ŠIAULIAI UNIVERSITY
FACULTY OF EDUCATION SCIENCES AND SOCIAL WELFARE
DEPARTMENT OF HEALTH AND SOCIAL WELFARE STUDIES
OPEN INTERNATIONAL UNIVERSITY OF HUMAN DEVELOPMENT “UKRAINE”

Joint master study programme "Social Work"

2nd year of studies

Jolanta Dziugiene

WORKING WITH SICK INDIVIDUALS SUFFERING FROM DEMENTIA: SITUATION OF SOCIAL WORK AND IT‘S OPPORTUNITIES

Master's thesis

Supervisor of the Master's thesis – Dr. Brigita Kreiviniene
Consultant of the Master's thesis - Довгань Наталія

2017

Contents

Summary........ 3
Introduction........ 4
1. SOCIAL WORK IN GERONTOLOGY WORKING WITH PEOPLE WITH DEMENTIA 8
   1.1. The importance of needs theories in social work........ 8
   1.2. Social gerontology theories in the context of the provision of social services for elderly people with dementia........ 14
   1.3. Theoretical perception of elderly people with dementia........ 16
   1.4. Theoretical perception of social needs satisfaction of elderly people with dementia........ 21
2. THE RESEARCH OF SOCIAL WORK SITUATION AND OPPORTUNITIES WORKING WITH PEOPLE WITH DEMENTIA........ 26
   2.1. Research methodology and organization........ 26
   2.2. Characteristics of research participants........ 28
   2.3. Analysis of the results of the research........ 28
      2.3.1. Position of heads of institutions providing social services for elderly people with dementia........ 28
      2.3.2. Position of social workers working with elderly people with dementia....... 33
      2.3.3. Position of elderly individuals with dementia on the organization of social assistance and the need for social assistance services........ 37
      2.3.4. Position of elderly relatives with dementia on the organization of social assistance and the need for social services........ 41
Conclusions........ 44
Recommendations........ 45
References........ 46
Summary........ 49
Appendices........ 50

Summary

Theoretical analysis of elderly people with dementia and social work in the context of social gerontology was done. The hypothesis that social workers and head of institutions are interested in social changing social work methods, working with the elderly people with dementia was foreseen.

In order to identify problems of social support services organization and to analize currently situation with elderly people having dementia these actions were done: a) disclosed problems of social support organization change (using qualitative research - expert interviews with social service managers (N=5) and social workers (N-5); b) disclosed content and the need of social support (using qualitative research - structured interviews with elderly people having dementia (N=5) and their family members (5)).

To sum up the empirical results of the research, it could be argued that respondents want to change situation in social work working with elderly people with dementia. Workers and administration are interested in innovative social work methods and its adaptation in the organizations. Relatives want to communicate and to be in contact with social workers. The main reasons why situation didn't changes are the lack of money and motivation problems of workers.

According to the survey, the recommendations for the institutions working with people with dementia were formulated.

Key words: social services, dementia, the elderly person.

Introduction

The practical relevance of socio-analysis

Improvements in health care in the past century have contributed to people living longer and healthier lives. This has also resulted in an increase in the number of people with non-communicable diseases, including dementia. Although dementia mainly affects older people, it is not a normal part of aging. We live in difficult times, so each person has to experience stress, fear, anxiety and frustration. This is detrimental to human health, he can get sick; can develop a variety of mental health disorders. In this way, fragile mental processes of coherence caused by a variety of change are unknown, often frightening sensations, feelings, thoughts, changes character and human behavior. This condition is very different from the generally accepted mental health status and the same person is a threat to the environment. The WHO estimates that globally there are about 1500 millions of people with mental health problems in the world (Lapkauskienė, 2004).

Advanced in the world (especially in Western Europe) countries face considerable challenges, which affect the changing age structure of the population: declining fertility and mortality rates and increasing life expectancy, as well as the aging of the population - the number of sixty and older population. In Lithuania, these effects have also been observed, and so we are faced with raising the country's life expectancy and the aging of the total population.

Data provided by the Department of Statistics in Lithuania was 701 thousand 60 years and older persons at the end of 2012. This means that even a fifth (20.9%) of the population was elderly people. The number of elderly people increased by 28.8 thousand (4.3%) over the past decade, despite the fact that total population fell by 183.1 thousand (5.2%) (Statistikos departamentas, 2012). The official data confirms the aging population trend.

In 2008, the World Health Organization (WHO) declared dementia as a priority condition through the Mental Health Gap Action Programme. Prevalence and incidence projections indicate that the number of people with dementia will continue to grow, particularly among the oldest old, and countries in demographic transition will experience the greatest growth. The total number of people with dementia worldwide in 2010 is estimated at 35.6 million and is projected to nearly double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050. The total number of new cases of dementia each year worldwide is nearly 7.7 million, implying one new case every four seconds. Much of the increase will be in developing countries, the fastest growth in the elderly population taking place in China, India, and their south Asian and western Pacific neighbours. In 2010, Europe had an estimated 10 million disease cases and based on United Nation’s demographic forecast this figure will rise to 14 million in 2030. Looking at these data, it is apparent that there is

an urgent need for action. Alzheimer disease (AD) has become a major public health concern as the world's population ages. It is projected that by 2050, people aged 60 and over will account for 22% of the world's population with four-fifths living in Asia, Latin America or Africa.

Seeking to guarantee welfare for old and elderly people with dementia the social work and partnership between institutions can be expressed as a partnership between the individual sectors: local authorities, non-governmental organizations (Žalimienė, Rimšaitė, 2007), businesses and other private sector (Kvieska, Kvieskienė, 2012) and at national level authorities. Social work and stability in each country depends on the ability of the Law and Government of the country so as to reallocate the funds to meet the needs of the various social strata of society.

In Ukraine, to establish the minimum social welfare social standards and norms of social life, not enough objective information about the social needs in the various sections of the population are identified in the scientific literature. There are three well-being and care models: conservative, liberal, corporate and redistribution or socio-democratic. All these models are implemented: socio-democratic model with elements of social insurance, the liberal model with elements of solidarity and cover corporate "welfare state" (welfare state) model (Matakas, Smalskys, 2007). Ukrainian public management and social policy theorists and practitioners give a very great emphasis on social policy research (Nemčenko, Kulikov (Немченко, Куліков), 2006). Ukrainian scientists offer a social policy based on the model of the Three parties Council (Government, employers and trade unions) consensus. States that improved in the areas of regional, social welfare and labour and the central departments of the coordination of the work of the board, will be increased by the efficiency of the activities of the bodies providing social services (Odinsova (Одінцова), 2006).

The Government of Ukraine has recently made a few changes to the social assistance system for old and elderly people and people with a mental disability. It was first extended to the network of institutions providing social services at all levels. It was reallocated to the responsibility of social services between the executive authorities and municipalities, in order to clarify the mental disability within the meaning of the social rights of individuals. It is also laid down in the provision of social services, staff responsibility. However, despite these changes, the lack of funding in this area the quantity and quality of services provided is very low (Chamberlin, 2011).

Therefore, the theme of the work "Social work situation and opportunities working with elderly people with dementia" is considered to be particularly relevant in today's context.

The research focused on: social work situation and opportunities working with elderly people with dementia.

The purpose of the research is to analyze social work situation and find an opportunities working with elderly people with dementia.

Objectives of the study:

1. Based on theoretical analysis to provide definitions of elderly people with dementia, social work and social services in the context of the social gerontology;
2. Through expert interviews with the heads of institutions and social workers which provide social services for elderly people with dementia to reveal the problems of working with elderly people with dementia.
3. Using semi structured interviews with elderly people with dementia and they family members, to reveal the content and the need for social services;
4. On the basis of research result to come up with recommendations for the organizations which support services for elderly people with dementia.

In order to identify the content and the need for social support for elderly people with dementia **problematic questions** were formulated:

- What are the factors for changing or improving the content of the social support services, referred by elderly people with dementia?
- What are the aspects of the change in the organization of social support services when working with an elderly with mental disability?

A **hypothesis** was formulated: social workers and head of institutions are interested in changing social work methods, working with the elderly people with dementia.

Methods of the research.

I. Theoretical:

1. The analysis of the scientific literature.

II. The empirical:

1. A qualitative study through semi structured interviews with elderly people with dementia who live in care institutions *(the instrument appears in the annex No. 3)* their family members *(the instrument appears in the annex No. 4)*and expert interviews with the heads of social service institutions *(the instrument appears in the annex No. 1)* and social workers*(the instrument appears in the annex No. 2)* for elderly persons with dementia .
2. Expert method in which participants identified the provision of social services for people with dementia.

III. Data processing methods of the research:

1. The qualitative survey data processed using content analysis method.

Harmonisation of the various methods and instruments is called *triangulation* , Denzin (Lincoln, 2003; Rupšienė, 2007; Žydžiūnaitė, 2007). According to Bitinas (2006), from several different respondents (or data sources) information gathered in groups and the analysis comparing is one of the forms of expression of the principle of triangulation.

Sample and the time of the research.

1. Qualitative study using semi structured interview method involved 5 elderly people with dementia living in care institutions and 5 their family members.

2. 5 experts (heads of institutions) and 5 social workers were interviewed during the investigation of social assistance for the elderly people with dementia.

The study was conducted in September - November of the year 2016.

Work structure: summary, introduction, 2 chapters, conclusions, recommendations, references, summary in Lithuanian language, and appendices. The work consists of 1 figure, 19 tables and 4 annexes. The volume of work is 50 pages.

1. SOCIAL WORK IN GERONTOLOGY WORKING WITH PEOPLE WITH DEMENTIA

1.1. The importance of needs theories in social work

Because human behavior is complex and the social work profession is broad, numerous theories are utilized for social work practice at the micro-meso-macro levels. These theories focus on human growth and development, psychological and social functioning, and social service delivery. Some theories emphasize social and economic justice. All theories are value-laden and come out of a socio-historical context. Thus, all theories should be critiqued with attention paid to their cross-cultural applicability (Hutchison, 2003).

Of particular importance in the context of social work with elderly people with dementia has two interrelated scientific theories: holistic approach and humanistic theory – whose main focus is the man. These theories are explored in the framework of a person's needs and behaviour and thinking.

First, let's explore the holistic approach. Holistic assessment is used where learning or performance objectives are inter-related and complex and the extent of learning or performance is measured against established standards. This approach is particularly relevant to social work, especially now that standards have been set at different career levels (Biggs, 2007). Person-centered dementia care is about understanding and responding to the person with dementia as an individual. It involves considering the whole person, taking into account not just their health condition, but also each individual's life history, unique abilities, interests, preferences and needs. It is about building relationships with people with dementia and their family carers, putting them at the heart of decision making – ensuring the person is an equal partner in their health and care."1 This unit sets out the implications for supporting people with dementia and considers issues for assessing; communicating, working at a pace which is right for the person and using the persons social networks appropriately. Person centred refers "to a family of approaches aimed at enabling people who use services to plan their own futures and to get the services that they need. While the terminology varies between different user groups, the fundamental values of the concept are the same – embracing the principles of independence, choice, inclusion, equality and empowerment as the foundations of service provision." (Dowling, 2006). Good assessment requires an approach which is holistic and is strengths based. This means you need to identify and include what the person likes doing, what they are good at, what is important to them. You should consider co-producing positive statements by celebrating what is still possible, what the person can still do,

while ensuring their dignity is central in assessing you should be able to identify the things/goals the person wants to achieve. There can be a challenge here in terms of how you try to reconcile the desired goals of the person with the perceptions of yourself and/or their carers asto what is achievable. This can be common when someone has a dementia. Being person centred means that you recognise people and their carers come with a range of expectation, perceptions and anxieties. You are able to manage their expectations, provide reassurance where that is possible and be honest in managing the many uncertainties (about care, finance etc.). It is also about how you discuss and support positive risk-taking, enabling the person to live as freely as possible. An obvious point but one that needs to be emphasised is "Whilst assessing you should not presume anything." Assessment is not a one-off process and in relation to dementia, social workers need to think about how care plans are implemented. Attempts at phased changes and taster sessions with different activities or services will allow the person to maintain autonomy, with what support feels right for them. How have you communicated the plans to carers and have they understood the rationale as well as the specifics? Similarly you need to plan how you end your involvement with the person. What is going to be appropriate for this person, does it need to be phased? You need to be clear on why you are finishing your work, what happens next, who they can contact about what, and they should be advised about how and when to re-contact your service in the future.

Maslow's theory of needs (2006) has identified the following needs:

- Physiological needs, it is necessary to meet the needs of human existence: air, water, food, warmth, relaxation, activity, sex.
- Security needs. It's emotional and physical security, dependency, stability, procedures, norms, distance from troubles, and so on needs.
- Social needs. This is the need to belong to any social group, communication, friendship, affection, love needs.
- Respect needs. This respect, recognition, evaluation, self-esteem, competence, personal achievement needs.
- Self-actualization needs. This is your opportunity to marketing, creativity, personal growth needs. This is the need to be at, the person must be by their very nature

All five needs of the group has its own ranking of needs, which are as follows: physiological, safety, social, respect and self-actualization. The importance of these needs could be interpreted very simply: as soon as the demand is higher (e.g. security or self-actualization), while it is more important to man as a personality. Social (to be honorable, belong to some group) and educational (to receive and understand information, to know how and what to do to know things, events and the character value) depends on the needs of the higher needs of the group.

According to Banevičienė, Zaleskienė (2004), for the man it is very important to be at the want; be frank; to communicate the position of engaging in self-defense; to love others and

ourselves; the course of the aggression and guile; to deal honestly and fairly with regard to the public; to be autonomous and creative; be curious and truly interact with the environment.

Almontaitienė (2001) identifies such social needs, like:

- Togetherness (addiction) need. It's a need to feel that you are a member of any group in the community that you are among the people who you are and that you are to them is required. This need is fulfilled, when a man has a family, members of which have warm feelings, favorite or an old college collaborators belong to any organizations, clubs, or other forms of work-minded.
- Need for security is approved and then, when a person does not feel the threat from the surrounding physical than psychological than your safety.
- The need for progress is the desire to lead, to overcome the challenges to meet the highest standards. It is closely related to the confidence in yourself. A high level of need for people with the melodies of WINS to take responsibility, to take risks.
- The need for self-anchorage – quest to find their place in society.
- Self esteem, its value is to not have other sensory needs, rank among the other people in the proper location.
- Dominance (his power sensing) and the need for recognition – the desire to control others, to influence those around you, in the lead.
- The need for an advantage – to feel something for the other, develop into a pre-eminent occupy a privileged position.
- Self-actualization and expression of the need to realize the potential of their abilities and express yourself with other people the duty it is impossible, however, on the other hand, with a view to the settlement of this requirement will often have to resist pressure to break the surrounding society accepted behavioral standards.
- Affiliation need to have close friends, take care of the others and obtain from them the same love and be loved ones as well as needed.
- Affection and love need – it's open, intimate relationships between two people is the desire;
- The need to maintain a contact – the desire to share emotions, to establish a connection. The communication with the surrounding the success of each of us is a much more important thing than it may seem at first glance. The ability to communicate leads to not only the happier family life and a faster rise in career ladder. From it, you could say the same of our quality of life depends in its broadest sense.

The importance of human life, emphasizing the social needs of the author (Suslavičius, 2006) notes that the man can stay in the level of social needs for longer time (the risk is to be longer in the biological needs), but then the man becomes an issue not only for himself, but also to those around you. Therefore, social needs is particularly significant for a man living in the group, the community, society.

According to this point of view, a social work major attention should be paid to the social needs of the person, the provision of social assistance. Klokmanienė (2009) distinguishes the following main social assistance functions that are related to the real activities and complementary:

- Prevention – help prevent a problem to occur;
- Custody, including social support, integration and maintenance;
- Control, which is designed to protect the public from the stressful, complex situations.

On the other hand, in the context of social assistance an important place has a humanistic theory. The philosophy of humanism (Rogers, 1995; Maslow, 1999; Fromas, 1992), emphasizes an essential part of the provision that's idealistic spiritual personality are innate and consists of personal development and growth of the foundation.

A. H. Maslow is one of the main humanistic theory developers. He along with his colleagues (Rogers, Combs) refused to personality biological instincts and inner conflicts in the psycho-analytical document instituting the proceedings. A. H. Maslow opposed the fragmented behavior of the psychology of personality and human research into the views alone are in the natural sciences, but spinner spiritual human nature and men common values. Like other humanistic psychologists, the "direction of the man considered and highlighted it as a freedom-of-winning creative powers, the awareness, the need to provide their own presence in the spiritual sense" (Butkienė, Kepalaitė, 1996).

Therefore, A. H. Maslow's theory of personality with a special focus on the human self examination of the problem of actualization. A. H. Maslow saw self-actualization directly with their development of the personality, i.e., the more the man himself realizes, reveals a more mature at expressing. Created a hierarchy of needs pyramid (see Figure 1.), he pointed out the need for self-actualization as the highest point of each human, i.e. "the human need to develop and realize their abilities, talents and potential opportunities" (Maslow, 2006, p. 394).

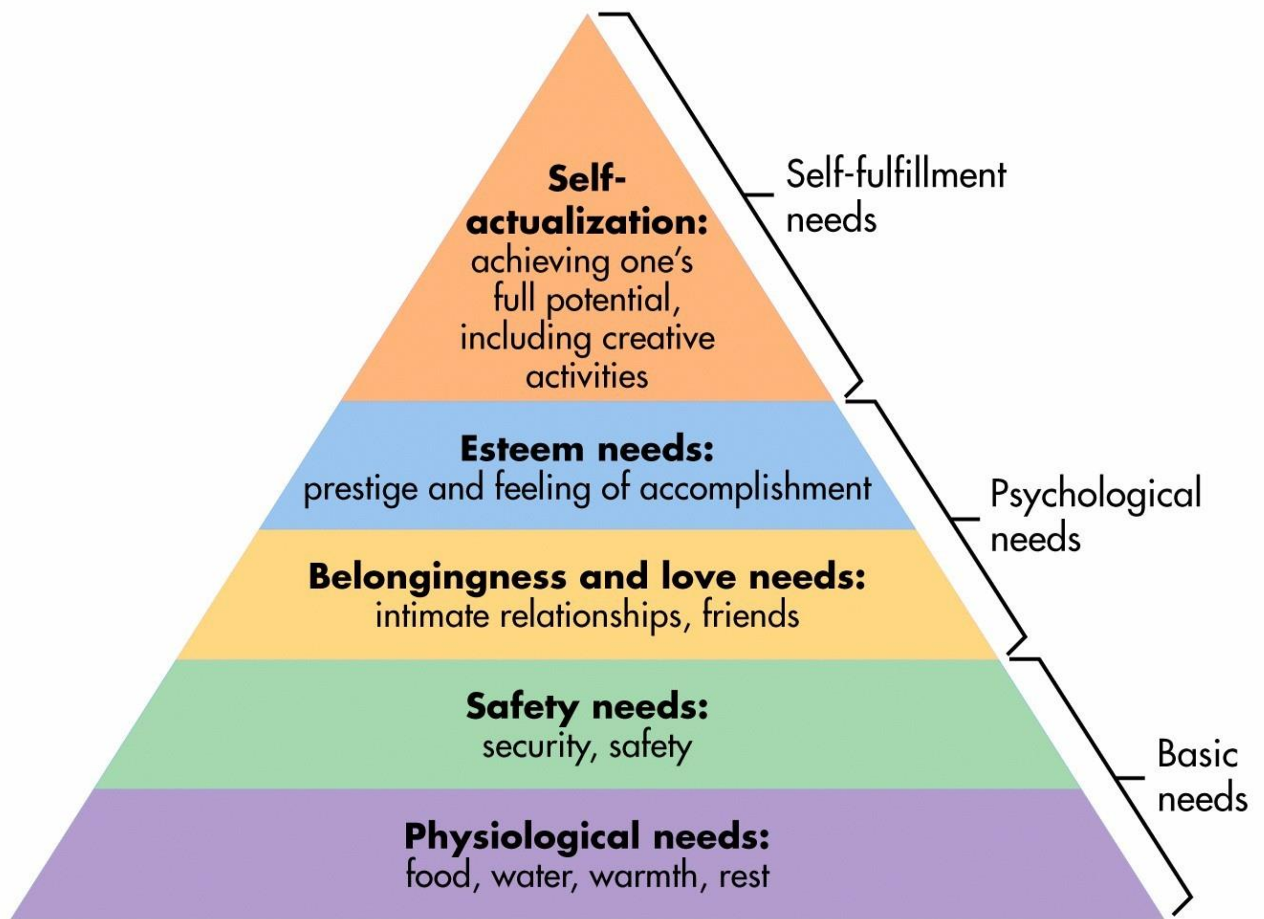

Figure 1. **Maslow's hierarchy of needs pyramid**
(made up of the artist by Płużek, 1996, p. 114)

This five stage model can be divided into deficiency needs and growth needs. The first four levels are often referred to as deficiency needs (*D-needs*) and the top level is known as growth or being needs (*B-needs*).

The deficiency needs are said to motivate people when they are unmet. Also, the need to fulfil such needs will become stronger the longer the duration they are denied. For example, the longer a person goes without food the more hungry they will become.

One must satisfy lower level deficit needs before progressing on to meet higher level growth needs. When a deficit need has been satisfied it will go away. Our activities become habitually directed towards meeting the next set of needs that we have yet to satisfy. These then become our salient needs. However, growth needs continue to be felt and may even become stronger once they have been engaged. Once these growth needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization.

Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet lower level needs. Life

experiences, including divorce and loss of job may cause an individual to fluctuate between levels of the hierarchy. Therefore, not everyone will move through the hierarchy in a uni-directional manner but may move back and forth between the different types of needs. Maslow noted only one in a hundred people become fully self-actualized because our society rewards motivation primarily based on esteem, love and other social needs.

Also it is very important to mention systems theory in social work working with elderly people with dementia if we want to have the best resuls in social work. Systems theory is the interdisciplinary study of complex systems. Social work is the professional field concerned with applying social science insights toward improving standards of living for individuals and communities. Systems theory is valuable to social workers in that it can assist them as they identify, define and address problems in social systems.

Systems theory covers a broad range of theoretical and methodological practices across many disciplines. Generally, systems theory is concerned with the structure of complex systems, with a special emphasis about how parts relate to each other and to the whole system. In the social sciences, this usually means understanding how individuals relate to each other and to their society as a whole, and the effect that social pressures have on individuals.

Social workers can hold a variety of different roles. They range from policy advisors to mental health professionals. What binds them together is a core concern for improving social conditions for individuals and promoting social justice.

Social workers employ systems theory in order to understand the dynamic interrelations between individuals, families, institutions and societies. Generally, they want to identify how a system functions, what aspects of that system have a negative impact on people and understand how they can cause positive change in that system.

On the micro level of social work, workers use systems theory to understand the dynamics, relationships and roles within families, and how these things affect individuals therein. For instance, they want to know that parents and children are taking upon their proper responsibilities, that parents are providing for the safety of their children and that these roles are stable and beneficial to everyone involved.

On the macro level, social workers are concerned about the social welfare of entire communities and societies. They apply systems theory to understand the social structure of communities, and attempt to advocate for policies and programs that promote social justice, economic prosperity, equality and high standards of living within those communities (Lee Flamand, 2015).

1.2. Social gerontology theories in the context of the provision of social services for elderly people with dementia

Person-centered dementia care is about understanding and responding to the person with dementia as an individual. It involves considering the whole person, taking into account not just their health condition, but also each individual's life history, unique abilities, interests, preferences and needs. It is about building relationships with people with dementia and their family carers, putting them at the heart of decision making – ensuring the person is an equal partner in their health and care.

While working the social work with the elderly people with dementia, in order to discuss the problems of aging and prevention ways for the various analyses, it is always need to know-how to understand the term gerontology. Gerontology explores old-age and aging changes, as they are influenced by the interactions between people. Aging consists of the positive and negative aspects. Večkienė (2004) the concept of and gerontology define as a very wide and rich field of cognitive science, covering the whole spectrum of social theories – from micro to macro levels. Harvard Adult Development Study (2016) shows that conduct research on the effects of human aging is difficult. Primarily, the longevity of human lives makes it difficult to monitor them from start to finish. But the mortality of the researchers themselves also complicates the research process. So biogerontologists use aging models like mice, yeast, rats, fruit flies, and roundworms to learn about the aging process. These models are chosen based on their relatively quick lifespan, and fast reproduction cycles. While the model organisms are unlike humans in many ways, causing some to question their validity, they give biochemists the closest approximation to human biology that's available.

Mikulionienė (2011) provides six gerontology research areas: biological aspects of human physical ageing study, trying to understand the human body regenerate declining skills, cause and effect. 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, sensorial, perception, mental capacity, human development, personality skills to overcome the difficulties that are associated with changes in the accompanying ageing. Social gerontology, studying social and social psychological aging. The public's attitude to the old man and the old man's approach to the society analyzes social aging researchers. Human interaction with the environment is understood as a social psychological aging, which includes human values, faith, social roles and ageing process of adaptation. Educational gerontology seeks to identify the most effective learning methods, the results of the aging process, activities and what

new capabilities to be able to adapt the old people. Political gerontology explores the elderly and old people's political influence in the society, compiling new guides, or in the Member State of the development strategy.

According to International Federation of Ageing there is new term: Digital ageing. Digital Aging is the new concept of aging in the technologically innovated world for the dynamic integrative interaction and adaptation of older individuals with new environment of the innovative artificial technology. Digital Aging can be analyzed in three domains of individual aging, life style changes and social influence. The individual aging is in the domain of Digital Genomics. Since biological nature is holistically analyzed in terms of genomics, as digital terms of genes, it is naturally assumed that nature of biological aging can be fully explained and modulated. The life style changes in the technologically innovated world are in domain of Digital Ubiquitous. With advance of IT, NT and BT, totally new patterns of life styles have been generated, leading to better quality of life with faster speed with higher efficiency. The social influence is in the domain of Digital Divide. Advance of technology results in social divide for haves and have-nots of the digital technology, directly linked to generation gaps between young and old groups, resulting in the neo-ageism. Since Digital Genomics and Digital Ubiquitous can be resulted from technological innovation, it can be readily expected that the quality of life and human dignity in the late stage of life might be improved. But in reality, Digital Divide is ensued, leading to dampening the quality of life and human dignity of the older people. Therefore, it is urgently required to develop the balancing strategy of Digital Genomics, Digital Ubiquitous and Digital Divide in order to overcome the global issue of new aging problem.

Gerontology education representatives (Večkienė et al., 2004; Paplia, 2007; Rantakokko, 2011; Naujanienė, 2007; Mikulionienė, 2011) emphasize 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. Mental evolution 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 or multiple points of view.

It is important to mention that social activity is very important and related to successful aging. In the Lithuanian catalogue of social services (LR Socialinių paslaugų katalogas, 2006) says that the main providers of social services are social workers, who not only provide services, but those services themselves are the organizers and coordinators. In the provision of social services, social workers collaborate with professionals from other professions, and family member of social services givers. Social work promotes social changes in the society and provides an opportunity for

people to participate in solving the social problems in their communities, increasing the liability and without prejudice to the dignity of the people.

Žalimienė (2007) argues that the old people's homes staff relations based on respect and mutual understanding is rare. Working with the elderly and old people having dementia own specificity, which requires certain characteristics, in particular the workers ' positive attitude to the customer group. 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 for the employee. Social workers should be honest with those who have dementia and their families. They should be open about what they can and can't achieve within the boundaries of their job. They need to be open about how dementia is described seeking and using the person's own definition. Do not assume the person can not communicate or comprehend, even with a mid-stage or late stage dementia. Avoid using jargon, acronyms, abbreviations, and the day-to-day work language social workers sometimes forget might be frightening for others outside this field. Take into account that the person and their carer may have levels of anxiety and distress when trying to communicate with them.

1.3. Theoretical perception of elderly people with dementia

"The Study of Adult Development," conducted at Harvard Medical School's Laboratory of Adult Development, has provided an unprecedented opportunity to examine aging. One of the longest age-related studies in the world, researchers have monitored two groups of men since 1939 to track their aging patterns and longevity of life.

The first group, called the Grant Group, consists of 268 Harvard graduates from 1939 through 1944. The other group, known as the Gluek Group, consists of 456 men from inner-city Boston selected for study between 1940 and 1945. Every two years, both groups complete questionnaires related to their physical and mental health, marital quality, employment or retirement, and more. Every five years, health information is collected to assess their physical health. In-depth interviews are conducted with the men through the years to document their relationships, careers, and adjustments to the aging process.

By collecting this data, the Harvard researchers wish to document what factors predict healthy aging. Through observation of the familial, childhood, and psychological variables that predict healthy life adjustments, they show what constitutes successful aging. They have also identified what variables are linked to poor physical and mental health, and poor adjustments to retirement later in life.

One specific result of the study was a greater understanding of variables that predict successful aging before age 50. The study found that the largest indicator for successful aging after 50 was the absence of alcohol and cigarette abuse. Furthermore, abuse of alcohol was linked with other factors associated with negative aging, like depression and divorce.

Subjects who did not drink or smoke had overall happier marriages and happier outlooks on life. This in turn led to greater lifespan. But sometimes aging gives many challenges and illness. Especially mental illness.

Mental illness is a disease, which affects the human thinking, behaviour and feelings. As with other diseases, their causes and biological, and psychological, and depending on the environment in which man lives. The heaviest of mental illness is primarily a disease of the brain, thinking, feelings, and behavior in distorting (Carter, 2002). We're looking at mental disorders so that we ourselves have much feel or observe people with mental disorders by the close. Myers (2005) mental disorders defines as the condition at which the behavior seen as atypical, disturbing and inexcusable. One of the illness is dementia. Exact estimates of the prevalence of dementia depend on the definition and specific threshold used. The syndrome affects approximately 5%-8% of individuals over age 65, 15%- 20% of individuals over age 75, and 25%-50% of individuals over age 85. Alzheimer disease is the most common dementia, accounting for 50%-75% of the total, with a greater proportion in the higher age ranges. Vascular dementia is probably next most common, but its prevalence is unknown. The remaining types of dementia account for a much smaller fraction of the total. The WHO 2012 Report "Dementia: a public health priority" estimates there are at present 35.6 million people living in dementia worldwide. Alzheimer disease is the most frequent cause of dementia in Western societies. As the world population ages, the frequency is expected to double by 2030 and triple by 2050. Neither healthcare nor financial systems are prepared to face the magnitude of the situation.

According to A Manual Good Social Work Practice (2011) there are seven the most commonly diagnose forms of dementia:

1. According to Alzheimers Association **- Alzheimer's** (the most common type). Alzheimer's is the most common form of dementia**,** a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. But Alzheimer's is not just a disease of old age. Up to 5 percent of people with the disease have early onset Alzheimer's (also known as younger-onset), which often appears when someone is in their 40s or 50s. Alzheimer's worsens over time. Alzheimer's is a progressive disease, where dementia symptoms

gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions.

Alzheimer's has no current cure, but treatments for symptoms are available and research continues. Although current Alzheimer's treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer's and their caregivers. Today, there is a worldwide effort under way to find better ways to treat the disease, delay its onset, and prevent it from developing.

2. Vascular dementia (may occur after a stroke). Vascular dementia is the second most common type of dementia (after Alzheimer's disease), The word dementia describes a set of symptoms that can include memory loss and difficulties with thinking, problem-solving or language. In vascular dementia, these symptoms occur when the brain is damaged because of problems with the supply of blood to the brain. This factsheet outlines the causes, types and symptoms of vascular dementia. It looks at how it is diagnosed and the factors that can put someone at risk of developing it. It also describes the treatment and support that are available (Alzheimer‘s Association, 2016).

3. Lewy Body (nerve cell deterioration, accumulation of lewy bodies in the brain). Because LBD symptoms can closely resemble other more commonly known diseases like Alzheimer’s and Parkinson’s, it is currently widely underdiagnosed. Many doctors or other medical professionals still are not familiar with LBD. LBD is an umbrella term for two related diagnoses. LBD refers to both Parkinson’s disease dementia and dementia with Lewy bodies. The earliest symptoms of these two diseases differ, but reflect the same underlying biological changes in the brain. Over time, people with both diagnoses will develop very similar cognitive, physical, sleep, and behavioral symptoms. While it may take more than a year or two for enough symptoms to develop for a doctor to diagnose LBD, it is critical to pursue a formal diagnosis. Early diagnosis allows for important early treatment that may extend quality of life and independence.

LBD is a multisystem disease and typically requires a comprehensive treatment approach. This approach involves a team of physicians from different specialties who collaborate to provide optimum treatment of each symptom without worsening other LBD symptoms. Many people with LBD enjoy significant improvement of their symptoms with a comprehensive approach to treatment, and some can have remarkably little change from year to year.

Some people with LBD are extremely sensitive or may react negatively to certain medications used to treat Alzheimer's or Parkinson's in addition to certain over-the-counter medications (Levy Body Dementia Association).

4. Fronto-temporal, (lobe degeneration – can affect personality and behaviour). The nerve cell damage caused by frontotemporal dementia leads to loss of function in these brain regions, which variably cause deterioration in behavior and personality, language disturbances, or alterations in muscle or motor functions. There are a number of different diseases that cause frontotemporal degenerations. The two most prominent are 1) a group of brain disorders involving the protein tau and 2) a group of brain disorders involving the protein called TDP43. For reasons that are not yet known, these two groups have a preference for the frontal and temporal lobes that cause dementia.

5.Korsakoff's Syndrome (commonly caused by long term alcohol misuse). According to Alzheimer's Associatiom Thiamine (vitamin B-1) helps brain cells produce energy from sugar. When levels fall too low, brain cells cannot generate enough energy to function properly. As a result, Korsakoff syndrome may develop.

Korsakoff syndrome is most commonly caused by alcohol misuse, but can also be associated with AIDS, chronic infections, poor nutrition and certain other conditions. Korsakoff syndrome is often, but not always, preceded by an episode of Wernicke encephalopathy, which is an acute brain reaction to severe lack of thiamine. Wernicke encephalopathy is a medical emergency that causes life-threatening brain disruption, confusion, staggering and stumbling, lack of coordination, and abnormal involuntary eye movements.

Because the chronic memory loss of Korsakoff syndrome often follows an episode of Wernicke encephalopathy, the chronic disorder is sometimes known as Wernicke-Korsakoff syndrome. But Korsakoff syndrome can also develop in individuals who have not had a prior episode of Wernicke encephalopathy.

6. HIV-related (sometimes as a result of late diagnosis & non treatment). HIV can cause real problems for the human *central nervous system* because it has the ability to cross the *blood-brain barrier* and gain direct contact with your brain and spinal cord tissues. Researchers are still working to discover just what HIV does to injure your central nervous system, but we know that the virus itself can damage your ability to think (your "cognitive" ability) and to function in everyday life.

When that happens, healthcare providers refer to the condition as "HIV-associated *dementia*" or AIDS dementia complex (ADC). If you are HIV-positive, ADC is considered an *AIDS-defining condition*. In the early days of the HIV/AIDS epidemic in the U.S., between 40–60% of people living with HIV/AIDS experienced some type of ADC. But since *antiretroviral therapy* became available, the incidence of ADC has dropped significantly.

Most of the time, HIV-related cognitive issues are associated with advanced HIV disease and low *CD4 counts* (less than 200 cells/mm3). Taking HIV medications may prevent or delay the onset of ADC—and they may also improve your mental function if you already have symptoms of ADC.

7. Parkinson's Disease. According to Parkinson disease foundation Parkinson's disease (PD) is a chronic and progressive movement disorder, meaning that symptoms continue and worsen over time. Nearly one million people in the US are living with Parkinson's disease. The cause is unknown, and although there is presently no cure, there are treatment options such as medication and surgery to manage its symptoms.

Parkinson's involves the malfunction and death of vital nerve cells in the brain, called neurons. Parkinson's primarily affects neurons in an area of the brain called the substantia nigra. Some of these dying neurons produce dopamine, a chemical that sends messages to the part of the brain that controls movement and coordination. As PD progresses, the amount of dopamine produced in the brain decreases, leaving a person unable to control movement normally.

The specific group of symptoms that an individual experiences varies from person to person. Primary motor signs of Parkinson's disease include the following.

- **tremor** of the hands, arms, legs, jaw and face
- **bradykinesia** or slowness of movement
- **rigidity** or stiffness of the limbs and trunk
- **postural instability** or impaired balance and coordination

Scientists are also exploring the idea that loss of cells in other areas of the brain and body contribute to Parkinson's. For example, researchers have discovered that the hallmark sign of Parkinson's disease — clumps of a protein alpha-synuclein, which are also called Lewy Bodies — are found not only in the mid-brain but also in the brain stem and the olfactory bulb.

These areas of the brain correlate to nonmotor functions such as sense of smell and sleep regulation. The presence of Lewy bodies in these areas could explain the nonmotor symptoms experienced by some people with PD before any motor sign of the disease appears. The intestines also have dopamine cells that degenerate in Parkinson's, and this may be important in the gastrointestinal symptoms that are part of the disease.

These dementia disrupts the normal, day-to-day human life. Persons with dementia may be hard to realize themselves and the desired activities. They disrupted the perception and often plunged into deep sadness, apathy, feeling a sense of worthless.

1.4. Theoretical perception of social needs satisfaction of elderly people with dementia

Žalimienė (2003) notes that the demand for social services is the objective conditions or circumstances dictated by the individual condition or situation, when there is a need for social services to elderly, and it's to resolve the problems encountered. The author argues that the person's needs can never be assimilated to his wishes. Also highlights the needs arising cannot be equated with the resources to meet the needs. Needs has to be fixed regardless due to the resources. Evaluation of the significance of the need based on the following arguments:

- assessment of the need to ensure that the service will be granted to those who most need them.
- the client is guaranteed the right of service providers and the status of the services is adequate;
- an objective assessment of the need to ensure a rational allocation of resources;
- a detailed assessment of the importance of a successful social rehabilitation specifically or integration.

Boehlke (2013) list of daily care for elderly people:

Mobility

Mobility is important to the elderly, even if it is just within their own surroundings. Social worker should be sure they are properly fitted for either a wheelchair, motorized mobility chair, walker or cane. Install a wheelchair ramp, hand rails and wider door wells to make getting around the house hassle-free. A hospital bed, shower chair, lift or tripod bar may assist with getting up from bed or staying safe in the shower.

Transportation

Transportation can be lifesaving to an elderly person. If he can no longer drive, set up transportation so he can get to and from medical appointments and physical therapy. Having a caretaker or assistant who visits on certain days to take an elderly person to run errands, to attend a social function or to go to the doctor is beneficial.

Medication

Senior citizens need proper medication to remain healthy. This begins with adequate medical care, such as doctor's visits, dental care, foot care, eye care, physical therapy and psychiatric therapy, if needed. If they need assistance with taking their pills or giving themselves shots of insulin, a home-health nursing system may need to be added to their daily plan of care.

Personal Care

Personal care is an important daily need for a senior citizen. They may need assistance with bathing, dressing and personal grooming. A home-health aide or other family member can help with these tasks, if necessary.

Nutrition

An elderly person needs proper nutrition to stay healthy and enjoy a comfortable life. Have a nutritionist or caregiver go over a daily meal plan to know what foods best fit that person's lifestyle. Meals can be prepared weekly so it is easier for the senior citizen to heat and eat a warm meal every day. Programs such as Meals on Wheels ensure that an elderly person receives at least one healthy meal daily.

According to Kate McCarthy is Director of Operations for HomeAid Health Care (2011) the needs of the elderly, shows five areas that contribute to quality of life for the aging rather than the common health care focus of longevity of life. For many of today's aging, gaining longevity is not enough unless it is coupled with a high quality of life. Knowing what the hierarchy of needs is for elders can help family and caregivers assist their elders in achieving the highest level of satisfaction, self-esteem and self-actualization:

-Physiological needs – All people, no matter their age, start with the most basic of requirements. Food, drink, shelter, sleep and treatment of illness and injury are fundamental to survival. When providing care for the elderly, this is the area that most caregivers focus on. Providing these basics, especially with the focus on health for the frail and disabled, takes the bulk a caregiver's time and energy. Although essential, meeting physiological needs is more about survival and does not necessarily ensure quality of life for the aged.

Security needs – Once physical survival is safeguarded the next rung up the ladder is security. This is an issue that many adult children of aging parents worry about and often the source of conflict between the generations. The elderly, especially those who feel vulnerable due to injury or illness, desire a sense of security. Yet they will often react with anger at being treated like a toddler, especially from their offspring. Sensitivity is needed when discussing security concerns such as driving, maintaining the house or even being alone at home. When intervention is taken for safety sake, the aging can strongly react to the loss of their independence. It is wise to replace that loss through transportation services and in-home care.

-Social needs – Being connected socially is very important to all people, but for the elderly it becomes a key quality of life concern. Due to health issues or lack of Today's elderly want more than longevity. Learn about their hierarchy of needs. Long ago, in 1942, when Abraham Maslow introduced his hierarchy of needs model, the bulk of today's elderly were just toddlers. Over the years Maslow's hierarchy model, which is based on graduating levels of human needs, has been

applied to a variety of economic and social situations. When applied to the needs of the elderly, it shows five areas that contribute to quality of life for the aging rather than the common health care focus of longevity of life. For many of today's aging, gaining longevity is not enough unless it is coupled with a high quality of life. Knowing what the hierarchy of needs is for elders can help family and caregivers assist their elders in achieving the highest level of satisfaction, self-esteem and self-actualization. ability to get out, the aging often find their social opportunities shrinking and they spend more of their time alone. The elderly need opportunities to become involved socially with family, friends and the community. Attending functions at the local senior centers, volunteering or connecting through social media can help the elderly feel like a contributing member of society.

-Self-Esteem needs – The elderly, like all people, want to feel recognized and appreciated for their ideas, abilities and talents. The aging often lose their sense of worth when illness, disability or frailty limits them. The loss of self worth is devastating to an elder's well being and can be linked to depression and increased mortality. Caregivers need to add to their loved one's quality of life by working together on project that boost self-esteem. Enjoying hobbies or pursuing projects such as writing memoirs, or constructing a legacy album or recording family stories can elevate self-esteem.

-Self-Actualization needs – According to Maslow the highest rung of the hierarchy is the need for self-actualization. This status is reached by relatively few people and those who do share some common traits. They tend to concentrate on the reality of life rather than wishful thinking. They are problem solvers and not complainers. They also have a viewpoint that their life's journey is just as important as their final destination. With all the experience of life and maturity, the elderly should be prime candidates to reach self-actualization. Yet the process of aging often strips our elders of the higher levels of the self-actualization, self-esteem and social connection, leaving today's aging just hanging on to the lower levels of survival.

Rakevičiūtė (2005) distinguishes eight social needs of elderly people, which may lead to the acceptance of the quality of life of persons in this group:

1. It is important to participate anywhere, it can be a formal or informal groups in which the participating elderly person to implement his ideas, plans, objectives achieved, relevance participation;
2. It is also an important need for self-actualization, which is manifested in the active participation in the forms of voluntary activities, to express ourselves and at the same time helping other people;
3. Elderly people very often feel lonely, neglected and much needed love, which manifests the importance of personal relationships, the ability to support others;

4. One of the most important social needs of elderly people is communicating, it is important to them, close relationships with family members, the ability to proactively communicate with relatives, neighbours, the tendency to beat with like-minded partners, active participation in the life of community, the decision-making processes, in leisure activities;
5. It is also an important social need, for elderly persons: information retrieval, where the person has acquired a new skill, knowledge, which helps him to understand the latest technology he can use them in finding the information he or she wants.
6. The availability of social services, medical aid.
7. Sense of security, physical security, ensuring the safety of the place of residence.
8. The spiritual needs (Rakevičiūtė, 2005, 47-48).

One of the areain which social needs of elderly people can be satisfied is social assistance to them.

Stankūnienė (2004) states that "every human being throughout his life plays many roles. The floods and the activities of daily life and the tide dictates the agenda. The daily schedule can be very strict, structured, but it consists of a certain number of jobs, hobbies, which may vary on holidays, on weekends, during the summer months. Age discrimination limits the roles carried out by the quantity and quality. The exchange of roles is possible to choose a favourite activity, but weakening physical capacity or decreasing financial resources.

Also it is very important for persons who give social services is networking. Staniulienės (2012) identified levels of networking. Networking can be understood at different levels, each of which can occur in a variety of social service activities or fragments:

- Group / organizational network level - some people establish network connection, guided for certain reasons (social, economic, cultural, etc..;
- Inter-organizational network level - a few or more organizations or interested persons are linked in network connection, although some of the organization's internal structure can be hierarchical (for example, any state social service organization).
- Inter-organizational communication essentially can not be hierarchical, since the organization can impose their will on other individual organizations only with monopolistic or oligopolistic market power or a position laws. Therefore, the most common external organizations relationships are based on networking principles;
- Global network level - all of the organizations comprising the public is a global network in which different destination organization, being cross-linked with the other is related to network connection (Staniulienė, 2012).

Social worker providing social assistance to old and elderly people with dementia is not restricted to the employee and customer interaction, and through synergistic interactions, which Staniulienė (2012) defines as the overall functioning of the law of that seen at an isolated work of a specialist, but on team performance, creates higher added value. This added value can improve social work with old and elderly persons with dementia, and to respond to the results of the mission

of social work. Ability to communicate effectively with customers, organizations and institutions, community, colleagues and family members makes it easier to change a variety of resources (informational, material, financial, human) required for the social work process. Social networking trends echo changing nursing homes old and elderly person's social needs. This is particularly true when the information society moves into the era of relations.

Taking it to the older and elderly group, forming a significant part of our society, may be considered active in the economic, political and social actors in the development process, its operators. The age of the persons in question has equal rights with the other members of the public can take advantage of all of the various social institutions and participation opportunities. The elderly, as long as they are active participants in society, can facilitate the opportunities for participation in political, social, economic or cultural activities, giving a working, learning and personal development rights and conditions. If the elderly will not participate actively in social activities, in terms of social participation in the public life, the problem will become increasingly relevant.

Social worker role as a social worker needs to change and adapt to the changing needs of the person, family and/or carers. They will need a variety of strategies for social work with dementia. By researching methods of social work which may help, in conjunction with conversations with the person and their network, they should be able to discuss and support behaviours that change over time. While doing so, they should retain the positive, strengths-based approach around living well with dementia, and helping the person to maximise their quality of life. Just need to focus on getting the person and their carer to remember that they can live well with this condition.

2. THE RESEARCH OF SOCIAL WORK SITUATION AND OPPORTUNITIES WORKING WITH PEOPLE WITH DEMENTIA

2.1. Research methodology and organization

Social constructivism (Searle, 1995; Saraga, 1998, Berger, Luckman, 1999, Jerome, 2006). Knowledge is constructed on the basis of alternative processes and assumptions set. Subjects perceived as the opinion of social thought, action, and the process of its intentionality. Qualitative study (semi-structured interviews) open questions are asked, what enables subjects to construct meanings of social support network stability. The study aims to build on the more exploratory approach to situations which are being investigated in order to give meaning to and interpret the experience. Social constructivist principles will be implemented through semi-structured interviews with executives of social service institutions for old and elderly people having dementia to reveal social support situation and find an opportunities for better services.

The ethics of the research. This study is built on ethical principlesdefined by Bitinas, Rupšienė, Žydžiūnaitė (2008):

- Voluntarism – study participants answered questions voluntarily, because it was explained that the participation in the study was voluntary.
- Privacy – the beginning of the study indicated that the information will be processed and will not be disclosed to share personal information. Also referred to when, how and to whom the information will be used.
- Anonymity – participants of the survey responses is not required for a person's name.
- Confidentiality-a commitment that the data will be used only for work on the analysis of the final master's study.
- Sympathetic – in the beginning of the study the benefits and the importance of the investigation were explained, in order to motivate to participate in the investigation.
- The study is objective. The participants are aware that they may refuse to participate or to withdraw from it at any time.

The collection of data To achieve the research aim study will be build on the qualitative approaches. In this research qualitative (theoretical analysis and semi-structured interviews (see Annex No. 1, No. 2, No. 3 and No 4)) methods will be coordinated and integrated. The various methods and instruments alignment is called triangulation (Denzin, Lincoln, 2003; Rupšienė, 2007;

Žydžiūnaitė, 2007). Bitinas (2006) argues that a number of different respondents (or data sources) groups, gathered information and its alignment is one of the triangulation principle expression.

Expert interview questions to the heads of social support institutions and social workers for elderly with mental disability (see annex No. 1 and No.2) are semi open-type (total of 10 questions) related to the provision of social assistance to elderly persons with dementia, in which ways is working with elderly people with dementia, difficulties or problems arising in this process, social services and the evolution of the stability of the organization of social services.

Semi structured interview questions to residents of social care institutions and their family members (see annex No. 3 and No. 4) are an open-type (total of 8 questions) related to social assistance services received.

Data processing. To analyze the data statistical analysis (*descriptive statistics*) and qualitative-interpretative (*content analysis*) methods were used.

On the basis of Žydžiūnaitė (2005), qualitative content analysis must have 4 steps: read the text many times; on the basis of "keywords" are words, distinguish between categories; categories are divided into subcategories; performed an interpretation of and justification for the categories and subcategories.

Structured interview, questioning 5 persons residing in social welfare institution and 5 their family members, 5 expert interviews head of organizations) and 5 social workers were being interviewed from Linkuva (Pakruojis district), Šiauliai city and district (Aukštelkė) and Venta (Akmenė district) and Panemunes Social Care Hose (Vilnius district).

Respondents were selected on the basis of convenient method for the selection. Rupšienė (2007), Valackienė, and Mikėnė (2008) note that this selection includes those in general population units which are readily available and are near the researcher.

2.2. Characteristics of research participants

Characteristics of the research participants:

Table 1

Sample size	N=20 (5- Heads of organization, 5 – social workers, 5 – people with dementia, 5 – family members)
Gender	Heads of organizations – 4 women; 1 man; Social workers – 3 women; 2 men; People with dementia – 5 women; Family members – 4 women; 1 men..

2.3. Analysis of the results of the research

2.3.1. Position of heads of institutions providing social services for elderly people with dementia

Opinion of the survey participants about the social assistance provided by the institution. Results of the study are presented in table 2.

Table 2

Social assistance

Category	Illustrating claims	The number of claims
Stationary care	*"stationary care", "they can come to us to live," "can stay here for a long time", "long term stacionary care"*	*4*
Socio-educational activities	*"different activities", "hobbies in general", "are the events", "can participate in the activities of the"*	*4*
Information and consultation	*"provide information", "giving tips", "family counseling"*	*3*
Help of professionals	*"the professional help", "nurses always near '*	*2*
Integration	*"always going to the city", "participating in many community activities", "going to cinema", "going to supermarkets"*	*4*

Social services for elderly persons with dementia provided in the institution and research participants mentioned that.

Most of the highlights are permanent (when an elderly person with dementia can stay is social care home) (for example, *"they can live there"*), the socio-educational activities (employment activities, which are carried out regularly and several different institutions advocate clients ' needs) (for example, *"there are events"*) and the information and consultation (such as *family counseling "*). More and more, this service is provided for people with dementia.

The heads also expressed the idea that working in a different institutions areas specialists provide a range of assistance (for example, the nurse helps to perform household chores, wash up, dress up, meals and other daily activities).

Heads of institutions providing social services were asked about the ways in which binds to the social assistance networks, working with elderly wit mental disability. The interview results are presented in table 3.

Table 3

The connection to the social assistance networks

Category	Illustrating claims	The number of claims
Inter-institutional cooperation	*"we aim to make more contact with other institutions", "other institutions important to us and our work", "the more, the better our service", "friendship and contacts", "we dominate by the bodies of the cooperate with the other bodies in the city"*	*5*
Exchanging of experience	*"sharing experiences", "get advice", "we see how the work of others", "introducing our activities"*	*4*
Transfer of methods	*"take good methods", "If the method seems good, how to adapt to us"*	*3*
Meetings and contacts of experts	*"meet the staff through seminars", "training from different institutions interact", "always contacting by mobile"*	*3*

Heads of institutions highlights the inter-institutional cooperation as a very important element of the social assistance network (for example,*"strive to communicate as much as possible with other institutions"*), which is based on the interaction of the different institutions and cooperation in social assistance to persons with mental disabilities with the elderly in the context of the provision. Also it is very important for persons who give social services is networking. Staniulienės (2012) identified levels of networking. Networking can be understood at different levels, each of which can occur in a variety of social service activities or fragments.

Another important element of the social assistance network, which connects it to a different institutions is the dissemination of experience and exchanging of good practises (for example, *"introducing our activities"*). Sharing information about the achievements of the institution, or the successes of innovation, helping other institutions have access to the social services around the dementia in the situation of the elderly.Then, going on the transfer of methods, which allows institutions to try to innovate and introduce them to your social services provided by the context.

To connect to the social assistance networks and professionals from different institutions contribute to the communication and cooperation in both the formal and non-formal manner (e.g.,*"communicates from different institutions in training", "by mobile"*).

Executives of institutions which provide social services for elderly persons with dementia were asked about the difficulties and problems arising from the process of provision of social assistance services. Results of the study are presented in table 4.

Table 4

The difficulties and problems for social services

Category	Illustrating claims	The number of claims
The lack of human resources	*"missing workers", "out of the normal workers", "you need a qualified physical therapist", "shortage of workers in the great", "good employees gone"*	*5.*
Lack of funding	*"lack of funds", "in order to provide a funding", "Finance", "that does not lead to funding very poor"*	*4*
The base and the lack of equipment	*"there is no proper equipment", "obsolete equipment ', ' barely withstands the old devices"*	*3*
The lack of initiative	*"little initiative from the employees", "hands are not held high""employees don't want to do anything"*	*3*
Family members exaggerated expectations	*"the middle too good looking to the needs of the members of the family", "very large"*	*2*

Heads of organizations talked about the difficulties and problems faced by the institution in providing social services. They pointed out the lack of human resources (for example, *"must be a qualified physical therapist"*).

It is likely that expanding the diversity of services, there will be a need for skilled workers, who are able to provide qualitative services for elderly persons with dementia. The same specificity for the customer group require particular expertise. Thus, human resources is not stable and from this area belongs to the service quality for the most part.

The lack of funding (for example, *"in order to provide a funding"*) was also mentioned. Allocations are not sufficient to provide possible services and, therefore, denied certain services.

The base and the lack of equipment (for example, *"barely withstands the old devices"*) reflects to the financial condition of the provision of social services. The state does not provide sufficient resources for the renewal of the bodies providing social services base and equipment necessary for the acquisition of certain services.

Another very big problem is the lack of staff initiative. The leaders also expressed their position that the challenges posed and the client's family and relatives, lifting a too high expectations.

Executives were asked about the factors leading to the evolution of the social assistance services. The interview results are presented in table 5.

Table 5

Factors affecting the evolution of social services

Category	Illustrating claims	The number of claims
Funding	*"If the funding, it's universal,", "everything will depend on the funds '"we need more funding for environment", "need funding for courses"*	*4*
Staff turnover	*"the employee's output adjusts services", "If you have an employee that is"*	*2*
State politics	*"a lot of things from the State owned", "as there is above seated to decide", "everything is changing very fast"*	*3*

They identified the funding and the evolution of workers (for example, *"employee's output adjusts services"*) and the policies of the state (for example, *"a lot of things from the State owned", "everthing is changing very fast"*) as the main factors which affects unstability of organization of social support services for people with dementia.

It is understood that appropriate and sufficient funding is needed to provide social services for people with dementia. Staff can also result the evolution of services, because the worker leaves his place of work, and not every professional can change it and continue the provision of social services.

In the meantime, at least in public policy, but it is very relevant in a social service for the elderly persons with dementia. The policy of the state is owned by the social policies which alter the bodies providing social services social services policies and priorities.

Executives were asked about social work and how they evaluate it in the institutions. Results of the study are presented in table 6.

Table 6

Social work in the organizations

Category	Illustrating claims	The number of claims
Motivation	*"any motivation from...", "no money – no motivation", "young workers more motivated"*	*3*
Lack of knowledges	*"don't know work methods", "don't know legislation",*	*2*
Lack of empathy empathy	*"no love for people", "they feel tired",*	*2*

Heads of institutions points out that social workers need more motivation. Heads also think that it could be for the small salaries ("no money – no motivation"). Also they mentioned that social workers feel tired and they need more empathy at work (for example, *"they feel tired", "no love for people"*) .

2.3.2. Position of social workers working with elderly people with dementia

Survey participants were asked to evaluate the social assistance provided by the institution. Results of the study are presented in table 7.

Table 7

Social assistance

Category	Illustrating claims	The number of claims
Stationary care	*"stationary care", "they can come to us to live," "can stay here till the end of the life", "long term stacionary care in our institution"*	*4*
Socio-educational activities	*"different activities", "hobbies in general", "are the events", "every day activities", "different activities"*	*5*
Information and consultation	*"provide information", "giving tips", "communication with family"*	*3*
Help of professionals	*"the professional help", "nurses always near "*	*2*
Integration	*"always going to the city", "participating*	*5*

	in many community activities", "going to cinema", "going to supermarkets", "organizing events for community"	

The answers of social workers and heads of organizations were very similar. Most of the highlights are permanent (when an elderly person with dementia can stay is social care home) (for example, *"they can live there"*), the socio-educational activities (employment activities, which are carried out regularly and several different institutions advocate clients ' needs) (for example, *"there are events"*) and the information and consultation (such as *family counseling "*). More and more, this service is provided for people with dementia.

They also expressed the idea that working in a different institutions areas specialists provide a range of assistance (for example, the nurse helps to perform household chores).

As were mentioned in the Manual Assitance Guide for Social Workers (2011) social worker role as a social worker needs to change and adapt to the changing needs of the person, family and/or carers. They will need a variety of strategies for social work with dementia. By researching methods of social work which may help, in conjunction with conversations with the person and their network, they should be able to discuss and support behaviours that change over time. While doing so, they should retain the positive, strengths-based approach around living well with dementia, and helping the person to maximise their quality of life. Just need to focus on getting the person and their carer to remember that they can live well with this condition.

Social workers providing social services were asked about the ways in which binds to the social assistance networks, working with elderly wit mental disability. The interview results are presented in table 8.

Table 8

The connection to the social assistance networks

Category	Illustrating claims	The number of claims
Inter-institutional cooperation	*"we are trying to make more contacts with other institutions", "other institutions is very important to us and our work", "the more contacs, the better our service", "friendship and contacts"*	*4*
Exchanging of experience and	*"sharing experiences", "get advice", "we communicate when changing*	*4*

good practises	*experience", "introducing our activities"*	
Transfer of methods	*"take good methods", "If the method seems good, how to adapt to us"*	*3*
Meetings and contacts of experts	*"meet the staff through seminars", "training from different institutions interact", "always contacting by mobile and e-mails"*	*3*

The answers of social workers and heads of organizations were very similar again. They highlight the inter-institutional cooperation as a very important element of the social assistance network, which is based on the interaction of the different institutions and cooperation in social assistance to persons with mental disabilities with the elderly in the context of the provision. Also it is very important for persons who give social services is networking. Another important element of the social assistance network, which connects it to a different institutions is the dissemination of experience and exchanging of good practises (for example, *"introducing our activities"*). Sharing information about the achievements of the institution, or the successes of innovation, helping other institutions have access to the social services around the dementia in the situation of the elderly. Then, going on the transfer of methods, which allows institutions to try to innovate and introduce them to your social services provided by the context.

To connect to the social assistance networks and professionals from different institutions contribute to the communication and cooperation in both the formal and non-formal manner (e.g.,*"communicates from different institutions in training", "by mobile, e-mails"*).

Social workers of institutions which provide social services for elderly persons with dementia were asked about the difficulties and problems arising from the process of provision of social assistance services. Results of the study are presented in table 9.

Table 9

The difficulties and problems for social services

Category	Illustrating claims	The number of claims
The lack of help	*"sometimes is so hard", "we somebody to get answers", "good colleagues gone"*	*3*
Low salary	*"low salary", "poor paid job", "Finance", "that does not lead to funding very poor"*	*4*
The base and the lack of equipment	*"there is no proper equipment", "obsolete equipment ', "need more computers"*	*3*
The lack of initiative	*"I haven't motivation", "feel tired""want wocation"*	*3*
Family members expectations	*"sometimes they are so angry", "very large", "they want miracles"*	*3*

Social workers of organizations talked about the difficulties and problems faced by the institution in providing social services. They pointed out the lack of human resources (for example, *"good colleagues gone"*).

It is likely that expanding the diversity of services, there will be a need for skilled workers, who are able to provide qualitative services for elderly persons with dementia. The same specificity for the customer group require particular expertise. Thus, human resources is not stable and from this area belongs to the service quality for the most part.

The lack of funding (for example, *"low salaries"*) was also mentioned. Allocations are not sufficient to provide possible services and, therefore, denied certain services.

The base and the lack of equipment (for example need more computers") reflects to the financial condition of the provision of social services. The state does not provide sufficient resources for the renewal of the bodies providing social services base and equipment necessary for the acquisition of certain services.

Another very big problem is the lack of initiative. They don't have iniciative because of low salaries. Social workers also expressed their position that the challenges posed and the client's family and relatives, lifting a too high expectations.

Executives were asked about the factors leading to the evolution of the social assistance services. The interview results are presented in table 10.

Table 10

Complaints from people with dementia and their relatives

Category	Illustrating claims	The number of claims
No connection	*"too less rings frm you", "why don't you call me", "call me in the evenings", "I can't talk in a day time", "give me your mobile number"...*	*5*
Bad services	*"no individual work", "less occupational activities", "bad meal", "less meal"*	*4*
Not understanding dementia	*"why my mother looking bad", "when she will be as before ', "why she doesn't sleep at nights", "why she need a pill"*	*4*

Social workers mentioned that relatives and family members of people with dementia have many questions about illness. They mentioned that they need more knowledge about dementia and it's progress. There is very important to communicate with family members not just for social workers but also for nurses and other members of team. Because family members feeling bad of their

mother/father or somebody else who live in Care home not with them. It is quite common to feel guilty—guilty for the way the person with dementia was treated in the past, guilty at feeling embarrassed by their odd behaviour, guilty for lost tempers or guilty for not wanting the responsibility of caring for a person with dementia.

If the person with dementia goes into hospital or residential care family may feel guilty that they have not kept him at home for longer, even though everything that could be done has been done. It is common to feel guilty about past promises such as "I'll always look after you," when this cannot be met (Association for people with dementia, 2016).

Grief is a response to loss. If someone close develops dementia, family are faced with the loss of the person used to know and the loss of a relationship. People caring for partners may experience grief at the loss of the future that they had planned to share together.Grief is a very individual feeling and people will feel grief differently at different times. It will not always become easier with the passing of time.

It is natural to feel frustrated and angry—angry at having to be a caregiver, angry with others who do not seem to be helping out, angry at the person with dementia for her difficult behaviours and angry at support services (Alzheimer Society, 2016).

2.3.3. Position of elderly individuals with dementia on the organization of social assistance and the need for social assistance services

Survey participants were asked to evaluate their feelings in this institution. Results of the study are presented in table 11

Table 11

Feeling of people with dementia

Category	Illustrating claims	The number of claims
This is my home	*" I like there", "this is my home", "I live there"*	*3*
I want at home	*"I want to my home in Akmene", "I want to live with my mothers"*	*2*
I don't know	*"Ii don't know", "I don't know anything"*	*2*

Result shows that some people with dementia could say where they are and institutions are their home ("this is my home") but some people don't remember where they are and

they want to live with their mothers who are dead. It is normal because they have different levels of dementia and remeber different things.

People with dementia were asked about the relationship with workers and it is a pleasure to do so. The interview results are presented in table 12.

Table 12

Professionals with whom it is pleasant to chat

Category	Illustrating claims	The number of claims
Nurse	*"a nurse I love", "nurse", "nurse", "nurse"*	*4*
The social worker	*"social worker", "social worker", "the benevolent one social worker very kindly to me talking"*	*3*
Administration	*"a good communicate with the Director", "all from the authorities kindly communicate"*	*2*

Elderly people with dementia who receive social services at care home stresses nurses (e.g., *"a nurse I love"*), social workers (for example, *"one social worker very kindly to me talking"*) and representatives of the administration (for example, *"a good communicate with the Director"*) as the professionals with whom they have pleasant conversation.

This group of individuals have to communicate a very long timewith the nurses, whereas a nurse takes care of these individuals then they need particular care and they appreciated it.

Social workers also provide social assistance, which is necessary in order to meet not only the physiological needs of these persons, but also for the organization of activities of activities for them.

Elderly persons assessed their current place of residence, and mentioned what it would like to modify or install extra. Results of the study are presented in table 13

Table 13

Gained services as the best

Category	Illustrating claims	The number of claims
Support at home care	*"like, that helps in my living room to cope", "come clean", "do not wash"*	*3*
Catering	*"power good", "do not produce"*	*2*
Socio-educational activity	*"to make the events", "group" can be communicate*	*2*
Assistance in the field of personal hygiene	*"helps wash up", "I support a love"*	*2*

Elderly people with dementia identified some services which are best for them living in this institution: the support at home care (for example, *"like, that helps my room deal"*) and personal hygiene (e.g., *"I support a love"*) and the socio-educational activities (for example, *"make the events"*).

These services are organized for all persons residing in the custody of the institution. But they are particularly important for elderly persons with dementia due to the fact that they are very hard to self made housework or prepare meals for themselves.

Simple activities, which provides an opportunity for such persons to communicate with employees or other people they tend to evaluate as best.

Elderly people were asked what would they like to change in the institutions. The interview results are presented in table 14.

Table 14

Things should be changed in the institution

Category	Illustrating claims	The number of claims
Neighbours	*"I don't like my neighbour", "neighbour", "my neighbour",*	*3*
Meal	*"to much to eat there", "I like sweets", "I want more candy"*	*3*
Routine	*"I don't like wake up early", "I don't like sport activities" "I want to watch tv at night"*	*3*

Elderly people with dementia don’t like routine and we can see it from their answers. Whether it's indulging in a morning cup of coffee, or going for a lunchtime walk around the block, daily routines provide with a sense of comfort and control over our otherwise hectic existences.
The relieving nature of a regular routine can be even more potent for people suffering from Alzheimer's disease and other forms of dementia.
People suffering from memory loss "thrive on familiarity," says Holly Hart, L.V.N., director of residential health services at Claremont Manor, a CCRC in Claremont, California. "Familiar faces, a familiar environment, even familiar food—anything they can use as a touchstone."
This comforting sense of familiarity is so helpful because dementia gradually impairs a person's ability to plan, initiate and complete an activity.
People with dementia experience greater difficulty when attempting to do new things, according to Jed Levine, Executive Vice President and director of programs and services for the New York City Chapter of the Alzheimer's Association (2011).
But, a predictable routine can prevent a person with dementia from becoming distracted and forgetting what they were doing. Even if there is little or no conscious awareness of time, routine helps ground them.
A daily agenda may even be able to help a person with Alzheimer's cope with the short-term memory loss that is typically one of the first things to be affected by the disease.

Elderly people were asked what would they want to leave in the institutions. The interview results are presented in table 15.

Table 15

Things should be left in the institution

Category	Illustrating claims	The number of claims
Painting	*"I like painting", "painting", "love painting",*	*3*
Nurse	*"nurse", "I like sweets and nurse", “our nurse is the best"*	*3*
Other activities	*"sport", "I like like sport and other activities" “I like to watch tv at night”*	*3*

2.3.4. Position of elderly relatives with dementia on the organization of social assistance and the need for social services

Survey participants were asked to evaluate what has changed in their life when relatives stared to live in Care institutions . Results of the study are presented in table 16.

Table 16

Assessment life changes

Category	Illustrating claims	The number of claims
Positive emotions	*"a great place to live," "next to the beautiful nature," "comfortable rooms," "everything is enough", "clean", "beautiful", "nice room for my mother," "everything is here"*	*8*
The negative aspects	*"I feel quilty", "my mother is in institution not at home"*	*2*

It was very interesting because most of relatives find positive emotions to express living conditions for people with dementia. They said that the positive aspects of the life in care institution (for example, *"a great place to live," "next to the beautiful nature," "comfortable rooms"*). Most has been said about the suitability of the living space, the application and the geographical location of the institution as a positive factor.

When they talked about the negative aspects of living in care in the institution, persons expressed the quilty (for example, *"I feel quilty"*), and regret that their relatives live not at home (e.g., *"my mother is in institution not at home"*).

Relatives were asked about services provided in institution. The interview results are presented in table 17.

Table 17

Services provided in the organizations

Category	Illustrating claims	The number of claims
Integration	*"communicating with community", "communicate", "attending events", "communicating", "going to supermarkets"*	*5*
Participation in activities	*"Occupational activities", "participating", in the activities of social workers "have and to be in any activity"*	*3*
Social care and nursing	*"nursing", "giving pills", "preparing documents", "cleaning together with my mother"*	*4*

The results obtained confirm that relatives of elderly persons know just a few activities which are implemented in the institutions. It is important to mention that social activity is very important and related to successful aging. In the Lithuanian catalogue of social services (LR Socialinių paslaugų katalogas, 2006) says that the main providers of social services are social workers, who not only provide services, but those services themselves are the organizers and coordinators. In the provision of social services, social workers collaborate with professionals from other professions, and family member of social services givers. Social work promotes social changes in the society and provides an opportunity for people to participate in solving the social problems in their communities, increasing the liability and without prejudice to the dignity of the people.

Relatives of elderly people information which they get from institutions. Results of the study are presented in table 18.

Table 18

Information and communication

Category	Illustrating claims	The number of claims
Nothing is missing	*"I'm OK, as it is", "nothing is missing", "it's enough," "I'm happy", "no, don't need anything else"*	*5*
Need much more information	*"want to get more information about medicine", "I don't know what activities is implementing", "something with a health"*	*3*

More or less relatives told that they are okey with the information which they get but some of them want to get more information about medicine ("want to get more information about medicine") and inplementing activities (|*I don't know what activities is implementing"). Of-course* it is very important for the family members to know more or less everything because they are far from they parents or relatives lives.

Relatives were asked about the lack of services and what they want to get more. Results of the study are presented in table 19.

Table 19

The lack of services

Category	Illustrating claims	The number of claims
Nothing is missing	*"I'm OK, as it is", "nothing is missing", "it's enough," "I'm happy", "no, don't need anything else"*	*5*
Need services	*"maybe the gymnastics would have liked", "could be a massage", "something with a health", "more trips"*	*3*

When relatives of elderly people with dementia are talking about the lack of services and activities they point out that they are not missing anything (for example, *"I'm OK, as it is"*).

Only a few relatives have expressed the need for health promotion services, focusing on gymnastics and massages. It is likely that these services are rarely offered due to the large population, their conditions and the lack of human resources.

To sum up the empirical results of the research, it could be argued that respondents want to change situation in social work working with elderly people with dementia. Workers and administration are interested in innovative social work methods and its adaptation in the organizations. Relatives want to communicate and be in contact with social workers. The main reasons why situation didn't changes are the lack of money and motivation problems of workers.

Conclusions

1. The theoretical analysis revealed that in the context of the World Health Organization active ageing phenomenon is as a social policy system. The formation of social policy in the context of aging contribute to elderly people's health and the physical and functional opportunities to participate in the various activities of society, promote the optimization of these persons autonomy, physical activity and a healthy lifestyle, as well as to increase their social, economic and physical security. It would be available to them through the provision of essential, comprehensive and high-quality social services.
2. Social workers note that they need more knowledges how to work with elderly people with dementia. Also they note that communication with them and their relatives are very important
3. Institution leaders highlight socio-educational activities, the client's information and consultation services as the main services. The lack of human resources, lack of funding and lack of equipment in the base are identified as the greatest difficulties in the provision of social services for elderly people with dementia. Elderly people note personal care and help with a hygiene, and the socio-educational activities as the best social services, highlighting the nurses, social workers and representatives of the administration.
4. On the basis of the results of the research, it can be argued that the study hypothesis was confirmed, because social workers and head of institutions are interested in changing social work methods, working with the elderly people with dementia.

Recommendations

For people who work with elderly people with dementia:

1. Seeking effective and efficient inter-institutional cooperation for provision of social assistance for old and elderly people with dementia initial work should be done in some significant areas for cooperation, choosing supportive actors and avoiding interferences during particular process.
2. The main area that social workers and other specialists, relatives, should work together, find common solutions.
3. It is a big need to organize supervisions for workers in the institutions. To improve they motivation and find problems solutions.

References

1. Banevičienė, J., Zaleskienė I. (2004). Pabėgėlių socioedukacinių poreikių tenkinimo galimybės Lietuvoje. *Socialinis darbas*, Nr. 3(2), p. 90-105.
2. Berger, P., Lukman, T. (1999). *Socialinės tikrovės konstravimas*. Vilnius: Pradai.
3. Biggs, J. (2007) Teaching for Quality Learning at University, Buckingham, SHRE and OU
4. Bitinas, B. (2006). *Edukologinis tyrimas: sistema ir procesas*. Vilnius: Kronta.
5. Bitinas, B., Rupšienė, L., Žydžiūnaitė, V. (2008). *Kokybinių tyrimų metodologija.* Klaipėda: S. Jokužio leidykla-spaustuvė.
6. Butkienė, G., Kepalaitė A. *Mokymasis ir asmenybės brendimas*. Vilnius: Margi raštai, 1996.
7. Carter, R. (2002). *Pagalba sergančiajam psichikos liga*. Vilnius.
8. Chamberlin, M. S. (2011). *Gender, Aging and Major Depressive Disorder in Ukraine.* The University of Texas. Prieiga per internetą [interaktyvus]: http://repositories.lib.utexas.edu/bitstream/handle/2152/ETD-UT-2011-05-3514/CHAMBERLIN-THESIS.pdf?sequence=1 (žiūrėta 2016-07-18).
9. Denzin, K. N., Lincoln, Y. S. (1998). *The Landscape of Qualitative Research*. London, New Delhi: SAGE Publications.
10. Fromas, E. (1992). *Menas mylėti*. Vilnius: VLC.
11. Hutchison, E. D. (2003). Dimensions of human behavior: Person and environment (2nd ed.). Thousand Oaks: Sage
12. Jerome, P. (2006). Constructivism: A re-equilibration and clarification of the concepts, and some potencial implications for teaching and pedagogy. *Radical Pedagogy,* 8(1).Prieiga per internetą [interaktyvus]:http://radicalpedagogy.icaap.org/content/issue8_1/proulx.html [žiūrėta 2016-10-24].
13. Julie Boehlke (2013). List of daily needs for elderly care.
14. Klokmanienė, L. (2009*). Socialinės paslaugos*. Panevėžys: Panevėžio kolegijos leidykla.
15. Kvieska, V., Kvieskienė, G. (2012). *Socialinės partnerystės įtaka inovacijoms*. Vilnius.
16. Lietuvos Respublikos socialinių paslaugų įstatymas. http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=430849 [žiūrėta 2014 10 08]
17. Lietuvos Respublikos socialinės apsaugos ir darbo ministro įsakymas dėl socialinių paslaugų katalogo patvirtinimo:

http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=274453&p_query=&p_tr2=
[žiūrėta 2016 11 08]

18. Maslow, A. H. (1989). *Psichologijos duomenys ir vertybių teorija. Gėrio kontūrai.*Vilnius: Mintis.
19. Maslow, A.H. (2006) *Motyvacija ir asmenybė*. Vilnius: Apostrofa.
20. Matakas, J, Smalskys, V. (2007). Šiuolaikinės Ukrainos socialinės politikos tendencijos. *Viešoji politika ir administravimas,* Nr. 19, p. 109-117.
21. Melnikas, B. (2011). Nauji iššūkiai biurokratijai: internacionalizavimo procesai, tinklaveika, sektorių konvergencija. *Biurokratija demokratinėje visuomenėje*. Ats. red. A. Raipa. Kaunas: Technologija.
22. Mikulionienė, S. (2011). *Socialinė gerontologija.* Vilnius: Mykolo Romerio universiteto leidykla.
23. Myers G. D. (2005). *Psichologija*. Kaunas.
24. Paplia, D. E. (2007). *Adult development and aging.* Boston : McGraw Hill.
25. Plužek Z. *Pastoracinė psichologija*. Vilnius: Amžius, 1996.
26. Rakevičiūtė, Z. (2005). Petrašiūnų bendruomenės pagyvenusių žmonių socialinių poreikių patenkinimo tyrimas. *Magistro diplominis darbas*.
27. Report of the 20th IAGG world congress of gerontology and deriatrics (2013). Seul.
28. Rogers, C. R. (1995). *On Becoming a Person*. Boston, New York: FCMC.
29. Rupšienė, L. (2007). *Kokybinio tyrimo duomenų rinkimo metodologija*. Klaipėda: Klaipėdos universiteto leidykla.
30. Person-centred planning in social care (2006). A scoping review of Sandra Dowling, Jill Manthorpe and Sarah Cowley in association with Sarah King, Vicki Raymond, Wendy Perez and Pauline Weinstein JRF.
31. Staniulienė, S. (2012). Tinklaveikos iššūkiai socialiniam darbui. *Kultūra ir visuomenė,* 3(1), p. 87-100.
32. Saraga, E. (1998). *Embody in the Social: Constructions of Difference*. London: Routledge.
33. Searle, J. (1995). *The Construction of Social Reality*. New York: Free Press.
34. Socialinių paslaugų teikimą ir socialinį darbą reglamentuojantys teisės aktai / Lietuvos Respublikos Socialinės apsaugos ir darbo ministerija. Prieiga per internetą: http://www.socmin.lt/index.php?368033865 [žiūrėta 2016 10 02].
35. Stankūnienė, V. (2004). *Lietuvos gyventojų politikos strategijos metmenys.* Vilnius: Socialinių tyrimų institutas.
36. Statistikos departamentas. (2012). Prieiga per internetą: http://www.stat.gov.lt/lt/news/view?id=7994&PHPSESSID=93011d75eeae3b61b241ac07b4aba978 [žiūrėta 2015- 12- 28].

37. Suslavičius, A. (2006). *Socialinė psichologija*. Vilnius: VU leidykla.
38. Valackienė, A., Mikėnė, S. (2008). Sociologinis tyrimas: metodologija ir atlikimo metodika. Kaunas: Technologija.
39. Večkienė, N., Naujanienė, R., Lesauskaitė, V., Macijauskienė, J., Liuobikienė, N., Pivorienė, J., Bikmanienė, R., Danusevičienė, L., Povilaikaitė, S., Žalimienė, L., (2004). *Socialinė gerontologija: ištakos ir perspektyvos*. Kaunas: VDU leidykla.
40. Žalimienė, L. (2003). *Socialinės paslaugos*. Vilnius: VU Specialiosios psichologijos laboratorija.
41. Žalimienė, L. (2007). Socialinės globos paslaugų pagyvenusiems žmonėms standartizavimas: Lietuvos patirtis ir užsienio šalių patirtis. *Gerontologija,* 8(1):44-54, p 46-48.
42. Žalimienė L., Rimšaitė E. (2007). *Nevyriausybinių organizacijų metamorfozės – nuo labdaringos pagalbos vargšams XVIII amžiuje iki socialinių paslaugų rinkos dalyvio šiuolaikinėje visuomenėje.* Socialinis darbas. Nr. 6 (1). Vilnius.
43. Žydžiūnaitė, V. (2007). *Tyrimo dizainas: Struktūra ir strategijos*. Kaunas: Technologija.
44. Žydžiūnaitė, V. (2005). *Komandinio darbo kompetencijos ir jų tyrimo metodologija slaugytojų požiūriu*. *Monografija*. Kaunas: Judex.
45. Одінцова Г. С., Собченко В. В. (2006). Підвищення резулъ- татив діялъності територіалъних органів влади у сфері соціалъного захисту населеня. Зб. пр. конф. ХарРІ НАДУ. Харків. Вид. - во: Магістр.
46. Немченко А. С., Куліков А. Л. (2006). Державне регулю- вання ціноутворення на медічні послуги за умов реформування охорони здоров’я в Україні.(Укл. А. С. Немченко). ХарРІ НАДУ. Харків. Вид. - во: Магістр.

Santrauka

Buvo atlikta teorinė socialinio darbo dirbant su senais ir pagyvenusiais asmenimis sergančiais demencija analizė, socialinės gerontologijos kontekste. Išsikelta hipotezė – socialiniai darbuotojai ir įstaigų vadovai domisi inovatyviais socialinio darbo metodais dirbant su demencija sergančiais asmenimis ir siekia pokyčių socialiniame darbe. Hipotezė pasitvirtino.

Tam, kad identifikuoti socialinių paslaugų teikimo problemas institucijose ir išanalizuoti esamą situaciją darbe su demencija sergančiais asmenimis, buvo naudotas kokybinis tyrimas. Kokybinio tyrimo metu buvo naudotas pusiau struktūruotas interviu, kurio metu buvo apklausti demencija sergančių asmenų artimieji (N=5) ir patys asmenys sergantys demencija (N=5). Naudojant struktūruotą interviu metodą buvo apklausti socialiniai darbuotojai (N=5) ir įstaigų vadovai (N=5).

Tyrimo rezultatai atskleidė, kad socialiniai darbuotojai ir įstaigų vadovai domisi inovatyviais socialinio darbo metodais, siekia naujovių institucijose. Demencija sergančių asmenų artimieji siekia bendradarbiavimo ir kontaktų palaikymo su darbuotojais. Respondentai įvardino pagrindinius trūkumus, kurie neleidžia įdiegti naujovių institucijose - finansų ir darbuotojų motyvacijos trūkumas.

Remiantys tyrimo rezultatais buvo parengtos rekomendacijos institucijoms, kurios dirba su asmenimis sergančiais demencija.

Raktiniai žodžiai: socialinės paslaugos, demencija, pagyvenęs asmuo.

Appendices

Annex No 1

Questions for structured interview (for heads of organizations)

1. What kind of social assistance provides your institution for elderly persons having dementia;

2. How do you get involved into social support networks working with elderly people having dementia?

3. With what difficulties and problems do you face in the process of social support for people with dementia?

4. What kind of social support, not funded yet, could be included into the catalog of state funded services.

5. How do you evalute social workers work in your institution?

Annex No 2

Questions for Structured interview (for social workers)

1. What kind of social assistance provides your institution for elderly persons having dementia;

2. How do you get involved into social support networks working with elderly people having dementia?

3. With what difficulties and problems do you face in the process of social support for people with dementia?

4. How do you ensure efficienty of social services?

5. Do you have any complaint from people with dementia or their family members?

Annex No 3

Semi structured questions for people with dementia

1. How do you feel there?
2. What is your relationship with workers?
3. What services do you like the most?
4. What would you like to change there?

Annex No 4

Semi structured questions for relatives of people with dementia

1. What has changed when your close person started to live in Care Home?

2. Do you know what kind of services is provided to he/she?

3. Do you get all needed informatikon?

4. What do you think what kind of services still needed to establish in Care Home?