondents according to the residential accommodation and the facilities.

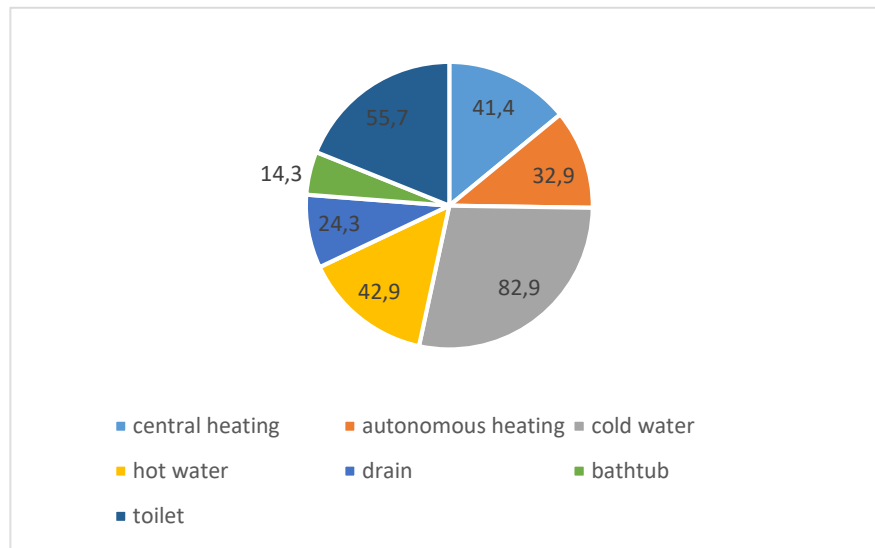


Figure 20. **Distribution of respondents according to the residential accommodation and the facilities, %**

The results obtained suggest that the respondents has a variety of amenities for their living quarters, the most common of which is the cold running water and a toilet. A very small percentage of the elderly persons in the study (14.3%) has own bath. The results show that about two-fifths of survey participants live in the dwelling, which has the central and autonomous heating and hot water either.

Figure 21 presents distribution of respondents in accordance with a source of income.

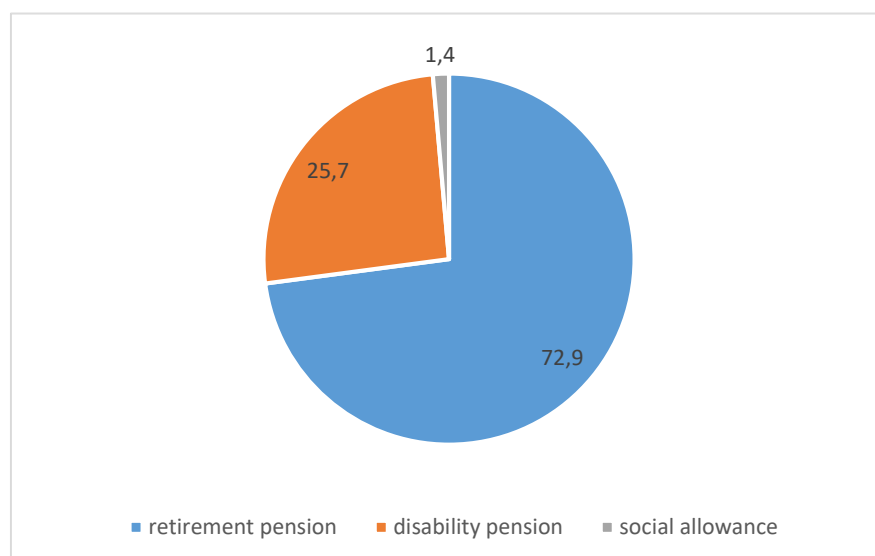


Figure 21. **Distribution of respondents in accordance with a source of income, %**

The analysis of the distribution of respondents according to their source of income results, it can be argued that nearly three-fourths of elderly people with disabilities live with retirement pensions. While the rest with the disability pension (25.7%) or social allowances (1.4%).

The results suggest that all the elderly Ukrainians live in a very small monthly income - in retirement or allowances of up to Eur 100.

### 3.3. Analysis of the results of the research

#### 3.3.1. The need and availability of social services for the elderly with disabilities in Lithuania

This study aimed to analyze the need and availability of social services for the elderly with disabilities in Lithuania. Tables 1 to 4 show results of this research.

Table 1 below provides the results of the need of social services for the elderly with disabilities in Lithuania.

Table 1

**The need of social services for the elderly with disabilities in Lithuania, N**

<i>Service/support</i>	<b>A very big need</b>	<b>A big need</b>	<b>Not a big need</b>	<b>There is no need</b>
<b>General social services</b>				
Information	37	154	73	0
Consulting	64	146	54	0
Mediation and representation	56	111	96	0
The catering organization	30	96	138	0
The minimum supply of clothing and footwear	66	96	102	0
Organisation of transport	27	66	171	0
Sociocultural service	111	110	42	0
Personal hygiene and care organization	51	74	139	0
Other general services	30	72	157	6
<b>Special social services</b>				
<i>Social services</i>				
Support in the house	64	73	127	0
Social skills training and support	45	105	114	0
Accommodation in independent living home	27	69	158	10
Temporary accommodation	13	46	192	13
Intense crises support	12	73	154	25
<i>Social care</i>				
Social day care	38	102	124	0
Short-term social care	25	59	174	6
Long-term social care	6	39	210	9

The analysis of the results suggests that elderly people with disabilities sees a greater need for general social services, with emphasis on the sociocultural services and supply of emergency clothing and footwear.

Bitinas, Guogis, Migun and Važgytė (2010), planning social services should be according to the needs of the community, priority areas of social services must be analyzed and determined. The investigation revealed the social services for persons with disabilities in the provision of elderly persons priority axes.

Much less relevant are food supply, the organisation of transport and other general services. At least the special emphasis in the social services is done, such as short-term and long-term social care. Also not very strongly expressed the need for social care services (for example, temporary accommodation at independent living home).

Social care is primarily understood as caring for the elderly and care of those who cannot take care of yourself. It is a support for a person in the physical functioning and those who have psychosocial problems (Lukamskienė, Budėjienė, 2013). The level of independence of persons involved in the survey is large enough so that the need for these services is not heavily emphasized.

Table 2 below shows the autonomy of the elderly with disabilities in Lithuania.

Table 2

**Autonomy of the elderly with disabilities in Lithuania, N**

<i>Actions</i>	<i>Very high degree of autonomy</i>	<i>High degree of autonomy</i>	<i>Small degree of autonomy</i>	<i>There is no autonomy</i>
Wash up, dress up	115	125	24	0
To move around in your room	155	104	5	0
To move beyond the boundaries of your room	109	86	66	3
Cook	104	98	58	4
Eating on my own	202	51	11	0
Do all the household chores (wash, washing dishes, etc.)	72	75	108	9
Manage the financial affairs	79	124	44	17
Orientation in nearest environment	131	72	50	11
Get to know the loved ones, remember their names	217	37	6	4
To accept and assimilate new information	130	97	31	6

The results suggest that autonomy of the elderly with disabilities is high or very high in the following areas: wash up, dress up and moving in his room, eating, orienteering in the environment and getting to know the loved ones, remembering their names.

The lower the degree of autonomy is notable for all household chores, moving outside the room and cooking.

Lesauskaitė and Macijauskienė (2005), drawing attention to the age and muscle strength, notes that in the old age the movement disorders appears, which may worsen the mobility of individuals unfamiliar with the surrounding environment.

Table 3 provides the availability of social services for the elderly with disabilities in Lithuania.



Table 3

**The availability of social services for the elderly with disabilities in Lithuania, N**

<i>Service/support</i>	<b>Can get easily</b>	<b>Can get quite easily</b>	<b>Can get hardly</b>	<b>Not available</b>
<b>General social services</b>				
Information	127	122	14	0
Consulting	126	109	30	0
Mediation and representation	111	131	22	0
The catering organization	83	81	100	0
The minimum supply of clothing and footwear	79	90	95	0
Organisation of transport	51	87	126	0
Sociocultural service	179	77	8	0
Personal hygiene and care organization	109	79	77	0
Other general services	103	76	85	0
<b>Special social services</b>				
<b><i>Social services</i></b>				
Support in the house	56	75	133	0
Social skills training and support	97	99	68	0
Accommodation in independent living home	38	77	145	4
Temporary accommodation	45	65	147	6
Intense crises support	69	73	116	6
<b><i>Social care</i></b>				
Social day care	38	76	147	3
Short-term social care	34	58	167	5
Long-term social care	25	56	171	12

The study shows that elderly persons with disability commends the general social service availability. Easily accessible are the informing, consultation, mediation and representation, and the sociocultural services.

The special social services have not been so well treated in accessibility. Extremely difficult to afford have been named social care and specific social services: short-term and long-term social care.

Tamutienė and Naujanienė (2013) states that researches of the availability of social services according to the studies in Lithuania are new to the area. Therefore, it is important to define the availability concept. Two types of access granted in the potential and realized their availability. This survey of potential accessibility, which is defined on the assumption that people want and can get service at the time, both local and financial point of view.

Table 4 provides results of the sources of availability of social services for the elderly with disabilities in Lithuania.

Table 4

**Sources of availability of social services for the elderly with disabilities in Lithuania, N**

<i>Service/support</i>	<i>Social service centre</i>	<i>Educational institution</i>	<i>Health care institution</i>	<i>Parish</i>	<i>Non-governmental organization</i>
<b>General social services</b>					
Information	28	0	2	17	24
Consulting	31	0	2	13	25
Mediation and representation	40	0	3	9	20
The catering organization	43	0	0	0	28
The minimum supply of clothing and footwear	30	1	2	8	30
Organisation of transport	39	0	3	19	11
Sociocultural service	30	5	3	14	19
Personal hygiene and care organization	30	0	7	8	26
Other general services	40	0	3	12	16
<b>Special social services</b>					
<i>Social services</i>					
Support in the house	42	0	0	19	10
Social skills training and support	41	2	0	10	18
Accommodation in independent living home	17	0	0	40	14
Temporary accommodation	47	0	0	13	11
Intense crises support	25	0	0	0	46
<i>Social care</i>					
Social day care	14	0	9	0	48
Short-term social care	27	0	0	18	26
Long-term social care	43	0	0	0	28

The results of the analysis show that there are two main sources of the availability of social services for the elderly with disability: social service centre and non-governmental organizations. Some of the general social services (e.g., information, transportation services, sociocultural services) are available also in parish as one of the sources.

In the assessment of the availability of the special social services sources again have been more emphasis on social service center. Several individual services (e.g., social day care or intense crises support) aspect were pointed to the non-governmental organizations as a source of availability.

The rapidly changing social and economic environment of society, globalization, public sector spending cuts, economic change encourages to search for optimal ways of efficient social services administration (Bitinas, Guogis, Migun, Važgytė, 2010). One of the opportunities for optimization and efficiency is to delegate part of the social services to various social groups, non-governmental organizations.

### 3.3.2. The need and availability of social services for the elderly with disabilities in Ukraine

This study aimed to analyze the need and availability of social services for the elderly with disabilities in Ukraine. Tables 5 to 8 show results of this research.

Table 5 below provides the results of the need of social services for the elderly with disabilities in Ukraine.

Table 5

**The need of social services for the elderly with disabilities in Ukraine, N**

<i>Service/support</i>	<b>A very big need</b>	<b>A big need</b>	<b>Not a big need</b>	<b>There is no need</b>
<b>General social services</b>				
Information	35	36	0	0
Consulting	36	35	0	0
Mediation and representation	32	39	0	0
The catering organization	35	36	0	0
The minimum supply of clothing and footwear	36	35	0	0
Organisation of transport	39	32	0	0
Sociocultural service	39	32	0	0
Personal hygiene and care organization	40	31	0	0
Other general services	39	32	0	0
<b>Special social services</b>				
<i>Social services</i>				
Support in the house	41	30	0	0
Social skills training and support	40	31	0	0
Accommodation in independent living home	40	31	0	0
Temporary accommodation	40	31	0	0
Intense crises support	35	36	0	0
<i>Social care</i>				
Social day care	38	33	0	0
Short-term social care	38	33	0	0
Long-term social care	39	32	0	0

The analysis of the data obtained during the survey emerged that the elderly persons residing in Ukraine with a disability has a particularly great need for all social services. The most necessary are social care services (e.g. home help or social skill development and support).

A study on the availability of social services for the elderly (Naujanienė and Tamutienė, 2013) pointed out that the aging of society, the need for integrated care and nursing is a growing thing, long-term care and nursing is becoming an increasingly important part of the social policy of modern states. Ukrainian respondents also emphasised the very big need for social care services.

Less emphasis was made on the need for social services at one of the common social services in mediation and representation.

Table 6 below shows the autonomy of the elderly with disabilities in Ukraine.

Table 6

**Autonomy of the elderly with disabilities in Ukraine, N**

<i>Actions</i>	<i>Very high degree of autonomy</i>	<i>High degree of autonomy</i>	<i>Small degree of autonomy</i>	<i>There is no autonomy</i>
Wash up, dress up	1	47	23	0
To move around in your room	1	46	24	0
To move beyond the boundaries of your room	2	45	24	0
Cook	1	44	26	0
Eating on my own	1	47	23	0
Do all the household chores (wash, washing dishes, etc.)	1	45	25	0
Manage the financial affairs	0	49	22	0
Orientation in nearest environment	0	48	23	0
Get to know the loved ones, remember their names	0	48	23	0
To accept and assimilate new information	0	47	24	0

The results suggest that in Ukraine the elderly individuals with disabilities has high degree of autonomy at home and in the environment. The lowest autonomy observed in the food production activities.

Mackevičiaus (2010) argues that many of the elderly points out that they are more difficult to carry out the actions and works of small motority, including home works (e.g. cooking). This happens not only because of the fine motor needs, but also because of weakened eyesight.

Table 7 provides the availability of social services for the elderly with disabilities in Ukraine.

Table 7

**The availability of social services for the elderly with disabilities in Ukraine, N**

<i>Service/support</i>	<i>Can get easily</i>	<i>Can get quite easily</i>	<i>Can get hardly</i>	<i>Not available</i>
<b>General social services</b>				
Information	0	2	67	2
Consulting	0	2	67	2
Mediation and representation	0	4	64	3
The catering organization	0	4	60	7
The minimum supply of clothing and footwear	0	3	60	8
Organisation of transport	0	3	60	8
Sociocultural service	0	4	59	8
Personal hygiene and care organization	0	1	69	1
Other general services	0	1	69	1

<i>Service/support</i>	Can get easily	Can get quite easily	Can get hardly	Not available
<b>Special social services</b>				
<i>Social services</i>				
Support in the house	0	2	66	3
Social skills training and support	0	3	64	4
Accommodation in independent living home	0	3	62	6
Temporary accommodation	0	3	64	4
Intense crises support	0	1	65	5
<i>Social care</i>				
Social day care	0	1	67	3
Short-term social care	0	1	67	3
Long-term social care	0	1	68	2

Results of the study show that in Ukraine the elderly has low availability of social services, both in assessing the availability of general social services and special social services.

Table 8 provides results of the sources of availability of social services for the elderly with disabilities in Ukraine.

Table 8

#### Sources of availability of social services for the elderly with disabilities in Ukraine, N

<i>Service/support</i>	<i>Social service centre</i>	<i>Educational institution</i>	<i>Health care institution</i>	<i>Parish</i>	<i>Non-governmental organization</i>
<b>General social services</b>					
Information	58	0	2	2	9
Consulting	54	0	3	3	10
Mediation and representation	45	1	4	2	19
The catering organization	43	0	3	3	22
The minimum supply of clothing and footwear	42	0	4	4	21
Organisation of transport	40	0	5	5	21
Sociocultural service	42	0	4	7	18
Personal hygiene and care organization	45	1	1	7	17
Other general services	50	1	1	6	12
<b>Special social services</b>					
<i>Social services</i>					
Support in the house	53	1	1	3	12
Social skills training and support	51	1	1	3	14
Accommodation in independent living home	57	0	1	4	9
Temporary accommodation	57	0	1	3	10
Intense crises support	56	0	1	3	11
<i>Social care</i>					
Social day care	56	0	1	3	11
Short-term social care	58	0	1	3	9
Long-term social care	59	0	1	3	8

Based on the results of the analysis, it is noted that the general social services for the elderly with disabilities are available at social service center in Ukraine. In the meantime, the activities of non-governmental organizations, in the provision of social services to this group of people, contributes to the general availability of social services.

### 3.3.3 Comparative analysis of the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine

This survey aimed to compare the need and availability of social services for the elderly with disabilities in Lithuania and Ukraine. Tables 9 to 12 show results of this research.

Table 9 below provides the results of the comparison of the need of social services for the elderly with disabilities in Lithuania and Ukraine.

Table 9

#### Comparison of the need of social services for the elderly with disabilities in Ukraine

<i>Service/support</i>	<i>Lithuania</i>		<i>Ukraine</i>	
	<i>M*</i>	<i>SD</i>	<i>M*</i>	<i>SD</i>
<b>General social services</b>				
Information	2,89	0,65	3,50	0,50
Consulting	3,05	0,62	3,50	0,50
Mediation and representation	2,72	0,74	3,46	0,48
The catering organization	2,32	0,69	3,49	0,47
The minimum supply of clothing and footwear	2,47	0,58	3,50	0,50
Organisation of transport	2,13	0,62	3,54	0,49
Sociocultural service	3,40	0,60	3,54	0,51
Personal hygiene and care organization	2,62	0,61	3,56	0,49
Other general services	2,38	0,71	3,54	0,47
<b>Special social services</b>				
<i>Social services</i>				
Support in the house	2,61	0,63	3,57	0,36
Social skills training and support	2,51	0,84	3,56	0,51
Accommodation in independent living home	2,42	0,57	3,56	0,49
Temporary accommodation	2,25	0,59	3,56	0,48
Intense crises support	2,43	0,56	3,50	0,50
<i>Social care</i>				
Social day care	2,68	0,68	3,53	0,59
Short-term social care	2,38	0,61	3,53	0,45
Long-term social care	2,25	0,71	3,54	0,51

\*coded as follows: a very big need is 4, a big need is 3, not a big need is 2, there is no need is 1.

A comparison of the need of social services for the elderly with disabilities in Lithuania and Ukraine show that it can be clearly seen that the elderly persons residing in Ukraine has more expressed need in both the general and special social services. Extremely large differences appear in need of special social services.

Tamutienė and Naujanienė (2013) highlights that in Sweden, Iceland, Germany, France, Ireland, the Czech Republic and Lithuania half of all the costs for social services goes for permanent care. The European Commission encourages the search for ways to increase the number of services at home (The social dimension of the Europe 2020, 2011). In Lithuania and in other countries from former Soviet Union social services for the elderly with disabilities are not sufficiently developed.

Table 10 below shows the comparison of the autonomy of the elderly with disabilities in Lithuania and Ukraine.

Table 10

**Comparison of the autonomy of the elderly with disabilities in Lithuania and Ukraine**

<i>Actions</i>	<i>Lithuania</i>		<i>Ukraine</i>	
	<i>M*</i>	<i>SD</i>	<i>M*</i>	<i>SD</i>
Wash up, dress up	3,41	0,35	2,69	0,45
To move around in your room	3,63	0,36	2,67	0,49
To move beyond the boundaries of your room	3,28	0,42	2,69	0,47
Cook	3,24	0,31	2,64	0,51
Eating on my own	3,84	0,29	2,69	0,56
Do all the household chores (wash, washing dishes, etc.)	2,67	0,62	2,66	0,50
Manage the financial affairs	3,11	0,36	2,70	0,45
Orientation in nearest environment	3,40	0,24	2,68	0,54
Get to know the loved ones, remember their names	3,92	0,36	2,68	0,52
To accept and assimilate new information	3,50	0,39	2,67	0,54

\*coded as follows: *very high degree of autonomy* is 4, *high degree of autonomy* is 3, *small degree of autonomy* is 2, *there is no autonomy* is 1.

The results obtained suggest that the elderly with disabilities living in Lithuania has higher autonomy moving in the near surroundings and at home than comparing with the representatives of from Ukraine. The biggest differences between the autonomy of the movement are observed in movement in room, getting to know the loved ones, remembering their names and eating.

The study carried out by Rapolienė and Juozulynas (2009) argues that because of loss of independence and autonomy elderly people experiences social exclusion, and the body shall be designed as marginalus, and is separated from the main cultural representation. Constant physiological regress, which leads to changes in the cumulative effect of changes in the nature of irreversibility, means weaker body functions, loss of memory, slowing the natural processes and the loss of information processing speed. This is a basic physiological aspect of old age, which has a

negative impact on the elderly acceptance of himself as a personality (Kunlin, 2010; Bagdanova, 2007).

Table 11 provides the comparison of the availability of social services for the elderly with disabilities in Lithuania and Ukraine.

Table 11

**Comparison of the availability of social services for the elderly with disabilities in Lithuania and Ukraine**

<i>Service/support</i>	<i>Lithuania</i>		<i>Ukraine</i>	
	<i>M*</i>	<i>SD</i>	<i>M*</i>	<i>SD</i>
<b>General social services</b>				
Information	3,48	0,26	2,00	0,32
Consulting	3,42	0,25	2,00	0,36
Mediation and representation	3,37	0,36	2,01	0,24
The catering organization	2,96	0,34	1,96	0,35
The minimum supply of clothing and footwear	2,78	0,29	1,93	0,28
Organisation of transport	3,12	0,30	1,94	0,39
Sociocultural service	3,71	0,34	2,00	0,34
Personal hygiene and care organization	3,25	0,37	2,00	0,34
Other general services	3,23	0,25	2,00	0,34
<b>Special social services</b>				
<i>Social services</i>				
Support in the house	2,82	0,23	1,99	0,29
Social skills training and support	3,14	0,36	1,99	0,29
Accommodation in independent living home	2,75	0,32	1,96	0,31
Temporary accommodation	2,78	0,31	1,99	0,24
Intense crises support	2,85	0,37	1,94	0,40
<i>Social care</i>				
Social day care	2,79	0,32	1,97	0,35
Short-term social care	2,63	0,30	1,97	0,36
Long-term social care	2,54	0,29	1,99	0,33

\*coded as follows: *can get very easily* is 4, *can get quite easily* is 3, *can get hardly* is 2, *not available* is 1.

The survey results show that availability of social services (both general and special social services) for the elderly with disabilities is much higher in Lithuania. The biggest differences between Lithuania and Ukraine assessment of the availability of social services and access to the services is at the point of sociocultural services.

The analysis of the sources of availability of social services for the elderly with disabilities in Lithuania and Ukraine, noted that in Lithuania there are diverse spectre of institutions providing social services. In Ukraine, the elderly with disabilities gets social services from the primary source of the availability – social services centre, while in Lithuania respondents noticed different non-governmental organizations, parishes, social service centre and even educational or health care institutions as availability sources.



*To sum up results of the survey, it could be argued that the elderly with disabilities living in Lithuania are sufficiently independent in various areas of life: self-care, moving at home and nearest surroundings, etc. The elderly with disabilities from Lithuania expressed bigger need for information, consulting and sociocultural services. Focus is given to great availability of general social services, but noticing not so good availability of special social services (especially social care services). The elderly with disabilities names multiple sources to ensure the availability of social services. Not only government agencies, but also the role of the non-governmental sector is highlighted in the provision of social services.*

*The results of the survey suggest that the study participants living in Ukraine are autonomous at home and the surrounding environment. They express a very strong need for both general and special social services, with particular attention to social care services. Ukrainians highlight the lack of availability of social services for the elderly with disabilities and name only state institutions as the main sources.*

## Conclusions

1. Analysis of the scientific sources revealed that during the aging dozens of individual processes run, and person suffers psychological, physical and social changes in the physical and mental capacity, posing with the problems and reducing the possibilities of positive socialization. In this case, the old people's problems has to be seen holistically, covering the various areas of life and, in the light of the characteristics of these areas, it is necessary to provide high-quality services that are focused on ensuring the independence of those persons. Social services for the elderly with disabilities includes many types of services, and is provided by legal authorities, municipalities, organizations. The main aim of the provision of social services is to restore the autonomy of the person, creating the conditions to live in own home. In Ukraine as well as in Lithuania the social assistance to elderly persons with disabilities system is in the conversion period from institutional care and services to community-based social services. Pagrindinis socialinių paslaugų senyvo amžiaus asmenims su negalia tikslas – atkurti asmens savarankiškumą, sudarant sąlygas gyventi savo namuose.
2. Analysis of the need and availability of social services for the elderly with disabilities revealed that the elderly in Lithuania puts emphasis on the need for a more general social services, enclosing sociocultural and clothing and footwear provision services as the most needed. High degree of autonomy of the elderly is noticed in the areas such as self-care, movement and eating. Social services are easily available, emphasizing better availability of general social services ir naming main sources: social service centre, parish and non-governmental organizations.
3. Analysis of the need and availability of social services for the elderly with disabilities revealed that the elderly residing in Ukraine has a great need for both general and special social services, with particular emphasis on the need for social care services. Their autonomy acting at home (while doing various actions) and moving in the nearest environment is quite high. Availability of social services for elderly persons with disabilities is very small, and the group struggled to or are unable to obtain some of the general and special social services. Social service center is designated as the main source of the availability of such services to this group of persons.
4. Comparative analysis revealed that the elderly with a disability residing in Ukraine have a greater need for social services, particularly relevant to social care and by naming specific

social care services. Lithuanians have higher level of autonomy acting at home, especially in moving, eating, getting to know the loved ones and remembering their names.

Lithuanians marked a much larger access to both general and special social services (with emphasis on increased access to sociocultural services), which, unlike in Ukraine, is ensured in a wide variety of sources: the social services center, parish or non-governmental organizations.

5. On the basis the results of the research, it can be said that the research *hypothesis* – it is likely that the need of social services for the elderly with disabilities in both countries is high, but in Lithuania social services are more available – *has been partly proved*. The elderly with disabilities from Lithuania had not expressed a very high demand for both general and special social services (with the exception of counselling and sociocultural services), it is likely due to greater autonomy.

## Recommendations

*For the institutions providing social services for the elderly with disabilities in Lithuania and Ukraine:*

1. In order to identify the more specific social service needs for the elderly with disabilities, detailed research into the need should be carried out, both in Lithuania and the Ukraine, with a separate analysis of the need for general and special social services according to age group, type of disability, loneliness and the level of autonomy and other socio-demographic characteristics.
2. During the identification of the need for social services for the elderly with disabilities, it is necessary not only to determine what a person needed of the social services provided by the network, but also to assess their scope and to take into account the effectiveness and efficiency of the service.
3. It is recommended to provide more information for the elderly with disabilities and their families to take advantage of opportunities in the access of general and special social services in institutions of different types in their nearest surroundings.
4. While developing organization and provision processes of social services, it is recommended to carry out not only the functions of the service, but rather care for engagement into other national or municipal level measures. These measures would encourage the initiative of the population, with emphasis on the presence of the user, not passive, but active involvement in developing social services.
5. Pulling the elderly in volunteering enables to self-assist and develops community-based social services.

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## Santrauka

Magistro darbu buvo siekiama išanalizuoti ir palyginti socialinių paslaugų senyvo amžiaus su negalia asmenims poreikį ir prieinamumą Lietuvoje ir Ukrainoje.

Šiam tikslui pasiekti buvo formuluoti tokie tyrimo uždaviniai: a) išanalizuoti senėjimo ir senatvės sampratas, senėjimo procesą, negalės situaciją senatvėje bei socialinių paslaugų teikimo senyvo amžiaus su negalia asmenims aspektus; b) identifikuoti socialinių paslaugų senyvo amžiaus su negalia asmenims poreikį Lietuvoje ir Ukrainoje; c) nustatyti socialinių paslaugų senyvo amžiaus su negalia asmenims prieinamumą Lietuvoje ir Ukrainoje; d) palyginti socialinių paslaugų senyvo amžiaus su negalia asmenims poreikį ir prieinamumą Lietuvoje ir Ukrainoje.

Darbe taikyti tyrimo metodai: mokslinės literatūros šaltinių analizė, anketinė apklausa, statistinė duomenų analizė, lyginamoji analizė. Anketinėje apklausoje dalyvavo 335 senyvo amžiaus su negalia asmenų iš Lietuvos ir Ukrainos, atitinkamai 264 ir 71 respondentas.

Pagrindinės tyrimo išvados: Lietuvoje senyvo amžiaus asmenys labiau akcentuoja bendrųjų socialinių paslaugų poreikį, išskirdami sociokultūrinės ir aprūpinimo būtiniausiais drabužiais ir avalyne paslaugas kaip labiausiai reikalingas. Socialinės paslaugos vertinamos kaip gerai prieinamos, išryškinant geresnį bendrųjų socialinių paslaugų prieinamumo bei pagrindinius socialinių paslaugų prieinamumo šaltinius: socialinių paslaugų centras, seniūnija ir nevyriausybinės organizacijos. Ukrainoje gyvenantys senyvo amžiaus asmenys turi didelį poreikį gauti tiek bendrąsias, tiek ir specialiąsias socialines paslaugas, ypatingą dėmesį skiriant socialinės priežiūros paslaugų reikalingumui. Socialinių paslaugų senyvo amžiaus asmenims su negalia prieinamumas yra labai mažas ir ši asmenų grupė sunkiai arba visai negali gauti kai kurių bendrųjų bei specialiųjų socialinių paslaugų. Socialinių paslaugų centras yra nurodomas kaip pagrindinis tokių paslaugų prieinamumo šaltinis šiai asmenų grupei. Lyginamoji analizė atskleidė, kad Ukrainoje gyvenantys senyvo amžiaus asmenys su negalia turi didesnę poreikį socialinėms paslaugoms, ypatingai reikalingomis įvardinant specialiąsias – socialinės priežiūros ir socialinės globos – paslaugas. Lietuvoje pastebimas daug didesnis tiek bendrųjų, tiek ir specialiųjų socialinių paslaugų prieinamumas (akcentuojant didesnę galimybę naudotis sociokultūrinėmis paslaugomis), kurį, skirtingai nei Ukrainoje, užtikrina įvairiausi šaltiniai: socialinių paslaugų centras, seniūnijos ar nevyriausybinės organizacijos.

Remiantis gautais tyrimo rezultatais, buvo parengtos rekomendacijos socialines paslaugas senyvo amžiaus su negalia asmenims teikiančioms įstaigoms Lietuvoje ir Ukrainoje.

Esminiai žodžiai: senyvo amžiaus su negalia asmuo, socialinių paslaugų poreikis ir prieinamumas.

## **APPENDICES**

Dear Sir/Madam,

Šiauliai University master's degree programme in Social work student Lina Andriulienė performs a study to analyze the need and availability of social services for the elderly with disabilities. The survey data will be used only for academic purposes. The survey is anonymous, neither the name nor the surname needs to be indicated. Your opinion is very important.

The questions in the questionnaire are with possible answers. Select the one you think is the right answer, and then mark, as shown in the following example.

### Example

Check your answers by selecting the appropriate check box or circling the answer option. For example, if the questions is in the table, select one answer per line.

	Very big need	Big need	Not a big need	There is no need
Provide food	✓			
Help to dress up		✓		

### 1. Demographic and social data about a person

<b>Your sex</b>	<b>Your age</b>
<input type="radio"/> Women <input type="radio"/> Men	..... (write)
<b>Your education</b>	<b>Your family status</b>
<input type="radio"/> Primary <input type="radio"/> Basic <input type="radio"/> Secondary <input type="radio"/> Vocational <input type="radio"/> Higher (till 1991) <input type="radio"/> Higher	<input type="radio"/> Married <input type="radio"/> Not married <input type="radio"/> Live with a partner <input type="radio"/> Divorced <input type="radio"/> Widower
<b>How many children do you have?</b>	<b>With whom you live currently?</b>
<input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> more than 3 <input type="radio"/> do not have	<input type="radio"/> Alone <input type="radio"/> With a spouse <input type="radio"/> With a partner <input type="radio"/> With a spouse/partner and children
<b>Your residential housing?</b>	<b>Your residential property? (select multiple answers)</b>
<input type="radio"/> Own house <input type="radio"/> Own apartment <input type="radio"/> Social housing <input type="radio"/> Rented housing <input type="radio"/> Do not have a permanent place of residence	<input type="radio"/> Central heating <input type="radio"/> Autonomous heating <input type="radio"/> Cold water <input type="radio"/> Hot water <input type="radio"/> Drainage <input type="radio"/> Tub/shower <input type="radio"/> Toilet
<b>Your source of income</b>	<b>Your monthly income</b>
<input type="radio"/> Retirement pension <input type="radio"/> Disability pension <input type="radio"/> Social allowance	<input type="radio"/> up to 100 Eur <input type="radio"/> 101 to 200 Eur <input type="radio"/> 201 to 300 Eur <input type="radio"/> 301 and more Eur

## 2. The need of social services

<i>Service/support</i>	<b>Very big need</b>	<b>Big need</b>	<b>Not a big need</b>	<b>There is no need</b>
The provision of the necessary information about social assistance	0	0	0	0
Social worker service, when analyzing Your problem situation and searching for effective ways of problem solving	0	0	0	0
The grant of aid in solving the various problems (legal, economic, health, household, the processing of documents, payment of fees, to the organisation of work of practitioners, business, etc.), the mediation between you and the environment (other institutions, professionals, individuals)	0	0	0	0
Support the delivery of hot food in the House, giving free meals in canteens, Community institutions or other places of power and the issue of vouchers for food or dry food rations	0	0	0	0
The provision of minimum of clothing, footwear and other accessories	0	0	0	0
Transportation service is provided according to your needs with mobility problems and because of the lack of income or inability to use public transport or the individual	0	0	0	0
Leisure organisation services which provide you can communicate, participate in classes, to engage in a favorite activity	0	0	0	0
Aid you in taking care of their own hygiene. Bath (shower) on the issue of vouchers, services of laundry	0	0	0	0
Social services are organised according to the specific needs of the population in the municipality. Other general social services can be classified as a separate service from the home service	0	0	0	0
Your home services to help you manage home and participate in public life	0	0	0	0
Services provided to you during the day, in order to maintain and restore the autonomy of the various functions required in public or private life	0	0	0	0
The home environment and the provision of a service to you, without the need for constant, intensive care, enabling You to manage your personal life in terms of the self	0	0	0	0
And the necessary services (personal hygiene, household) for a family in crisis situations or problems, for which there is a threat to your health or life	0	0	0	0
The grant of aid for you, caught in crisis situation	0	0	0	0
A whole complex of services which you get, permanent supervision requiring assistance during the day	0	0	0	0
A whole complex of services which you get, permanent supervision requiring assistance in crisis situations	0	0	0	0
A whole complex of services which you get, permanent supervision requiring aid 24-hour	0	0	0	0



### 3. Information about your autonomy

<i>Actions</i>	<i>Very high degree of autonomy</i>	<i>High degree of autonomy</i>	<i>Small degree of autonomy</i>	<i>There is no autonomy</i>
Wash up, dress up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To move around in your room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To move beyond the boundaries of your room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do all the household chores (wash, washing dishes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage the financial affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation in nearest environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get to know the loved ones, remember their names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To accept and assimilate new information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. The availability of social services

<i>Service/support</i>	<i>Can get easily</i>	<i>Can get quite easily</i>	<i>Can get hardly</i>	<i>Not available</i>
The provision of the necessary information about social assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker service, when analyzing Your problem situation and searching for effective ways of problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The grant of aid in solving the various problems (legal, economic, health, household, the processing of documents, payment of fees, to the organisation of work of practitioners, business, etc.), the mediation between you and the environment (other institutions, professionals, individuals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the delivery of hot food in the House, giving free meals in canteens, Community institutions or other places of power and the issue of vouchers for food or dry food rations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provision of minimum of clothing, footwear and other accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation service is provided according to your needs with mobility problems and because of the lack of income or inability to use public transport or the individual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure organisation services which provide you can communicate, participate in classes, to engage in a favorite activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Aid you in taking care of their own hygiene. Bath (shower) on the issue of vouchers, services of laundry	0	0	0	0
Social services are organised according to the specific needs of the population in the municipality. Other general social services can be classified as a separate service from the home service	0	0	0	0
Your home services to help you manage home and participate in public life	0	0	0	0
Services provided to you during the day, in order to maintain and restore the autonomy of the various functions required in public or private life	0	0	0	0
The home environment and the provision of a service to you, without the need for constant, intensive care, enabling You to manage your personal life in terms of the self	0	0	0	0
And the necessary services (personal hygiene, household) for a family in crisis situations or problems, for which there is a threat to your health or life	0	0	0	0
The grant of aid for you, caught in crisis situation	0	0	0	0
A whole complex of services which you get, permanent supervision requiring assistance during the day	0	0	0	0
A whole complex of services which you get, permanent supervision requiring assistance in crisis situations	0	0	0	0
A whole complex of services which you get, permanent supervision requiring aid 24-hour	0	0	0	0

#### 4. The sources of availability of social services

<i>Service/support</i>	<i>Social service centre</i>	<i>Educational institution</i>	<i>Health care institution</i>	<i>Parish</i>	<i>Non-governmental organization</i>
The provision of the necessary information about social assistance	0	0	0	0	0
Social worker service, when analyzing Your problem situation and searching for effective ways of problem solving	0	0	0	0	0
The grant of aid in solving the various problems (legal, economic, health, household, the processing of documents, payment of fees, to the organisation of work of practitioners, business, etc.), the mediation between you and the environment (other institutions, professionals, individuals)	0	0	0	0	0
Support the delivery of hot food in the House, giving free meals in canteens, Community institutions or other places of power and the issue of vouchers for food or dry food rations	0	0	0	0	0
The provision of minimum of clothing, footwear and other accessories	0	0	0	0	0
Transportation service is provided according to your needs with mobility problems and because of the lack of income or inability to use public transport or the individual	0	0	0	0	0
Leisure organisation services which provide you can communicate, participate in classes, to engage in a favorite activity	0	0	0	0	0
Aid you in taking care of their own hygiene. Bath (shower) on the issue of vouchers, services of laundry	0	0	0	0	0
Social services are organised according to the specific needs of the population in the municipality. Other general social services can be classified as a separate service from the home service	0	0	0	0	0
Your home services to help you manage home and participate in public life	0	0	0	0	0
Services provided to you during the day, in order to maintain and restore the autonomy of the various functions required in public or private life	0	0	0	0	0
The home environment and the provision of a service to you, without the need for constant, intensive care, enabling You to manage your personal life in terms of the self	0	0	0	0	0
And the necessary services (personal hygiene, household) for a family in crisis situations or problems, for which there is a threat to your health or life	0	0	0	0	0
The grant of aid for you, caught in crisis situation	0	0	0	0	0
A whole complex of services which you get, permanent supervision requiring assistance during the day	0	0	0	0	0
A whole complex of services which you get, permanent supervision requiring assistance in crisis situations	0	0	0	0	0
A whole complex of services which you get, permanent supervision requiring aid 24-hour	0	0	0	0	0

**THANK YOU FOR YOUR TIME AND SINCERE ANSWERS.**