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**THE ADAPTATION PROBLEM OF DISABLED ELDERLY AND AGED
PEOPLE IN CARE HOMES: THE ASPECT OF SOCIAL WORK**

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SUMMARY

In today's society there is growing number of old, elderly and people with disabilities, who because of health problems or lack of social skills cannot live independently, to care for themselves. Stationary care homes ensure long-term and short-term social care retirement for pension aged people who are unable to live independently in their homes and they need constant care and supervision. According to I. Leliūgienė (2003), the old and the elderly, and persons with disabilities, present situation of social care institutions problems are related to the human needs and the surrounding social environment interact. Especially important is the aspect of adaptation to new environments.

The object of research – the old and the elderly people, in disability situation, problems of adaptation in care home: social work aspect. Purpose of questionnaire survey study is to examine old and elderly people in disability situation, the problem to adapt in care home, social work aspect.

The study objectives were: to identify the old and the elderly, in disability situation, the problem of adaptation evaluating the phenomenon of aging and social policy resolution; analyse the problem of adaptation of social support of care at home job opportunities, and empirically explore the old and the elderly in disability situation, the problem of adaptation in care home social work aspect.

The work was to select and apply different research methods: literature and document analysis and quantitative study – questionnaires.

The study consists of two parts. In the first part the author presents the theoretical old and the elderly in a disability situation, problems of adaptation of social support adaptation in the context of care homes. The second part presents an empirical study, the results of the investigation led to the following conclusions.

The study findings: people find themselves in a care home is difficult to adapt to a new place, it's hard to rebuild the changed life situation. Adaptation process is compounded by losses incurred by old age, physiological and psychological changes that affect social problems. Social problems arising from residential care homes related to the needs of the dissatisfaction of employees working in residential care homes shortage of skilled, older and old people's rights, dignity, insecurity, exclusion as well as to the improvement of quality of service, lack of communication and cooperation between residential care homes and people living there workers. With the help of professional competence and professional approach, through preventive practices, social worker has to deal with problems. The paper provides an overview of demographic change and the service aspect in the Lithuania and Ukraine.

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INTRODUCTION

The relevance of the work.

Ageing is the process which for healthy body causes inability to respond to external factors and also increase the possibility of mortality. The major problem of elderly and old people is that they become “unwanted” part of society and even obstacle to younger generation’s life goals (Lesauskaitė, Macijauskienė, 2002). Aging can be defined as a constantly evolving process during which a person experiences countless transmutations (Kuria, 2012). All over the world different aspects of elderly and old age such as human mind (Kester ir kt., 2002), cognition (Gamberini ir kt., 2006), depression and welfare (Dhara ir Jogsan, 2013), dementia (Gagliardi, 2008) are the reasons that cause problems for people and also are analysed in a more detailed way.

Developed countries (especially Western European Countries) encounter huge challenges which affect population’s transmutations of age structure: decreasing birth and mortality rates, increasing lifespan, as well as ageing of the population – there are more people who are sixty years old or even older. In Lithuania, these phenomena has also been observed, therefore this country also encounters increasing lifespan and aging of entire population. Although, other countries perceive it due to the decrease birth and mortality rates, and due to the upsurge of lifespan of older people, but one more very vital factor is noticeable in Lithuania – emigration, which increase the number of elderly and old people in country. The aging process of population is also affected by emigrants who are mainly young, working-age people. It can be expected that in the near future the bigger part of Lithuanian residents will consist of old and elderly people (from 60 years old) (Stankūnienė, 2004).

According to the data of Statistics Lithuania¹, in the beginning of 2014, 542.2 thousand people lived in the country, though 18.2 % of all population consists of people who are 65 years old or older. It is predicted that in the next twenty years Lithuania as other European countries will have aging population. During the period of 2010 and 2030 the number of population who fall into the age group over 65 will increase almost by 16 % or 83.7 thousand elderly people will live or people who fall into the age group over 80 will rise by 29 % or 35.5 thousand inhabitants. In 2030, people who will be 80 years old will form 5.5 % of all Lithuanian residents. In 2030, the average age of the population of Lithuania will reach 43.5 i.e. 4.2 years more than in 2010 (Verikaitė, 2012).

Active ageing is the phenomenon which is provided by World Health Organization (WHO) as a social policy framework. The implementation of such social policy framework allows to

¹Statistics Lithuania. (2014). The Commemoration of International Day of Elderly People.

realizing the guarantees of old and elderly people equal rights. It will also contribute to the physical and functional health of old and elderly people. Moreover, it provides opportunities to participate in various public events, motivates the autonomy, independence, physical activities, and healthy lifestyle as well as enhances their social, economic and physical security. This will be achieved by providing necessary, diverse and high-quality services for old and elderly people. According to WHO, the lack of scientific research, which analyses the issues of policy implementation of active ageing in different societies, is noticeable (WHO, 2007).

Nowadays there are more and more old, elderly and disabled people who cannot live on their own and cannot take care of themselves because of health state or the lack of social skills (Miliauskienė, 2015). As a result, nursing homes are built in order to ensure long-term and short-term social care for people who are at the retirement age and who are unable to live independently and need constant care and maintenance (Republic of Lithuania Ministry of Social Security and Labour, 2012). According to I. Leliūgienė (2003), social problems of old and elderly people who are disabled, are related to the interaction of person and the surrounding social environment influenced by insufficient social needs in nursing homes. Researcher claims that the major impact on social problems of old and elderly people has such aspects that mostly influence and meet person's needs of security, independence, self-expression and self-realization. Old and lonely people complain about the lack of attention and communication with others.

The relevance of scientific research.

Scientists and social workers have been interested in declining as a phenomenon. It has been tried to look at this stage of life through different aspects, not only through the maintenance prism of retirement age. Scientific literature of Lithuania analyses demographic and social consequences of ageing and related issues of social policy and health care. Rapidly increasing age and decreasing birth rates of population in Europe, raise the threat of new society in which will dominate older age people and the challenges for other people. The issues of demographic ageing in European Union have been analysed by Kanopienė ir Mikulionienė (2006). Juozulynas, Jurgelėnas, Greičiūtė, Butikis (2007) discussed the issues of ageing and life quality. Spirgienė, Macijauskienė (2008, 2010) carry the assessment of needs of elderly people who live in a long-term nursing home. The peculiarities of social relationships and the importance of socialization of old and elderly people have been analysed by Bartkutė (2000). Rapolienė (2007) researches the identity of elderly people of Lithuania. Scientists focus on medical, social and cultural needs of old people who live in nursing homes. Thus, there is a lack of knowledge about spiritual well-being of old people who live in nursing home, their preparation for death and internal feelings and experiences. This subject is of great relevance, because people not only

satisfy their natural (physiological) needs, but also their relations with external world bring some importance in their life.

Russian scholars Чеботарев Д.Ф., Фролькис В.В., Коркушко О.В. proposed general and personal issues concerning with geriatric, the understanding of physiological ageing and transmutations due to physiological ageing. Also, they introduce psychological and medical aspects related to maintenance of old people and present basics of geriatric care. The relation between social work and social geriatric has been investigated by Медведева Г.П. Ten principles of gerontology has been identified and justified (2000).

Scientists carry out the research of social work with old and elderly people. Both, foreign (Shaw and etc., 2010; Brouwer and etc., 2003; Barczyk, 1999; Johnson, 2001; Sutton, 1999) analyse the links among socio-educational activities and physical, social and psychological peculiarities of old and elderly people, and Lithuanian scholars (Baršauskienė ir Leliūgienė, 2001; Jacikevičius, 1995; Kvieskienė, 2003; Žalimienė, 2005) discuss various issues related to social work with old and elderly people, their peculiarities and provided socio-educational services.

The relevance of work indicates that it is very important to analyse the alleviation of adaptation for old and elderly people who are disabled and live in care homes. Therefore, the subject of research today is regarded as of great importance.

The relevance of research enables to specify the problem by following *problematic questions*:

- What is the structure of adaptation of old and elderly people with disabilities in care home?
- How the adaptation of old and elderly people with disabilities can be alleviated with a help of social work?

The *subject* of this research paper is the issue of adaptation of old and elderly people with disabilities in care homes from the perspective of social work.

The *aim* of the present study is to analyse the issue of adaptation of old and elderly people with disabilities in care homes from the perspective of social work.

The *objectives* of the present study:

1. To reveal the issue of adaptation of old and elderly people with disabilities evaluating the phenomenon of ageing and social policy expression.
2. To analyse the issue of adaptation in care homes justifying the opportunities of social work.
3. To carry out the empirical research of the issue of adaptation of old and elderly people with disabilities in care homes from the perspective of social work.

To achieve the best results, the following *methods* have been used in the present research:

1. Literary and documentation analysis.
2. Quantitative research – *questionnaire*.

The process of data. The data of the research has been processed, systemized and presented graphically using *SPSS, Windows Microsoft Office Word 2010* and *Windows Microsoft Office Excel 2010*.

The basic social concepts of methodological considerations are the following:

- According to the *humanistic* theory, person is treated as conscious, free and creative personality. Person is active and autonomous, tends to consciously choose and make decisions, also can constantly change and adapt (Rogers, 1995; Maslow, 1989). The provisions of humanistic social work present every single person as free, unique and valuable.

- *Positivist* theory in accordance with the provisions of this paradigm, the certain phenomenon of research can reveal mutual relations with other phenomena and regularities, but it never reveals the nature or essence.

- According to Sullivan's *interpersonal* theory (Goštautas A., 2004), it is possible to understand personality only studying the interpersonal relations.

- L. C. Johnson (2001), using *system* theory, claims that people needs and social problems are analysed in regard to larger systems.

- A. Linkevičienė (2009) states that focusing on systems theory, individual and family have to maintain the balance, so it is very important to conform and meet all needs of family members. Every single member has to try to comfort others and feel satisfaction that he can give and receive.

- The research is focused on gerontology theory of three generations which are presented in the second part of this paper.

The structure of the work consists of introduction, theoretical part concerning with the issue of adaptation of old and the elderly people with disabilities in care homes. The second part presents the results of empirical research.

Master thesis is comprised of 62 pages, 15 tables, 2 figures and 148 references.

TERMINOLOGY

Adaptation – adaptation of humans to changing living conditions; adaptation of organisms to environment;

Aged person – a person who reached the retirement age and because of it he cannot take care of family members or participate in social events. (LR Socialinių paslaugų įstatymas, 2006).

Ageing – it is natural process from birth to death, which causes sequential transmutations of person's physical and psychological conditions (Mockus A., Žukaitė A., 2012). Sėkmingas senėjimas: psichologinis aspektas. Gerontologija. P. 229).

Care – practical and emotion activities, which express actions and relationships that are directed to society members who are more or less i.e. old, sick and juveniles (Maslauskaitė, 2004).

Care giving – represent competence to provide care and process organization (J.Ogg, 2005).

Declining – social concept used to describe older person who is weak and dependent on others (Lemme, 2003).

Disability - in whole or in part unable to work; with physical or mental disorders (Dabartinės Lietuvių kalbos žodynas²).

Elderly – person aged from 60 to 74 years following WHO recommendations for age limits (Socialinė gerontologija: ištakos ir perspektyvos, sud. N.Večkienė, 2004).

Old person – person who is older than 75 years (WHO recommendations for age limits//Lemme, 2003).

Social care – a set of services provided in institutions or at person's home for person or family who need constant care and help (Socialinių paslaugų katalogas, IV sk., 2006).

Social care house – social care institutions which at the same time provide short-term/ long-term social care for at least 10 persons or accommodate groups in home environment, one group consists of 10 persons (Socialinių paslaugų katalogas, V sk., 2006).

Social needs – person's needs which directly or indirectly can be satisfied in the presence of other people (Bendravimo psichologija, 2005).

Social problems – challenges that person (family) is dealing with, can be solved directly or indirectly in the presence of other people (Dabartinis lietuvių kalbos žodynas, 2002).

Social services – the support for person or family is provided when person because of age, disability, social problems, partially or completely lost or not acquired skills, cannot take care of his family and himself or participate in social events (LR Socialinių paslaugų įstatymas, 3 str., 2006).

² <http://dz.lki.lt>

Stationary care home – social care institutions which at the same time provide short-term/ long-term social care for at least 10 persons or accommodate groups in home environment, one group consists of 10 persons (Socialinių paslaugų katalogas, 2006).

1. THEORETICAL BACKGROUND OF ADAPTATION PHENOMENON OF OLD AND ELDERLY PEOPLE WITH DISABILITIES IN CARE HOMES

1.1. General characteristics of old and elderly people life

It is difficult to provide fully integrated and universal concept of old age. Scientists differently distinguish this age group, but everyone agree that this stage of life brings enormous number of transmutations in person's life.

According to R. Naujanienė (2008), the process of human ageing interacts with physiological, psychological and social processes. These processes comprise all human life and divide it into childhood, adulthood and retirement stages (Naujanienė, 2008). J. Pivorienė (2008) defines ageing as a process which leads man to the old age. A. Mockaus and A. Žukaitė (2012) claim that ageing is natural phenomenon from birth to death, which causes sequential transmutations of person's physical and psychological conditions.

J. Kairys (2002) specifies that foreign scholars have carried out fundamental research on gerontology. Baltes, Lindeberg (cit. Kairys, 2002) with a help of longitudinal researches prove that ageing is the interaction of physiological, psychological and social processes, which work according to multiple development effects. When one functional activity is fading, other functions can develop and compensate the loss.

Terneris, Helms (cit. Kairys, 2002) divide ageing into three processes which are interconnected:

- Psychological ageing – how individual see his own ageing (e.g., young people psychologically can feel old); specific psychological feeling of old age, which has objective features (e.g., decrease of intellectual skills, limited sphere of emotions), and subjective features (e.g., when individual thinks that he is ageing faster or slower than others).
- Physiological ageing – it is physical transmutations, which occur during ageing.
- Social ageing – how individual link his ageing with society, behaviour of old and elderly people and social behaviour.

In scientific literature there are different terms which describe the age of old and elderly people: pensioner, grannies, elderly, old people, seniors (Mikelionienė, 2009).

According to R. Žukauskienė (2007), the last stage of life sometimes begins after 55 years, but the exact time depends on people's social life. Scholar indicates that younger and low-income people tend to think that old age begins at 55 years, while older who lives a prosperous life state that old age comes at 65 or even 70 years. The majority of scientists, old age associate

with the retirement. Thus, R. Bikmanienė (2004) notes that the limit of retirement age in our country is increasing, so it is not good to think that person who is in retirement age is equal to elderly person.

R. Naujanienė (2004) claims that ageing process covers countless transmutations in life. According to scholar, ageing also covers negative and positive changes in life. These changes motivate person to overcome it, adapt to new living conditions and situations. Scholar emphasize that person's response to those changes depends on a person's characteristic traits, health condition, cognitive functions and ability or disability to function in social environment. There are two kinds of ageing: primary ageing during which spontaneous, consistent, irreversible changes in human body occurs; and secondary ageing which is stimulated by a certain side effects (Lemme, 2003). T. Mišeikienė (2009) states that primary ageing is ubiquitous to everyone, and also is related to age and is independent from health condition. It is genetically determined physiological changes in human ageing. The same scholar indicates that the secondary ageing is opposite to primary: it is not caused by genetically determined physiological changes of ageing, but external factors e.g., diseases. A. Palujanskienė (2002) assumes that ageing is natural process which begins before senility. In human ageing not only physiological changes appear, also there are psychological and social transmutations, because social relationships in family and society also changes.

In ageing process the psyche and behaviour of person inevitably change. It can be pointed out that mental and behavioural changes are interconnected and in some situations they form the whole. It can be noted that mental functions decline and this process is influenced by internal and external factors from biochemical changes in nerves tissues to adaptation of retirement age. Furthermore, emotions become less stable which can cause a serious mental (Kalibatienė, 2012).

Ageing is also distinguished as a process, which leads person to the old age (Pivorienė, 2008). A. Mockus and A. Žukaitė (2012) state that from psychological point of view, senility is described as subjective psychological experience and senility becomes acceptable for person only then, if a person seeks to implement aims and overcomes consequences.

Moreover, there is *successful ageing*. Successful ageing is physical, functional, social and psychological well-being during the process of ageing (Šokelienė, Adomavičienė, 2011). Successful ageing covers the training of healthy lifestyle, education of old people and rehabilitation of functions. These aspects influence the quality of life of elderly people in this way reducing the dependence on other people and increase the motivation of becoming independent (Radžiuvienė and others, 2008).

The concepts of senility are presented differently by various scholars, but all concepts show that *in old age person encounters a lot of transmutations* which influence the feeling and

world view of person. Senility is natural process which affects every person's different emotions from negative to positive. In senility every elderly person survives changes differently and so their senility is different. In general, it can be claimed that senility is last stage of person's life and ageing is inevitable process during which not only physical functions of human body weakens, but also mental function becomes worse. So, in the senility there are countless transmutations in person's life which in one or other way affect person's health and quality of life.

Primary ageing covers genetically programmed physiological ageing processes which are related to age and are independent from health condition (Lemme, 2003). T. Mišeikienė (2009) claims that ageing firstly is physiological process, thus in everyday life it appear through social form i.e. through human relationships with other people. Every elder person undergoes various difficulties related with age (Mišeikienė, 2009).

It can be said that in the process of ageing the whole human body changes. Physiological transmutations complicate the daily life routine. Age transmutations are uneven and different and are caused by pathology of skeleton muscles, chronic illnesses and its medical treatment, accumulation of pharmaceuticals in organism, irrational and inadequate nutrition, and physical inactivity. Because of such organism's imbalance, chronic and long lasting illnesses appear and usually they are the reasons of death.

Slow vital processes cause a lot of *psychological* problems: loss, loss of social relations, changed financial condition, illnesses, weaken physical functions (Žukauskienė, 2004).

It is not appropriate to claim that all elderly and old people are afraid of death, thus, there are many who feel a fear, uncertainty, anxiety which not allow living a normal life (Lemme, 2003).

Z. Kvedaraitė (2002) offers to evaluate ageing as a process which consists of psychological component – this component comprises of cognitive, abilities, thinking, perception, attention and communication peculiarities. The selection of rapid adaptation of ageing processes, developing new adaptation mechanisms, the strategy of decision making and overcoming challenges changes.

According to I. Skrabiienė (2007), *psychological factors* are very important they deal with the sense of identity and continuum, opportunity to maintain valuable relations, encountered losses and current human personality. I. Bražiūnienė (2012) claims that elderly people feel low self-esteem, misunderstood, unwanted, lost the sense of life and are hesitant to change their life because of negative evaluation of society. G. T. Reker and L. C. Woo (2011) name the main physiological peculiarities of old and elderly people: cognitive, emotional changes and rigidity of behaviour.

Scholars are widely interested in one of the most important factors of human life that is how changes person's *memory, intellect and other perceptual abilities* i.e. cognitive functions (Kairys, 2002). Practically a large part of mental abilities does not change in old age, but the speed of processing of cognitive information decreases. R. Jusienė and A. Laurinavičius (2007) state that the storing of information in sensory systems and momentary memory slightly changes, but the functions of permanent memory weaken. According to scholars (Jusienė, Laurinavičius, 2007), old people tertiary memory is not affected. In the final stage of disease, people almost cannot perceive in environment and die from malfunctions of vital body systems. Strokes and mini stroke are ascribed to primary causes of dementia. Psychological waiting, spiritual health and other factors influence cognitive processes of elderly people (Крайг, Бокум, 2005).

G. T. Reker and L. C. Woo (2011) state that *cognitive development influence bad adaptation to themselves and environment* for elderly and old age person. D. Rupeikaitė and L. Šinkarova (2013) indicate that older people with high education are able more subjectively evaluate their cognitive functions than those who lower education. This phenomenon shows that people with high education tend to be confident, active and feel better than those who have lower education. U. Lindenbergh and P. Ghisletta (2009) find that 60 % of cognitive transmutations in senility involve such intellectual abilities as perceptual speed, momentary memory and fluency of spoken language.

After review of cognitive features of old people, the following analysis of emotions and changes which occur in old people age will be analysed further.

Е. П. Ильин (2001) characterize common changes of emotions with which deal elderly and old people as changes of emotional states that occur in the state of emotion impulses or stability of emotions, the increase of negative emotions among which emotions are related to individuality. The control of expressing emotions diminishes (e.g., laughter, joy, sadness). Also, scholar claims that it is usually noticed opposite phenomenon i.e. emotional stability, reduction of empathy.

D. Lučinskienė (2013) find out that old and elderly people (men and women) positive *expression of emotions* does not change, but those who have high education and are married or live together are tend to feel more positive emotions than those who has lower education or do not have at all and whose marital status is different. Moreover, scientist has noticed that if people experience positive emotions more intensively, their psychological resistance is also better.

B. Balsevičienė and L. Šinkarova (2010) imply that elderly person whose *self-assessment* is low, tend to be more depressed. These factors not allow making decisions about problems

concerning personal emotions begin and maintains relationships with others who can protect person from depression and help to raise self-esteem.

Other very important psychological factor of old and elderly people is rigidity of behaviour. **Rigidity** is inadequate person's ability (even complete inability) to change the actions when it is necessary because of circumstances. D. Padegimienė (2008) claims that old and elderly people are tend to be rigid and try to create such environment which reminds them of their formal social roles. Scholar states that old people try to concentrate their strength to perfectly mastered abilities.

1.2. The ageing in the social policy context: the case of demographic changes and services in Lithuania and Ukraine

Demographic changes in Lithuania. All over the world the demographic changes are emerging. The ageing of society is caused by decreased number of birth rates and increased population age. Due to this, there are a profound number of elderly people in population. The problems of elderly age which have to be solved emerge, such problems are: problem of public health; satisfaction of social needs; income and savings; participating in political life; accommodation places which meet all requirement. The ageing of population also raises challenges for health care; the balanced development of prevention, long-term care, and treatment and care services is needed, because the main problem among elderly people is different ailments and chronic illnesses (Kanopienė V, Mikulionienė S., 2006).

Population in accordance with age

Table 1.

Age groups		Number of Residents	65–69	70–74	75–79	80–84	85+
Number of Residents	2004 m.	3398929	169892	148129	111065	60155	34901
	2014 m.	2943472	136848	139514	120058	85674	60645
-/+		- 455457	-33044	-8615	+ 8993	+ 25519	+25744

According to Table 1, the number of people aged 75 increased during ten years in Lithuania, it can be said that the duration of life also increases. The conclusions can be drawn that in the future the network of social services will only spread and the need for it will grow.

Demographic changes in Ukraine.

According to State Statistics Service of Ukraine³, in the beginning of 2014 in Ukraine lived 42929.3 thousand people, out of whom people aged 65 years consist 16.64 % or (6 928.800 thousand). At the same time in Lithuania⁴ there were 542.2 thousand people aged 65 and people of older age comprised 18.2 % of all country's population. According to Ukraine's social security law No. 10, old men are considered to be 60 years old, women 55 years and older, as well as people who are near (less than a half year) the retirement age⁵.

The population of Ukraine rapidly ages, due to low birth rates and negative social and economic factors. The age structure of population in Ukraine changes in negative way, the ageing of society members increases and the number of old people also raises. According to the Ukraine's Ministry of Health⁶, the number of young people decreases.

Due to the current conditions in Ukraine the situation of social work depends on various social and economic processes. Transformation as the process of social changes is the object of numerous researches, which were conducted during post-soviet period in Ukraine. The term "transformation" is ascribed to define the current situation in Ukraine and is always used to show the relevance of problem.

According to Л.М.Овчарова, social changes in Ukraine started in the end of 1980 and finished after declared independence in Ukraine in 1990. The difficulty and ambiguity of social practice have been determined by inaccurate social theory and the ambiguity of main categories. Defining society changes in political, economic, and cultural areas, the most commonly used category became "transitional period". This category is used to describe the complexity of European demographic changes in post-soviet environment after the collapse of totalitarian regimes. Thus, Ukrainian political elite raised the challenge to move from communism to liberal democratic society (e.g., European countries), as well as to create independent national state, having in mind that this is not fully developed society.

One of transformations in the Ukraine became social work as a job and as a hobby. *In the context of moulding society*, a lot of public organizations and initiatives have appeared and have been the reason to start social work in Ukraine. The first initiators were representatives from similar areas – teachers, doctors, psychologists, supervisors of specialized children institutions. The peculiarity of transformation period is that social work has to be implemented in such environment that social worker will have to choose the priorities: state, employer, client or

³ State Statistics Service of Ukraine. <http://www.ukrstat.gov.ua>

⁴ Statistics Lithuania. (2014). *Tarptautinė pagyvenusių žmonių dienų minint.*

⁵ Закон Украины "Об основных засадах социальной защиты ветеранов и других граждан преклонного возраста"

⁶ <http://bukovina.biz.ua/news/27126/>

society. Unambiguously, the priority should be the needs of a client. Thus, ministry officials and agencies created such social work conditions which according to them, the best meet clients need, though only they believe so⁷.

O. G. Rakauskienė (2006) says that the main *aim of social policy* is to save or change the social situation of population or the situation of separate society groups, classes, professional groups or social communities. The most important values of this policy are equality, the right to decide, economical independence and security (Bikmanienė, Večkienė, 2004). According to V. Burbulienė (2006), in social policy of elderly people, it is attempted to implement the concept of modern and active old age person, i.e. it is more emphasizes on the internal resources and their mobilization, not on illness, disability or loss. V. Kanopienė and S. Mikulionienė (2006) claim that states are seeking to control the population under the conditions of ageing people and the main fundamental challenge is to balance the expectations of people: as far as possible to *minimize* the additional expenses concerning with overcoming the consequences of population ageing and as far as possible to *maximize* the personal and public benefits of longer life.

J. Misiūnas (2005) believes that current legal base insufficiently motivates elderly people to stay in *labour market* and even in some cases stops their further work. According to I. Skrabiienė (2007), government should create such conditions that elderly and old people could have part-time, seasonal job or work in shifts in this way maintaining social relationships, their activity and the sense of being beneficial.

In the context of elderly people social policy covers work policy, social insurance policy, social benefit policy (Žalimienė, 2002). Elderly people are concerned with such issues as operability and the usage of accumulated experience, the guarantee of adequate pension, the adaptation to home and daily environment (Padegimienė, 2008).

J. Moskvina and L. Okunevičiūtė – Neverauskienė (2011) specify that social policy is related to determination of retirement age and the participation of elderly people in labour market (labour policy), assurance of adequate income (the policy of social insurance and pensions), social integration (the policy of social support, care and development of community services).

V. Kanopienė and S. Mikulionienė (2006) claim that recently, it is predicted that the need for care and care services will inevitably increase because of rapid growth of old and elderly people.

M. Gedvilaitė-Kordušienė (2013) has carried out the research which shown that evaluating ageing in Lithuania in the context of European countries, it can be pointed out that there is a huge leap. In 2001, Lithuania in the contexts of EU countries was attributed to the

⁷Овчарова Л.М. Социальная работа на Украине

demographically youngest country and after 11 years Lithuania became one of demographically oldest EU countries: Lithuania rose from seventeenth to the seventh place considering the age group of 65 or older.

EU countries have accumulated different experiences while providing social services to elderly people. It depends on traditions, economic and social development, culture and lifestyle. Four models of social services have been identified in EU countries:

- Social democratic, it focuses on the principle of universality and social services are considered not only as a help, but also as a social right of people. Social services are widely developed and provided to satisfy different needs of people. The state allocates a huge funding for social services.

- Model of family care which is based on the principle of subsidiarity. It is believed that only individual should solve his social problems. If he fails to do it, then family members or relatives have to help him? And if family cannot to do so, then local community i.e. church, neighbours, non-governmental organisations provide support. The public sector intervenes only when nor family nor community can provide the needed support.

- Liberal model emphasizes the market as one of the most important areas in mutual assistance. It is believed that person should be able to live without social security system. The state has the ability to transmit social services to other sector.

- Conservative model emphasizes on controlled market and insurance by state (Local self-government and social work (in lith. Vietos savivalda ir socialinis darbas), 2006).

Social service provision in Lithuania is regulated by Republic of Lithuania Ministry of Social Security Law (2006) and amendments of secondary legislation. Law of social services promotes a variety of social services and their accessibility and it has been determined that free services are provided to low-income and the most vulnerable society members. Lithuanian Catalogue of Social Services (2006) defines social services and their supply and receives.

In general, it can be said that the problems of elderly and old people have to be considered in a more complex way and in regard to it only qualitative services has to be provided with the main focus on independency. Legal base should more motivate elderly people to stay in *labour market*, avoid discrimination because of age and provide the same opportunities to participate in labour market.

In the program of government is has been provided to improve accessibility and quality of social services. It is emphasized the need to help families not only to raise their children, but also to take care of older family members The need for social services and integrated care grows, because of population ageing and increased lifespan of human. Nursing as a health care service is very important part for old person. Stationary social care no longer meets the needs of society,

so it is important to develop other forms of social care which are also attractive to old or disabled people. In 2012, the program of integral development has been launched and financed by European social fund. With this program it has been try to achieve qualitative integral help (care and social services) for disabled, old age people and for family members who take care of such people. During 2013 and 2015 in 21 municipalities will be implemented pilot projects. With the help of pilot projects it is provided to recruit and train mobile groups of specialist, to involve health care specialist into the process of social help, to supply mobile groups with vehicles, to provide consultancy services for family members who take care of disabled or old age persons, to promote informal help⁸.

1.3. The analysis of connection between ageing and disability and the changes of roles

According to Z. Kvėdaraitė (2002), *ageing has to be evaluated as a process which comprises of social components*, which occurs in the transmutation of person social roles, social status and behavioural stereotypes. ***Social ageing processes are usually characterized by the following features:*** 1) changes in social relations (narrowing); 2) changes in cognitive processes; 3) auto conception and changes in personality.

According to J. Kairys (2002), ageing narrows social relations, but despite that old people more frequently communicate with the same age persons and family members. A. Mockus and A. Žukaitė (2012) notice that in elderly and old age ***social communication naturally decreases:*** it is physically difficult to communicate with relatives, friends due to the poor health and economic restrictions. S. Misiūra (2012) claim that usually in senility such problems emerge: ***loneliness, sadness, low income, the need for care, the restriction of daily activities, decrease in active life, social crisis, problems of communication, changes of mental status.***

I. Skrabiėnė (2007) state that retired people loses the ability to communicate, for some reasons it is also difficult to contact with relatives and friends. It can be said that it is more complicated for ageing person to adapt to himself and environment, which also causes stress and always ends with depression.

According to R. Abramavičienė (2008), ***changes of social roles*** among old people are mostly related to loss of work or the role of family. The researches (Poortman, Van 2005; Ginn, Fast 2006) have shown that retirement radically influence the changes of social roles – lost colleagues, relationships with former colleagues reduce or even disappear and new social relations are very rare (Abramavičienė, 2008). J. T. Eber (2005) says that the working ***roles*** of retired people also changes: from person who sells his services are becoming such person who

⁸http://www.socmin.lt/public/uploads/707_socpranesimas2012-2013.pdf

provides the care – they take care of old, disabled people, grandchildren. A. Juodraitis (2012) state that the changes of social status have impact on life quality of person: decline in human activity, narrow social interests, poor material status, and the loss of influence in family. These changes disturb person's health, develops depression, the lost life goal, because there is no future only present.

Other social changes in old age are *related to social isolation*. Individuals experience a lot of losses (dies not only friends, relatives, but also spouses), so because of it old people have no social relations and feel lonely. *The social roles in old age also changes*: from spouse to widow, from working person to unemployed person, from father/mother to grandfather/grandmother. The adaptation to new roles requires a lot of efforts, the perception of new behavioural models, different relationships, timing and etc. (Pivorienė, 2008).

According to the data of research which has been conducted by J. Almonaitienė and D. Antinienė (2005), it can be noticed that *social isolation is the major risk for elderly and old people psychological and physical health*. Individual seeks to be with other person, feel necessary, beloved, but people feel alone if they do not satisfy this need and do not have close relations.

L. C. Johnson (2001) follows the theory of systems and believes that people's needs and social problems are analysed in regard to larger systems. Scholar notices that all individuals depend on several systems which form a part of individual's social environment. She distinguished *three groups of systems*:

1. Informal systems (family, friends, close relatives).
2. Formal systems (clubs, associations, organizations, communities).
3. Public systems (social care, health security and educational institutions and work stations).

Linkevičienė (2009) states that *focusing on the theory of systems*, individual and family has to create *the balance*, to do so it is very important to combine and meet all family members' needs. Every single member has to try to comfort others and feel satisfaction that he can give and receive.

One of social issues of old and elderly people is *imbalance of family system* during the crisis. L. C. Johnson (2001) distinguishes three factors which usually disturb family functioning and balance:

1. Weakening health of ageing person in family.
2. Changes of family structure (e.g., the loss of a spouse).
3. External factors which worsen welfare of family (e.g., the reduction of income).

Retirement is one of the social problems. It can be noted that retirement not only takes away a productive role from a person, but also limit his income. Individual who lost material welfare also loses one of the main factors which help successfully to adapt to a natural social changes. Only because of income a retired person does not want to leave his workstation (Allport, 1998).

In general, the conclusions can be drawn that the stage of old and elderly people life is characterized by a variety of social changes such as *the decrease of social relations, social isolation, imbalance of family system and low income*. Also it can be noticed that ageing is inevitable process during which not only physical functions of human organism weaken, but also *mental functions i.e. bad memory, slow thinking, changes in information processing, unstable emotions, different behaviour, people become less active*.

1.4. The theoretical and practical discourse of adaptation phenomenon in the context of social work opportunities

The understanding about the adaptation of ageing person and its changes is very important to different specialists (particularly for social workers) who work with old people, because they can plan and implement intervention which strengthen adaptive abilities of ageing person and develop new ones. Ageing process covers a wide range of positive and negative life changes, which person has to overcome and adapt to new situations.

Naujanienė (2004) define *adaptation* as behavioural concept. *Adaptive behaviour*: supports effective models of interaction with reality; contributes to the improvement of the environment; oriented to conflict solution; reduces stress; improves personal satisfaction (cited in Greene, 2000). It has been shown that unwanted life event have a small but negative impact on the elderly and old people's physical and mental health and vice versa, desired events have a positive impact. During the life time the pain and joy diminish. Significant events that occur during life time have a stronger impact on person's welfare than other events. Controlled events cause less negative consequences than those uncontrollable.

Successful strategy of adaptation is successful ageing which according to Rowe and Kahn (Greene, 2000), covers the main behaviours:

1. Behaviour is directed to prevention, avoiding illnesses and disability;
2. Intervention into life, covering the need of social connection;
3. Maintenance of high cognitive and physical functions, including maintaining and enhancing their effectiveness.

Perhaps the most commonly used indicator of effective adaptation in old age is *life satisfaction*. Successfully adapted persons of old age are those who are happy with their whole life. The more desired goals are accomplished, the bigger satisfaction person feels. The satisfaction is oriented to the past comparing the present situations. Havighurs, Neugarten (Atchley, 1997) distinguish life satisfaction components:

1. Interests (the demonstration of vitality in several areas of life, the maintenance of enthusiasm);
2. Determination and strength (struggling, perception of positive sides in complicated situations, assumption of responsibility for their own life);
3. Completion (feeling when you achieve everything what you wanted);
4. Self-respect (feeling as a valuable person);
5. World view (optimistic view to life, interest in the world, having hope) (Naujanienė, 2004).

The research of Mannell and Dupuis (1996) has shown that *satisfaction of life is directly related to health, functional abilities and financial status*. It has been noticed that people who have poor health, express lower satisfaction of life (Naujanienė, 2004).

World Health Organization imply that *long-term social care* covers a series of services which are partly or wholly provided for a person who need constant care assistance, it is also trying to maintain the best quality of life, to ensure freedom of choice, autonomy, independence, participation, satisfaction and dignity. Although, all valuable provisions are similarly declared in all countries of EU legislations, but their adaptation in daily practice is not very close to such values. This definition reflects issues of dependence, i.e. elderly person depends on other people's help. Europeans dependence on long-term social care is constantly increasing i.e. this phenomenon is evaluated by objective and subjective criteria. Objective criteria are age, life expectancy, disability. The department of statistics (2013) indicates that in the middle of 2013, Lithuania contained 713.8 thousand people. Elderly people (60 years old and older) comprise 21.2 % off all residents. During the last ten years, the number of elderly people increased by 32.6 thousand or (4.9 %). Additionally, the life expectancy also became longer. In 1997, the average of life expectancy was 69 years, and in 2011, it reached 74 years (Lithuania Statistics, 2013).

Although, long-term institutional care became a lower pursuit comparing with its spread in care homes, but person who lives in long-term institutional care home always end up his life there, so the quality assurance of care became very important factor in this sector in order to ensure human rights and positive view of ageing. Elderly people who are incapable to take care of themselves, always choose care at home, informal support of family members and friends, institutional care (European Commission, 2007; Naujanienė, 2008; AFNOR, 2008).

Institutional social care and its good quality of services have to meet all clients' expectations, create conditions similar to those of the nearest home environment and in all ways to create the comfort for the consumer. Greene (2000), Naujanienė (2008) note that unlike other types of services, i.e. primary health care, home help and day care centres, institutional social care services mostly restrict personal independence, autonomy.

1.5. The issues of old and elderly people with disabilities who live in care homes

S.Misiūra (2012) claim that in senility when person experiences psychological, physiological and social transmutations, physical and mental capability decline, occur a lot of related issues which influence the positive socialization of elderly people. People who are of older age lose all their personal needs and stop taking interests in things that previously gave them joy. (Koncevičienė, Beržanskienė, Eidukaitienė, 2014).

As noted by J. T. Erber (2005), the needs of old people who live in institutions depend on dependency, participation, and control. Usually needs are satisfied with the help of communication which can be bidirectional: communication with other people and communication with personnel. Characteristic traits or personal characteristics of impaired communication can influence interpersonal conflicts which lead to insecurity and new problems (Abramavičienė, 2008).

According to L. L. Jervis (2006), the upsurge of social problems is influenced by dissatisfaction of social needs. Individual needs which can only be met with the participation of others are called social needs (Maslow, 2006). It is difficult to meet the needs which are concerned with security of elderly and old people in stationary care homes. According to Maslow (2006), if security need is not ensured, it can cause instability, anxiety and fear. As noted by J. T. Erber (2005), the raise and solution of such problems depend on social work which is purposeful and active. The main impact on social problems of elderly and old people has such aspects which mostly influence person's security, independency, self-expression and self-realization (Abramavičienė 2008). Moreover, it is strongly influenced by the social work of professionals.

L. Žalimienė (2007) distinguishes the issues of quality of provided care services in stationary care homes:

1. *There is no information about services and receiving conditions.* Ensuring availability of services indicates that both society and future or existing customers have the access to information about offered services, receiving conditions and quality (Žalimienė, 2005).

2. *Little attention is provided to assessment of client's needs and planning of proper services.* Versatile and complex assessment of clients' needs is necessary for service planning and adequate quality assurance of provided services.

3. *The issues of inadequate number of employees and their qualification.* As for the personnel of care homes, it has to be emphasized both inadequate number of employees, ensuring all necessary services provided for clients on time, and the lack of their qualification.

4. *The client's rights and dignity.* In the process of development of the standards it has been noticed that a little attention is paid to the assurance of human rights due to common culture of institutions activities, formed stereotypes of elderly people's needs, unprofessional personnel and the lack of competence.

5. *The inclusion of customers into the improvement of quality of services and improvement of institutional environment.* In accordance with modern concept of quality management, the inclusion of clients into the improvement process of quality of services is necessary for the services quality assurance.

6. *The improvement of services organization.* The betterment of life quality is related to the transmutations of personnel's changed attitude toward elderly people, upsurge of employer's professionalism, frankness and constant improvement of institution's environment (Žalimienė, 2007).

J. Pivorienė (2007) emphasizes that the aim of social care standards is to ensure proper life conditions for elderly people that they could live a prosperous life without violation of their rights and dignity. R. Adomaitienė and other's research (2007) has shown that in Lithuania, for one percent of old and elderly people care services are provided at home, but a huge part of old and elderly people are seeking to be accommodated in social care institutions.

J. Sadauskis and I. Leliugienė (2010) say that social worker has to create and strengthen skills and abilities of people who live in such institutions, as well as motivation to solve community issues and implement prevention while overcoming social issues in order to achieve the most important aims of community.

According to the law of the Republic of Lithuania of Ministry of Social Security and Labour⁹, the standards of long-term (short-term) social care of old and elderly people as well as people with disabilities are established and applied to the social care homes. These standards regulate the entire process of supplying services, from the planning and submission of services to social care institutions, to administration and management of institution. The areas of social care standards are identified and presented below:

⁹Lietuvos Respublikos socialinės apsaugos ir darbo ministro įsakymas, 2007 m. vasario 20 d. Nr.A1-46 „Dėl socialinės globos normų aprašo patvirtinimo“ (Žin., 2007-02-24, Nr.24)

Area I. Services assignment, planning and accommodation of a person (old and elderly people as well as people with disabilities (hereinafter – person) or responsible person, or other family members, close relatives, all of them has the ability to get acquainted with social care homes.

Area II. The assurance of person's welfare, providing social care including the implementation of client's interests, appropriate health care services which are provided on time and the assurance of physical and mental health.

Area III. The security of person's rights (the person's rights are assured and protected, despite person's capability and health condition; ensuring that his problems, complaints will be heard, analysed and respond).

Area IV. The assurance of person's diverse needs (person has an opportunity to obtain social care which meets his needs and the level of autonomy; the environment is based on mutual trust and respect between person and social worker).

In general, it can be said that in old age experienced changes influence the occurrence of social issues. Social worker has to solve emerging problems. Social issues which appear in stationary care homes are related to dissatisfaction of needs, the lack of social workers qualification, a little attention is paid to the assurance of human rights and dignity, as well as exclusion to the improvement of quality of services, the lack of communication between people who live in stationary care homes and working personnel.

It can also be said that it is difficult to adapt to a changing life and new place for old and elderly people. A significant impact on the life in stationary care homes has a changed environment, because person feels confused due to unusual place, unknown personnel and often experience discomfort if a person is not accommodated in a single room.

1.6. Social Work Opportunities for Solving Adaptation Issues of Old and Elderly People with Disabilities in Care Homes: The Comparative Analysis of Lithuania And Ukraine

As noted in the law of Republic of Lithuania of Ministry of Social Security and Labour¹⁰ (2006) social work is the professional activity of social workers and their assistants, this activity involves the betterment of people and environment in order to strengthen person's ability to adapt and help them to integrate into society. Social work stimulates the social changes in society and provides the opportunity for people and community to participate in solving social

¹⁰<https://www.e-tar.lt/portal/lt/legalActPrint?documentId=TAR.73078569BC8A>

issues by increasing their responsibilities without causing any harm to old and elderly people dignity.

According to Kvieskienė (2003), social work is reciprocity between social worker and client and is realized in specific circumstances. Scholar implies that social work is organized supply of services to disadvantaged people, including low-income, elderly, disabled persons, children and etc.

Danusevičienė and Povilaikaitė (2004) present gerontology as separate area of social work. The nature of work is determined not only by client's specificity, but also the society's attitude toward him. Social work with old and elderly people has its own specifics.

According to S. Koskinen (2004), social work widely differs in the age groups from 25 to 80 years old people. Special attention has to be paid on the nature of person who is of old age and all aspects of social work have to be taken into account. Clients of old age challenges social work's moral values, knowledge and practical skills (Nathanson & Tirrito, 1998). In general, in social work the interaction between person and environment is taken into account (Compton & Galaway, 1999). The work with old and elderly people is of different kinds: it covers physical, emotional, social context, opportunities of self-improvement, client's priorities, environment, available services and support.

Modern social work is inseparable from its worker's *professionalism*, ability to communicate solving not only our country's problems, but also common European problems.

Collective activities (or service activities) indicates that professional community is characterized by institutionally legitimized culture which reveals composed factors such as code of ethics, laws.

Professional monopoly (autonomic government) indicates that professional community disposes at larger or smaller extent of the level of institutional autonomy i.e. professional government of monopoly.

Gvaldaitė, Švedaitė (2005), distinguish five specific characteristics of social work. *First*, social worker feels responsible for almost the whole life of person. *Second*, the profession of social work does not have its monopoly in society. *Third*, social workers solve daily problems of clients, so it is difficult to prove that the professional competence and methods are necessary. *Fourth*, social work depends on social policy of state, public funding and administrative – bureaucratic body. *Fifth*, social work's help in modern society is institutionalized assistance which is provided by special organizations. According to scholars, newly developing professional assemblies which include social work have to maintain the whole components in order to be recognized in the society.

Compton and Galaway (1999) think that social worker is *a third person* between person and environment and also he helps to solve different difficulties and problems. Three different types of knowledge are necessary for social worker: 1) knowledge about person's behaviour, adaptation methods and everything what is related to adaptation; 2) knowledge about situation i.e. community, its institutions, and various types of resources; 3) the concept which helps to understand the transactions between people and environment which on the one hand, promotes or suppress the growth, development and the realization of human potential, the environment's ability to support a variety of human potential.

Lesauskaitė and others (2008) in the book „Gerontologija socialiniams darbuotojams“ claim that social worker should be familiar with the care of old and disabled people, the planning of care, features of psychology, various illnesses and the care of these illnesses. Social worker's competence in the field of gerontology covers old person's welfare policy (Skrabienė, 2007). So, social worker should be familiar with the process of ageing and understand biological, physiological, psychological, and social changes. Furthermore, social worker who works in such areas as safety of health or care has to know medical terminology, physical and mental illnesses of old people, procedures of treatment and consumption of medicines, new technologies related to medicine, nutrition, physiotherapy, occupational therapy and etc. Additionally, social worker who works in health care system must know specific information about diagnosis, illness and with it related procedures, treatment procedures and medicines in order to understand how it affects human body. The worker who is familiar with advanced technologies of medicine can fully inform the client about available resources.

It can only mean that social workers have to be familiar with the process of human ageing and have to be able integrate gerontology knowledge into social work process.

While planning the help and services for old people, social workers have to evaluate all possible aspects of emotions. Other aspect is a wide range of social problems and needs of individual clients. Gerontology consists not only of individual clients, but also of groups. The next aspect is the welfare of old people in the context of social policy. It is very important the balanced and developed teamwork for the assurance of old people's welfare, which also affect the effective solution of issues and needs.

Danusevičienė and Povilaikaitė (2004) indicate that gerontological social work is understood as specific social science and practice field which deal with the social policy of welfare of old and elderly people development and the multidisciplinary issues of work. Therefore, scholars claim that gerontology is a separate area of social work. The nature of work depends not only on specificity of client, but also on the society's attitude toward him.

Koskinen (2001) analyses the features of social work in gerontology and distinguished two concepts: ageing and old age. Ageing is defined as the transmutation of biological functions, psychological and social processes which covers losses, changes and resources, and old age is unique stage of life with its own features, resources, and crisis. The concepts are fundamental in defining the client of social work in gerontology. A majority of elderly people during their life time encounter with loss, which to survive become more and more difficult. New relationships will never replace those which formed for decades.

According to L. Danusevičienė and S. Povilaikaitė (2004), the models of social work practice which are applied in the care home and care hospitals, have a structure of research and intervention that enables to meet resident's (client's) needs. In the specific institution only one model (out of three) of social work practice is always chosen

- Functionality model is oriented to the rehabilitation of weak functions. Applying this model social worker must identify individual needs of a client.

- Advocacy model is oriented to the organization of help process for a person who no longer can operate.

- Integral family model is the model which includes several family generations. It is oriented to the care of elderly people within a family. The involvement of family members in the care and nursing encourages and support old family members.

Other aspect of work with old people is that the attention has to be paid to all elements of social work, values, knowledge, practical skills, so in this case, the social worker becomes a very important part (Nathanson & Tirrito, 1998). Person who was vital, strong and proud of his independence, now has to rely on others because of weaken health and this causes strong emotional experiences and stresses. Person who never asked help, now not only has to learn how to do so, but also overcome the sense of humiliation (L. Danusevičienė and S. Povilaikaitė, 2004).

Participation means that social worker has the right to intervene into old people's life, only maintaining their autonomy. Social worker's task should be the isolation and death prevention of elderly people in order to remain a person socially active.

Due to the importance of human and environment interaction, social workers seek to restore interaction of human and system's resources. It is suitable for gerontology of social work. In literature four basic aims are distinguished:

- To improve the competence, problem solving and overcoming of elderly people;
- To help elderly people and their family members to obtain services (social workers operates as managers);

- To develop services and cooperate and coordinate work among organizations by improving the needs of elderly people;

- To improve interaction between old people and others who live in community;

In order to achieve those aims, social work has to be contributed to local and national forming of elderly people's policy. According to Walker and Naegele (1999), social work in gerontology is assurance policy of old person.

According to L. Žalimienė (2005), in Lithuania there are three types of residential care institutions for elderly and old people: 1) retirement home, where live old people with different autonomy levels, 2) hospices, where long-term care is provided, 3) homes for independent people, where live old and elderly people receiving minimal help and lives independently.

The provision of care in institutions covers: 1) instrumental activity, oriented to satisfaction of old person's basic needs and 2) emotional activity, which is concerned with the welfare of old person and help to meet his social needs and enhance psychological and emotional security (Abramavičienė, 2008).

G. Vazonienė (2010) claims that during the process of ageing, the bad feeling and the probability of illnesses increase. A majority of people become the residents of care homes when illness or disability becomes a serious issue. Meanwhile, the European Social Charter accentuates the necessity to ensure the possibilities of accommodation of old and elderly people respecting their private life. Also, European Social Charter emphasizes that high-quality services has to be provided in these institutions involving not only technological and technical subjects (nutrition, appropriate living conditions), but also the quality of life dimensions (dignity, assurance of rights and privacy) (Žalimienė, 2007).

S. Barclay and others (2014) note that a significant impact on the life in stationary care homes has a changed environment, because person feels confused due to unusual place, unknown personnel and often experience discomfort if a person is not accommodated in a single room. Also, living in care homes people finds themselves among others who have physical or mental disability.

The life of old and elderly people in care homes is inseparable part of adaptation process. M. Bern-Klug (2009) note that when people choose stationary care institutions, it is very difficult to adapt to a changing life and new place. The difficulties of adaptation are determined by increased person's vulnerability, declined body functions. Scholar also implies that adaptation process is influenced by decrease of communication partners, rare meetings with relatives, and the loss of environment. In addition to all above mentioned reasons, the adaptation process is also burdened by negative attitude toward the life in care institutions.

For old and elderly people it is difficult to adapt to care homes and boarding houses. V. Gudžinskienė (2011) claim that one of unsuccessful adaptation consequences is the sense of loneliness. This feeling appears when person is not strongly attached to boarding house's residents or relatives. The efforts of social worker can be ineffective during adaptation process due to person's isolations, lack of social relations (Gudžinskienė, 2011).

L. Harris-Kojetin and others (2013) distinguish factors which affect the successful adaptation in care institutions. Scholars claim that the success of adaptations depends on the surrounding environment and people. Bad relationships create unfavourable atmosphere full of pretensions, anger, accusations, mutual misunderstandings, so it is very important to help a person who accommodates himself in such institution to adapt, find a compromise between internal human content and external conditions. It is also vital to promote person to engage in some activities, communicate with other residents, relatives and friends.

L. Žalimienė (2007) note that in Lithuania a little attentions is paid to the evaluations of client's needs and the planning of adequate need services which has a huge impact on the living conditions in care homes. Scholar has discovered that not all long-term care institutions prepare individual care plans that are based on systemic evaluation of needs, and periodical review.

The discussion of old and elderly people life in stationary care homes is carried on, and it is appropriate to mention the conducted research of L. Spirgienė and others (2010) in which scholars claim that residents who were actively involved into social activities, were able to move without auxiliary measures, as well as were independent in daily activities. More than a half of subjects who participated in research were not engaged in social activities, so the daily life was also more complicated.

Person who finds himself among people with disabilities who sit in wheelchairs or walk with crutches or for the first time has a conversation with old person who has mental disability, start to feel fear of becoming the same. As noted by Ullrich (2003), in such cases people react differently: do not hide their disgust and rush into their room or demonstratively leaves the room when person with physical or mental disability appears. Individuals experience psychological stress when they feel danger to their vital interests. Then their perception and interpretation of event become selective, self-centered and inflexible. This causes the disorder of cognitive functions. The weakening of corrective function which allows verifying the facts and correcting generalized conclusions (Corsini, Wedding, 2011).

When some of old people have to choose stationary care homes in the end of their life, it is difficult to adapt to a changing life and new place for old them. It is also influenced by decrease of communication partners, rare meetings with relatives, and the loss of environment. Here there is poor range of daily activities, less frequent contacts with relatives, less privacy. Moreover, it is

difficult to adapt for a person due to negative society's attitude toward the life in care institutions. Person's success of adaptations depends on the surrounding environment and people. The success of adaptations depends on the surrounding environment and people. Bad relationships create unfavourable atmosphere full of pretensions, anger, accusations of mutual misunderstandings. So it is very important to help a person who accommodates himself in such institution to adapt, find a compromise between internal human content and external conditions. It is also vital to promote person to engage in some activities, communicate with other residents, relatives and friends (Varnelienė, 2007).

The social activity of people who live in long-term institutional care institutions depends on their functional condition, health disorders. Researches concerning the selection of social activities have shown that old people tend to watch TV, listen to the radio, walk outside, chat, remember previous life stages, and engage into spiritual or religious activities. They are not so interested in dances, games or work with computer (Spirgienė, Macijauskienė, 2007). Researchers note that residents who were actively involved into social activities, were able to move without auxiliary measures, as well as were independent in daily activities. More than a half of subjects who participated in research were not engaged in social activities, so the daily life was also more complicated. Thus, the needs of old people who live in care institutions not always are fully met, because mostly they communicate with other residents and personnel. Other relations (with relatives, former neighbours and friends) are broken or episodic. Care institutions inhabit people of different characteristics and experiences, so the communication is not always successful and can cause interpersonal conflicts. Dissatisfaction, the feeling of insecurity and other problems appear. Erber (2005) claims that the upsurge of various problems and their solutions often depend on social work in care institutions which has to be oriented and active. Successful interaction skills with elderly people require the understanding of physiological features of old people and the understanding of ageing process. Work with elderly people is based on the understanding of senility as a unique stage of life with specific tasks and psychological crisis.

In the process of study and practice, the communication with social workers reveals that adaptation issues and social work opportunities are very similar comparing to our country. Effective adaptation process depends on the competence of social workers, infrastructure of social institutions (care homes) and the culture of organizations.

2. THE METHODOLOGY AND ORGANIZATIONS OF EMPIRICAL RESEARCH “THE ISSUE OF ADAPTATION IN CARE HOME OF OLD AND ELDERLY PEOPLE WITH DISABILITY IN THE ASPECT OF SOCIAL WORK”

2.1. Access of the Research Methodology

This research covers the analysis of adaptation issues of old and elderly people with disabilities in care homes in the aspect of social work. In order to achieve the aim the following three *objectives* have been set: literary analysis method has been used in order to identify adaptation issues (methodology, means, principles) in care homes in the aspect of social work; questionnaires have been used in order to reveal adaptation issues of old and elderly people with disabilities in care homes following the evaluation of social workers; literary and research analysis have been used in order to provide adaptation issues of old and elderly people with disabilities in care homes in the aspect of social work. In order to implement the objectives of the research, the methodology and organization of research is presented below.

According to *humanistic theory*, person is treated as conscious, free and creative personality, who is worth respect, develops natural abilities and who seeks to realize it and improve himself focusing on orientations. Craving for future and permanent becoming personality are basic characteristics of person. Person is active and autonomous, tends to consciously choose and make decisions, also can constantly change and adapt (Rogers, 1995; Maslow, 1989).

Positivism (Durkheim, 2001) is a paradigm that enables to search “positive” knowledge in society in order to create society without any minuses. Furthermore, in accordance with the provisions of this paradigm, the research of a certain phenomenon can reveal its relation with other phenomena, regularities, but it never explains its nature or essence. According to this paradigm, obtained data during the research can be reduced to statistical tables where the information is recorded. The principles of positivism will be revealed during quantitative research and after the analysis of adaptation issues of old and elderly people with disabilities in care homes in the aspect of social work.

According to Sullivan’s *interpersonal theory*, it is possible to understand personality only studying the interpersonal relations. As person’s development is going on in society, so it also forms personalities. All mental processes (perception, memory, thinking, imagination) are interpersonal.

Personality can be seen only when people communicate with others. According to Sullivan, Person learns how to behave during the communication with others, but not because of internal imperatives or instincts.

For the development of personality, social factors are more important than physiological ones. Personality is a cognitive system in which energy can exist as *tension* or as *action*. Tension is potential opportunity of action. Action is the transformation of energy. Tension occurs due to dissatisfied needs. When the need is satisfied, the feeling of pleasure emerges, and the tension fades. Person's needs can be presented in the hierarchy: first, daily needs are met, only then spiritual.

Anxiety obstructs to meet the needs. High level of anxiety of adults reduces the efficiency of needs satisfaction, has a harmful effect on communication, thinking. The consequence of tension which occurs due to dissatisfied needs is concerned with certain actions, which aim is to reduce tension. Meanwhile, tension which appears due to anxiety is completely meaningless and unwanted.

Tension occurs from the body's needs, while anxiety appears due to real or invisible threats toward safety. Tension is related to the satisfaction of needs and usually obstructs to meet them.

Unlike, tension which is related with needs, anxiety only obstructs to implement the satisfaction of needs.

High level of anxiety of adults reduces the efficiency of needs satisfaction, has a harmful effect on communication, thinking. Tension's which occurs due to dissatisfied needs, consequence is certain actions, which aim is to reduce tension. Meanwhile, tension which appears due to anxiety is completely meaningless and unwanted. The transformation of energy is such actions which aim is to meet all needs and reduce the tension.

The structure of personality: dynamism (similar to habit or characteristic which does not change all life) and the structure of "I" (increased occurrence due to anxiety). "I" system secures person from anxiety, maintains his high level of self-esteem and at the same time protects from criticism and obstructs to change. Eventually, "I" system can become complex and start to obstruct the person's objective evaluation of his behaviour, to understand what he really is and at the same time to obstruct building relationships with other people.

It is equally important to evaluate *theories of social gerontology*. *Theories of gerontology of three generation* help to understand theories of ageing changes in the aspects of society transmutations.

The origins of social gerontology theories are found in social sciences. Social gerontology helps to analyse social processes related to age and ageing: 1) what social actions influence person's behaviour in his life; 2) what transmutations of person or group are considered to be

relevant for the next stages of life and experiences; 3) what impact on age groups have characteristics of social structure; 4) how social status, gender, race, culture, widowhood or being retired influence people's experience, meaning of life, functionality in the next stage of life (Naujanienė, 2002).

The first generation of social gerontology by Marshall Classification

First generation (concept is related to researcher's generation who newly explain the processes of ageing) theories of social gerontology have been divided into normative and interpretative by Marshall (Večkienė, 2002). In *micro-level* theories is focused on person's daily life and interpersonal behaviour in small groups e.g. Relationships among family members; *macro-level* is the level of social systems and social structures i.e. relationship among family members, state and market (Margarita Gedvilaitė-Kordušienė, 2009). According to (Marshall), the classification of theories is based on subjective considerations, so alternative classifications are also possible. According to interpretative perspective, it is explained differently: people build and create norms, rather than automatically fulfill it. It can be said that explanations in social sciences can be deductive. The aim of the researcher in social science is to interpret and understand social behaviour rather than explain or foresee it (Marshall, 1996).

Second generation of social theory by Bengtson classification

Isolation theory is assigned to the one perspectives of theory of roles. *In the level of individual* it enables to reduce "ego energy" and accept the death. *In the level of society* it is understood as the balance maintenance of society and, planned and gradual withdrawal of its members from the functionally important social roles (Marshall, 1996). *From theory perspective*, senility is the mutual withdrawal of old person and society (Marshall, 1996). One of the reasons why the levels of individual and society are not connected is that withdrawal has been treated as equal in both levels, as the purpose which is craved by old people and social systems (Moody, 1998; Naujanienė, 2004).

Theory of activity. According to the theory of activity, every person thinks about himself in the way of roles and activities he is engaged in. It can be stated that we are, what we do. In the theory of activity, it is said that in old age people also perform their role and activities which have been started in previous stages of life also they maintain the same needs and values (Moody, 1998). According to this theory, people in old age choose adaptively i.e. apply known strategies in well-known situations. The theory of continuity focuses on the assumption that ageing people want to preserve and keep not only internal psychological continuity, but also external continuity of social behaviour and conditions.

Concept of *subcultures of old age* is derived from symbolic theory interaction. This concept has been suggested by Rose (Bengtson, Parrott & Burgess 1994), he wants to explain how the tendency of old people withdrawal from the other part of society affects ageing process. The development consequences of old age subcultures are either positive or negative. One positive consequence is the opportunity for old people to create social activity groups and in this way participate in social life.

Modernization theory is understood as a process through which evolving nations are drawing closer to the developed countries by reaching a certain level of economic growth, certain level of society's participation or democratic development stage. In this way, they can provide more physical, social and economic mobility by using all media in order to adapt various norms to their country. In social gerontology, modernization theory defines the relation between society modernization and roles of old people as well as the change of status. The indicators of modernization are urbanization, industrialization, development of bureaucracy; movements from the model of marital family, the appearance of free time and increased life expectancy determine the decrease of elderly people's status in society (Naujanienè, 2004).

Political economic perspective describes old people and ageing process as conditioned social structures. This perspective raises a question whether the logic (order) of economic system is compatible with the needs of old people.

Theory of roles is one of the most important applied theories in social gerontology, which gave rudiments for the theories of withdrawal, modernization and others. This theory Marshall (1996-E) assigns to normative theories of micro-level group. Contemporary attitude toward the theory of roles is applied by researchers, who look from the perspective of stage of life and research social factors and illnesses. For instance, Moen (1996) focuses on the perspective of stage of life and seek to investigate the gender differences in changed roles in the stage of life. Scholar emphasize that there is a little information about social roles in the case of unpaid work, e.g. volunteer or activist in community. George (1996), who is interested in social factors and illnesses, defines social integration as level in which individual becomes attached to a social structure.

In operational level, social integration is defined as the number of social roles, e.g. church visitor, volunteering person. George raised several hypothesis of such social integration's definition which effect health. As she noted, old age can be strategic context, while studying the relations between social integration and health, because it is described as modest (moderate) and demonstrative loss of social roles (Marshall, 1996-H).

Third generation of social theory by Bengtson classification

The majority of ***third generation theories*** are interdisciplinary, integrating the research results of sociology, psychology, history and economy. Some theories suggest analysing ageing in micro-level (individual and family) and macro-level (social systems and social structures); other offer to analyse events related to ageing in both levels (Večkienė, 2002).

The theory of social construction in social sciences adhere strict analysis of micro-level (Bengtson, Parrott & Burgess, 1994). This theory does not involve causal interpretation of social world it mainly focuses on the sense of the issues of daily life. Empirically described how social categories and age groups integrate into daily life and how it is dealt with and how it is socially organized. Applying this perspective, the question is raised: not why, but how simple people “theorize” their worlds and what are the meanings of it (Gubrium & Holstein, 1999).

The perspective of social construction is focuses on most philosophical traditions, so in gerontology it is described in various ways. *First*, in this perspective the subjective social reality is analysed. Thus, subject is defined differently, in social construction it is the basic concept. Subjectivity does not mean individual subject. Ethnomethodologist clearly emphasize the quality of subjectivity of social context and claim that the construction of reality from the beginning to the end is reflective feature of language and interaction. *Second*, in this perspective the world experience is understood as it is built not from the things, but from the meanings which are ascribed to these things. For instance, work and retirement can be social factors in scientific research, but in the world of experience these are only common things, meaningful for those who encounter them (Gubrium & Holstein, 1999). *Third*, according to social construction attitude, meanings are generated (organized) by context. Claiming that meaning depends on context, it is said that all things are meaningful, because context fulfils things. For instance, Renee Rose Shield (1988) carried out the research about daily life elderly people in care homes. In this particular research context was permanent struggle between being in hospital and being at home. Every scholar differently defines the concept of context. Some of them understand it as global; an example of such understanding can be illustrated by the term “culture”, when it is said that culture makes people what they really are, it moulds their identity and the meaning of life (Gubrium & Holstein, 1999).

2.2. The Research Methodology

Quantitative method has been used for this research – questionnaire.

Questionnaires have been used to interview social workers who work with old and elderly people with disabilities in social care institutions.

According to some authors (Kaffemanienė, 2006; Luobikienė, 2000), questionnaire is formulated questions which are helpful while analysing certain social phenomenon or process. Questionnaires provide the opportunity for respondents to answer the question and for researcher to receive reliable results and systemize them.

Bitinas (2006) and Tidikis (2003) claim that quantitative research (questionnaire) is the most popular method in research. Meanwhile, Kardelis (2006) emphasizes the complexity of preparation for this method with respect to the understanding of issue and systemic work. Giddens (2005) notes that the aim of questionnaires is to collect data, which can be analysed statistically, in this way revealing models and regularities.

According to recommendations provided by Valackienė and Mikėnė (2008) and Žydžiūnaitė (2007), the general requirements for questionnaire have been set:

- In a motivated and logical way the aim of the research has been explained and brief instruction of questionnaire filling has been provided.
- Respondent's efforts to answer the questions should be minimal, so the questions have to be specific and all options of answers clear.
- The less respondent has to write, the more privacy will be maintained.

Close-ended questionnaires are comprised of several stages:

- I. The reasons of accommodation in care homes;
- II. Adaptation;
- III. Employment;
- IV. Emotional adaptation side;
- V. Autonomy and help;
- VI. Demographical data

Nominal and ranking scales have been used in questionnaire in order to obtain clear and accurate results. Čekanavičius and Murauskas (2001) claim that using the results from nominal scale, the objects can only be classified i.e. assigned to one or other group. On the other hand, ranking scale is mostly used method in research in order to classify data. This scale can be used to evaluate attitudes and is widely used in the researches of attitudes and provisions.

The processing of data. After the survey, the matrix of collected data will be created and the *statistical analysis* will be made. The aim of the statistical analysis is to summarize obtained data and to reveal basic characteristics of factors with the help of variables. The data of the research has been processed, systemized and presented graphically using *SPSS, Windows Microsoft Office Word 2010* and *Windows Microsoft Office Excel 2010*.

2.3. The Scope and Ethics of the Research

The scope of the research. The survey involved 100 social workers from Lithuania social care institutions for elderly and elderly persons with disabilities.

Data analysis of research has shown that subjects who work at social care institutions are mainly women and they form 98 % (out of 100 research subjects) and men comprise only 2 %. In general, 68 % of all subjects graduated from college and 32 % graduated from university. The average of respondents work record is 13.2 years.

The ethic of the research. According to the principles found in Rupšienė's (2007) work, this present paper only deals with the principles presented below during I and II stages (cited in Trochim, 1999):

- The research's subject (respondent, informant) has to participate on a voluntary basis;
- The researcher has to reveal the essence of the research, inform about possible risk, follow the principles of research ethic and obtain the agreement (after providing information) of a subject in order to continue the research;
- The researcher in all stages of research has to protect the subject from possible harm;
- The researcher has to ensure the confidentiality of obtain information from subject.
- The researcher has to ensure the privacy of a subject.

2.4. The Analysis of Research's Results

Firstly, subjects of the research have been asked to name the reasons why old and elderly people with disabilities accommodated in care homes. The results of the research are presented below in Table 2:

Table 2

The reasons of old and elderly people with disability, accommodation in care homes

Reason	Average (M)	Standard deviation (SD)
Relatives are unable to take care of them	3,20	0,56
Constant care and supervision are necessary	3,11	0,57
The decision of relatives	2,78	0,84
Loss of a spouse	2,49	0,78
It was his own decision due to poor health	2,25	0,79
Became completely alone	2,24	0,68
Emigration of relatives	2,17	0,84
Have lost their of housing	2,09	0,91
Reduced income	1,98	0,69

Social workers say that old and elderly people with disabilities live in care homes, because their relatives are incapable to take care of them and this is the most common reason. Another quite common reason is that people need a constant care and supervision. Results indicate that the most common reasons are related to old and elderly people with disabilities needs that appear due to the old age and/or disability.

The rarest reasons are those of reduced income and the loss of house. Still, due to these rare reasons old and elderly person accommodate himself in a care homes. It is possible that due to the emergence of those reasons, relatives are able to take care of them. This confirms R. Naujanienė's (2013) theoretical insights that care and nursing systems of elderly people have to be organized in regard to basic principle i.e. as long as it is possible, person has to live in his own home. Lithuania has an important cultural aspect which shows that children have to take care of their old parents.

Subjects of the research have to say how long it takes for an old and elderly person with disability to adapt to the changed life conditions. The results of the research are introduced in Figure 1:

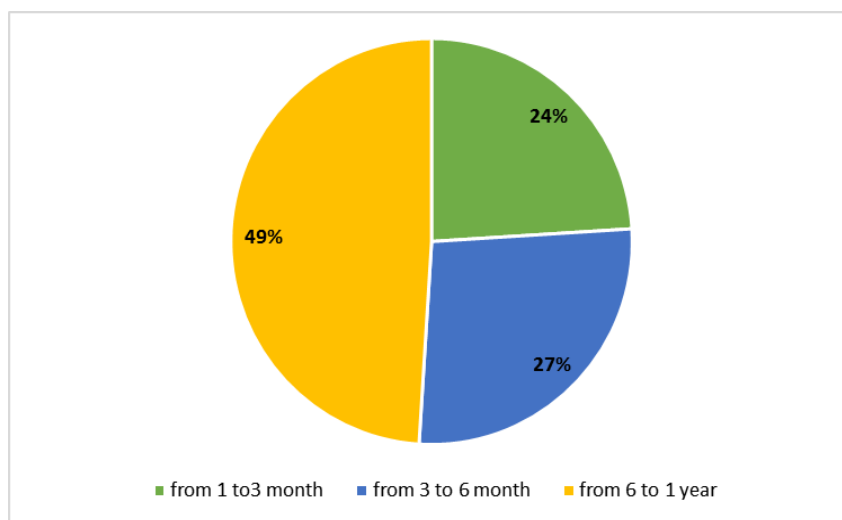


Figure 1. **The duration that is needed for a person to adapt to the changed life conditions**

Social workers who participated in the research claim that 3-6 months is the perfect adaptation period to the changed life conditions for old and elderly person with disability. Thus, every single person has his own physical, psychological and social characteristics which can affect longer or shorter adaptation period. Ullrich (2003) and other also agree with such adaptation period. She notes that people in such cases behave inadequate, so it is very important

to help old person to adapt in the environment where he will have to live, to find a compromise between internal human content and external (Varnelienė, 2007).

Also during the research the question concerning with the duration of complete adaptation for old and elderly person with disability who have to live in care homes. The results of the research are illustrated in Figure 2:

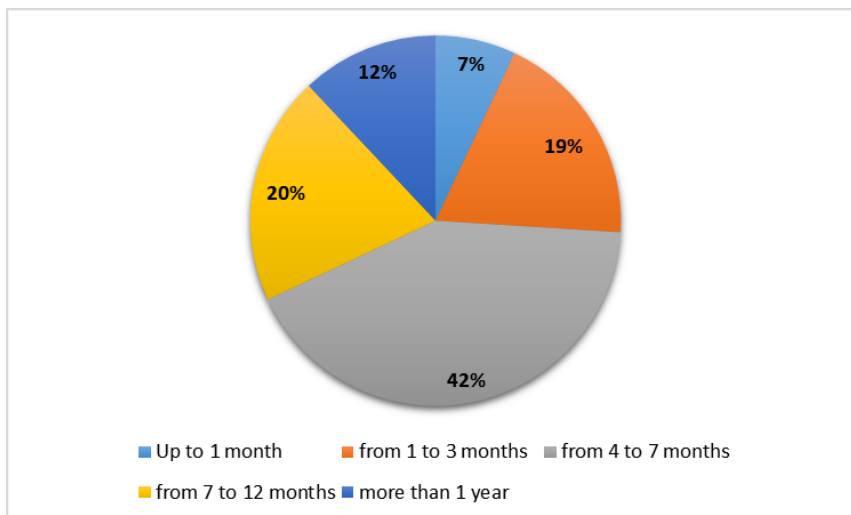


Figure 2. The duration that old and elderly person with disability has to live in care homes in order to adapt completely

Social workers accentuate the period of 4-7 months, which is optimal for the complete adaptation in care homes for old and elderly person with disability. Also, subjects of the research suggested other variants which range from 1 month to more than one year. It can be pointed out, that the duration of complete adaptation also depends on person's characteristic traits, needs and how care institutions can meet their needs with regard to individual characteristics.

According to Sullivan's interpersonal theory, it is possible to understand personality only studying the interpersonal relations. Person can reveal himself only during the communication process and it takes some time to find out person's needs, because only dissatisfied needs cause anxiety. Social worker should identify person's state and find out the reasons that cause anxiety. High level of anxiety of adults reduces the efficiency of needs satisfaction, has a harmful effect on communication, thinking and obstructs the successful adaptation in care homes.

Furthermore, subjects of the research have to provide factors that have a huge impact on adaptation process in care homes of old and elderly people with disabilities. The results of the research are provided in Table 3:

Table 3

Factors that affect old and elderly people with disabilities adaptation in care homes

Factor	Average (M)	Standard deviation (SD)
Attitudes which are brought together in institution	3,54	0,45
The level of disability	3,24	0,49
Life experience	3,09	0,57
Education	2,85	0,62
Social Status	2,82	0,58
Current marital status	2,46	0,78
People were married	2,30	0,85
People have children	2,21	0,87

Social workers state that the major factor of old and elderly people with disabilities which affect adaptation in care home is the brought attitude toward such institutions. It means that if attitude is negative and hostile, the adaptation will be long and unsuccessful and vice versa.

The level of disability also is one of the most frequent factors which affect adaptation. Other factors which have been provided by social workers are concerned with certain demographic-social aspects of person.

Moreover, during the survey, the factors which help for old and elderly people with disabilities to adapt in care homes, have been discussed. The results of the research are given in the following Table 4:

Table 4

Factors that raise the adaptation issues of old and elderly people with disabilities in care home

Factor	Average (M)	Standard deviation (SD)
Inability to take care of oneself	3,45	0,39
Changed place of residence	3,23	0,47
The lack of communication with relatives	3,21	0,59
Health problems	3,15	0,52
The missing of relatives	3,10	0,54
The lack of activity	3,03	0,82
Financial problems	2,97	0,75
The lack of communication with and/or other residents of care homes	2,86	0,74
Inability to adapt to the living place	2,57	0,67
Conflicts with other residents of care homes and/or personnel	2,45	0,98
Addictions, bad habits	2,11	0,87

Thus, adaptation process is permanent and has a wide variety of factors that affect it, but these factors which emerge during the adaptation process are very important and social workers also have evaluated them.

The main factors are inability to take care of oneself and the changes of residence. R. Naujanienė (2004) emphasizes that in old age person rarely change living place, even more rarely he changes community. The transmutation of residence is assigned to undesirable life events which cause a lot of dramatic changes.

Also, social workers imply that other very important factor which affects adaptation is the lack of communication with relatives. It can be said that the decrease or loss of contact with relatives, cause extremely big internal experiences which are important in the adaptation process. According to I. Skrapienė (2007), retired people lose the possibility of daily communication, due to certain reasons it is more difficult to communicate with relatives and friends.

75 % of respondents agree that the relation between adaptation and employment of old and elderly people with disabilities has a huge impact on adaptation process.

The Table 5 below indicates the activities in which old and elderly people with disabilities are engaged in care home. The results of the research are presented in the following Table 5:

Table 5

Activities in which old and elderly people with disabilities are engaged in care home

Activity	Average (M)	Standard deviation (SD)
Employ in handicrafts (knitting, embroidery)	3,25	0,45
Watch TV	3,12	0,49
Read books	3,00	0,56
Play board games, having a conversation	2,87	0,52
Prayer	2,84	0,78
Cooking	2,21	0,84
Meet with relatives, friends	1,78	0,84

Mostly social workers accentuated to the presence of passive activities in with old and elderly people with disabilities are engaged. This does not promote interpersonal communication or activity of old and elderly people with disabilities. Meanwhile, activities that promote motion and communication are rare. Social workers who work in care homes have to be able to competently evaluate the needs of each resident taking into account the residents opinion,

requests and know activities that person is interested in. It can be said that social workers should know that in order to involve old person into some activities, it has to be done carefully, otherwise, it can cause grief and pain for old person.

During the survey, subjects of the research have been asked whether old and elderly people with disabilities easily engage in leisure activities that are organized in care homes. The results of the research are shown in Table 6:

Table 6

The desire of old and elderly people with disabilities to engage in leisure activities that are organized in care homes

Proposition	N
Willingly	21
Persuasion is needed	36
Unwillingly	28
Apathetic	15

The research has shown that old and elderly people with disabilities unwillingly engage into activities or social workers need to persuade them. It shows the passivity of this age group while living in care homes. Besides, these results can be related to the data provided in Table 4.

Maslow (1987) claims that the need of self-realization is the highest form of needs based on inherent opportunities and abilities, and existential values is the highest level of hierarchy which is related to the issue of human existence. So, who tries to achieve the fullfulness of life has to follow mentioned values. Refusing to implement it, the negative features which obstruct human development occur and burden person's life. According to A. Maslow (1987), self-expression is the development of needs and opportunities that are oppressed by human nature and humanistic psychology raised the value of person's subjectivity and experiences (D.Grakauskaitė-Karkockienė, 2002).

The following Table presents the range of emotions that old and elderly people with disabilities deal with during first month in care homes. The results of the research are indicated in the Table 7:

Table 7

Emotions that old and elderly people with disabilities deal with during the first month in care

Emotion	Average (M)	Standard deviation (SD)
Sadness	3,27	0,62

Fear	3,21	0,61
Anger	3,10	0,58
Hope	2,85	0,74
Curiosity	2,84	0,71
Disgust	2,65	0,85
Joy	2,13	0,86
Surprise	2,01	0,92

Social workers name the most frequent negative emotions such as sadness or fear that old and elderly people with disabilities encounter. Positive emotions are encountered very rare. It can be pointed out that the aim of social workers is to promote positive emotions embodying various activities. There are different factors that affect old and elderly people and make them feel inadequate, and limited in life. Old and elderly people are full of emotions that only negatively affect their feelings, force them to give up to the flow of time.

Е. П. Ильин (2001) states that changes in emotions in elderly and old age depend on state of emotions, dynamic changes which come out in the form of emotions inertia, stability of emotions or negative emotions.

During the research, the aspect of feelings has also been covered. The research subjects have been asked how the old and elderly people with disabilities feel in care homes. The results of the research are introduced in Table 8:

Table 8

Feelings of old and elderly people with disabilities in care homes

Proposition	Average (M)	Standard deviation (SD)
Person feels alone, unnecessary	3,57	0,45
Person feels not well, because they live in care homes, not in their	3,45	0,65
Person feels insecure	3,24	0,67
Person is supervised and the needed help is provided	3,01	0,57
Person is pleasant with the provided services	2,97	0,59
Person feels happy	2,46	0,78
Person feels the support of personnel in care homes	2,45	0,74
Person feels the support of other residents in care homes	2,18	0,86

Furthermore, social workers name negative feelings related to loneliness and unwanted of old and elderly people with disability. Often person feels insecurity. It can be said that such results are predetermined by adaptation process in which person experiences negative feelings and only later these feelings are replaced by positive emotions and feelings.

Especially important become social worker's help and friendship to persons whom no one visits, who do not submerge into activities organized by care home and who do not communicate with other people. Thus, there is a minority of such residents of care home, but is it recommended that social workers should show special attention to them during communication, as well as provide emotional, psychological support and help to integrate into society.

Austrian psychotherapist V. Frankl (2007) claim that a majority of people cannot find the meaning of life they feel internal emptiness and live in existential vacuum. This emptiness can be fulfilled with the help of three types of values: *creation* (life becomes meaningful during work and creation), *sensual* (life becomes meaningful with the help of love and aesthetic feelings), *attitude toward fate* (life becomes meaningful because of anguish, when person encounters with unbearable circumstances). Finding the meaning of life is closely related to responsibility. So in order to live, person has to be responsible, correctly behave when difficulties of life occur.

The loss of life meaning for old and elderly people is extremely important aspect in their life, if the meaning is trying to be achieved because of relative's concern which restricts their freedom, prevents from decisions, they lose physical activity, the illnesses and feeling of loneliness occur, so elderly people will become isolated from society.

In the following Table the information about people who visit old and elderly people with disabilities and the frequency of visitation is provided. The results of the research are given in the Table 9:

Table 9

Persons who visit old and elderly people with disabilities in care homes

Persons	Average (M)	Standard deviation (SD)
Children	3,19	0,45
Close relatives	3,12	0,43
No one	3,05	0,65
Grandchildren	2,78	0,58
Friends, neighbours	2,54	0,75

Social workers state that children and close relatives often visit old and elderly people with disabilities, but also there are persons to whom no one comes. Billig (1993) emphasizes that care home resident adopts better and access institutional care, if family members and relatives visit him regularly. However, people in care homes are left alone and this cause them to feel lonely and unwanted (see Table 8).

The following table shows the changes that old and elderly people with disabilities encounter in care homes. The results of the research are presented in Table 10:

Table 10

Life changes that old and elderly people with disabilities encounter in care homes

Proposition	Average (M)	Standard deviation (SD)
The lack of contact with relatives	3,76	0,56
More care are provided	3,52	0,54
The lack of privacy	3,21	0,58
Find more friends	3,11	0,65
The lack of tranquillity	3,02	0,67
Person can submerge into favourite activities	2,78	0,60
Loss of autonomy	2,49	0,72

Social workers distinguish several changes that old and elderly people with disabilities encounter in care homes. The basic change is the lack of contact with relatives. It can be noted that it causes the occurrence of loneliness.

However, social workers name positive changes that are encountered in care homes i.e. better care and new acquaintances. It is known that successful adaptation process also cause more positive than negative changes.

The autonomy of old and elderly people with disabilities in care homes are introduced in the following Table 11 that presents the activities of old and elderly people with disabilities:

Table 11

The autonomy of old and elderly people with disabilities in the daily routine

Propositions	Help is not necessary (N)	Partial help is necessary (N)	Help is necessary (N)
Wash up, dress	25	46	29
Move in his own room	78	20	2
Move outside the room	65	18	17
Cook	54	34	12
Eat without any help	79	11	10
Di all house chores (laundry, wash dishes and etc.)	49	38	13
Manage financial operations	69	24	7
Orient in environment	76	21	3
Recognize relatives and remember their names	70	23	7
Remember and learn new information	46	29	25

Social workers positively evaluate the autonomy of old and elderly people with disabilities who live in care homes. According to them, care home residents only need partial help including washing up, dressing, cooking and doing house chores.

Less help is needed to help old and elderly people in physical activities i.e. walking in their rooms or eating.

Moreover, the research has covered the issue concerning with help that is needed to old and elderly person with disabilities after the accommodation in care homes. The results of the research are given below in Table 12:

Table 12

The needed help for old and elderly person with disabilities after the accommodation in care homes

Proposition	Average (M)	Standard deviation (SD)
Recover lost abilities	3,27	0,49
Psychological help and support	3,20	0,68
Meet domestic and emotional needs	3,16	0,59
Find new friends	2,69	0,87
Manage financial operations	2,67	0,79
Solve conflicts with other people in care homes	2,51	0,84

After the evaluation of needs of old and elderly people with disabilities, social workers accentuated the help concerning recovering of lost abilities, psychological help and satisfaction of domestic and emotional needs. It can be said that it is the main types of help which are needed for old and elderly people with disabilities in care homes.

The research has shown “third persons” who help to adapt for old and elderly people with disabilities after the accommodation in care homes. The following Table 13 provides the given results of the research:

Table 13

Persons who help old and elderly people with disabilities after accommodation in care homes

Proposition	Average (M)	Standard deviation (SD)
Social worker	3,48	0,39
Nurse	3,34	0,48
Residents in care homes	2,87	0,67
Administration of care homes	2,45	0,78
Other residents of care homes	2,14	0,72

Mostly, nurse and social worker help for old and elderly people with disabilities in care homes. These people are specialists who are closest to the person, hear person's needs and can provided the needed help. Specialists have a required competence in order to work with old and elderly people with disabilities, so these people are extremely important in adaptation process. A huge impact on issues upsurge of old and elderly people has satisfaction/dissatisfaction of their needs. Whereas part of personnel who provide services (not social workers) have not enough knowledge about specific needs of old people, so social problems emerge in this aspect as the lack of special and specific knowledge among personnel and clients (Abromavičienė, 2008).

The Table 14 indicate the reaction of other residents in care home when new old or elderly person with disabilities accommodate in the same institution. Consider:

Table 14

The reaction of other residents in care home to the accommodation of a new old or elderly person with disability

Proposition	Average (M)	Standard deviation (SD)
Accept person as he is	3,42	0,72
They are tend to listen	3,12	0,75
Understand person's situation	3,04	0,84
Provide support	2,86	0,69
No not avoid contact	2,85	0,89

Social workers imply that other residents in care homes always accept new person as he is, are understandable and tend to listen. It can be pointed out that these factors also influence successful adaptation of old and elderly people with disabilities. Communication for old people is the last way to express himself. They seek for a dialogue, because this mean of communication, is necessary for their existential condition, in order to "name" the world (Freire, 2000).

Daily life in care homes is monotonous there are only few events that can affect person. So this is the reason why old people crave for conversation and insist on it. The subject of conversation remains the same i.e. person shows his concern about his health problems, he is afraid that he repels others because of his disabilities (Ullrich, 2003).

The following Table 15 indicates the roles of social workers in order to achieve successful adaptation of old and elderly people with disabilities in care homes. Table 15 is presented below:

The roles of social workers in order to achieve successful adaptation of old and elderly people with disabilities in care homes

Role	Average (M)	Standard deviation (SD)
Consultant	3,27	0,57
Teacher	3,24	0,59
Enabler	3,21	0,75
Intermediary	2,98	0,74
Protector	2,87	0,86

Often social workers have to perform the roles of consultant, teacher or enabler. These roles are related to ability provide the necessary information, development of personal abilities or the pursuit that disable people will be capable of controlling their own life.

Social worker perform *consultant role* when he directly work with old people and try to achieve such aims: to promote and develop interpersonal relations; to teach old people how to solve emerging problems; influence the growth of old person as a separate individual.

When social worker employs *teacher's role*, then he provides the information concentrating on treatment processes of illnesses, services offered in community, show how to overcome emerging problems using new models of behaviour or abilities, also helps to adapted to a changing environment, foster new social abilities (Bikmanienė; Danusevicienė, 2002).

Enabler's role shows that social worker wants to help to identify the strengths of his client, in order to find solution. It is very important that client itself participate in enabling process. Enabler motivate old person to actively participate in care home organized activities, create favourable activities in order to start a conversation, to identify needs, problems, maintain contact with family members.

Social workers who perform all roles need to have certain abilities and professional knowledge.

Empirical research has shown that old and elderly people with disabilities find themselves in care homes, because their relatives are enable to take care of them and because of increased need of constant care and supervision; adaptation period lasts from 3 to 7 months and depends on person's attitude toward care homes. Thus, the adaptation process becomes more difficult, because person can not to take care of himself and the transmutations of residence. Persons in care homes prefer passive leisure activities. Old and elderly people who live in care homes

usually are engaged in passive leisure activities, and the persuasion is needed in order to involve them into more vigorous activities. They feel sadness and fear because of lack of the contact with relatives. Performing various activities (house chores, dressing, washing up and etc.) old and elderly people with disabilities need partly help. Furthermore, help is provided in order to recover lost abilities and satisfy domestic and emotional needs. Social worker who works with old and elderly people with disabilities often performs the roles of consultant, teacher and enabler.

CONCLUSIONS

In general, it can be said that adaptation is long and complicated process. It requires not only the empowering of old people and a certain competence of social workers, but also a certain adaptation to the environment which creates positive atmosphere for it. Work in gerontology has its specific and work with old and elderly people is versatile, because it covers physical, emotional, social context, self-help opportunities, environment, received services and support.

1. Theoretical analysis has revealed physiological, psychological and social transmutations in senility of old and elderly people. Due to those transmutations, the ageing process becomes the area where very important change person encounter i.e. he finds himself in a care home. It is very difficult for those persons to adapt to the changes of life and new place. Adaptation process lasts until a person is able to adapt to the surrounding environment and this process is unburdened with the help of social workers.

2. The issue of adaptation occurs due to dissatisfied needs. Therefore, social policy with regard to old people is analysed as an activity directed to the satisfaction of physical, emotional and social security needs. Old and elderly people with disabilities adapt to new life situation in care homes, to new role, new quality of life, to response in their needs and new services. Social workers need to have knowledge about person's ageing processes and have to be able to integrate knowledge concerning with gerontology into social work process, organize and provide social services that meet their needs.

3. The results of the research have shown that mostly old and elderly people with disabilities get in care homes because of illness, old age and they need constant care and supervision when relatives are enable to take care of them. Then the great emotional shock is caused by accommodation in care homes and the changes of social environment. Resulting inevitable dependence on other people due to self-perception as old and unwanted person causes the feelings of fear and anxiety.

4. The responsibility of social worker is to ease the adaptation of old and disable person in care homes, to minimize tension caused by stress, loneliness, the feeling of insecurity. Social work is the cooperation between social worker and client, where the priority is client's interests. During the period of adaptation, it is necessary to evaluate and understand that every person has their own physical, psychological and social characteristics which determinate longer or shorter adaptation period.

RECOMMENDATIONS

For care home administration

Firstly, they should inform society about provided services in care homes: to participate in radio discussions and TV shows, to spread the news through media. Administration should take care of the quality problem of services, paying more attention on such factors (qualification of social workers and their humanity, the environment of care home and etc.) which help a person to adapt in care homes. Furthermore, they should take care of workers training and promote the best social workers.

For social workers

The biggest attention should be paid on newly arrived person's needs, wishes and mood in care homes. They should treat persons with respect, empathy and ensure privacy and confidentiality of a client. In order to ensure security, more attention should be paid on proper environment. It is very important that relatives do not forget about old and disabled people in care homes.

Social workers should participate in community meetings and invite community members to care homes. Also, they should invite seniors to visit care homes, to participate in organized events in care homes or to organized general events with community in this way increasing the contact with external world. As well as, suggest seniors to visit care home residents and communicate with them.

Therefore, they should reduce the isolation of old and elderly people due to changes that occur during ageing process involve them into society activities, irrespective of their physical status. Additionally, they should increase the autonomy of care home residents, promote and motivate them to perform various activities.

SUMMARY

Šiandieninėje visuomenėje daugėja senų, pagyvenusių ir esančių negalės situacijoje žmonių, kurie dėl sveikatos būklės ar socialinių įgūdžių stokos negali gyventi savarankiškai ir pasirūpinti savimi. Stacionariuose globos namuose užtikrinama ilgalaikė ir trumpalaikė socialinė globa asmenims, kurie negali savarankiškai gyventi savo namuose ir kuriems būtina nuolatinė globa bei priežiūra. Pasak I. Leliūgienės (2003), senų ir pagyvenusių žmonių, esančių negalės situacijoje, socialinės problemos stacionariuose globos įstaigose yra sietinos su žmogaus poreikių ir jų supančios socialinės aplinkos sąveika. Ypač svarbus yra adaptacijos naujoje aplinkoje aspektas.

Tyrimo objektas – senų ir pagyvenusių žmonių, esančių negalės situacijoje, adaptacijos problema globos namuose socialinio darbo aspektu.

Anketinės apklausos metu atliktas tyrimas, kurio tikslas yra išanalizuoti senų ir pagyvenusių žmonių, esančių negalės situacijoje, adaptacijos problemą globos namuose socialinio darbo aspektu.

Tyrimo uždaviniai: atskleisti senų ir pagyvenusių žmonių, esančių negalės situacijoje, adaptacijos problemą, įvertinant senėjimo fenomeną ir socialinės politikos raišką; išanalizuoti adaptacijos problemą globos namuose, pagrindžiant socialinio darbo galimybes ir empiriškai patyrinėti senų ir pagyvenusių žmonių, esančių negalės situacijoje, adaptacijos problemą globos namuose, socialinio darbo aspektu. Darbe buvo pasirinkti ir taikyti skirtingi tyrimo metodai: *mokslinės literatūros ir dokumentų analizė ir kiekybinis tyrimas – anketa (apklausa raštu)*.

Tyrimą sudaro 2 dalys. Pirmoje dalyje autorė pristato teorinę senų ir pagyvenusių žmonių, esančių negalės situacijoje, adaptacijos problemą, socialinės pagalbos globos namų kontekste. Antroje dalyje pristatomas empirinis tyrimas, kurio rezultatai leido padaryti sekančias išvadas.

Tyrimo išvados: asmenims, patekusiems į globos namus, sunku adaptuotis naujoje vietoje, sunku persiorientuoti prie pasikeitusios gyvenimo situacijos. Adaptacijos procesą sunkina senatvėje patiriamos ligos, patekimas į globos namus ir artimųjų negalėjimas suteikti pagalbą. Sunkiausiai pakeliama atsiradusi priklausomybė nuo kitų žmonių. Socialinės problemos, kylančios stacionariuose globos namuose, sietinos su poreikių nepatenkinimu, darbuotojų, dirbančių stacionariuose globos namuose, kvalifikacijos trūkumu, pagyvenusių ir senų žmonių, esančių negalės situacijoje, teisių ir orumo neužtikrintumu taip pat neįtraukimu į paslaugų kokybės tobulinimą bendravimo ir bendradarbiavimo trūkumu tarp stacionariuose globos namuose gyvenančių žmonių ir ten dirbančių darbuotojų. Pasitelkęs profesinę

kompetenciją ir profesionalius metodus, vykdydamas prevencinę praktiką, socialinis darbuotojas turi spręsti kylančias problemas. Darbe apžvelgiamas demografinių pokyčių ir paslaugų Lietuvoje ir Ukrainoje aspektas.

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ANNEX

Questionnaire

Your opinion is very important to find out what adaptation problems faced old and elderly people living in nursing homes.

We sincerely invite you to attend.

The questionnaire is anonymous (name and surname not need to be written).



Please answer all of questions on the questionnaire.

THANK YOU FOR PARTICIPATING AND GOOD LUCK!

Please mark selected answer with mark „X“.

I. CAUSES OF RESIDENCE IN RESIDENTIAL HOME

1. Why old and elderly people with disability, accommodates in care homes?

Reason	Never	Rarely	Often	Very often
It was his own decision due to poor health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The decision of relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relatives are unable to take care of them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of a spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Became completely alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constant care and supervision are needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have lost their housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emigration of relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (write in).....

II. ADAPTATION

2. How long it takes for an old and elderly person with disability to adapt to the changed life conditions?

- From 1 to 3 months;
- From 3 to 6 months;
- From 6 months to 1 year;
- Other (write in).....

3. In your opinion, how long old and elderly person with disability situations, have to live in care homes to adapt completely?

- Up to 1 month
- 1-3 months
- 4-7 months
- 7-12 months
- More than 1 year
- Other (write in).....

4. That is the factors that affect old and elderly people with disabilities adaptation in care homes?

Reason	Never	Rarely	Often	Very often
Education	○	○	○	○
Life experience	○	○	○	○
Attitudes which are brought	○	○	○	○
Social Status	○	○	○	○
Current marital status	○	○	○	○
People were married	○	○	○	○
People have children	○	○	○	○
The level of disability	○	○	○	○

- Other (write in).....

5. What are the factors that raise the adaptation issues of old and elderly people with disabilities in care home?

Factor	Never	Rarely	Often	Very often
Health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The lack of communication with relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The lack of activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The missing of relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to take care of oneself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The lack of communication with and/or other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The missing of relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed place of residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicts with other residents of care homes and/or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to adapt to the living place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addictions, bad habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (write in).....

III. ACTIVITIES

6. Are activities in which old and elderly people with disabilities are engaged in care home having any impact?

- Yes
- No
- Other (write in).....

7. How old and elderly people with disabilities spend their leisure time in care home?

Factor	Never	Rarely	Often	Very often
Watch TV				
Read books				
Employ in handicrafts (knitting, embroidery)				
Play board games, having a conversation				
Cooking				
Meet with relatives, friends				
Prayer				

Other (write in).....

8. How desirable old and elderly people with disabilities engage in leisure activities that are organized in care homes?

Factor	Never	Rarely	Often	Very often
Willingly				
Persuasion is needed				
Unwillingly				
Apathetic				

○ Other (write in).....

IV. EMOTIONAL SIDE OF ADAPTATION

9. With what emotions deal old and elderly people with disabilities during the first month in care home?

Emotions	Never	Rarely	Often	Very often
Anger				
Fear				
Sadness				
Joy				
Disgust				
Surprise				
Curiosity				
Hope				

○ Other (write in).....

10. How does feels old and elderly people with disabilities living in care home?

Factor	Never	Rarely	Often	Very often
Person feels happy				
Person is supervised and the needed help is provided				
Person is pleasant with the provided services				
Person feels not well, because they live in care homes,				
Person feels alone, unnecessary				
Person feels insecure				
Person feels the support of other residents in care				
Person feels the support of personnel in care homes				

○ Other (write in).....

11. Who and how often persons are visiting old and elderly people with disabilities in care home?

Factor	Never	Rarely	Often	Very often
Children				
Grandchildren				
Close relatives				
Friends, neighbours				
No one				

○ Other (write in).....

V. THE AUTONOMY AND HELP

12. How does change life of old and elderly people with disabilities living in care home?

Factor	Never	Rarely	Often	Very often
Find more friends				
More care are provided				
Person can submerge into favourite activities				
The lack of tranquillity				
Loss of autonomy				
The lack of contact with relatives				
The lack of privacy				

○ Other (write in).....

13. The autonomy of old and elderly people with disabilities in the daily routine.

Propositions	Help is not	Partial help is	Help is
Wash up, dress			
Move in his own room			
Move outside the room			
Cook			
Eat without any help			
Carry out all household chores (washing, washing dishes, etc.).			
Manage financial operations			
Orient in environment			
Recognize relatives and remember their names			
Remember and learn new information			

○ Other (write in).....

14. What help is needed for old and elderly person with disabilities after the accommodation in care homes?

Factor	Never	Rarely	Often	Very often
Psychological help and support				
Find new friends				
Recover lost abilities				
Solve conflicts with other people in care homes				
Meet domestic and emotional needs				
Manage financial operations				

○ Other (write in).....

15. What persons help old and elderly people with disabilities after accommodation in care homes?

Factor	Never	Rarely	Often	Very often
Administration of care homes				
Social worker				
Nurse				
Other care home workers				
Other residents of care homes				

○ Other (write in).....

16. How does, in your opinion, react other residents while accommodates new old and elderly people with disabilities in care home?

Factor	Never	Rarely	Often	Very often
Understand person's situation				
Provide support				
Accept person as he is				
They are tend to listen				
No not avoid contact				

○ Other (write in).....

17. What roles you provide to achieve successful adaptation of old and elderly people with disabilities in care home?

Factor	Never	Rarely	Often	Very often
Enabler				
Teacher				
Consultant				
Intermediary				
Protector				

Other (write in).....

VI. DEMOGRAPHICS

1. Gender: Man Woman

2. Your age:(write down your age)

3. Your education: university degree, College

Other (write in).....

Your work experience in current care home: (write in year)

THANK YOU FOR PARTICIPATING IN QUESTIONNAIRE!