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**PROBLEM OF CHANGING THE ORGANIZATION OF SOCIAL SUPPORT  
SERVICES WORKING WITH ELDERLY PEOPLE WITH MENTAL  
DISABILITY**

*Master's thesis*

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## Summary

Theoretical analysis of mental disabilities, elderly people and social assistance in the context of social gerontology was done. The hypothesis that social workers are interested in social support service change plans, working with mental disabilities and the elderly persons was foreseen.

In order to identify problems of social support services organization change working with elderly people having mental disabilities these actions were done: a) disclosed problems of social support organization change (using qualitative research - expert interviews with social service managers (N=5)); b) determined factors that cause the change of social support organization (using quantitative survey - a survey in writing, using a questionnaire for social workers (N=100)); c) disclosed content and the need of social support (using qualitative research - structured interviews with elderly people having mental disabilities (N=5)).

The main conclusions of the research: social workers identify the legal basis, overall strategy and the lack of clear responsibilities and uncertain partner functions as problematic areas of inter-institutional cooperation. Managers emphasize provided residential care, socio-educational activities and advisory services as main areas of social support. Inter-institutional cooperation is highlighted as a key element of the social support network, which is based on the different bodies' communication and cooperation. Human resources, lack of funding and poor facilities and lack of equipment are identified as the biggest challenges in providing social services to elderly persons having mental disabilities. Unstable organization of social services is due to funding instability, legislative base, and customer and employee turnover and carried out public policy. Home help and personal hygiene, provision of food and socio-educational activities organized for people with mental disabilities are brought out as the best social services with the importance of nurses, social workers and representatives of the administration.

According to the survey, the recommendations for the formation of social support services for elderly people having mental disabilities were appointed

Key words: social assistance services, mental disabilities, the elderly person.

## **Introduction**

### ***The practical relevance of socio-analysis***

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 a concept of the World Health Organization (WHO) as social policy system the active aging is shown as a phenomenon. Such social policy frameworks would allow countries to realize the elderly aging guarantees of equal rights. It also contributes to the elderly physical and functional health, and opportunities to participate in various activities of society optimization, encourages autonomy, independence, physical activity and healthy lifestyles of these individuals, as well as their social, economic and physical security. This is accomplished by providing them necessary, diverse and high-quality social services.

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).

Our society has still prevalent negative attitude towards those with mental health problems. Mental and behavioral disorders are a major public health problem. Recently, during the formation of Lithuanian national health policy, there is a greater emphasis shown on mental health, mental health disorders and suicide prevention. (Andrašiūnienė, 2007).

Seeking to guarantee welfare for old and elderly people with mental disabilities the 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. Actors need to be interested in old and elderly persons with mental disabilities, to assist both local and regional, and national level. It must be to the methodology, the collaboration between different sectors, and the result of getting effective help.

Social stability in each country depends on the ability of the 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 of the various sections of the population are identified in the scientific literature. There are three well-being and care models: liberal, conservative, or covering, corporate and redistribution or socio-democratic. In Ukraine 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 offers 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 (Verkhovna Rada) has recently made a few changes to the social assistance system in individuals 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).

It can be argued that many aspects of life occurring form of organization changes basically just reflects the state and non-governmental organizations, corporate bodies, individuals and other entities interaction, as well as the role and influence of the forms change. Main meaning of interaction of formal and informal structures is that globalization and internationalization processes in different conditions revealed a new social development processes, regulatory and self-adjustment trend, expressing the growing informal organizations and other structures in a variety of forms and developed formal and informal structures of interaction (Melnikas, 2009).

Therefore, the theme of the work "Problem of changing the organization of social support services working with elderly people with mental disability " is considered to be particularly relevant in today's context.

**The research focused on:** problem of changing the organization of social support services working with elderly people with mental disability.

**The purpose of the research** is to determine the problems of the change in the organisation of social support service working with elderly people with mental disability.

**Objectives of the study:**

1. Based on theoretical analysis to provide definitions of mental disability, elderly persons, social assistance and social services in the context of the social gerontology;
2. Through expert interviews with the heads of institutions which provide social services for mentally handicapped elderly persons to reveal the problems of changing organization of social support services.
3. Applying survey with social workers who work with elderly people with mental disability to identify factors leading to change in the organization of social support services;
4. Using structured interviews with elderly people with mental disability, to reveal the content and the need for social support;
5. On the basis of research result to come up with recommendations for the formation of the organization of the social support services for elderly people with mental disability.

In order to identify the content and the need for social support for elderly people with mental disability **problemic questions** were formulated:

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

In order to set up a social workers ' approach to the organization of social services change problems **a hypothesis** was formulated: social workers are interested in social service change plans, working with the elderly with elderly people.

**Methods of the research.**

I. Theoretical:

1. The analysis of the scientific literature.

II. The empirical:

1. A quantitative study of survey with social workers providing social services for mental handicapped elderly persons (*questionnaire instrument appears in the annex No. 3*).
2. A qualitative study through structured interviews with elderly people with mental disability who live in care institutions (*the instrument appears in the annex No. 2*) and expert interviews with the heads of social service institutions for mentally handicapped elderly persons (*the instrument appears in the annex No. 1*).
3. Expert method in which participants identified the provision of social services and the desired content.

### III. Data processing methods of the research:

1. The quantitative survey data processed using the SPSS program descriptive statistics package.
2. 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. A quantitative survey involved 100 social workers providing social services for mental handicapped elderly persons.
2. Qualitative study using structured interview method involved 5 elderly people with a mental disability living in care institutions.
3. 5 experts (heads of institutions) were interviewed during the investigation of social assistance for the elderly and mentally handicapped elderly persons.

The study was conducted in March-April of the year 2015.

**Work structure:** summary, introduction, 2 chapters, conclusions, recommendations, references, summary in Lithuanian language, and appendices. The work consists of 8 figures, 20 tables and 3 annexes. The volume of work is 53 pages and has 61 positions of references.

# 1. THEORETICAL ASPECTS OF SOCIAL WORK IN GERONTOLOGY

## 1.1. The importance of needs satisfaction and humanistic theories in social work

Of particular importance in the context of social work has two interrelated scientific theories: theory of needs satisfaction 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 theory of satisfaction and its importance in the context of the provision of social assistance. The authors, analysing the various classifications of human needs, Antiila, Pirkko (1993), Gage, Berliner (1994) (cit., Zaleskienė, Banevičienė, 2004) found that most needs are falling:

- the importance that is given to biological and socio-cultural factors. Physiological and psychological needs - this is the biodiversity dimension, while all other needs are derived from socio-cultural phenomena;
- the choice of patterns of human interaction as well. This classification is fundamentally based on the behaviorism theory that the main category is the need, the stimulus and the choice. It is most commonly used in market research, because consumer behavior based on their personal preferences;
- hierarchically-related areas: security, emotional reaction, social recognition, the new experience. This classification is known as the seven degrees of the classification scheme of needs;
- hierarchy, when needs have to be met in a certain order. One of the most famous of this type of theories are Maslow's hierarchy of needs.

According to Maslow's theory of needs (2006), based on these assumptions, that people tend to meet their own needs, however, since all needs met is not possible, efforts are made to reduce them. The need to have the motives to force only as long as it is not. And all the people have the same needs. The author 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.

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 (Banevičienė, Zaleskienė, 2004).

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.

The advancement of ideas contributes to every personality to look holistic. According to the creators of the theory of humanism (Maslow, 1999; Rogers, 1995), each of which, in particular, it is important to be noticed and admitted in this, what is the.

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 psychoanalytical 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, p. 24).

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).

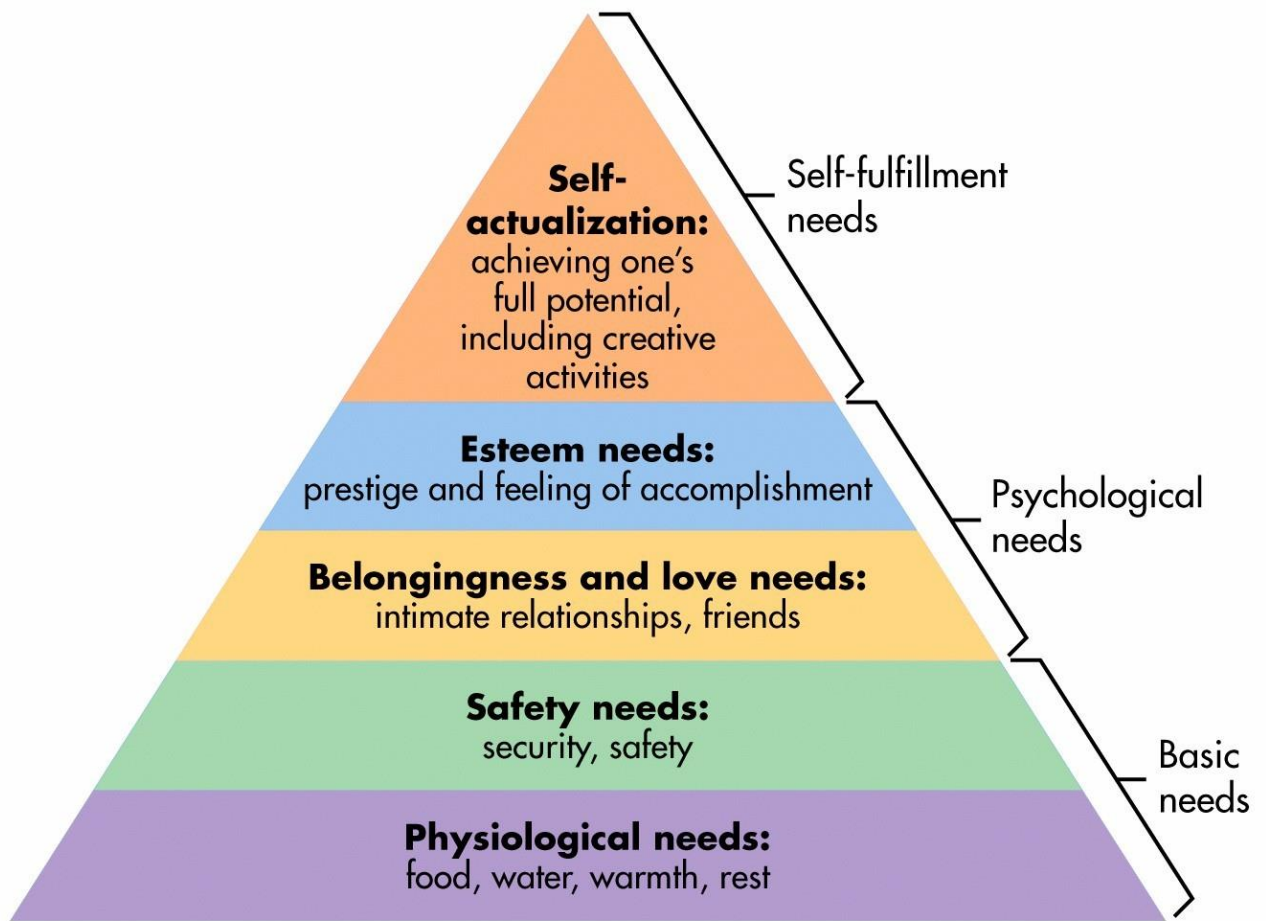


Figure 1. **Maslow's hierarchy of needs pyramid**  
(made up of the artist by Płużek, 1996, p. 114)

A. H. Maslow pointed out that the man does not stop at the satisfaction of needs of the inferior. They are the only steps that need to be reached to rise above. A man has set new goals and try to implement them using all his abilities and never continue to grow. A. H. Maslow being convinced that the "human psychology has to rely on non-disordered personalities, the sick, and the healthiest, most of their human potential in research and realizing individuals" (Maslow, 2006, p. 396), analysed the eighteen, in his opinion, the most distinguished personalities and their specific common features.

Nine subjects were A. H. Maslow's contemporaries, whose names he did not wish to disclose, and the other nine in the historical personalities (Abraham Lincoln, Thomas Jefferson, Baruch Spinoza, Albert Ensteine, Albert Schweitzer, William James, Aldous Huxley, Eleanor Roosevelt, Jane Addams). At the conclusion of the study results A. H. Maslow pointed 15 common traits characteristic of self actualized and mature personalities:

- Effective and realistic understanding of reality;
- The perception of self, others and the environment;
- Simplicity and naturalism;

- Focus on specific problems;
- Ability to stand apart, to be one;
- Autonomy, independence from environmental and cultural stereotypes;
- Ongoing perception of novelty;
- The ability to survive;
- Commonality with others feeling;
- The ability to maintain a deep interpersonal relationship;
- Democratic values;
- The ability to recognize the good and the evil, the intended objectives and measures;
- Philosophical humour;
- Creativity;
- The ability to resist the cultural impacts (Maslow, 2006, p. 396).

After these criteria, A. H. Maslow adds that "there is no perfect people. So all this does not mean that the persons realizing themselves, even at the highest level, does not suffer from various moments of weakness. A person need not have all the features listed above, to be able to admit that he had to end his "are (Plužek, 1996, p. 120).

Here it is important to mention that the self actualizing people can experience a much higher frustration and a lot better for her to endure. They are able to raise and greater iniquity, stronger conflicts and a greater stigma "(Maslow, 2006, p. 336).

Emphasizing the most important aspects of the theory of humanistic social work, it is important to say that social assistance providing specialists must create an environment in which every person can develop and live.

## **1.2. Social gerontology theories in the context of the provision of social services**

For the raising and management of the aging process gerontology research and practice knowledge is needed. While working in the social work with the elderly people, in order to discuss the problems of aging and prevention ways for the various analyses, you always need to know how to understand the term gerontology. Večkienė et al (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. Gerontology explores old-age and aging changes, as they are influenced by the interactions between people. Aging consists of the positive and negative aspects.

Mikulionienė (2011) distinguishes 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.

Gerontology education representatives (Večkienė et al., 2004; Papias, 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.

Representatives of social gerontology (Večkienė et al., 2004; Mikulionienė, 2011) are interested only in so far as the mental and physical changes are influenced by the interactions between society and the individuals in them. This is how our society is prevalent in old and elderly people can best reflect the demographic data. Residential long term care institutions for elderly in Lithuania belongs to the Ministry of social security and labour, greater attention is given to social problems.

It is recognized that social activity is 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. 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.

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

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 has 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. But studies have shown that little attention is paid to the following personal characteristics in the adoption of a new employee. Working with old people in need as well as knowledge of the laws governing the rights of elderly and old people, as well as the law on state pensions, social, cultural, and medical services. The essence of social work with old people, it's in various functions, responsibilities, activities, relationships with other people.

### **1.3. Theoretical insight of mental disability**

Until the twentieth century, researchers and clinicians of the sixties did not clearly define how to distinguish one from the other mental disease. Struggled to diagnose what and talk about treatment. Even in the early 1970s, it was customary to carry out a specific body. These disorders can now diagnose and treat as well as accurate as other diseases (Carter, 2002).

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.

Germanavičius (2008) argues that the emergence of the relevant medical model of illness and will not be claimed that the disease process, during which there is a medical, psychological or social complications of the disease, all forms will be able to emerge is a *conditio sine qua non* (i.e. a precondition). This pattern prevailed in the 19th and 20th centuries. However, in the 21st century he reviewed and supplemented by modern theories in sociology and psychology, and currently occur in the body structure and functions of disorders are not considered to be a single cause. This is one of the three conditions, including the other two – the activity (or function) and participation.

The international classification of functioning, disability and health-these links show in Figure 2. This is consistent with the generally accepted definition of health, and that health is a comprehensive physical, spiritual and social well-being, and not merely the absence of disease or ailments (WHO, 2002).

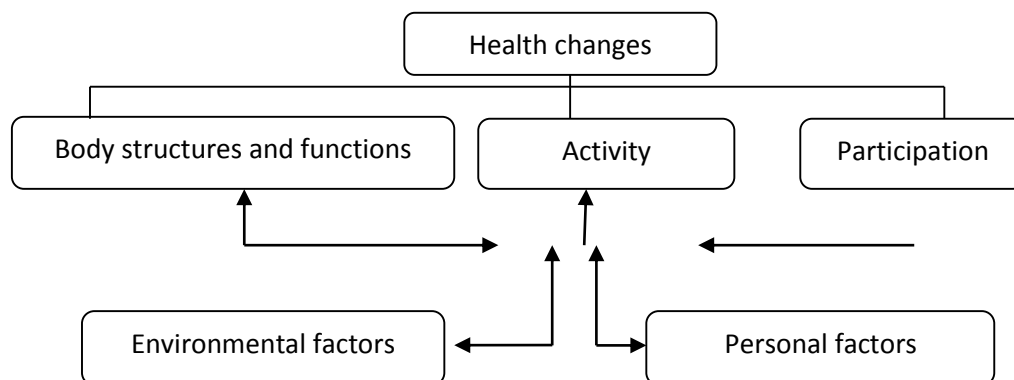


Figure 2. **Changes in the functioning, disability and health connections (WHO, 2002).**

Mental disorders, especially severe and long-lasting, for example, chronic psychotic forms a continuous psycho-social vulnerability of a person. However, only a small number of patients, it lasts a lifetime. Vulnerabilities due to mental disorder may become evident after the aggravation of an injury or mental disorder. Even after the mision of mental illness may be a vulnerability (Germanavičius, 2008).

The international classification of human features are defined in the three aspects of human functions:

1. Biological or psychological function;
2. Activity;
3. Participation (WHO, 2001).

In this chain may fail one or more aspects. For example, a mental disorder characterized by changes in cognitive function, which gets the mood and behavioral disorder, and adaptation of skills aimed at challenges. This leads to reduced activity. Due to the limitations of the activity is declining participation in community life, such as social role fulfillment (Germanavičius, 2008).

Functions and activities of management can be a direct cause of disability. In the long run it does not cause a man than the physical pain, nor the disturbance, but the environment (other people) it often repels (Germanavičius, 2008).

Jusienė and Laurinavičius (2007) argue that mental disorders, it is a condition in which the behavior seen as atypical, disturbing, nepadedantis and inexcusable. It can be assumed that mental illness started and progress depends on two interrelated factors:

- The innate tendency to one or another disease;
- Environmental caused stress (Carter, 2002).

Myers (2005) argues that most mental health professionals today assumes that the failure is due to genetic factors, physiological status, as well as the inner psychological strength and social circumstances. Tendency and stress – are complementary. Both of these factors together can cause the disease. Cartes and Golant (2002) claims that some individuals to severe mental illness comes from getting the lesser stress. Brain starts to respond to stress in a certain way, and makes it

increasingly easier if this process does not prevent the psychotherapy sessions and treatment medication. Due to the still not quite well known reasons, mental illness often begins in adolescence and young adulthood. Perhaps it depends on the development of the brain, and perhaps these slots from the normal age of stress or tension, together with the person's inborn predisposition to a certain disease. That, and how, sometimes violently, and sometimes progressive disorders either puzzled by and leads to despair of loved ones, friends.

*Schizophrenia.* One of the most frightening and most closely with the "mental illness" concept of schizophrenia related disorders. Although the name of the disorder of schizophrenia refers to the degradation of the mind, in fact the most defining schizophrenia thing is alienation from reality, a complete lack of what's really going on (Jusienė, Laurinavičius, 2007). Myers (2005) argues that schizophrenia is a group of disorders, which are characterized by heavy psychotic erratic thinking, delusions, impaired consciousness, emotions and inadequate actions .

#### *Symptoms of schizophrenia*

People with schizophrenia, characterized by:

- Abnormal thinking. People with schizophrenia spend hours fails to "correct" thinking: their thoughts, sometimes sharp, does not have a logical consistency, and the sentences are fragmented or mix up.
- Hallucinations. If such persons with auditory hallucinations, they can "hear" voices, telling them what to do and what not to do. Visual hallucinations in patients can "see" things, which we don't accept, and they look very realistic.
- Delirium. With those suffering from false beliefs. They may think that radio broadcasts in their thoughts, or that the other inhabitants of the planet are controlled by their deeds.
- The inadequacy of the emotions. Those suffering from schizophrenia may laugh when I should cry or weep when you should laugh, and sometimes altogether, not emotion.
- Closed selves. Major manifestations in emotional and social closure, lack of motivation, poor language and emotions. All this can very hinder to interact with human beings (Carter and Golant, 2002).

*Depression.* It's not a sign of weakness of the person. It's not the status, which can be hard to come up. This is a very real and common disease. First of all it is important to be able to dedicate the clinical depression from the simple sadness or low mood "(Carter, 2002). Depressed man in addition without any obvious reason in weeks or months plunged into deep sadness, feelings of apathy, until the later reverts to his normal status (Myers, 2005).

Matulienė (2004) argues that depression is a variety of biological, genetic, psychological and a combination of other factors. Certain life circumstances (sudden stress, disaster) may provoke a natural psychological or biological depression trend. Jusienė and Laurinavičius (2007) argue that depression usually gets lots of signs involving cognitive, emotional, physiological and social functioning of the human realm.



Depression is associated with so-called "negative triad": a man suffering from a negative view of the depression itself, the surrounding world and the future. Depression and cognitive abilities have a negative correlation. In severe cases, the effects of depression can be so deep that it can be confused with the dementia (Lemme, 2003).

*Anxiety disorders.* Suffering from anxiety disorders can without any clear reason feel the tension and turmoil, the uncontrolled proliferation of anxiety, which can lead to panic attacks. Anxiety disorders, it is a mental disorder, which is characterized by permanent or bad behavior, reducing anxiety (Myers, 2005).

In everyday life we all feel anxiety – preparing for an important exam or presentation, or a major event. Anxiety gives us vigilance, helps you to respond appropriately to the situation and take the challenge raised the head. Puig (2012) claims that anxiety in this strange state of uncertainty, when we were living in advance as to what will happen in the future, or even suspense.

Jusienė and Laurinavičius (2007) suggests that anxiety disorders, it is mental disorders, whose main feature is the large, or bad behavior in order to reduce anxiety. It's normal, normal anxiety, indicating on the dangers in the environment, or on the inside of the escalating tension. Anxiety disorders characterized by the following symptoms:

- Dizziness, sweating, are facing a cold, trembling, weakness of the cover;
- Feeling sick or uncomfortable sensations in the abdomen;
- Chest tightness, very fast or heavy heart beat;
- Breathing difficulties, short breaths and suffocation;
- Horror sensation is a feeling that something terrible would happen were unimaginably, and there is no strength to avoid;
- Fear to lose control and do something not so;
- The fear of death;
- Escapism from life.

The constant anxiety while waiting for the next attack and altered behavior, trying to avoid – as well as the hallmark of the disease. People live with severe anxiety, sometimes it constrains his life that refuses to normal daily activities – are afraid to even go out shopping or drive on the machine. Some just stay at home within one year. Panic disorder is real and can be compromised, but it can be effectively treated.

By the way, early treatment often stops the development of the agoraphobia. To people suffering panic attacks, you need to look seriously. In an effort to appease them in such expressions as "nothing serious" (Carter, 2002).

To sum up, we might argue that most suffer from the schizophrenia, and anxiety disorders. These disorders disrupts the normal, day-to-day human life. Persons with these disorders 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 assumptions of social needs satisfaction of elderly persons**

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.

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 area in which social needs of elderly people can be satisfied is social assistance to them. "In the broadest sense social activities shall be understood as activities, helping to establish, develop and improve the human connections, and discover your place in the community and society. Social activities are important to the entire satisfaction of the human life, but with increasing

age, fails relations with peers, in the context of health, as well as the role of human social, changing the structure of these activities and narrowing options" (Žalimienė, 2005, p. 56).

Stankūnienė (2004, p. 98-99) states that "every human being throughout his life plays many roles (family-man/woman or husband/wife; profession – the employee; in the social sphere – a friend, colleague, etc.). 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. Leisure is the time spent at work and without mandatory action. This is the same people selected in the activity. Available in two forms: a game of leisure) – spontaneous, fun activities, recreation and entertainment, and (b) organized advisable activity, for the purpose of the personal and public benefits. Elderly people have less and less time to spend on sports, and the active relaxing in the fresh air, but a lot of time to spend with friends, family, reading, watching TV, who are able loves to travel. A lot of time by voluntary activities they are involved in the activities of charity activities organized by the church.

Current problems of older workers and the elderly social and educational policy making in Lithuania the most influenced by the non-governmental organizations, whose activities mainly in the age of the persons is in a question. These organizations not only provide assistance to others, but also organise self-help groups. However, the activities of such non-governmental organizations depend not only from the number of active persons, but also from the municipality or other funds.

Žalimienė (2005) notes that in Poland three elderly specific areas for elderly are characterized the church organized activities, political activities, and volunteering in the patriotic area. Volunteering is an important phenomenon in Lithuania, also due to the fact that very many of the non-governmental organizations begin their activities on a voluntary basis. For the elderly, participating in community activities, it is important to be respected as volunteers. Their time and skills can donate for a variety of reasons, most often to the freedom of expression. In this way, these people are satisfied with expectations, feels satisfaction with the work done, made a contribution to the welfare of the community raise and occurs in relationships with other human beings (Stankūnienė, 2004).

As the Žalimienė (2005)says, intensive changes are associated with a constant flow of information, making it more important for the elderly persons to provide opportunities for lifelong learning, develop and deepen the awareness, acquire new knowledge and skills. This increases the participation of these persons and their education activities, the relevance of cultural demands. In the meantime, the state is unable to give them any social guarantees that they would be able to meet not only the physical, but also social needs. Although this group of individuals is carried out as of the date of the free visits to museums, reduced ticket prices at some cultural events, however, it is the lack of incentive for the elderly participation in social activities.

Wolf and Bučaitės-wear the shirt (2009) argues that, traditionally, social networking, social Vilkas and Bučaitė-Vilkė (2009) argues that according to traditional social network analysis

perspective the social processes and network behavior are interpreted as a result of their positions in a network, but increasing scientific interest is shown to actions of participants in the network - networking. Lately, especially in the social sciences, the process of networking is widely analyzed in the place of social and economic development, scientific and technological progress, globalization, the knowledge society, and the formation processes of the environment and the exchange of business forms. Some authors even name the networking to a whole new form of government organizations (Raipa et al., 2012; Melnikas, 2011).

Staniulienė (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 mental disabilities 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, and to respond to the results of the mission of social work. Ability to communicate effectively with customers, organizations and institutions, community, colleagues and others 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.

## **2. THE RESEARCH OF CHANGE IN THE ORGANISATION OF SOCIAL ASSISTANCE SERVICES FOR ELDERLY PEOPLE WITH MENTAL DISABILITIES**

### **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. Qualitative research process - inductive as meaning is generated from the collected data. Individuals construct knowledge through experience, since they are included in the everyday world, which themselves interprets. Social constructivist principles will be implemented through semi-structured interviews with executives of social service institutions for old and elderly people having mental disabilities to reveal social support network stability problems.

**Positivism** (Durkheim, 2001). Positivism is closely associated with empiricism. Searching for 'positive' knowledge, this would help to create a society without social vices. Study of a phenomenon can reveal the interconnections with other phenomena, regularities, but they have never failed to elaborate on the nature or substance. Social phenomena must be studied as objects. Durkheim's view, everyday life can be reduced to statistical tables recorded information. Positivism is based on several principles: social sciences, cognitive methods (experiment, a quantitative measurement) are modeled on the science research methods; he seeks to find an objective and universal laws of the social world, which according to the inevitability of their operation is equivalent to the natural laws of science; it separates facts and values; social science based on social engineering. Positivist principles will reveal in the quantitative study (questionnaire survey), which will set out the factors that determine the social support network instability.

**The ethics of the research.** This study is built on ethical principles defined 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 and quantitative approaches. In this research qualitative (theoretical analysis and semi-structured interviews (see Annex No. 1 and No. 2)) and quantitative (questionnaire survey (see Annex No. 3)) 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 for elderly with mental disability (see annex No. 1) are an open-type (total of 6 questions) related to the provision of social assistance to elderly persons with mental disabilities, ways in which the authorities bound to social assistance networks, working with elderly people with mental disability, difficulties or problems arising in the process of provision of social assistance services, the underlying factors, social assistance, social services and the evolution of the stability of the organization of social services.

Structured interview questions to residents of social care institutions (see annex No. 2) are an open-type (total of 7 questions) related to social assistance services received and the need for social assistance services.

Social workers who work with elderly people with mental disability participated in a survey, using the questionnaire (see annex No. 3, containing of 9 questions/statements blocks: 5 questions for demographic variables to figure out, and the remaining 4 questions/statements blocks – the need for inter-institutional cooperation, the areas of social assistance network problematic areas, cooperation with different institutions, difficulties in the institutions and the interference of inter-institutional cooperation to find out

**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.

The data analysis processed, organized and graphically displayed using *SPSS 17*, *Windows Microsoft Office Word 2010* and *Excel 2010 Microsoft Office* programs. The statistical analysis was calculated in percentages, averages, standard deviations, as well as for the purposes of Chi-square (Chi-square) established a statistical significance test used in ANOVA, in order to determine the differences in the opinion of social workers, taking into account their education and work experience.

Research included 7 social welfare institutions from Lithuania: 100 social workers from the social welfare home in Jotainiai (Panevėžys district), Linkuvos social care home (Pakruojis district), Šiauliai city municipality care home, care home for elderly people in Telšiai, Aukštelkės social care home (Šiauliai district), old people's home in Venta (Akmenė district) and Panemunės social care home (Kaunas city).

At the time of a structured interview, questioning 5 persons residing in social welfare institution, and 5 expert interviews were being interviewed from Jotainiai (Panevėžys district), Linkuva (Pakruojis district), Šiauliai city and district (Aukštelkė) and Venta (Akmenė 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.

**Questionnaire validation.** Generally speaking the first step in validating this survey was to establish face validity. There were two important steps in this process. First was to have experts - people who understand particular topic and read through the questionnaire. They evaluated whether the questions effectively capture the topic under investigation. We asked them to fill out the survey while scribbling notes. Second was to have a psychometrician (i.e., one who is expert on questionnaire construction) check your survey for common errors like double-barreled, confusing, and leading questions. She was a social work organizer from Šiauliai municipality social care home department Independent living home, having a master's degree in social work.

The second step was to pilot test the survey on a subset of intended population (old and elderly people having mental disabilities). It was intended to validate with few participants (20 old and elderly people having mental disabilities). After they filled out the form we pointed out which questions were weak – they had no idea. Then we ran the statistics on their responses. The analysis revealed that the somewhat irrelevant questions should be dropped.



## 2.2. Characteristics of research participants

### *Characteristics of quantitative research participants*

100 people took part in the quantitative research. Figure 5 provides a breakdown of respondents by gender.

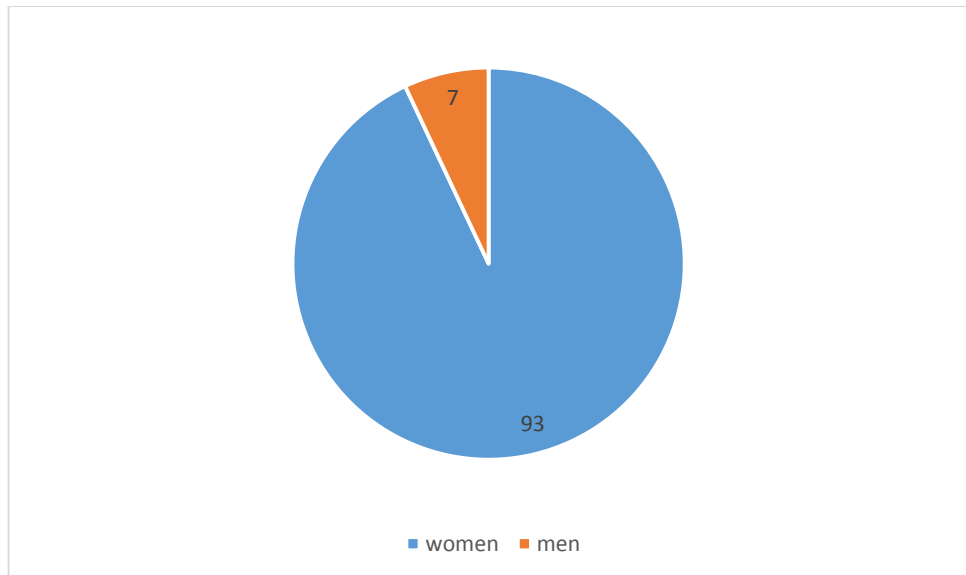
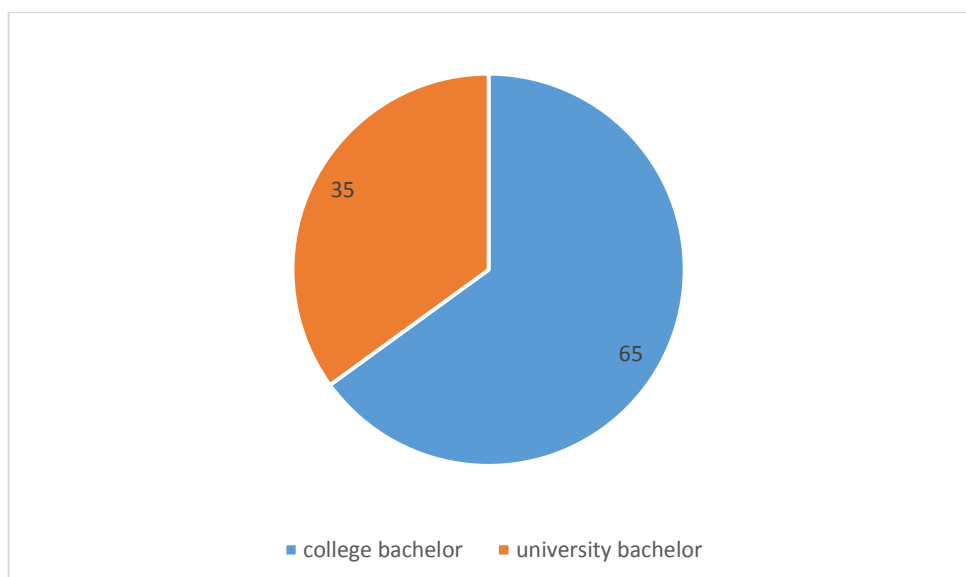


Figure 5. **Distribution of respondents by gender, %**

Results of the study show that the majority of the respondents in the study are women. The results of the work of such common social workers are due to the number of women in the trend. In the field of social work and social workers number of working males is very small.

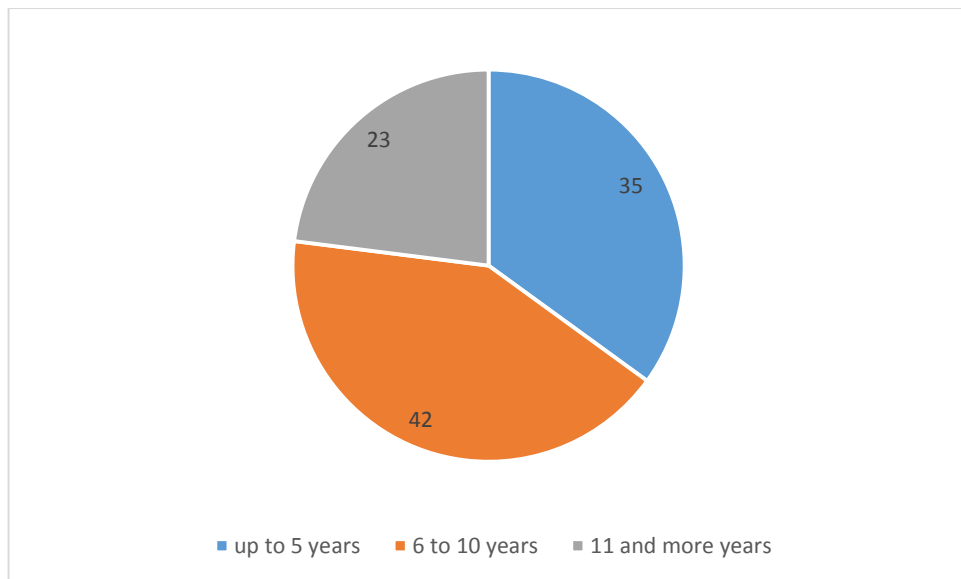
Figure 6 provides a breakdown of respondents by obtained degree.



**Fig. 6. The distribution of Respondents according to education,%**

Almost two-thirds of the social workers involved in the study have a college education. The idea is that in different institutions (College and University) gain education leads to different social workers' professional skills and, as a result, their work with elderly persons with mental disability is different. Therefore, the process of change in the organization of social assistance in aspects will be analysed at a later stages, taking into account the social workers education (see 4-6 tables).

Figure 7 lists the distribution of respondents according to working experience.



**Figure 7. The distribution of respondents according to working experience, %**

Most of the social workers involved in the study have between 6 and 10 years of work experience. A little more than one-third of survey participants have up to 5 years of work experience in the field of social work. Over the 11 years of working experience is far more than a fifth of the respondents. The idea is that the length of working experience is especially important when working with an elderly with mental disability, so that the process of change in the organization of social assistance in this aspect will be analysed at a later stage, taking into account the social workers' working experience length (see tables 7-9).

### **2.3. Analysis of the results of the research**

#### **2.3.1. The opinion of the social workers of the change of organization of social assistance services**

The first not demographical question for research participants was about their opinion if there is the need for inter-institutional cooperation in the provision of social assistance to old and elderly people having mental disabilities. Results are shown in Figure 8.

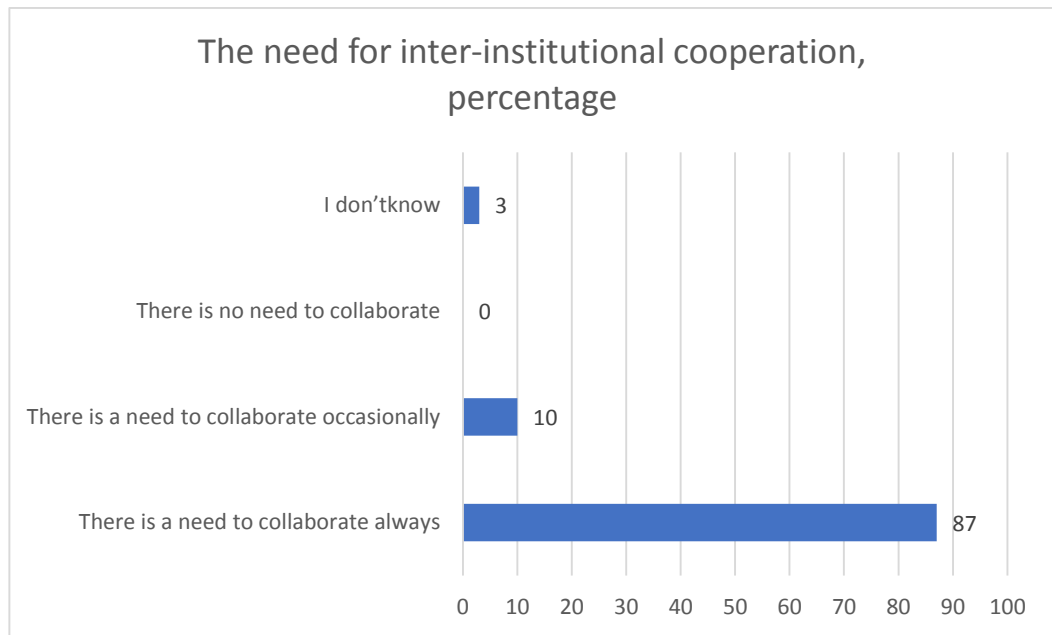


Figure 8. **The need for inter-institutional cooperation**

Results of the study showed that even the 87% of participants in the study – social workers, believe that inter-institutional cooperation in the provision of social assistance to old and elderly persons with mental disorders, there is always required. Only three participants did not know what the answer is.

It's quite evident that almost all social workers, believes that the need for cooperation between the institutions, in the provision of social care is necessary in order to provide high-quality services.

In order to guarantee old and elderly persons with mental disorders in welfare, the interinstitutional cooperation can be expressed as a cooperation between individual sectors: local authorities, non-governmental organizations (Žalimienė, Rimšaitė, 2007), business and other private sector (Kvieskienė, Kvieska, 2012) and to public institutions.

Responsible persons must take an interest in old and elderly persons with mental disorders and represent local, regional and national level. It must, in addition to the methodology, the collaboration between different sectors, and the result of getting effective help. This has to be the methodology of cooperation among the different sectors, so as to make the results more effective.

Later social workers were asked to assess problematic areas in social assistance network working with old and elderly people having mental disabilities (see Table 1).

Table 1

**Problematic areas in social assistance network**

<b>Areas</b>	<b>Mean*</b>	<b>Standart Deviation</b>	<b><i>p</i></b>
Division of functions and responsibilities	2,51	0,41	0,047
Clear and defined partner functions and objectives	2,48	0,43	0,015
Common strategy (what and how we are reaching)	2,47	0,39	0,029
The overall key decision discussion and adoption	2,30	0,54	0,054
Coordination	2,24	0,56	0,041
Specific institutional cooperation regulatory legal acts	2,21	0,51	0,003
Decision-making along	2,20	0,50	0,068
Clear collaboration partner's expectations and motives	2,15	0,48	0,016
Avoidance of technical barriers and difficulties	1,98	0,47	0,079
Choice of realistic plans and strategies	1,96	0,62	0,065
Informing the authorities about the services offered	1,87	0,61	0,057
Knowledge and skills of workers	1,78	0,58	0,045
Positive communication and dissemination of information	1,74	0,57	0,068
Regular meetings	1,64	0,60	0,061
Obvious benefits of cooperation and results for each partner	1,45	0,64	0,069
Informal communication	1,25	0,69	0,169
Exchange of thoughts, interpretations and reflection	1,23	0,51	0,231

\*3 – “Very problematic”; 2 – “Problematic”; 1 – “Non-problematic”

As it is shown in Table 1, there are some problematic areas for inter-institutional cooperation that was seen by social workers. First, they agree on the problematic strategically assumed points for inter-institutional cooperation.

The strategy (M=2,47,  $p=0,029$ ) for inter-institutional cooperation of social assistance network working with old and elderly people having mental disabilities should be drawn by the state and later all the regions should act due to the legal acts for it.

The strategy should show all parts of cooperation and responsible parties to organize and implement different works in order to fulfill set objectives (M=2,48,  $p=0,015$ ).

Second, social workers are not sure if the parts of inter-institutional cooperation management are problematic. This could be the result of the lack of knowledge how this cooperation should be

done. Of course, clear expectations and motives of each participating institution is very important as coordination too.

Vilkas and Bučaitė-Vilkė (2009) argues that according to traditional social network analysis perspective the social processes and network behavior are interpreted as a result of their positions in a network, but increasing scientific interest is shown to actions of participants in the network - networking.

Third, there are some areas that are not problematic as social workers see them: informal communication or exchange of experience, etc. The process of informal cooperation is known and it is happening, but at that level, no legal acts could be done in the area of social assistance.

Furthermore, social workers cleared the fact that particular cooperation between different institutions could bring many benefits for all of them.

Despite the fact that there are some problematic areas in the field of social assistance, always there are few challenges that social workers should deal.

During the survey, social workers were asked to evaluate the actors with which they feel the greatest challenges working in a social assistance network (see Table 2).

Table 2

**Challenges with actors working in a social assistance network**

<b>Actors</b>	<b>Mean*</b>	<b>Standart Deviation</b>	<b><i>p</i></b>
Health care institution	2,89	0,41	0,002
Psychiatric hospital	2,41	0,36	0,015
NGO	2,10	0,57	0,028
Municipality	1,95	0,68	0,165
Parish	1,82	0,45	0,252
Social support department	1,43	0,65	0,095
Social services center	1,13	0,52	0,016
Day care center	1,05	0,27	0,046

\*4 – “Great challenge”; 3 – “Medium challenge”; 2 – “Small challenge”; 1 – “No challenge”

Talking about the challenges with the actors in the process of social assistance, social workers feel that they meet medium challenges only with health care institutions (M=2,89,  $p=0,002$ ). Of course, they said that cooperation with psychiatric hospital is also challenging (M=2,41,  $p=0,015$ ).

It is known that these institutions belongs to the Ministry of Health and the others – to the Ministry of Social Security and Labour. That is way the cooperation is not as good and fluent as it could be. These results are relevant to the results shown in Table 1 – there should be a common

strategy for that process in order to have cooperation between different sectors – health care and social care.

In a concept of the World Health Organization (WHO) as social policy system the active aging is shown as a phenomenon. Such social policy frameworks would allow countries to realize the elderly aging guarantees of equal rights.

It also contributes to the elderly physical and functional health, and opportunities to participate in various activities of society optimization, encourages autonomy, independence, physical activity and healthy lifestyles of these individuals, as well as their social, economic and physical security. This is accomplished by providing them necessary, diverse and high-quality social services.

Social workers do not see any challenges or the challenges are minimum communicating with day care centers ( $M=1,05$ ,  $p=0,046$ ) and social service centers ( $M=1,13$ ,  $p=0,016$ ). These institutions have lots of common and the city have a strategy for social care which is for of this kind of institutions.

It can be argued that many aspects of life occurring form of organization changes basically just reflects the state and non-governmental organizations, corporate bodies, individuals and other entities interaction, as well as the role and influence of the forms change.

Main meaning of interaction of formal and informal structures is that globalization and internationalization processes in different conditions revealed a new social development processes, regulatory and self-adjustment trend, expressing the growing informal organizations and other structures in a variety of forms and developed formal and informal structures of interaction (Melnikas, 2009).

The last question for the respondents was about interferences in inter-institutional cooperation providing social assistance for old and elderly people with mental disabilities (see Table 3).

Table 3

**Interferences in inter-institutional cooperation providing social assistance**

<b>Interference</b>	<b>Mean*</b>	<b>Standart Deviation</b>	<b><i>p</i></b>
The lack of legal basis for cooperation	3,24	0,56	0,023
The lack of coordination	3,12	0,45	0,045
Misunderstanding of partnership and equivalence principles	2,78	0,68	0,039
The lack of information about other services provided by other institutions	2,73	0,87	0,156
Not existence of responsible person for specific functions	2,54	0,74	0,065
The lack of initiative	2,38	0,89	0,087
The lack of time	2,34	0,65	0,095
The lack of human resources	2,11	0,85	0,049
Differences of interests and misunderstanding of the need to seek for common results	2,07	0,92	0,098
The lack of financial resources	2,05	0,68	0,124
The idea that the inter-institutional collaboration in reality does not bear an effective benefit	1,78	0,67	0,015

\*4 – “Huge interference”; 3 – “Medium interference”; 2 – “Low interference”; 1 – “No interference”

Social workers indicated there are some medium to huge interferences that build barrier to an effective and efficient inter-institutional cooperation providing social assistance: the lack of legal basis ( $M=3,24$ ,  $p=0,023$ ) and coordination ( $M=3,12$ ,  $p=0,045$ ). It means that social workers think global concerning cooperation between different institutions. They understand that there should be a common strategy for that.

Also, they think that lack of information or misunderstandings about the partnership could be as medium interferences ( $M=2,78$ ,  $p=0,039$ ). One more important factor for a sustainable process – human resources ( $M=2,11$ ,  $p=0,0249$ ). They are not so good and social workers noted this as interference too.

Despite the fact, social workers see other interferences as low. This indicates that there is a potential for inter-institutional cooperation.

In order to determine the difference of the opinion of social workers assessing the social assistance for the elderly persons with mental disabilities process and the evolution of the organization, taking into account their education and working experience, the ANOVA test was used. The results of the survey, reflecting the opinion of social workers about the process of change in the organisation of social assistance, taking into account their education are presented in tables 4-6.

The results are presented in table 4, reflecting the social assistance network problematic areas, working with elderly with mental disability, taking into account the social workers education degree.

Table 4

**The social assistance network problematic areas, working with elderly with mental disability, taking into account the social workers education degree**

A claim	College education (N = 65)		University education (N = 35)		(p)
	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	
Coordination	2.15	0,48	2,65	0,49	0,025
General strategy (what and how we strive to)	2.24	0.46	2,69	0,68	0,036
Clear and defined the functions and duties of the partners (what is expected of our Organization)	2.59	0.57	2,32	0,45	0,041
Clear expectations and motives for cooperation partners	2.19	0,56	2.13	0,65	0,123
General discussion and adoption of the fundamental solutions	2.38	0.57	2.24	0,74	0,058
Positive communication and dissemination of information	1.76	0,64	1,72	0,65	0,095
Regular meetings	1,69	0,48	1,60	0,69	0,185
Each partner is evident, the benefits of cooperation and the results	1.42	0,65	1.51	0,54	0,069
Informal communication	1.20	0.57	1.32	0.69	at 0,241
Workers ' knowledge and skills	1.89	0,56	1.45	0,58	0,045
Information about the service provided by the	1.87	0,48	1.86 m	0,48	0,175
The exchange of thoughts, interpretations, reflection	1.25	0,49	1.20	0.69	0,098
Decision-making together	2.24	0,58	2.16	0.84	0,320
Division of roles and responsibilities	2,67	0.69	2,32	0.95	0,014
Technical obstacles and difficulties (a special language, etc.)-	1,92	0,47	2,05	0,50	0,124
Realistic choice of plans and strategies	1.95	0.95	2,01	0,65	0,089
The specific legislation governing institutional cooperation	2.12	0,56	2.48	0,45	0,021

The results obtained show a trend that university education having social workers named more coordination ( $p= 0.025$ ), a common strategy ( $p= 0,036$ ), and specific legal acts regulating the institutional cooperation ( $p= 0,021$ ) as the main problematic areas in social assistance network. It is likely that these social workers are more targeted for a social assistance in the common strategic aspects of the network, which creates the basis for the emergence and development of the network.

In the meantime, college education having social workers underlines more the clear and defined functions and tasks of the partner ( $p= 0,041$ ), workers' skills and knowledge ( $p= 0,045$ ) and the division of roles and responsibilities ( $p= 0,014$ ) as problematic areas in the social assistance



network. It can be argued that it's more attributable to the social assistance of each partner's functions and responsibilities of the individual competence of the professionals in the network.

The results presented in table 5 shows the bodies with which there are difficulties in the social assistance network, taking into account the obtained degree.

Table 5

**Institutions with which there are difficulties in the social assistance network, taking into account the social workers education**

A claim	College education (N = 65)		University education (N = 35)		(p)
	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	
Health care institution	2,87	0,65	2.95	0,75	0,065
NGO	2.11	0,56	2,05	0,45	0,123
Municipality administration	1.68	0,74	2.24	0.84	0,023
Eldership	1,84	0,62	1,80	0,65	0,064
The social assistance Department	1.20	0,45	1.68	0,64	0,036
Social Service Centre	1.15	0,65	1.10	0.59	0,214
Psychiatric hospital	2.40	0,45	2.48	0.57	0,158
The day centre	1,92	0,52	1,99	0,54	0,098

The results obtained show a trend that university education having social workers tend to the municipal administration ( $p= 0,023$ ) and social support section ( $p= 0,036$ ) identified as bodies with which the difficulties in the social assistance network appear. These institutions are either social services for mentally handicapped elderly persons or under the responsibility of the municipality.

The results presented in table 6 are about the interference of inter-institutional cooperation, in the provision of social assistance to elderly persons with mental disability, taking into account the education of social workers.

Table 6

**The interference of inter-institutional cooperation in the provision of social assistance to elderly with mental disability, taking into account the social workers education**

A claim	College education (N = 65)		University education (N = 35)		(p)
	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	
The lack of information about the services provided by the other institutions	2,78	0,45	2,64	0,68	0,052
Persons responsible for the absence of specific functions	2,56	0,65	2.50	0,65	0,123
Lack of time	2.30	0,58	2.41	0,45	0,235
The lack of human resources	2.09	0,57	2.15	0,75	0,145
The differences in the interests of achieving the common results of the lack of need for	2,01	0,59	2.18	0,58	0,096
Lack of financial resources	2.00	0,64	2.13	0,59	0,108
The lack of coordination in the	2,85	0,48	3,42	0,58	0,024
The lack of initiative	2.30	0,69	2,56	0,56	0,058
The opinion that actually benefit shall not involve the effective interinstitutional cooperation	1,74	0,55	1.85	0,50	0,078
The absence of a legal basis for cooperation (neįteisėtinimas terms and conditions of contracts)	3.11	0,66	3,42	0,61	0,023
Lack of awareness of the principles of partnership and equivalence	2.71	0,54	2.91	0,68	0,098

The results obtained show a trend that social workers with a university degree are more likely to assign coordination of the inter-institutional cooperation interference ( $p= 0,024$ ) and the absence of a legal basis for cooperation ( $p= 0,023$ ) as the interference too. This is very much linked to the data provided in table 4.

The results of the survey, reflecting the opinion of social workers about the process of change in the organisation of social assistance, depending on their length of working experience are presented in tables 7-9.

Table 7 presents the results, reflecting the problematic areas of social assistance network, , taking into account the social workers ' working experience.

Table 7

**The problematic areas of social assistance network, taking into account the social workers' working experience**

A claim	Up to 5 years (N = 35)		6-10 years (N = 42)		11 more years (N = 23)		(p)
	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	
Coordination	2,23	0,48	2,14	0,64	2,54	0,65	0,020
General strategy (what and how we strive to)	2.35	0.46	2.24	0,48	2,54	0.69	0,086
Clear and defined the functions and duties of the partners (what is expected of our Organization)	2,31	0.57	2.61	0,65	2.29	0,54	0,021
Clear expectations and motives for cooperation partners	2.21	0,56	2.19	0.57	2.15	0.69	0,235
General discussion and adoption of the fundamental solutions	2.24	0.57	2,69	0,48	2.38	0,58	0,075
Positive communication and dissemination of information	1,74	0,49	1.76	0.69	1,72	0,56	0,105
Regular meetings	1,69	0,68	1.65	0.84	1,60	0,48	0,125
Each partner is evident, the benefits of cooperation and the results	1.87	0,48	1.40	0.69	1.50	0,49	0,029
Informal communication	1.33	0.69	1.20	0,54	1.32	0.69	0,141
Workers ' knowledge and skills	1.68	0.84	1.90	0,56	1.47	0,54	0,075
Information about the service provided by the	1.90	0.57	1.87	0,48	1.86 m	0,48	0,089
The exchange of thoughts, interpretations, reflection	1.25	0,50	1.27	0,49	1,19	0.69	0,125
Decision-making together	2.21	0,68	2,20	0,58	2.17	0.84	0.320
Division of roles and responsibilities	2.45	0,56	2,67	0.69	2,32	0.95	0.005
Technical obstacles and difficulties (a special language, etc.)-	2.02	0,50	1,92	0,47	2,05	0,50	0,214
Realistic choice of plans and strategies	1.98	0,65	1.95	0.95	2.08	0,65	0,126
The specific legislation governing institutional cooperation	2.19	0.69	2.17	0,56	2.50	0,45	0,007

On the basis of the results obtained, it could be argued that the longest working experience having social workers more prone to the problematic area and identified the coordination of the social assistance network ( $p= 0,020$ ) and specific legal acts regulating the institutional cooperation ( $p= 0,007$ ).

Social workers who have the shortest length of working experience, highlights the benefits of each partner with regard to cooperation and the results ( $p= 0,029$ ). Participants with 6 to 11 years of working experience stressed a clear and defined functions and tasks of the partner ( $p= 0,021$ ) and the division of roles and responsibilities ( $p= 0.005$ ) as problematic areas in the social assistance network.

Table 8 presents the results, reflecting the bodies with which the difficulties in the social assistance network appears, taking into account the social workers' working experience.

Table 8

**Institutions with which the difficulties in the social assistance network appears, taking into account the social workers' working experience**

A claim	Up to 5 years (N = 35)		6-10 years (N = 42)		11 more years (N = 23)		(p)
	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	
Health care institution	2.95	0,75	units of	0,56	2,82	0,62	0,065
NGO	2.09	0,45	2.11	0,48	2,05	0,45	0,123
Municipality administration	1.79	0,84	1.75	0,74	2.27	0,52	0,023
Eldership	1,80	0,65	1,84	0,63	1,82	0,74	0,064
The social assistance Department	1.36	0,65	1.20	0,65	1,69	0,64	0,036
Social Service Centre	1.10	0,56	1.15	0,65	1.14	0,59	0,214
Psychiatric hospital	2.40	0,57	2,42	0,45	2.48	0,56	0,158
The day centre	1.99	0,54	1,92	0,52	1,82	0,58	0,098

On the basis of the results obtained, it can be said that the longest experience having social workers more than others emphasize the municipal administration ( $p= 0,023$ ) and social support section ( $p= 0,036$ ) as those bodies with which cooperation challenges arise, while working for social support to elderly with mental disability.

The results presented in table 9 show inter-institutional cooperation interferences, regarding to the education of social workers.

Table 9

**The interference of inter-institutional cooperation, taking into account the social workers' working experience**

A claim	Up to 5 years (N = 35)		6-10 years (N = 42)		11 more years (N = 23)		(p)
	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	Average (M)	Standard deviation (SD)	
The lack of information about the services provided by the other institutions	2.59	0,65	2,65	0,45	2,82	0,58	0,050
Persons responsible for the absence of specific functions	2.50	0,58	2.50	0,58	2.52	0,48	0,175
Lack of time	2.30	0,57	2,32	0,56	2.47	0,69	0,055
The lack of human resources	2.15	0,59	2,01	0,50	2.16	0,55	0,152
The differences in the interests of achieving the common results of the lack of need for	2.09	0,65	2.03	0,52	2,20	0,65	0,090
Lack of financial resources	2.06	0,45	2,05	0,64	2.11	0,59	0,087
The lack of coordination in the	3.05	0,75	2,85	0,69	3.45	0,62	0,045
The lack of initiative	2.36	0,58	2,38	0,51	2,54	0,68	0,050
The opinion that actually benefit shall not involve the effective interinstitutional cooperation	1.90	0,68	1,74	0,46	1.87	0,68	0,095
The absence of a legal basis for cooperation (neįteisintis terms and conditions of contracts)	3,28	0,61	3,21	0,66	3.45	0,61	0,013
Lack of awareness of the principles of partnership and equivalence	2.95	0,68	2.75	0,54	2.93	0,61	0,138

The results obtained show the tendency that participants with the longest length of working experience more than a shorter working experience having social workers see few interferences of inter-institutional cooperation, which relate to the legal aspects of cooperation ( $p= 0,013$ ), network coordination ( $p= 0,045$ ) as well as information about the activities of other bodies ( $p= 0,050$ ) and lack of initiative of professionals ( $p= 0,050$ ).

### 2.3.2. Position of heads of institutions providing social services for mentally handicapped elderly persons on the change of organization of social assistance services change

Opinion of the survey participants about the social assistance provided by the institution. Results of the study are presented in table 10.

Table 10

<b>Social assistance</b>		
<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Stationary care</b>	<i>"stationary custody", "they can come to us to live," "can settle here", "custody is fixed"</i>	4
<b>Socio-educational activity</b>	<i>"different activities", "hobbies in general", "are the events", "can participate in the activities of the"</i>	4
<b>Information and consultation</b>	<i>"We loved ones", "provide information", "tips", "family counseling"</i>	4
<b>Help of professionals</b>	<i>"the professional help", "nurses always near"</i>	2

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

Most of the highlights are permanent custody (when an elderly handicap person may reside in a nursing home) (for example, *"they can come to us to live"*), 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 with handicap in elderly person's family members or other loved ones; consulting related to services necessary for the justification and the adoption of decisions.

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 with mental disability. The interview results are presented in table 11.

**The connection to the social assistance networks**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Inter-institutional cooperation</b>	<i>"we aim to make more contact with other institutions", "other institutions important to us", "the more, the better our service", "friendship", "dominated by the bodies of the cooperate with the other bodies in the city"</i>	5
<b>Dissemination of experience</b>	<i>"sharing experiences", "get advice", "we see how the work of others", "introducing your business"</i>	4
<b>Transfer of methods</b>	<i>"take good methods", "If the method seems good, how to adapt to us"</i>	3
<b>Meetings of experts</b>	<i>"meet the staff through seminars", "training from different institutions interact"</i>	2

Heads of institutions highlights the inter-institutional cooperation as a key 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.

Another important element of the social assistance network, which connects it to a different institutions is the dissemination of experience (for example, *"introducing your business"*). Sharing information about the achievements of the institution, or the successes of innovation, helping other institutions have access to the social services around the mental handicapped persons 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"*).

Executives of institutions which provide social services for elderly persons with mental disabilities 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 12.

**The difficulties and problems for social services**

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

Leaders 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 mental disability. By the way 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 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 13.



**Factors affecting the evolution of social services**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Funding</b>	<i>"If the funding, it's universal," "sometimes, its design allows for the provision of certain services to the funds", "everything will depend on the funds "</i>	3
<b>Staff turnover</b>	<i>"the employee's output adjusts services", "If you have an employee that is"</i>	2
<b>State politics</b>	<i>"a lot of things from the State owned", "as there is above seated to decide"</i>	2

They identified the funding (for example, *"sometimes the design allows for the provision of certain services to the funds"*) 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"*) as the main factors which affects unstability of organization of social support services for elderly people with mental disability.

It is understood that appropriate and sufficient funding is needed to provide social services for mental handicapped elderly persons. 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 mental disability. 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 the barriers for the stability of organization of social services. Results of the study are presented in table 14.

Table 14

**The barriers of organization of social services stability**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>A change in the financing</b>	<i>"made of money", "money", "financial instability"</i>	3
<b>The change of legislative framework</b>	<i>"changes in the laws", "outgoing secondary legislation"</i>	2
<b>Changing customer needs</b>	<i>"changing customer needs", "customers want more"</i>	2

Managers points out that the instability is a result of funding (e.g., *"funding instability"*), the legislative framework (for example, *"changing the law"*) and customer needs change (for example, *"customers want more"*).

The first two causes are macroeconomic, i.e. the state policy, to which each institution providing social services do not have high impact. The third reason is microeconomic, i.e. the human needs of the previous way of life to lead, which adjusts to the diversity of social services.

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

Survey participants were asked to evaluate the obtained services in this institution. Results of the study are presented in table 15

table 15

**Gained services as the best**

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

Elderly people with mental disability 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 mental handicapped elderly persons 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 about the professionals with whom they interact and it is a pleasure to do so. The interview results are presented in table 16.

Table 16

**Professionals with whom it is pleasant to chat**

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

Elderly people with mental disability 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 time with 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 17.

Table 17

**Assessment of the current place of residence**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Positive evaluations</b>	<i>"a great place to live," "next to the beautiful nature," "comfortable rooms," "everything is enough", "clean", "cut", "room for me to live," "everything is here"</i>	8
<b>The negative aspects</b>	<i>"there could be a bigger room," "I'd like to live on the ground floor"</i>	2

Elderly persons stressed 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 view in relation to the rooms area (for example, *"could be greater room"*), and the layout of the building (e.g., *"I would like to live on the ground floor"*). Awareness that persons of this group often have physical ailments, which complicates their movements inside the building, so they would like larger spaces and appropriate plan according to their needs.

Elderly people were asked about the leisure. The interview results are presented in table 18.

Table 18

**Leisure time**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Communication</b>	<i>"communicating with your neighbors in a room", "communicate", "talking most often with each other", "communicating"</i>	4
<b>Participation in activities</b>	<i>"I went to the event", "participating", in the activities of social workers "have and to be in any activity"</i>	3
<b>Period of inactivity</b>	<i>"I sit in my room watching TV", "nothing", "nothing I do"</i>	3

The results obtained confirm that elderly persons in an institution more leisure time spend passively – communicating (for example, *"communicating with each other"*) or do nothing, while the more active activities are not so often.

Elderly individuals were asked what services or activities they lack here. Results of the study are presented in table 19.

Table 19

**The lack of services and activities**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Nothing is missing</b>	<i>"I'm OK, as it is", "nothing is missing", "you don't need me for anything else," "I'm happy", "no, don't"</i>	5
<b>Health promotion activities</b>	<i>"maybe the gymnastics would have liked", "could be a massage", "something with a health"</i>	3

When elderly people 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"*). This could be related with their inaction, which gets to the apathy in the environment and the assessment of the situation.

Only a few elderly people 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.

Elderly people were asked what the most they enjoyed working in their spare time, when they were living in their own home. Results of the study are presented in table 20.

Table 20

**Leisure living at home**

<b>Category</b>	<b>Illustrating claims</b>	<b>The number of claims</b>
<b>Period of inactivity</b>	<i>"did not go anywhere", "nowhere to store I went", "in most cases I was in my room", "doing nothing"</i>	4
<b>Communication with loved ones</b>	<i>"with her daughter talked", "communicate", "family grandchildren sometimes came"</i>	3
<b>Passive activities</b>	<i>"listening to the radio", "sometimes watched TV"</i>	2

Elderly persons living at home leisure time previously spent passively or while watching TV and listening to the radio or communicating with loved ones. Very frequent participant in the study stressed his inactivity.

*To sum up the empirical results of the research, it could be argued that a questionnaire survey of social workers based results showed a constant need for inter-institutional cooperation, the provision of services to old and elderly persons with mental disorders. Inter-institutional cooperation must be based on work in the areas of incorporating the necessary people and organizations, in order to avoid potential threats. The most problematic areas of the provision of social services are: the lack of a common strategy and the lack of clear responsibilities, undefined functions of the partners. The main challenges in cooperation is with health authorities and psychiatric hospitals. The lack of a legal base in the context of inter-institutional cooperation has been billed as yet another challenge.*

*Executives of institutions which provide social assistance for the elderly with mental disability pointed out that elderly people are usually provided by stationary care, socio-educational activities, client information and consultation services and also the same to members of the family. Leaders highlighted the inter-institutional cooperation as a key 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. 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 mental handicapped elderly persons. Organization of social services is unstable because of the instability of funding, legislative base and customer needs change.*

*Assistance in the home and personal hygiene and organized socio-educational activities are emphasized as best services for elderly people with mental disability. Elderly people stresses nurses, social workers and representatives of the administration as the professionals with whom it is pleasant to have any conversation. Focusing on the positive aspects of living in foster care in the institution, residents pointed out the relevance of the living space, the application and the geographical location of the body.*

## 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 there is a constant need for inter-institutional cooperation in the provision of social support services to old and elderly persons with mental disorders. The provision of social services are problematic due to cooperation are the legal base, the absence of an overall strategy and clear responsibilities and functions of the partners is not defined. The main challenges are in cooperation with health authorities and psychiatric hospitals.
3. Institution leaders highlight socio-educational activities, the client's information and consultation services as the main services. Inter-institutional cooperation is considered to be the most important element of the social assistance network, which is based on the interaction of the different institutions and cooperation. 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 persons with mental disability. The instability is a result of the organization of social services funding, legislative database, customer needs and the high turnover of staff and carried out in state politics.
4. Elderly people note personal care at home 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. Residential area of applicability and relevance of the geographical location of the body shall be considered as the positive aspects of living in foster care in the institution.
5. On the basis of the results of the research, it can be argued that the study hypothesis was confirmed, because social workers have highlighted the social assistance problematic areas, the bodies with which it is difficult to work together on a network and how to modify the inter-institutional cooperation in the social assistance network interference fields.

## **Recommendations**

### ***for the heads and employees of institutions of social support services for elderly people with mental disability***

1. Seeking effective and efficient inter-institutional cooperation for provision of social assistance for old and elderly people with mental disabilities initial work should be done in some significant areas for cooperation, choosing supportive actors and avoiding interferences during particular process.
2. The main area there social workers and other specialists should work is a common strategy for inter-institutional cooperation. This strategy should draw a clear picture of which institution what functions have to do, what objectives they should seek and what responsibilities do they have in this process.
3. Furthermore, these specialists who are interested in inter-institutional cooperation for provision of social assistance for old and elderly people with mental disabilities should initiate the revision or establishment of legal basis at state level and to engineer the process of coordination of particular process.
4. There should be a potent cooperation not only among different institutions (governmental, non-governmental, etc.), but also mutual beneficial partnership and communication between specialists (social workers, social worker's assistants, social care specialists, doctors and other interested parties).



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## Summary

Darbe atlikta *teorinė* psichikos negalios, senyvo ir pagyvenusio amžiaus asmenų bei socialinės pagalbos paslaugų organizavimo apibrėžtis socialinės gerontologijos kontekste analizė. Iškelta hipotezė, kad socialiniai darbuotojai yra suinteresuoti socialinių paslaugų kaitos planams, dirbant su psichinę negalią turinčiais senyvo ir pagyvenusio amžiaus asmenimis.

Siekiant nustatyti socialinės pagalbos paslaugų organizavimo kaitos problemas, dirbant su psichikos negalią turinčiais senyvo amžiaus asmenimis, buvo: a) atskleistos socialinės pagalbos paslaugų organizavimo kaitos problemos (taikant kokybinį tyrimą – ekspertų interviu su socialines paslaugas psichikos negalią turintiems senyvo amžiaus asmenims teikiančių įstaigų vadovais (N=5)); b) nustatyti veiksniai, lemiantys socialinės pagalbos paslaugų organizavimo kaitą (taikant kiekybinį tyrimą – apklausą raštu, naudojant parengtą klausimyną, socialiniams darbuotojams (N=100), dirbantiems su psichikos negalią turinčiais senyvo amžiaus asmenimis); c) atskleistas socialinės pagalbos turinys ir poreikis (taikant kokybinį tyrimą – struktūruotą interviu su psichinę negalią turinčiais ir globos įstaigoje gyvenančiais senyvo amžiaus asmenimis (N=5)).

Svarbiausios empirinio tyrimo išvados: socialiniai darbuotojai problemiškomis tarpinstitucinio bendradarbiavimo sritimis įvardija teisinės bazės, bendros strategijos ir aiškių atsakomybių nebuvimą bei neapibrėžtas partnerių funkcijas. Socialinę pagalbą psichikos negalią turintiems senyvo ir pagyvenusio amžiaus asmenims teikiančių įstaigų vadovai pabrėžia teikiamas stacionarios globos, socioedukacinės veiklos, kliento šeimos narių informavimo ir konsultavimo paslaugas. Tarpinstitucinis bendradarbiavimas laikomas svarbiausiu socialinės pagalbos tinklo elementu, kuris yra pagrįstas skirtingų įstaigų bendravimu ir bendradarbiavimu. Žmogiškųjų išteklių stoka, menkas finansavimas ir bazės bei įrangos trūkumas įvardijami kaip vieni didžiausių sunkumų, teikiant socialines paslaugas psichinę negalią turintiems senyvo amžiaus asmenimis. Socialinių paslaugų organizavimo nestabilumą lemia finansavimo, įstatyminės bazės, klientų poreikių ir darbuotojų kaita bei vykdoma valstybės politika. Pagalbą namų ruošoje ir asmens higienos srityje, teikiamą maitinimą ir organizuojamas socioedukacines veiklas psichinę negalią turintys senyvo amžiaus asmenys vertina kaip geriausias paslaugas, pabrėždami slaugytojų, socialinių darbuotojų ir administracijos atstovų svarbą.

Remiantis tyrimo duomenimis, parengtos rekomendacijos socialinės pagalbos paslaugų organizavimo formavimui darbe su psichikos negalią turinčiais senyvo amžiaus asmenimis

Esminiai žodžiai: socialinės pagalbos paslaugos, psichikos negalia, senyvo amžiaus asmuo.

## **Appendices**

### **Questions for structured interview**

1. What kind of social assistance provides your institution for elderly persons having mental disability;
2. How do you get involved into social support networks working with elderly people having mental disability?
3. With what difficulties and problems do you face in the process of social support?
4. Which factors determines the changes of social support content?
5. Which factors impede to insure stability of social support content?
6. What kind of social support, nor funded yet, could be included into the catalog of state funded services.

**Structured interview questions**

1. What kind of received services do you assess as the best, why?
2. With what specialists you communicate very well and with pleasure, why?
3. How do you assess your current residence? What would you like to change or have extra?
4. How do you spend your leisure time? What kind of activities you would like to have here? What are your recommendations or questions for an administration?
6. What kind of services or activities you miss living in care homes?
7. What you enjoyed most of the work in his spare time when you lived at home?



## DEAR SURVEY PARTICIPANT,

This questionnaire contains questions related to the inter-institutional cooperation, the provision of social assistance to old and elderly people having mental disabilities. The data will be used only for the purposes of this study. We would appreciate it if you honestly answer the questions and fill out the form. Your opinion is very important because it will enable the analysis and evaluation of the problem under investigation. You do not need to specify a name and surname in this questionnaire. You just have to select and mark the answer that expresses your opinion.

The survey carried out by Siauliai University Social Welfare and Disability Studies Faculty Social Work master study program's student Danutė Akaveckienė.

**We warmly invite you to participate and begin to fill in the questionnaire**

Choose only one answer that works for you and tick the X

<p><b>1. Your gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> male</p> <p><b>2. Your education:</b></p> <p><input type="checkbox"/> Secondary</p> <p><input type="checkbox"/> College</p> <p><input type="checkbox"/> University</p> <p><input type="checkbox"/> Other</p> <p>(write).....</p>	<p><b>3. Your work experience in years</b></p> <p>(write):.....</p> <p><b>4. You work in (write):</b></p> <p>.....</p> <p>.....</p> <p><b>5. Your currently position (write)</b></p> <p>.....</p>
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**6. How do you feel is there the need for inter-institutional cooperation in the provision of social assistance to old and elderly people having mental disabilities?**

- There is a need to collaborate always
- There is a need to collaborate occasionally
- There is no need to collaborate
- I don't know

7. Assess each item according to how much this area is problematic in social assistance network working with old and elderly people having mental disabilities. Select only the most suitable one for your answer for each item.

	<b>Very problematic</b>	<b>Problematic</b>	<b>Non-problematic</b>
Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common strategy (what and how we are reaching)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear and defined partner functions and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear collaboration partner's expectations and motives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall key decision discussion and adoption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive communication and dissemination of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obvious benefits of cooperation and results for each partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and skills of workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informing the authorities about the services offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchange of thoughts, interpretations and reflection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision-making along	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Division of functions and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance of technical barriers and difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of realistic plans and strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific institutional cooperation regulatory legal acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. Evaluate the actors with which you feel the greatest challenges working in a social assistance network?**

	<b>Great challenges</b>	<b>Medium challenges</b>	<b>Small challenges</b>	<b>No challenges</b>
Health care institution	0	0	0	0
NGO	0	0	0	0
Municipality	0	0	0	0
Parish	0	0	0	0
Social support department	0	0	0	0
Social services centre	0	0	0	0
Psychiatric hospital	0	0	0	0
Day care centre	0	0	0	0

**9. Assess which of listed things interferences inter-institutional cooperation providing social assistance for old and elderly people with mental disabilities.**

	<b>Huge interference</b>	<b>Medium interference</b>	<b>Low interference</b>	<b>No interference</b>
The lack of information about other services provided by other institutions	0	0	0	0
Not existence of responsible person for specific functions	0	0	0	0
The lack of time	0	0	0	0
The lack of human resources	0	0	0	0
Differences of interests and misunderstanding of the need to seek for common results	0	0	0	0
The lack of financial resources	0	0	0	0
The lack of coordination	0	0	0	0
The lack of initiative	0	0	0	0
The idea that the inter-institutional collaboration in reality does not bear an effective benefit	0	0	0	0
The lack of legal basis for cooperation	0	0	0	0
Misunderstanding of partnership and equivalence principles	0	0	0	0

**CHECK IF YOU DID NOT LEAVE QUESTIONS UNANSWERED.**

**YOUR OPINION IS VERY IMPORTANT!**

**THANK YOU FOR PARTICIPATING IN THIS SURVEY.**