

**OPEN INTERNATIONAL UNIVERSITY OF HUMAN DEVELOPMENT “UKRAINE”
ŠIAULIAI UNIVERSITY
FACULTY OF SOCIAL WELFARE AND DISABILITY STUDIES
DEPARTMENT OF SOCIAL EDUCATION AND PSYCHOLOGY**

Joint master study programme “Social Work”

2nd year of studies

Alina Damkienė

**THE CONTEXT OF THE PROFESSIONAL COMPETENCE OF SOCIAL
WORKERS DEALING WITH PEOPLE WITH MENTAL DISABILITIES**

Master's Thesis

*Supervisor of the Master's thesis –
Dr. Eglė Gerulaitienė*

2015

Summary

In Master's thesis the scientific literature analysis was done revealing the structure of the competence of social workers, a theoretical model of excellence and holistic complexity. Social workers' work was disclosed in Lithuania and Ukraine as well as the legal regulation of activities features providing services for people in mental disability situation.

Empirical research has been conducted which methodology is based on humanism and social constructivist philosophical paradigms that are mutually correlated both theoretical and practical level of competence in the development of social workers. The purpose of the survey – to reveal the professional competencies of social workers who work with mentally disabled people. In order to achieve this purpose the methods of triangulation concept were applied that are based on a systematic methodology point of view when combined quantitative and qualitative research methods. The complexity of the investigation and substantiated mixed use of research instruments and techniques (semi-standardized interview and questionnaire method) allowed the respondents to disclose the professional competencies and attitudes to the opportunities available to improve for them. The study involved 50 social workers who work with mentally disabled people. The main conclusions of the empirical parts are as follows:

- The research respondents' opinion about necessary knowledge and skills for social workers reveal that in educational institutions gradulators do not acquire enough knowledge and skills necessary for professional activities.
- For social workers who work with mentally disabled people it is very important to comply with social work values and principles that help to shape positive attitudes to mental health problems having patients. Based on a qualitative study, it can be concluded that the respondents' moral values are correct.
- Skills combine the knowledge and values together and convert them into action. In the respect of skills development the practice is most useful which precisely shape the specific abilities and skills and sets the knowledge. The data of qualitative research indicates that at the start of career informants lacked a variety of skills: communication skills with mentally disabled clients, self-protection, teamwork, independent decision-making, mobilizing the necessary resources, information gathering, dealing with official papers.
- Having analysed the data of quantitative analysis it can be said that social workers who work with mentally disabled people have a properly formed approach to knowledge, values and importance of business skills in social work.

Key words: competence, disability, mental health, social worker.

Contents

Summary	2
Introduction	4
I. THE CONCEPTUALIZATION OF SOCIAL WORKER'S PROFESSIONAL COMPETENCE	8
1.1. The Concept of Social Work and its Context.....	8
1.2. Social Work in the Aspect of Humanism Theory	11
1.3. Legal Regulation of Social Work in Lithuania and Ukraine.....	11
1.4. The Peculiarities of Social Workers Providing Services for Mentally Disabled People.....	14
1.4.1. Roles of Social Worker.....	19
1.5. The Map of Social Worker's Competencies.....	20
1.5.1. Competence Acquisition from the Perspective of Constructivist Theory.....	20
1.5.2. The Construction of Concept of Social Worker's Competence.....	21
1.5.3. Knowledge in Activities of Social Worker.....	23
1.5.4. Values in Activities of Social Worker.....	26
1.5.5. Skills and Abilities in Activities of Social Worker.....	30
II. THE RESEARCH OF THE PROFESSIONAL COMPETENCE OF SOCIAL WORKERS WORKING WITH MENTALLY DISABLED PEOPLE	36
2.1. The Methodology of the Research.....	36
2.2. The Results Analysis of Qualitative Research of Social Workers' Professional Competence	41
2.2.1. Preparation for Professional Activities.....	41
2.2.2. Pre-assessment of Professional Activities.....	45
2.2.3. Values Change in Social Work Activities.....	48
2.2.4. Participation in Professional Activities	52
2.2.5. Professional Training.....	55
2.3. Quantitative Research Results Analysis of Social Workers' Attitude towards the Importance of Professional Skills and the Importance of Professional Abilities in the Professional Activity of Social Worker.....	56
Conclusions	67
Recommendations	68
References	69
Summary (in the Lithuanian language)	78
Appendices	79

Introduction

The Relevance of the Research and the Problem of the Research. In every society there are some people who for various reasons cannot independently solve social problems, participate as full members of society, feel threatened and ostracized. Often, family, friends, neighbours or other relatives are rushing to help for such individuals. However, they may not always help and sometimes a person in a difficult situation simply does not have any relatives. For these reasons people need professional help provided by social workers (Šinkūnienė, 2010).

The concept of social work in individual countries differs in some theoretical and practical aspects. In each country they represent the country's social, cultural, political and economic development, traditions, and peculiarities of social service systems as well as social life factors (Šinkūnienė, 2010). In Lithuania social work – helping for human profession which coincides with the the restoration of independence, it is formed in the context of intensive public transformations. This profession was developed on various school-based social work. Lithuanian institutions of higher learning were influenced by American, Australian and Western European tradition of social work schools. All the world of social work schools emphasizes social work as a profession, complexity, consisting of reflective social worker competence model: knowledge, values and skills. It is the model that outlines the theory and practice of communications, the necessity to make positive changes in the quality of life for these changes of social worker profession.

Social work is a relatively new multifaceted profession that requires a constant positive reaction to changes in the society. Social worker's professional competence - acquired knowledge, abilities, skills and ethical values, describing his professional qualifications and practices giving rise to success is quite an important factor in the quality of social work. It requires continuous development of social workers: to expand and deepen the knowledge, skills, and rely on social work values. It is therefore very important that social workers are involved in a continuous learning process and actively participate. This promotes not only constantly changing society but also the Lithuanian political context which shows that social workers in the future will have to work with different races, ethnicity, age, gender, social exclusion or orientation of human beings. Often the question arises to what extent professional competence can be developed and especially its practical aspects. Identification of it could improve the learning process; improve knowledge transfer and practical communication skills.

Preparing for the profession the future social worker gets the necessary knowledge to the profession which he transfers into payments and then to the skills and competencies. All this would be

enough to perform a specific job but according to Čepas (2008), the work is episodic phenomenon so common competences and their adaptation is one of the most important factors that determine the mobility and professional flexibility. General jurisdiction also guarantees professional social security and personal fulfilment. Today, employers often required employees to work in a complex, dynamic situations which are often characterized by problems, collaboration, critical thinking and quick decision-making. Thus, the ordinary training of all professionals must be oriented to the full development of personality, sense of fullness of life and the ability to express themselves competent in all specialty areas (Virbalienė, Račkauskienė, Šumskienė, 2011).

Targeting the competence-based training of specialists currently became an essential accent in higher education change: Lithuanian and EU strategic documents emphasize the transition from the transfer of knowledge to the development of competences (Sadauskas¹, 2010). The concepts of competence and qualifications are analysed by foreign scientists (Берзина, Т., Литвинова, М., Маёров, С. 2001; Фирсов, М. В. Студенова, Е. Г. 2009; Корнюшина, Р. В. 2004; Курбатова, В. И. 2000; Павленок, П. Д. 2004; Тетерский С. В. 2002; Ханжина, Е. В. 2002; Зайнышева, И. Г. 2002; Вугам, 1997; Boam & Sparrow, 1992; Fantini, 2000) and Lithuanian ones (R. Lekavičienė, 2000; I. Lepaitė, 2001; R. Bubnys, 2009; E. Virgailaitė – Mečkauskaitė, 2011). Competencies of social workers in Lithuania are investigated by the following authors: V. Ivanauskienė, L. Varžinskienė (2003, 2004), B. Švedaitė (2007), V. Indrašienė, D. L. Garjonienė (2007), I. Dirgėlienė (2008) and others.

Lithuanian scientists and practitioners also examine the social worker competencies and qualifications. A. Bagdonas (2001) analyses the peculiarities of social worker competencies and qualifications. Competencies and continuous learning opportunities are examined by V. Ivanauskienė and L. Varžinskienė (2003); same authors (2004) discusses the importance of knowledge of competence. I. Dirgėlienė and A. Kiaunytė (2005) revealed a close link between the theory and practice of social worker competence development. Social workers' professional preparation and competency is very important since they directly depend on the quality of service. Therefore, it is important to do everything possible to have specialists who are fully prepared to work after graduation.

The Object of the Research. Social workers' professional competence.

The Aim of the Research. To reveal the importance of professional competence and its specific features of social workers' who work with mentally disabled people.

¹ Šinkūnienė, J. R. (2010). Socialinis darbas. Profesinė veikla, metodai ir klientai. Vadovėlis. Vilnius: Mykolo Romerio universitetas.

The Objectives of the Research:

1. To analyse the scientific literature revealing social worker competence structure theoretical excellence model complexity and holistic.
2. According to the scientific literature, to reveal the legal framework and operational characteristics of the provision of services of social workers in Lithuania and Ukraine for people in mental disability situation.
3. To analyse the qualitative study data in order to reveal social workers' professional competence and readiness for professional activity working with people with mental disabilities.
4. To analyse the quantitative study data in order to determine the social workers' approach to knowledge, values and skills in their professional work and to create a social worker's professional competence model for working with mentally disabled people.

Participants of the research. 50 social workers who work with mentally disabled people.

The Methods:

1. Analysis of scientific literature aimed to reveal the structure of social worker competence, prove the theoretical model of competence complexity and holistic also reveal the legal framework and operational characteristics of the provision of services of social workers in Lithuania and Ukraine for mentally disabled people.
2. Social workers' survey using a semi-structured interview approach which aimed to find out the social workers' attitudes to their preparation for professional activities.
3. Social workers' survey using a questionnaire method to determine the social workers approach to knowledge, values and skills in their professional work and to create the professional competence model of social worker who works with mentally disabled people.

The Main Concepts

Competence – the mix of knowledge and skills and the ability to apply them in the specific circumstances. This is management functions taking into account environmental constraints and situations (Kasiulis, Barvydienė, 2001).

Disabled Person – a person who has a long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder the full and effective participation in society on an equal basis with others (United Nations Convention on the Rights of Persons with Disabilities preamble, 2006).

Disability – any disorder syndrome, trauma or injury which takes away or limits the possibility of personal activities of daily living and feel of a full-fledged member of society (Social Integration Act, 2004).

Paradigm – set of theoretical and methodological provisions adopted in the scientific community for a certain stage of development of science and applied as an example, the model, the standard of research, interpretation, evaluation, hypothesis grasp and solve problems arising in the process of scientific knowledge. Source: Social work. Introduction of Professional Activity. 2007.

Mental Health – This is a feel-good feeling, emotional and spiritual condition, which allows a person to enjoy the fullness of life, survive pain and sorrow. Mental health is not just a mental disease or disorder absence. Good mental health show people the ability to establish and maintain personal relationships, overcome difficulties, to express themselves in ways that bring pleasure to the same individual and those around you to do the same solutions and for them to answer. Source: LR Parliament 2007. April 3. Resolution No. X-1070.

Social Work – it is an activity that helps a person or family deal with social problems according to their capabilities and their participation without prejudice to human dignity and increasing their responsibility, based on personal, family and community cooperation (Sapežinskienė, Švedienė, Guščinskienė, 2003).

Social Worker – it is specialist whose work experience is to strengthen the human adaptation to the environment and to rebuild ties with the community, helping them to integrate into society and promoting fuller human social functioning (Sapežinskienė, Švedienė, Guščinskienė, 2003).

The Structure of Master Thesis. This thesis consists of a summary in English, introduction, two main chapters, conclusions, recommendations, references (129 sources), a summary in Lithuanian language, annexes. Survey data is illustrated by 4 pictures and 6 tables. The questionnaire that was used during the interview and distributed to the respondents is given in annexes. Volume – 78 pages.

I. THE CONCEPTUALIZATION OF SOCIAL WORKER'S PROFESSIONAL COMPETENCE

1.1. The Concept of Social Work and its Context

The concept of social work differs in different countries under some theoretical and practical aspects. In each country they represent the country's social, cultural, political and economic development, traditions, and social service systems of other countries social life factors (Šinkūnienė, 2010). Recently, the social system is developed at national level. New terms appear such as the disabled social enterprise, working level specific needs. The emergence of new terms and the documents already adopted led to significant changes in mentally disabled people's life. Society is gradually gaining ground provision to people with mental health problems and all the support they need that they can participate in society and become full-fledged members of it (Povilaitienė, Maciūtė, 2005). Lithuanian authors define social work differently highlighting different aspects of it (see. Table 1).

Table 1

The Concepts of Social Work by Lithuanian Authors

The Author	The Concept of Social Work
A.Liesytė (1998)	Social Work - is an activity that helps the person or family deal with their social problems according to their capabilities and their participation without prejudice to human dignity and increasing their responsibility, based on the individual, family and society. Social work includes activities for society and human being improvement. These include housing, employment, health care, education and child care, public works and voluntary engagement on human welfare issues.
J. Ruškus (2002)	Social work – an activity whose purpose is to strengthen the human capacity to adapt to the environment, restoring his and the community to help them integrate into society, to foster a fuller human social functioning. Social work is based on a business-like and complex ways of operating which is formed, maintained, rehabilitated and socially integrated individual or group of individuals. Professional social work is focused on problem solving and achieving changes.
I.Leliūgienė (2003)	Social work essential – human and environmental restoration of communications procedures. Social worker's activities include both specific social service organization and delivery and social policy-making at the national, regional or local level.
D. V. Lifincevas, K. Urponen, A. A. Kozlovas and others (2004)	Social work in its various forms solves the complex relationships between people and their environment. Social work purpose: to give all people a chance to improve their potential capacity to enrich lives and prevent dysfunctions. Professional social work is focused on problem solving and achieving changes. Social workers are society and individuals, families and communities they serve, the change agents. Social Work - is correlated values, theory and practice of system.

L. Gvaldaitė, B. Švedaitė (2005)	Social work is a daily and constant encounter with the real life, disasters, with the failed or unfulfilled life, with society's weakest. Social workers perform such actions that are directed to achieve depending on the subject which they take care of the situation. Social worker's object is a person who needs help that without others aid fails to solve his problems. Compared with other professionals social worker's function spectrum is very wide covering many functions, as it is related not only to the client but also the surrounding environment.
T. N. Liobikienė, J. R. Šinkūnienė (2010)	Social work as a professional activity is designed to encourage the public to change and enhance the well-being of the country. However, a social worker paradox is that the employee is the creator of wealth, who do not always know how to ensure prosperity. On the one hand, he, intervening in people's lives, offers significant changes, on the other hand, does everything that the customer can continue to operate successfully without it.

Social work profession is a broad, complex, emotionally stressful activity. Social workers imposing their knowledge, skills to other people give meaning not only to the other person but also to their life, professional activities (Kavaliauskienė, 2010). The International Federation of Social Work (2012) describes the social work profession as the promotion of social change, human communication problems and people's empowerment.

Social worker – is a specialist of real life relationships and circumstances in an area in which there is no ready-made solution to the problem of prototypes (Social Work: professional introduction, 2007). Social workers help people to deal more effectively with their problems. Social workers can work with systems such as social agencies, organizations, communities, people have better access to resources and services they need. Social work glossary states that a social worker – is social work or social professions providing assistance, knowledge and so on for people who need it (Andrašūnienė, 2007). Social worker profession and competence requirements in respect of not only comparable to the medical practitioner, psychologist, teacher or legal professions, but even more complex – social work means not only direct work with the person but also with its social environment and thus the public – here in force norms, values, concepts (Gvaldaitė, Švedaitė, 2005).

Social workers as members of the team provide services to individuals with disabilities at health care institutions, day care centers, vocational rehabilitation centers and other institutions.

Working in health care social workers are guided by Lithuanian Minister of Health and Social Protection of the Republic of Lithuania and the Minister of Labour in 1999. 6 October. Order No. 432/77 approved by the health care institutions of social workers operating in health care institutions' regulations. This provision states that health care institution social workers – professionals whose job is to strengthen the health care institution or the referring of clients are there to adapt to the environment and to re-engage with the community, helping them to integrate into society and to promote fuller

person's social functioning. Social workers working in mental health care are to ensure the safety of persons and social rehabilitation. Working in health care social workers perform the following functions: assess patients' social situation; collects and stores information about the patient's social issues and the environment; provides information and advice to the patient; help to manage care, welfare, services at home, pension receipt documents; inform and advise the patients' relatives about the need for assistance; cooperate and coordinate his activities with other institutions; preparing the patient's transfer to home care records; help to involve the patient's family and loved ones; monitor and recommend the continuation of social services and so on.

A. Bagdonas (2004) believes that social workers' professional activities have an impact on society, human relations problem solving, helps strengthen people's functional existence in society capacity to the growth of welfare. Social work contributes to human interaction with the environment.

The activity of professional social workers is meaningful because of the specific characteristics of social work: social workers are constantly changing social political and cultural environment, interacting with different social status, behavioural and social problems, with different people, giving them aid (Liobikienė, Šinkūnienė, 2010). Kavaliauskienė (2005) said that social work profession helps the most vulnerable sector of society: community, a group of people sharing common interests as well as individuals with their own needs and problems. Issues are addressed in national policies and international level.

In order to achieve good results in the aid process it is necessary to cooperate with the patients although their approaches, attitudes, way of life may not be acceptable for a social worker. Social workers should be empathetic, have knowledge, skills, carve prejudices and stereotypes in dealing with clients as their culture may differ from their own. Of course, everything depends on the social worker's professional work experience.

Due to the different authors' views and experience, it can be concluded that for social workers who work with patients who have mental health problems it is very important to comply with social work values and principles that help shape positive attitudes to patients with mental health problems. In order to be a good social worker and help patients with mental problems it is necessary to have certain professional qualities, skills, specific knowledge, the necessary qualifications, interest in the achievements of social work in the health system, helping to recognize the client from biological, psychological and social side.

1.2. Social Work in the Aspect of Humanism Theory

Social Workers' Code (1998), states that social work in Lithuania has its roots in the philosophy of humanism. Humanism (Lat. Humanus - human) – “human-like personality values of his rights to free development of the recognition of human well-being as public relations evaluation criterion consolidation of the broader approach to the world of social justice, genuine love for people and concern for the welfare of society – such people, social groups, nations and relations between the countries that meet the true nature of man” (Social Work: professional introduction, 2004).

Alifanovienė D. in her book “Theoretical models of social work” describes humanism as historically changing attitudes system, recognizing that human dignity, the rights to liberty, equality, the natural qualities and skills development, personal disclosure, favourable conditions for the conclusion of public life.

Social worker of humanistic worldview should comply with these provisions:

- Social assistance is the subject of a personality – a unique integrated system, which is perceived not as a pre-formed given phenomenon, but as a constantly evolving open system;
- Each person is *unique* so individual case studies as important as statistical summaries;
- A person creates society and society creates human, i.e. he is subject and object at the same time. Free and limited, making the social norms of society and the individual is actively developing;
- Everyone has the inherent potential opportunities for development, self-realization in the future, which is little dependent on the personality of the past;
- A person is unconditionally valuable, so honoured and regarded as he is;
- Everyone has the right to choose their own values, goals, self-addressed and be responsible for decisions.

Humanistic beliefs system reflects the social reality not of existence but of being a target in terms of: a person in any society must not dehumanize or become a victim of the socialization process.

1.3. Legal Regulation of Social Work in Lithuania and Ukraine

Social problems accompany a person from the beginning of the world. In every society there are some people who for various reasons cannot independently solve social problems, participate as full members of society, and feel threatened and ostracized. Often for such individuals family, friends, neighbours or other relatives are rushing to help. However, they may not always help and sometimes a

person in a difficult situation simply does not have any relatives. For these reasons people need professional help provided by social workers (Šinkūnienė, 2010).

Social work as a profession is helping a person to solve problems in many countries, including Lithuania, and it grew out of activities that religious and public organizations and private individuals used to do. Social assistance roots are linked to England where already in 1600 “Poor Law” was introduced – is considered the beginning of social protection. Historical sources indicate that in Lithuania Social Care was launched in a similar period – the sixteenth century. Even in 1518 in Vilnius it was first established another small home – a prototype hospital where the aid was given for old men. Most of the shelter home were set up and administered by landlords and monasteries. They were financed from donations and the income was derived from real estate (Šinkūnienė, 2010).

During tsarist occupation period (1794-1918 years) natural family support was prevailed. Tsarist government strongly fought against begging; children’s shelters were opened, charitable societies were founded to care for the poor.

During the period of Independent Lithuania (1918-1940 years) public organizations and associations were established that maintained throughout the health centres and provided assistance to poor mothers engaged in educational activities. Independent Lithuanian government from the state budget allocated funds for social affairs and grew shelters for children and the elderly. During the establishment of the Soviet government (1940-1990 years) all churches and public charitable organizations were banned and stopped. Social problems were considered as negative so there was no social worker profession, nor the social assistance system. (Šinkūnienė, 2010).

According to Bagdonas (2001), all Lithuanian social support period up to 1990 can be called a non-professional assistance phase when the institutional stationary social services in various fields of workers were available.

Social work profession Lithuania calculates the years of its history, together with the Lithuanian independence. After the restoration of Lithuania’s independence, in 1991, municipalities established social home help service, social security, then social welfare departments. During the first decade of independence, the Republic of Lithuania has adopted a number of laws and regulations governing health care and social security. Lithuanian Parliament recognizing that the health of the population is the largest public social and economic value on 19th of July, 1994 adopted the Law on Health System. On 6th of June, 1995, the Mental Health Care Act was issued which established the rights of the people who use mental health care, the rights of involuntary hospitalization and treatment procedures for mental

health care provision and control. For the first time in Lithuania social work as a professional activity was defined in the Social Services Act (1996) in which social worker profession was legalized. An important contribution to social work specialty recognition added in 1998, when the Lithuanian Association of Social Workers released the Lithuanian Social Workers Code of Ethics which focuses on the general provisions of the social worker's ethical responsibility to the client, its ethical relations with colleagues and other professionals, the relationship with the employer, with his profession as a social worker and an ethical obligation to the public. In 1999 health care regulation were approved by health care social workers. Moreover, in 1999 the order for primary outpatient mental health services in the base price, the delivery of and payment arrangements and Mental Health Centre of model statutes and specialist activities were approved. This law not only provides mental health services, mental health centre (MHC), the basic price, delivery and payment procedures, but also regulated professionals, including social workers. In 2005 the occupational list was approved by social workers. On 1st of July, 2005 Social Integration Law was issued by the Republic of Lithuania which aim is to ensure equal rights and opportunities in society for people with disabilities, to determine the social integration of people with disabilities principles, define the social integration of the system, its assumptions and conditions for the social integration of people with disabilities implementing bodies, the level of disability and working capacity level setting, vocational rehabilitation services, special needs and satisfaction principles. 19th January, 2006 the Republic of Lithuania Law on Social Services was adopted. This law defines the concept of social services, objectives and types of services regulated by social governance, dispensation and provision of social care facilities, licensing, financing, payment for social services and disputes relating to social services case. In 2006 the Social Services pages were approved. The catalogue defines social services, the content of the individual types of social services and social services institutions types. In 2006 on 27th of June the methodology of children at social risk or deprived of parental care in children's social care needs was approved. In 2006 methodologies of the person (family) social services needs and allocation of procedure and the elderly person and person with disabilities in social care need were approved. This order regulates the social and physical independence of the evaluation criteria. In 2006 social workers and social workers assistants' qualification requirements for social workers and social workers, assistant professional training arrangements and social workers Certification Procedures were approved. In 2007 on 20th of February the social care standards description was approved. In 2007, April 3 approved Mental Health Strategy. In 2012 disabled children deprived of parental care of children, adult persons with disabilities in social care homes deinstitutionalisation strategic guidelines

were certified. In 2012 17th of September Lithuanian Minister of Health has approved the decree on primary outpatient mental health services. This Order provides that outpatient mental health services must be provided by team basis. The lowest team must consist psychiatrist, mental health nurse, a social worker and a medical psychologist and at opportunities – a children and youth psychiatrist. This order makes it possible for patients and their loved ones go to any mental health centre team member.

In Ukraine social services as well are regulated by law. In 2003 19th of June Ukraine released the Social Services Act No. 966-IV which establishes the organizational and legal principles of providing social services to people who are in crisis and need. The law lays down on the basic forms of social services. This law defines the basic concepts of social work. This law says that the right to social services must not only have Ukrainian citizens but also foreigners or stateless persons including refugees, living in difficult conditions in Ukraine.

In 2004 on 4th of April Ukraine released the Mental Health Care Act No. 1489-III, which deals with mental health services, human rights, holding priority and it is very important for mentally disabled people and their families. The law emphasizes confidentiality. Mental health care is provided on the basis of justice, humanity, accessibility, voluntariness and respect for human rights.

In Ukraine the rights of disabled people are regulated as well. In 1991 21st of March Order No. 875 - XII of the Disabled Social Security Act was issued. Social rehabilitation of disabled children is described by Law no. 505 “On Approval of the Provisions of social rehabilitation centre for disabled children” adopted in 2013 15th of August. Legislative content leads to the conclusion that Ukraine tries to take care of sick or otherwise disadvantaged people.

1.4. The Peculiarities of Social Workers Providing Services for Mentally Disabled People

People with mental disabilities often face a variety of constraints, public ignorance and even deliberate isolation from members of the public. Although Lithuania's mental health system has changed, mentally ill people are still among the most vulnerable groups of people with disabilities who experience social exclusion and discrimination, so it is very important for such persons to provide the necessary assistance to proper integration into society, gaining the lost skills (Brijūnaitė, 2007).

Mental health can be defined as the absence of mental illness, behavioural normality, adaptation, personal integrity and adequate perception of reality (Dembinskas, 2003). Gaidžiūnienė G. (2009) believes that “there is no man who can withstand the stress of any strength. Each has its own individual endurance limit beyond which break down the psyche”.

Everyone has to experience fear, anxiety, stress, loss, frustration – all this undermined because according to J. Mataitytė - Diržienė (2011), mental disorders existed all the time, they acted differently and works of many people's quality of life.

Baltrušaitytė G. (2003) defines mental disorder as the inability to solve the various problems of life, loss of self-control as apathy, helplessness, emotional instability or loss of contact with reality.

The origin of mental illness is not clear cut. Fault is caused by several factors, which scientists have formulated differently. For example, Juškelienė V. (2007) examining the mental health states that a person's mental health has an impact on heredity, individual development of the physical environment, social, lifestyle and behavioural factors. Meanwhile Dembinskas A. (2003) is based on medical and behaviouristic (psychology) explaining the origin of mental disease models. In accordance with the *medical model* disease is characterized by a constant symptom complex with characteristic speed and change. Constructed on the assumption that some problems are mainly determined by biological and other – social and psychological factors. Model explains behavioural disorders as well as normal behaviour – desire, incentives, social and cultural influences, beliefs, expectations and beliefs, and so on.

The most common reasons that can cause mental illness, is a dramatic event in human life and constant stressful condition. Mental health is determined by both past and present factors, personal resources, life and social events and various effects (Raila, Leonavičius, Baltrušaitytė, Naujokaitė, Valius, 2013).

According to State Mental Health Centre², the number of psychiatric patients in Lithuania is constantly increasing. Over the last five years it has increased from 3122 to 3514 cases per one hundred thousand inhabitants.

According to WHO, in recent years the number of mental health problems has increased in the risk factors. That is poverty, unemployment, political instability, migration, proliferation of homeless people, the growing tension between the ethnic and the other groups (especially in cities), various forms of spread of drug addiction, loneliness and loss of social relations, socio-economic instability. The burden of mental health problems is very difficult to assess because mental health professionals need to be able to assess the needs of vulnerable people. Social worker's goal is to be sensitive to the needs of all patients. Social worker is to help solve social problems in cases where for objective or subjective reasons an individual or group of people are unable to overcome their own or with a view to more balanced life faced with certain difficulties. In organizing assistance with mental health problems to

² Access on the Internet: http://www.vpsc.lt/psl_statistika.htm

patients the medical role was and still is seen as exceptionally important but from the nineteenth century medicine started to deal with social problems as well.

Social services of health care provided in order to guarantee persons with disabilities and other groups at risk of social security, their mental health and psychosocial rehabilitation (Išoraitė, 2007). Health care social workers in the health care provision emphasizes social workers activity³ – to strengthen the health care institution or the referring of clients are its adaptation to the environment and to re-engage with the community, helping them to integrate into society, and to promote fuller person's social functioning. Thus, social workers working at mental health care institutions provide social and psychosocial rehabilitation services and the range of services (e.g., the general social services – social work, information and counselling, occupational therapy and employment, culture and leisure activities, catering and home health care and psychological support, etc.) which is described at psychosocial rehabilitation services operating regulations (Mikaliūnas, 2003).

According to the Ministry of Health and Ministry of Social Security and Labour on 6th of October in 1999 Order No. 432/77 “On health care social workers in the health care provisions, social workers, through their duties, shall perform the following functions”:

1. Evaluate the social situation of patient:
 - Collect and store information about the patient's social issues and the environment,
 - Mediate between health personnel and patients,
 - Prepare individual social assistance plan for the patient,
 - Provide the specific tools and ways of social help for patient;
2. Provide information and advice for patient:
 - About the law on social guarantees and privileges,
 - About the rights and opportunities in the potential case,
 - What to do if problems arise, conflicts raised by the patient's health status change,
 - About needed assistance institutions and helps them to choose it;
3. Help to manage documents of: care, welfare, services at home, pension receipt;
4. Inform and advise the patient's relatives about the need for assistance;
5. Organize and work with patient self-help groups;
6. Cooperate and coordinate activities with other institutions:

³ News, 1999, Nr. 85-2553.

- Represent and protect the patient's rights and legitimate interests of the various institutions and to organize legal assistance,
 - Coordinate the relationship with the family, the workplace, and to address outstanding dispute,
 - Prepare official documents for the patient's transfer to care home,
 - Notify in written the municipal Welfare Department of the needed social service for patient,
 - Addressing the patient's social problems, cooperate with doctors, nursing professionals,
 - Consult with other institutions' social workers;
7. Include the patient's family and loved ones into the process of help;
 8. Control and recommend the continuation of social services;
 9. Develop his activity:
 - Interested in social work in the health system experience and achievements, apply best practices,
 - Value the efficiency of his help for concrete person and advice measures to improve it,
 - Organize social activities' reports and statements;
 10. Record in written the progress of social services in special register.
 11. Social workers in their activities must comply with the confidentiality of information received about patient.
 12. For official functions failure as well as for the damage caused social workers are responsible under Lithuanian laws of the Republic.

According to N. Liobikienė and J. R. Šinkūnienė (2010) disabled human's destiny is not determined by disorder itself but by its social consequences, social and psychological realization. Disabled persons lose normal social status, do not gain another socially stable and recognized. This situation can be called a spacer, that is, people with disabilities are neither sick nor well-being, nor the dead, nor full of life than the public outside than inside (Šinkūnienė, 2010).

Mental illness does not affect only sick person but also with him living relatives, friends and caregivers. It is therefore important to mental disorders to look beyond the sick but also from passing position, because the only way to understand what kind of assistance is required in the sick person and his family (Pranckevičienė, 2008). Family is important to talk about for two reasons:

- Unfavourable family environment promotes mental illness relapses. So helping the family, we assisted the patient.

- Relatives themselves experience relatively high levels of stress, disease alters their quality of life, it is important to understand the needs of the relatives, if we look forward to their assistance and cooperation.

It would seem that the relatives themselves should seek help and support. However, in most cases it is not, because society is full of false beliefs that keeps loved ones from seeking help. Here are examples of such false beliefs:

- Mental illness is shame for the whole family;
- Mental illness is a punishment for bad behavior, lifestyle and education;
- Support for the sick is not possible (incurable mental illness);

But often the relatives do not apply and the fact that simply that they are not aware of the psychosocial self-help opportunities or are too worried about how to help the sick forgetting themselves.

To care for patients who do not realize their critical condition, are unable to think logically, reluctant to accept medical help, is very difficult (Lapkauskienė, 2004).

Negative impact on people with mental illnesses relatives started to explore in 1950. It is now known that mental illness can destroy not only the personality, but the sick person's family normal life (Rimovskaja, Tamulevičienė, Bužinskienė, 2006; Erin, 2004).

Mental illness affects every member of the family in different ways, depending on the family relationship and on the role of the family took ill person as close to the other family members. The literature identifies the different consequences of mental illness for the family. Treudley (1946) first used the term "family burden". The author has identified this term consequences for those whose relationship with patients, especially in heavily affected with a mental disorder, is particularly strong (Schene, 1990). Review of the literature refers to the set of all possible mental patient care consequences of family. Studies have shown 70% of carers mark the nurse role as a strong deterioration in their health, half of the respondents say that their health is deteriorating and believes that the worsening health hindered due to perform duties as a nurse, 23% of carers say that most psychiatrists use prescribed medication in order to regulate their emotional state (World Fellowship for Schizophrenia and Allied Disorders, 2007).

The number of persons with mental disorders is growing and maintenance and professional work is becoming increasingly topical aspect. So it is very important to raise and improve the professional competencies of social workers so that they are able to help their clients.

1.4.1 Roles of Social Worker

Using different strategies and providing various social services, social worker forced to perform a variety of roles which Salibury R. (1996) has termed as professional roles. The role is a way in which the employee uses to express himself in the specific assistance situations. Later the role depends on the employee's function and authority of the proposed services and features (L.C Johnson, 2003). The variety of social worker's roles is revealed in Table 2 below.

Table 2

Roles of Social Workers

Roles of Social Worker according to C. Zastrow and K. Kirst – Ashman (1997)	Roles of Social Worker according to V. O. Okonisnikova and N. Rumianceva (2007)
1. <i>The role of mediator</i> – It includes conflict resolution at micro, meso and macro levels of the system. At micro and meso levels mediator helps if difficulties arise in such situations as divorce or child custody issue. At macro level mediator helps to address outstanding conflicts between the various subsystems, such as community and other system.	2. <i>The identifier of client</i> – a social worker who detects persons or groups of persons finding themselves in crisis situations, define their environmental conditions underlying the problems.
1. <i>Teacher's</i> role includes information and training skills issued to patients and other systems such an employee has a lot to know to be a good communicator, that information is clearly communicated and understood by the client.	3. <i>The mediator</i> – The social worker finds himself between two people, between a person and a group in order to help people solve conflicts and to work productively together.
2. <i>Analyst / evaluator</i> role. Social workers with a high of knowledge must be able to analyse and assess the applications and systems work.	4. <i>The assessor</i> – a social worker, who collects information, evaluates people, groups, community problems; It helps to make the right decisions.
3. <i>Agent</i> helps patients to get meals or accommodation, legal advice or other necessary resources.	5. <i>Mobilizer</i> – a social worker who makes the act, inspire, organize existing or new people groups in action in order to solve certain problems. Mobilization can take place on an individual level.
4. <i>The role of negotiator.</i> The negotiator is represented by an organization, group or person who is trying to buy something from another group or system.	6. <i>The teacher</i> – a social worker who shall transmit the information and knowledge and help people to improve their skills, trying to change stereotypical skills, behaviours and attitudes to people or groups of people.
5. <i>The lawyer's</i> role is one of the most important roles that a social worker can perform, despite its potential difficulties.	7. <i>Agent</i> – a social worker who works with other employees or agents and helps them to improve their capacities to deal with customers' problems.

A social worker realizes his role working with different client groups, and its goal is always one – to achieve positive social integration.

According to Person, R. (2001) a key social worker's role is to be an expert in social problems. LC Johnson (2001) argues that firstly social worker uses two roles: facilitator who helps a person or family to get the necessary services and counsel when he being a social worker speaks on behalf of the client. Before starting to perform this role the employee must make sure that the client wants his help.

Social worker takes the role of defence counsel only in the case of intermediary role is ineffective. It would be best if it is possible that the client can represent himself, self-esteem.

R. Barker (1995) refers to the enablers, manager, agent roles. Enabler in the role of a social worker helps the client find himself the ability to cope with the problems that arise, reducing resistance and ambivalence, recognizing the leading feelings. In carrying out the manager role he assumes the role of a social worker of the administrative responsibility for the social agency, or other entity to identify organizational goals, and purchased resources for them to carry out programs. The role of an agent is to assist patients (individuals, groups, organizations or community) to receive assistance from the state or receive the necessary services.

N. Perrin and J. Polowy (2006) emphasize that the social worker to the client very often is the lawyer who is in front of the client. As well as the customer having critical problems, a social worker is the only person able to defend his interests. The social worker should be taught effective client advocacy techniques.

Providing social services, mental health care, social worker reveals their professional roles within the duties performed, i.e., set functions. All the above mentioned professional roles are not separated from each other as they overlap each other. In order to successfully perform the role, it is important to be aware of the content of the basics of activities.

1.5. The Map of Social Worker's Competencies

1.5.1. Competence Acquisition from the Perspective of Constructivist Theory

The term of competency is primarily associated with individual competence to carry out certain activities in professional media, professional community to participate in discussions of interest to their activity. As component parts competencies identify knowledge, skills, attitudes, values, behaviour patterns, cultural and civic awareness (Jakubė, Juozaitis, 2012).

Competency acquisition and development can be explained through the theory of constructivism. Constructivism in its essence is not training but knowledge and theory (Martišauskienė, 2008). Learning understood by constructivism means activities highlighting individual active role in processing information and constructing knowledge (Gudžinskienė, 2011). According to the constructivist theory, what we learn depends largely on the environment in which learning, the nature of information and the individual's prior knowledge. The relationship between an individual's knowledge and new information

is a factor that learning, individual eyes, makes meaningful. Thus, learning is basically active information creation, adjustment and development of new models (Petty, 2006).

Constructivists emphasize the importance of previous knowledge. Learning is not only listened to, observed or felt, imagined, but also make use of self-development and experience formed the basis of the structure of thinking (Gudžinskienė, 2011).

The most important thing of a successful, productive learning condition is the learner's internal resources and its use. It is also important that learning takes place throughout life. It enriches people and has lots of fun. Mistakes are a natural thing, they help to move forward and find the truth. Constructivist teaching encourages students to be active, to create their own meanings. This theory tries to teach the individual to understand the world that surrounds him and with other members of society to solve problems. Constructivist learning is characterized by the fact that understanding is fostered adding new information to already existing knowledge structure. This process J. Piaget called assimilation: integrate new material into old one by student and then actively working with it constructs his knowledge. Each person's individual event interpretation of expression is an individual but the structure of knowledge or understanding about the particular event is common to all individuals.

Social constructivism representatives P. L. Bergeris and Luckmann T. world knowledge linked with the social environment that creates reality constructions, especially cooperation with others. Not considered to be the most important of reality and methods of creating the reality structures application. The authors believe that the students' knowledge of the language and forms of thinking depends on the students' cultural and social history as well as from any particular training or interpretation each time (Martišauskienė, 2008).

1.5.2. The Construction of Concept of Social Worker's Competence

Targeting the competence-based training of specialists currently becomes an essential change in higher education accent: Lithuanian and EU strategic documents emphasize the transition from the transfer of knowledge to the development of competences (Sadauskas, 2010). The concepts of competence and qualifications are analysed by foreign scientists (Byram, 1997; Boam & Sparrow, 1992; Fantini, 2000) and Lithuanian ones (Lekavičienė, 2000; Lepaitė, 2001; Bubnys, 2009; Virgailaitė – Mečkauskaitė, 2011). Social workers competencies in Lithuania investigates the following authors: V. Ivanauskienė, L. Varžinskienė (2003, 2004), B. Švedaitė (2006), V. Indrašienė, D. L. Garjonienė (2007), I. Dirgėlienė (2008) and others.

In R. L. Barker (1995) “Social Work Dictionary” competence is called ability to do the job or other commitments. Competence in social work covering all relevant educational and experiential requirements demonstrates skills through assessment or certification exam as well as the ability to perform work tasks and in accordance with the values and professional code of ethics, social work goals.

The social work profession is in line with the specific features, but they are constantly changing. Dirgėlienė, I. (2008) said that all the world of social work in schools focus on social work as a profession, complexity, consisting of excellence model: **knowledge, values, abilities and skills**. Andrašūnienė, M. (2007) social work glossary defines professional competence as the ability of their qualifications, knowledge and skills to carry out activities.

Juralevičienė, J. (2003) presents a summary of the competence concept scheme (see. Fig.1.). Unlike other professions, social work competency has a unique value because it is related to the welfare of society as a whole.

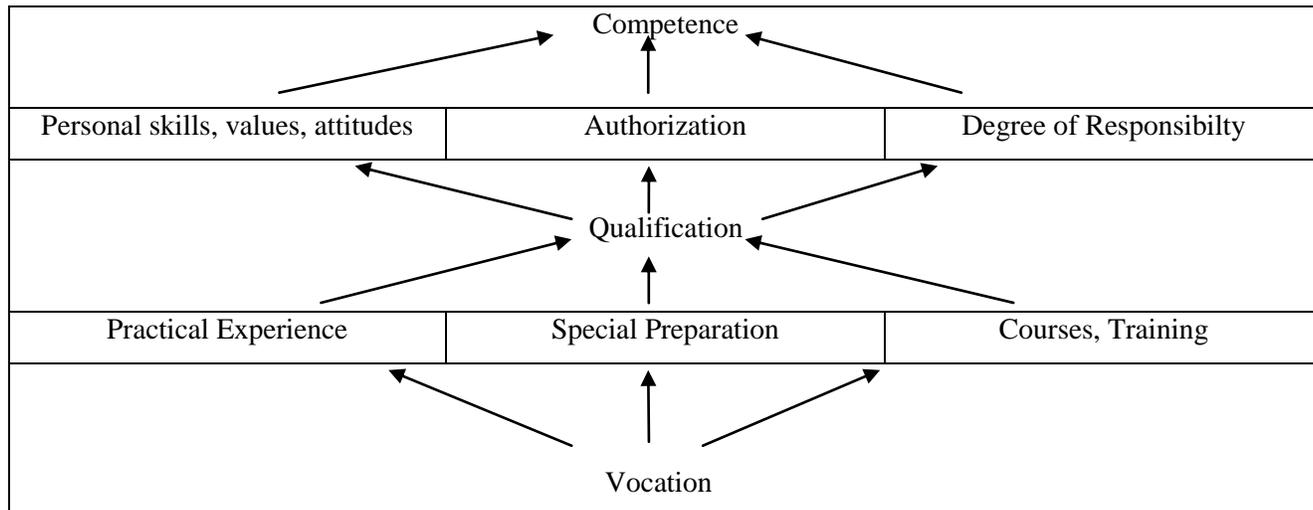


Fig. 1. The Scheme of Competence Concept by J.Juralevičienė⁴

Virgailaitė – Mečkauskaitė, E. (2011) analysing the competency definitions of foreign scientists notes that usually it contains tripartite structure of competence: knowledge, skills and attitudes / values. According to the author, there is no one universal definition as the term is used in different competence areas of contexts having different meanings.

Kieran O’Hagan (1997) distinguishes six common tasks of social work, which he claims can be called areas of competence (see. Fig. 2): 1) communication and commitment; 2) promotion and

⁴ Juralevičienė, J. (2003). Valstybės tarnautojų profesinės kompetencijos teoriniai ir teisiniai aspektai. *Viešojo politika ir administravimas*. 5, 84-90.

empowerment; 3) assessment and planning; 4) intervention and service offerings; 5) work organizations; 6) the development of professional competence.

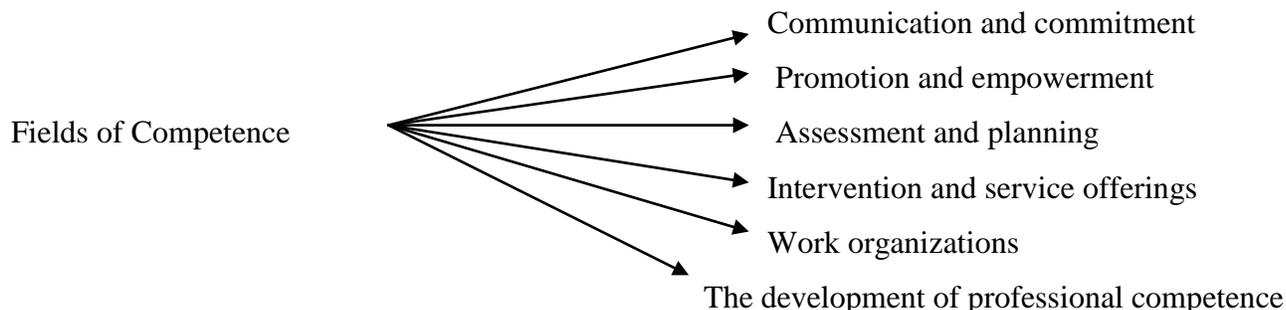


Fig.2. Fields of Competence by Kieran O'Hagan⁵

According to the author in social work this competence appears and can only be based on the application of **knowledge, values, skills** and **abilities**. Social workers trying to communicate and commit any client who has a specific problem must be based on theoretical literature and research, the development of new knowledge about the patient and the problem (knowledge); he must be prudent and sensitive in the event of ethical difficulties (values), demonstrating the validity of insight and acting (skills). Only practical activities based on the values that properly conducted and based on knowledge, critical analysis and reflection are considered competent.

1.5.3. Knowledge in Activities of Social Worker

Social worker's activities include different levels of functions and roles and it is obvious that the proper theoretical and practical preparation of social worker is very important. V. Gudžinskienė and J. Norvaišaitė (2010) believe that social work focuses on knowledge because knowledge is a social worker's one of the most important base which helps to perform his duties. T. Brown (2012) believes that the social worker shall use the knowledge to understand the situation and decide what methods he can provide for best assistance.

R.L. Barker in "Social Work Dictionary" (2003) defines knowledge as a kind of information, material which is based on the accumulated information, scientific data, values and skills and what is already known, exploration, exploitation and evaluation methodologies whole.

Knowledge usage inevitably requires not only accurate "social diagnosis" set in making decisions about the need for social assistance and social services, but also working in interdisciplinary

⁵ Kieran O'Hagan (1997). Social Work Competence. An Historical Perspectives. Competence in Social Work Practice.

teams, where common activities used in various fields of knowledge and methods (Carpenter et al., 2003).

Of targeted knowledge relating to the employee's professional content, personal value orientations, opportunities a true knowledge group is formed – professional knowledge (See. Fig.3.). According to Daukilas S. (2001), professional knowledge – this is some kind of cognitive performance outcomes providing people with information about its processes, phenomena facts, laws, mutual relations giving rise to professional characteristic way of thinking and acting and creating opportunities constantly evaluate and modify variable working and living environment.

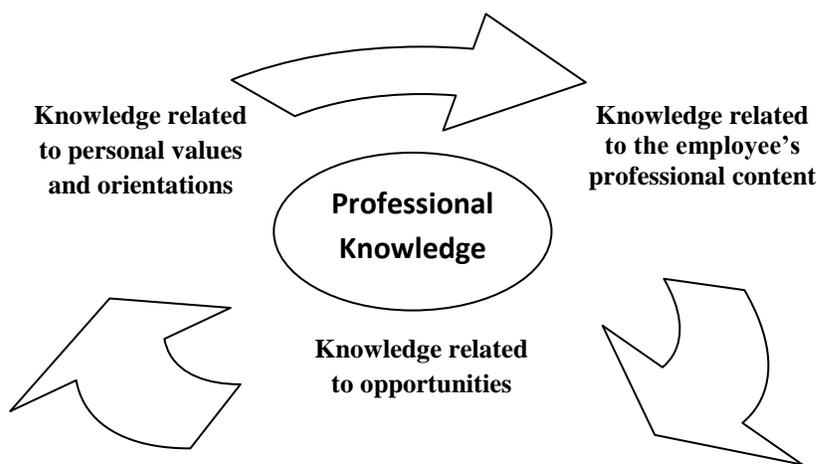


Fig.3. Components of Professional Knowledge by S. Daukilas⁶

According to L.C. Johnson (2003), social work knowledge is what is known about the people and their social systems. They correspond to the situation which has been developed that describe the people and explain situations of individuals and their social systems function used to be able to understand people in certain situations and larger social systems and pay social actions of employees so that they enrich social functioning of individuals. This is knowledge about human development, human differences and social systems theory; it forms a response to the need to include evaluation of relationships, social work and intervention process.

Social work researchers borrow lots of knowledge from other social sciences. Competent professional activity depends on the law, social policy, philosophy, sociology, social administration,

⁶ Daukilas S. (2001). Profesinės pedagogikos sąvokų problema profesinio rengimo standartuose. *Mokslo darbai. Pedagogika.*

organizational policies and procedures and many other theoretical knowledge (Ivanauskienė, Varžinskienė, 2004).

According to A. Morales and B. W. Sheafor (1998), a social worker needs a common knowledge in social work, the specific practice of environmental knowledge (adjustments), knowledge of the agency, knowledge about the patient and knowledge of a specific contact (initial interview).

B. R. Compton and B. Galaway (1999) state that the social worker, who is an intermediary between the person and the environment, helping the customer solve a series of challenges and problems that required three types of knowledge: 1) knowledge of individual behaviour, adaptation techniques and everything related to adaptation; 2) knowledge of the situation – community, its institutions and various types of resources; 3) the concept that helps him to understand the transactions between people and the environment, on the one hand, promote or inhibit the growth, development and the realization of human potential, and on the other hand, encourages or inhibits the ability of the environment to support a variety of human potential.

According to L. C. Johnson (2003), Social workers' knowledge sources are wide and varied, from a variety of disciplines. The knowledge to choose and adapt to different situations is always problematic and various sources of knowledge combined is quite difficult. According to the author, the social worker in order to have sufficient knowledge needs:

1. Broad research on human grounds – it is the social sciences (sociology, psychology, anthropology, history, political science and economics) knowledge that helps to understand the nature of human society and the human situation. Natural science knowledge helps to understand the physical aspects of the human situation. Humanities help to develop creativity and critical thought.
2. Understand people, their interaction and the social situation in which they function. This knowledge about people emotional, cognitive, behavioural, and developmental aspects. They help to understand the situation of differences and those differences influence the functioning and development of.
3. Be familiar with the practice of theory which is related to the essence of the aid process with a number of intervention strategies appropriate for different situations and systems. This knowledge is about the professional and public institutions that provide individuals help and methods that make it possible to develop the service structure to even better meet the needs of.
4. Specialized knowledge that is required to work with specific client groups and in exceptional situations. Knowledge in this field depends on the circumstances of life and activity.

5. The ability to think, to use imagination and creativity in applying knowledge acquired from various sources. In particular, it is important to see people and their environment, the advantages and use them in creating a future vision.

A qualified social worker has to gain enough knowledge to be able to make choices and to adapt their professional activity. He must be able to understand, analyse and critically evaluate not only basic knowledge, but also their personal practice. The social worker has to think strategically, to weigh the advantages and disadvantages of proposals and anticipate potential consequences of decisions and actions (Kieran O'Hagan, 1997). In addition to all the listed knowledge base, a social worker must understand and comply with social work values.

1.5.4 Values in Activities of Social Worker

The social worker, in order to better understand the case and meet patient's needs uses not only the knowledge, skills and abilities but the values of social work as well (Rose, Gidman. 2010).

Values distinguish humans from other creatures, helping to adapt to each other, remain in social activities. Values have implications for many aspects of social work practice: the concept of a person to communicate with the client, moral judgment, dedication professional, organizational and societal goals (Ivanauskienė, Varžinskienė, 2010).

For social workers working with patients with mental health problems is very important to comply with social work values and principles because it helps to shape the positive attitudes to mentally sick clients (Gaidžiūnienė, 2009).

Values – inherent human activity motivation element. Each activity is related to goal setting, tracking with effective traditions, rules, regulations, pending events hierarchy and systematization, their comparison with existing standards, the important distinctions between fundamental and less essential, secondary, etc. core values and their role fully understood only oriented to practice specific activities intrinsically related to other human activities and values (Tidikis, 2003).

According to R. L. Barker (1995), social work values –customs, standards of conduct and principles considered desirable by a culture, a group of people or an individual.

A. Morales and B. W. Sheafor (1998) distinguish these social worker's profession values:

1. Social workers believe in the inherent human value and dignity.
2. Everyone has innate abilities and seek changes that make life more comprehensive.
3. Everyone is responsible for themselves and others, including the public.

4. Need to belong to people.

5. There are human needs common to everyone, but each person is unique and different from others.

Lithuanian Social Workers Code of Ethics (1998) describes not only values but also the preferred methods of dealing with people and what should be done in professional activities. The foreword to the Code states that “social work in Lithuania has its roots in the philosophy of humanism, religion, democratic ideals, charity, patience, forgiveness, good neighbourhood, a sense of belonging, self-control, justice, wisdom, faith and hope”. Diligence, compassion is known as characteristics of Lithuanians. These qualities and values have helped to withstand the ordeal, strengthen national identity. Social workers are committed to serve the people of Lithuania, trying to educate them to grow and improve their professional training; their activities aim to intensify the development of society.

In Lithuanian Social Workers Code of Ethics (1998) the importance of personal principles is emphasized. Code of Ethics states that a social worker doing his job should pay attention not only to the public or client but also to their personal values. Tolerance of other people’s values, differences in perception and acceptance are the essential values in social work.

S. V. Teterskis (2002) identifies the following specific social work values: love, compassion, faith in the client’s internal forces, possibilities to change the situation, the desire to help and sacrifice, the acquisition of knowledge, skills acquisition and social creativity (See. Fig.4.).

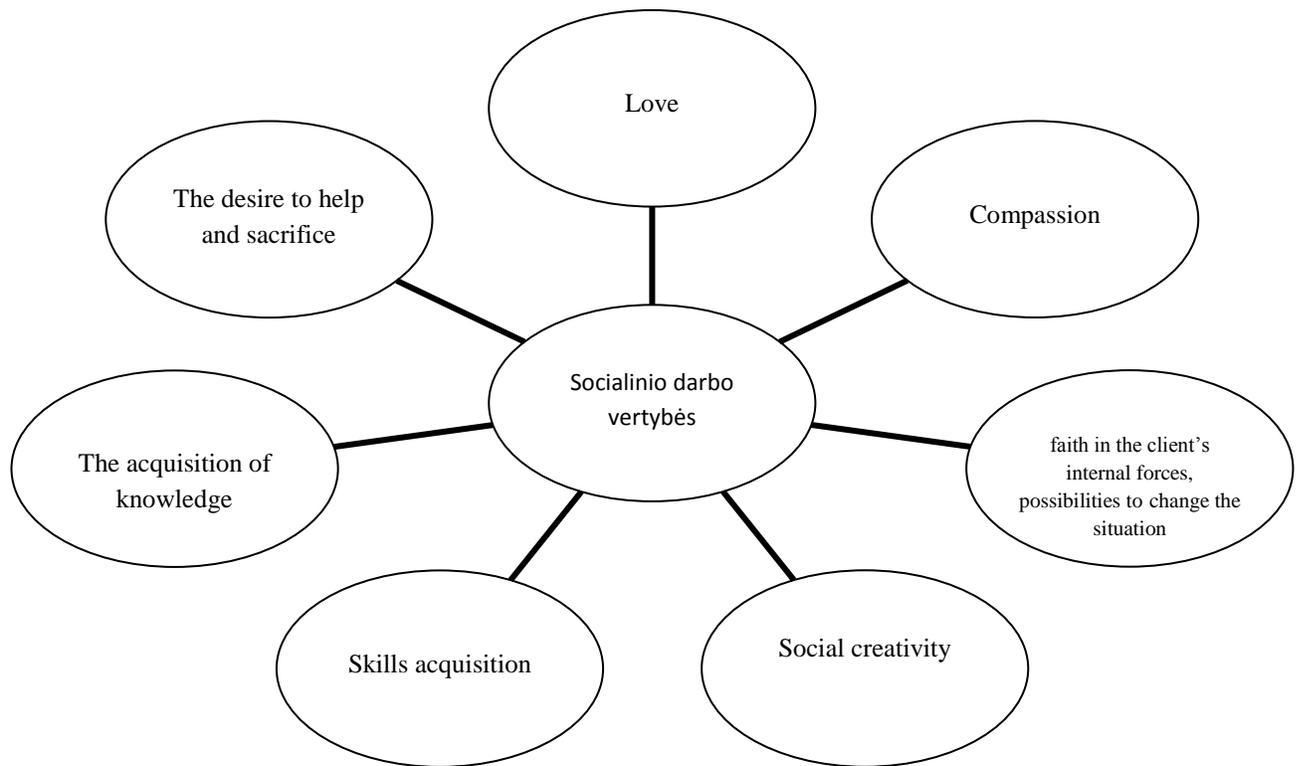


Fig.4. Social Work Values by S. V. Teterskis⁷

The main idea of social work is to defend a person like individuality and value that upholds the right to self-determination and self-realization (Lithuanian Social Workers Code of Ethics. Vilnius: LSDA, 1998). So it can be said that the social work professional activity in itself is a virtue.

L.C. Johnson (2003) argues that social work practice is based on a system of values based on the value and dignity of the individual, freedom of self-determination, the right to confidentiality principles, and values of professional work plays an important role. The author expresses these values in the following principles:

1. People should have freedom of choice;
2. The person is the most important thing; personal needs and concerns does not necessarily coincide with the needs of the community;

⁷ Тетерский С. В., (2002) Введение в социальную работу: Учебное пособие. - Москва: Академический Проект.

3. Social workers do not have to make partial decisions in connection with individual people's concerns, needs and problems;
4. Social worker has to help, not to control;
5. Feelings and personal relations are very important;
6. People feel responsibility for others; for their needs and concerns.

According to R. Tidikis (2003), social work content and process enriched by moral values, ensure the effectiveness of communication relations, pose a successful impact on the requirements and obligation to comply with and establishes a culture of communication for social workers, form of moral orientations customers, social phenomena moral evaluation criteria and provisions. According to the author, the ethical principles of locating a social worker at the formal, in government, public and to the moral relationship with his client's custody, to ensure an honest partnership allowing the reciprocal moral improvement are: the principle of humanity and love, compassion principle, altruism principle, the principle of equality tolerance as a communication culture moral principle, respect for cultural communication as moral principle.

For the proper approach to the promotion of social work social worker must properly represent his profession – be based on the values of social work and generosity defense significance; his intolerance for unethical behaviour and other professionals; taking care to avoid unqualified and unlicensed social work; care that is not published is false, incompetent, false information about social work (Lithuanian Social Workers Code of Ethics. Vilnius: LSDA, 1998).

A social worker must comply with moral principles and norms such as fairness, civility, tolerance, honesty and decency, good and strong sense of justice, strong professional sense of duty, humanism and unconditional respect for the human being. The social worker should avoid bureaucracy and delays, insensitivity and indifference, injustice, the difference between words and deeds, arrogance, bribery and corruption (Social Work: professional introduction, 2004).

According to the Lithuanian Social Security and Labour Minister Order No. A1-92 in 2006 on 4th April "Social workers and social workers assistants' qualification requirements for social workers and social workers' assistants and qualification procedure for the certification of social workers and development trends of the social worker and their assistants' activities" must be guided by these values and attitudes:

1. Respect patients and appreciate the uniqueness of each of them.
2. Be empathetic, strive to understand each client and help him.

3. Valuate all customers equally and to provide them with assistance, regardless of their social status, religion, sex, race, beliefs or opinions.
4. Trust the client, be objective in decision-making, carve prejudices.
5. The establishment of cooperation relationship with the customer; to involve himself, his family, community to his social problems.
6. Maintain confidentiality of client information known and to provide it only in order to protect the best interests of the client.
7. A social worker and his assistant must possess the following qualities as tolerance, kindness, responsibility, creativity and initiative (News 2006, Nr. 43-1569).

According to R. and K. Pukelis (2000), competence is based on knowledge and skills are the top which is the most important criteria of professionalism of the staff. Skills resulting in conjunction with the experience allow an experienced profession to move on to other professional issues. The authors believe that the knowledge, skills and attitude to the activities carried out indicate the excellence in quality.

1.5.5. Skills and Abilities in Activities of Social Worker

The competent social worker who works with mental disabilities has to have certain skills and abilities that would work in different situations. Skill is a practice component that combines the knowledge and values and turns them into action as a response to concerns or needs (Johnson, 2001). According to L.C. Johnson (2003), for a social worker who wishes to do his job properly it is necessary to develop the following skills: self-awareness, empathy, the ability to properly communicate with another race, culture, gender, age, sexual orientation and disability.

R. L. Barker (2003) the dictionary of Social Work defines skills as “payment to good use the knowledge, talent, personal characteristics or resources”. The author believes that the most important skills of a social worker are: communication skills, the ability to properly and adequately assess problems, the ability to combine customer's ability with existing resources, and those with needs.

Skills development taking place within certain broad patterns is described by Mr Atkinson (Vocational Education Fundamentals, 2001). The author believes that “the increase of the same actions performed by the number of exercises, skill formed easier and faster. Once the threshold (limit) the activities of the student knowledge and level of payments moves into an automated action is no longer the appropriate and conscious control”.

According to M. Berg – Weger (2010), the following categories of skills are needed in social work: - direct work with the client: pedagogical skills, counselling and therapeutic work, individual and group work skills;

- mediation skills: courtship, case manager, mediator, counsel skills;

- support networking, maintenance and improvement: organizational skills, facilitator, team member, consultant and supervisor skills;

- investigator skills: information collection, storage, organization and evaluation of analytical ability, etc.;

- social assistance system developer skills: project work, planning, procedural skills.

According to G. Gaidžiūnienė (2009), tact, ability to listen and to direct the flow of thoughts customer in the right direction must always prevail in the work of social workers working with mental health problems, with customers. Meanwhile, A. Petrauskienė (2007) emphasizes that social workers all time spending among the people, must necessarily have communication skills. Social worker's interaction with the customer relationship is manifested with him have been held in various social situations.

According to A. Morales and B. W. Sheafor (1998), "Social work skills needed both to choose the appropriate technique for a given situation and ability to effectively use the technology". According to these authors, the choice is based on an intentional use of knowledge and on the basis of social work values; this knowledge is filtered, deciding which skills appropriate services.

B. Baer and R. Federico (Johnson, 2003) grouped skills into four areas:

1) information gathering and assessment;

2) professional growth and recovery;

3) practice with individuals, groups or communities;

4) assessments.

C. Sutton (1999) regarding the social worker's professional skills distinguishes the following: 1) the ability to negotiate; 2) advocacy; 3) educational abilities; 4) decision-making; 5) record registration; 6) reports writing. The administrative capabilities include the organization of work, time management, stress recognition, surveillance, and presence support group skills.

L. C. Johnson (2003) emphasizes the educational program provided for two types of skills (although they cannot be completely separated): *cognitive skills* and interaction or communication skills. *Cognitive skills* used to thinking about people and their situation to determine what knowledge will

require planning and intervention in the assessment. Communication skills are invoked when working with individuals, groups, families, organizations and communities; communicating and trying to understand; the general planning; the implementation of the plans. The social worker should be good for both types of skills connoisseur.

L. Kaminskienė and A. Janulienė (2003) quote Kenneth E. Sinclair who distinguished nine kinds of skills, which should reach the end of higher education in person: to develop analytical thinking / decision-making skills; learn communication skills (written and oral); acquire professional skills (practical training); acquire professional skills (theoretical studies); learn to cooperate and to work in a group; to achieve high standards of conduct in private and public life; interest in work and choice of career; knowledge of a wide spectrum of general academic subjects; have practical experience.

As we can see, the most emphasis is on analytical thinking, decision-making and communication skills. This means that professional success has great influence not only professional, but also general skills. According to R. (1998), basic skills are a long time used knowledge, abilities, skills, attitudes and value orientations that determine the overall personality education, the professional flexibility and mobility set.

According to V. Dagiienė (2003), the main currently prevailing in the world and most needed learner's competences are those:

1. Critical thinking.
2. General intellectual competence.
3. Information and communication technology competencies.
4. Solving problems.
5. Processing of changing situations.
6. Group, teamwork - collective intelligence.
7. Effective communication.

Memorandum on Lifelong Learning (2000) highlights the social and managerial skills. Interpersonal skills - confidence, direction and risk-taking is very important because of the social worker is always expected autonomous behaviour. Managerial skills allow both to improve individual performance and to diversify the activities of the organization. Aspiration is that the European Union member states in formal education and training systems are constantly revised provision skill levels so that skills match what is required by the socio-economic situation and the general public.

According to A. A. Kozlovas (2004), to become a social work specialist it requires certain skills and abilities which include basic and specific skills, it produces professional working relationships with clients and help the client to “see” himself in a country’s ability to deal with problem situations, set goals and develop an action plan. Assess their actions and the client. According to the author, having the necessary skills in social work specialist professional will be able to become a creative personality, capable to always be near his client to constructively change their life. Social work specialist skills and abilities over time become his second self.

The Republic of Lithuania Social Security and Labour Minister Order No. A1-92 in 2006 4th of April “On social workers and social workers assistants qualification requirements for social workers and social workers assistants professional qualification procedure for the certification of social workers and description of the procedure is also justified by the importance of the social workers’ skills”. The document notes that the social worker must be able to accurately assess the human social situation, effectively communicate with the person and his environment, to organize the human, financial and other resources, available to organize social work and social services, must take into account the client’s individuality, to follow his needs and choose such methods of social work and social services that are best suited to address specific client, his family or community social problems and best suited to their interests (News, 2006, No 43-1569).

Scientists distinguish three main areas of modern society, where the social worker must have the following skills:

1. Help to prevent exclusion (e.g. exclusion from public).
2. Support for the inclusion of persons (e.g. after leaving the foster home to adapt to life in society).
3. The administration of exclusion (work in social services institutions – care, foster) (Indrašienė, Garjonienė, 2007).

A firm idea of what key skills and abilities can be helps successfully to overcome many of the problems encountered in social work practice. However, not for nothing social work is called the education and art. The more creative professional activities, the greater the guarantee that it will reach the peak of professionalism. Everyone and their problem are unique and unrepeatable which is why the social worker is required creativity skills and abilities (Kozlovas, 2004).

According to L. C. Johnson (2003), the ability to properly and creatively combine the knowledge, values and skills in order to help the client is actually a very important feature of a social

worker. According to the author, it is very important not only to select and apply the relevant knowledge, values and skills but also to connect these three elements so that they are consistent and make a whole, helping to man.

Social work education and artistic aspects are not contradictory, but complementary. When science and art is a creative use of compatible knowledge, values and skills of professional social work reveals the essence (Johnson, 2003).

To organize the information on the topic of competence the table below is very helpful (See Table 3).

Components of Social Work Competence

<i>Knowledge</i>	<i>Skills, abilities</i>	<i>Values</i>
<ul style="list-style-type: none"> - Knowledge of legal science, - Knowledge of social policy, - Knowledge of philosophy, - Sociology knowledge, - Knowledge of social administration, - Knowledge of organizational policies and procedures, - Information about an individual's behaviour, adaptation techniques and everything related to adaptation, - Information about the situation - community, its institutions and various resource types, - The concept which helps to understand the transactions between people and the environment, on the one hand, promote or inhibit the growth, development and the realization of human potential and on the other hand, encourages or inhibits the ability of the environment to support a variety of human potential, - Specialised knowledge necessary to work with specific client groups and in exceptional situations. 	<ul style="list-style-type: none"> - Decision making skills, - Communication skills, - Professional skills (practical and theoretical), - Direct work with the customer: pedagogical skills, counselling and therapeutic work, individual and group work skills, - Cooperation and team work, - The mediator's skills: courtship, case manager, mediator, counsel skills, - High standards of behaviour in the pursuit of personal and public life, - Extensive and comprehensive knowledge of the spectrum of academic subjects, - Practical experience, - Aid networking, maintenance and improvement: organizational skills, facilitator, team member, consultant and supervisor skills, - Investigator skills: information collection, storage, organization and evaluation of analytical ability and so on. 	<ul style="list-style-type: none"> - Believe in inherent human value and dignity, - Possession of innate ability and desire changes that make life more comprehensive, - The responsibility for themselves and others, including the public, - Belonging to people, - Understanding that there are human needs common to everyone, but each person is unique and different from others, - Working for the good of public, - Support for the individual and the family in solving their problems, - Ambition of social justice, - Understanding that the individual is the most important person; personal needs and concerns does not necessarily coincide with the needs of the community.

II. THE RESEARCH OF THE PROFESSIONAL COMPETENCE OF SOCIAL WORKERS WORKING WITH MENTALLY DISABLED PEOPLE

2.1. The Methodology of the Research

Humanism – system of historically changing attitudes, recognizing human dignity, the rights to liberty, equality, the natural qualities and skills development, personal disclosure, favorable conditions for the conclusion of public life (Alifanovienė, 2001). Social Workers' Code (1998), states that social work in Lithuania has its roots from the philosophy of humanism.

Targeting the competence-based training of specialists currently became an essential change in higher education accent: Lithuanian and EU strategic documents emphasize the transition from the transfer of knowledge to the development of competences (Sadauskas, 2010). Competency acquisition and development can be explained through the theory of constructivism. Constructivism in its essence is not training but theory of knowledge (Martišauskienė, 2008). Constructivism understood as learning means activities highlighting individual active role in processing information and constructing knowledge. (Gudžinskienė, 2011). According to the constructivist theory, what we learn depends largely on the environment in which learning, the nature of information and the individual's prior knowledge. The relationship between an individual's knowledge and new information is a factor that learning, individual eyes, makes meaningful. Thus, learning is basically active information creation, adjustment and development of new models (Petty, 2006).

The research methodology is based on humanism and social constructivist philosophical paradigms that are mutually correlated both theoretical and practical level of competence in the development of social workers.

The purpose of the research- to reveal the professional competence of the social workers who work with mentally disabled people. In order to achieve it the concept of triangulation was used (Guba, Lincoln, 1989; Merkys, 1999; Denzin, Lincoln, 2003, Kardelis, 2002, Mitchell, 1986) which is based on a systematic methodology in terms of mutually coordinated and integrated quantitative and qualitative research methods. The complexity of the investigation substantiated mixed use of research instruments and techniques (semi-standardized interview and questionnaire method), which essentially allowed the respondents to disclose the professional competencies and attitudes to the opportunities available to improve.

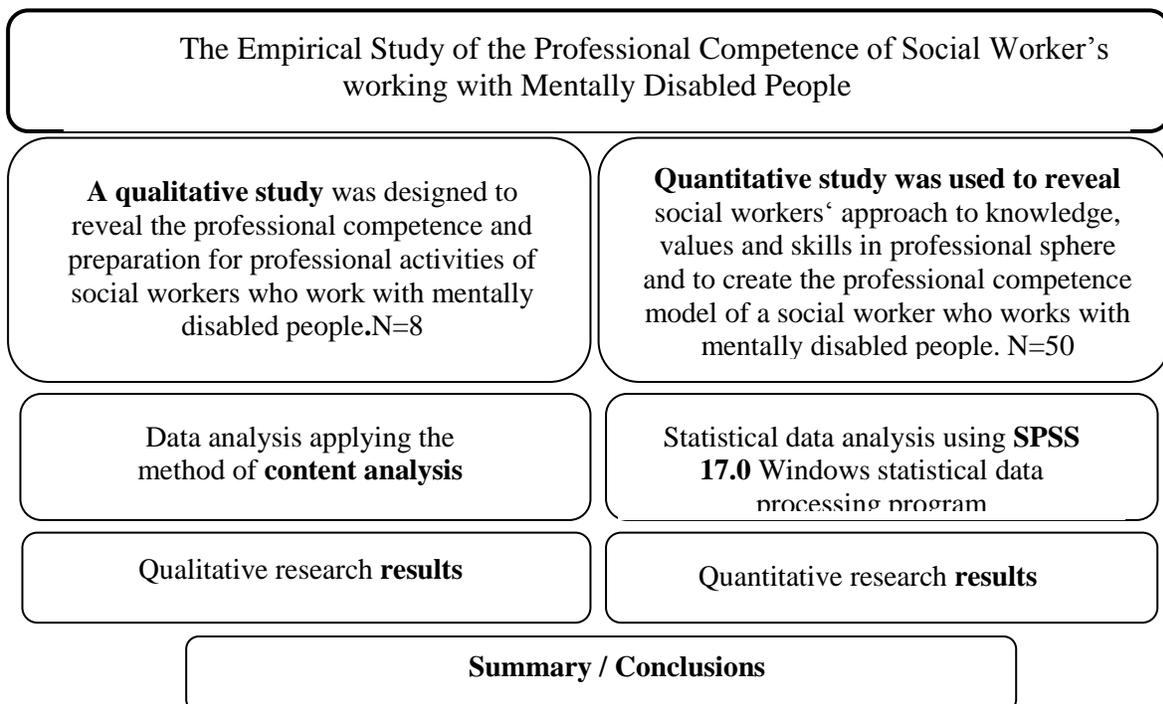
The first phase of the study – **a qualitative research**. Qualitative research methods were used to achieve a deep understanding of the phenomenon and allowed to find out qualitative characteristics and

comprehensive look at the problem through the human experience of the phenomenon (Kardelis, 2002). In qualitative research the instrument is considered a researcher himself who seeks to understand the other person's world, getting to know his life, revealing the problems, confronting the causes and communication features.

The semi-structured interview technique was chosen to conduct the survey which enables a more detailed knowledge of the research and analysis necessary to obtain information. The application of this method has been provided for the survey plan and the additional information obtained during asking additional questions. To get the details, i.e. not only to listen but also to encourage the informant to share their thoughts, experiences and views on the phenomenon under investigation, the interview technique was chosen – a conversation. Qualitative interview is focused on to be able to understand the world from the respondent's point of view, to reveal the meaning of human experiences, to see the world in which he lives, before him giving a scientific explanation (Kvale, 1996). The results of the analysis were targeted for professional activities, pre-assessment of professional activities and values change, social work activities, participation in professional activities and professional qualification.

The second phase of the study – **quantitative study**. Quantitative studies can be called statistical or experimental. These concepts emphasize quantitative data analysis of the nature and abnormal laboratory test situation (Kardelis, 2002).

To find out respondents' views on the knowledge, values and business competences in the social worker's professional life, it was decided to use a quantitative study using a questionnaire method in written.



The Instrument of the Research. Semi-structured interview – directed interview during which the researcher will anticipate themes issues that will be discussed during the interview, but not always complied with questions of procedure, freedom of words was provided, changed order of questions, asked additional questions (Rupšienė L., 2007).

The research instrument is unique and composed by the author based on the scientific literature to find out respondents' perception of their professional training and development. The questionnaire was composed of 25 questions (See Annex No. 1) which can be broken down into the individual blocks: 1) block of questions was designed to explore the approach to knowledge, as one of the professional competence of components; 2) questions' block was designed to reveal attitudes towards social worker skills; 3) questions block seeks to find out the opinion of the respondents about social work values; 4) questions' block was designed for the social workers operating investigation; 5) questions' block was designed to study the specifics of the respondents work; 6) questions' block for the disclosure of respondents' approach to in-service training and 7) block for demographic data. Prepared research instrument was tested (conferred by the use) a pilot study. The pilot study – to develop an optimal analyzing option for methodology (Tidikis, 2003).

The research data was analysed by applying the qualitative content analysis by V. Žydzūnaitė (2006) given steps. The research process includes interviews' text entry into a computer file, multiple interview reading and its analysis. Text analysis included the identification of more detailed subcategories and categories which were summarized and formed in order to investigate the respondents' perception of their professional training and development. Moreover, results of the study, interpretation of data and conclusions were formulated.

The preparation of the research instrument was guided constructivist approach to competence (Eraut, 1994; Mirabile, 1997; Parry, 1996; Stoof, Martens et al., 2002), insisting that competence construct is not an absolute and universal, but is a dynamic developed in the context of the competences of defining people, the definition of the purpose and context.

For the quantitative phase of the study on the basis of scientific literature was prepared structured, closed questionnaire with ordinal scale (See Annex 2). Closed questionnaire advantages from: 1) researcher does not need to classify the answers and this helps to avoid the subjectivity; 2) easier to process the data; 3) easier to compare the data; 4) bigger reliability of the indicator (Kardelis, 2002).

Respondents were asked to fill in three tables – questionnaires in which they assess the social workers knowledge, values and importance of business skills. At the top of the questionnaire the short information was given about the investigation and its purpose. At the top of the questionnaire five demographic-type questions were presented where respondents had to indicate their age, sex, education, social work and social experience of working with mentally disabled people. To find out respondents' views on the importance of knowledge in social work, respondents were asked to fill out a table which accounted for 19 points. To find out respondents' opinion about the importance of values in social work, respondents were asked to fill out a table which accounted for 30 points. And finally, in order to find out respondents' views on the importance of business skills in social work respondents were asked to fill out a table which consisted of 38 points (See. Annex 2). Closed-ended questions were used where the answer options were provided in advance. Such questions are handy because respondents need to select one answer or another – an alternative choice gives a sense of security. Possible options are answers using ordinal scale. Ordinal scale point is that all the replies go strictly in ascending or descending order (Kardelis, 2002).

The Study Sample. The study participants were selected by target sampling. Qualitative study included 8 social workers who work with people in mental disability situation. The study included 8 informants, all the women with higher education with an average age of 40 years. Social work experience with mental disabilities people of informants varied from 2 to 20 years.

In order to find out respondents' views on the knowledge, values and business competences in the social worker's professional activity 50 quantitative study questionnaires were distributed. In Siauliai Municipality in 2014 Social Services Plan⁸ data Municipality 82 social workers are employed so the number of respondents to the survey can be considered as representative. The study representativeness is general features of the whole (the set) reflection survey in selected sites (Tidikis, 2003).

Questionnaires were distributed to social workers who work with mentally ill people. All distributed questionnaires were filled. The questionnaires were filled in by 47 women and 3 men, aged 26 to 58 years and informants social work's experience with mental disabilities people varied from 3 to 20 years. All respondents were with higher education.

⁸ Access on the Internet: <http://web.siauliai.lt/aktai/nsdoc.asp?did=21980>

The Organization and Process of the Research. The study took place in January 2015 - March Šiauliai city institutions providing services to people in mental disability situation.

Social work professionals were invited to participate in the study, informed about the study objectives, data usage and protection of confidentiality and voluntary participation. In order to enable social workers to interview recorded for later analysis the informants were asked to consent to the recorder for recording conversations. If respondents refused to record all conversations were written down. Interview duration was 1 hour to 1.30.

Quantitative research instrument's closed - questionnaire was distributed not only in personal by investigator but also by email having arranged by phone earlier.

Ethics of the Research. Conducting the research the following ethics' principles were followed (Rupšienė, 2007; Kardelis, 2002; Žydžiūnaitė, 2006):

- 1) *The study documents confidentiality and anonymity of the respondent.* To ensure the privacy and anonymity of subjects presenting survey data changed names of the respondents are used. In order to maintain the confidentiality of information gathered, subjects were explained to anyone other than the investigator, the data will not be available.
- 2) *Study participants' free choice to participate in the study.* The requests to health care, social services facility administration for permission to carry out an investigation and meet with social workers employed were given. The qualitative study was to obtain prior consent of a respondent (e. Mail or phone) to participate in the study, a pre-agreed meeting time, date and place.
- 3) *The study participants' right to know what will be done with the data obtained during the investigation.* The study participants were given brief information about the study, its purpose and benefits, i.e. that participation in the investigation and provided information is useful in person, the data will contribute to the educational institutions of the educational process improvement.
- 4) *Study participants' maintenance of dignity and respect.* The research data were collected in protecting research participants from psychological vulnerability. The research and data analysis was used to observe the principle of respect.

2.2. The Results Analysis of Qualitative Research of Social Workers' Professional Competence

Professional social workers' activity is meaningful because of the specific characteristics of social work: social workers are constantly changing social political and cultural environment, interacting with different social status, behavioural and social problems, with different people, give them assistance (Liobikienė, Šinkūnienė, 2010). According to V. Kavaliauskienė (2010), social work profession seeks to help for the most vulnerable sector of society: community, a group of people sharing common interests as well as individuals with their own needs and problems.

Taking into account the different views and experience of the authors it can be concluded that for social workers who work with patients with mental health problems is very important to comply with social work values and principles that help to shape positive attitudes to patient having mental health problems. In order to be a good social worker and help with mental health problems for patients it is necessary to have certain professional qualities, skills, specific knowledge, the necessary qualifications, interest in the achievements of social work in the health system, helping to recognize mental health problems having the client from biological, psychological and social side.

The research was aimed to reveal the professional competence of social workers. Analysing the research data five categories have been underlined: *preparation for professional activities, pre-assessment of professional activities, values change in social work activities, participation in professional activities and professional training.*

2.2.1 Preparation for Professional Activities

The category's "*Preparation for Professional Activities*" content is defined by sub-categories: "*Acquired Knowledge in Learning Institution*" and "*Acquired Skills in Learning Institution*".

Social worker's activities include different levels of functions and roles so it is obvious that for the social worker it is very important proper theoretical and practical preparation. According to V. Gudžinskienė and J. Norvaišaitė (2010), social work focuses on knowledge, because knowledge of the social worker is one of the most important bases, which helps to perform his duties. T. Browne (2012) believes that the social worker shall use the knowledge to understand the situation and decide what methods he can provide for assistance.

Knowledge usage inevitably requires not only accurate "social diagnosis" set in making decisions about the need for social assistance and social services, but also working in interdisciplinary

teams, where common activities used in various fields of knowledge and methods (Carpenter et al., 2003).

According to L.C. Johnson (2003), social work knowledge is what is known about the people and their social systems. They correspond to the situation which has been developed that describe the people and explain situations of individuals and their social systems function used to be able to understand people in certain situations and larger social systems and pay social actions of employees so that they enrich social functioning of individuals. This is knowledge about human development, human differences and social systems theory; they form a response to the need to include evaluation of relationships, social work and intervention process.

According to the opinion of A. Morales and B. W. Sheafor (1998), a social worker needs common social work knowledge, specific knowledge of environmental practice (adjustments), knowledge of the agency, knowledge about the customer and knowledge of a specific contact (initial interview).

Analysing the preparation for professional activities the attention was put to what knowledge respondents have gained in learning institution. It was observed that social workers who work with mentally disabled people have acquired a number of professional activities and necessary knowledge such as knowledge about the values, different institutions, working methods and cooperation: *“About social worker’s values and ethics; psychology; knowledge of social work essence and its purpose” (Greta, 40 years old), “Gained all the knowledge necessary for social work” (, 34 years old), “About community, its institutions, types of social services and types of social institutions, knowledge about initial contact with client” (Miglė, 48 years old), “Learned what kind of expertise is needed for social work and what are the moral values in social work” (, 35 years old), “About social work methods” (, 35 years old), “Got acquainted with the peculiarities of communication” (, 37 years old).*

Social work researchers a lot of knowledge borrow from other social sciences. Competent professional activity depends on the law, social policy, philosophy, sociology, social administration, organizational policies and procedures and many other theoretical knowledge (Ivanauskienė, Varžinskienė, 2004). This is evidenced by the respondents to the survey responses that they nominal medicine, law, sociology and other disciplines of knowledge acquired in learning institution: *“Gained medical, nursing knowledge” (Ugnė, 40 years old), „ “Social rights knowledge, political knowledge, sociology knowledge” (Greta, 40 years old), “Met with political – strategic aspects” (, 37 years old), “Law, philosophy” (Saulė, 44 years old), “Sociology, social policy, philosophy” (Smiltė, 41 years old).*

A qualified social worker needs to gain enough knowledge to be able to make choices and to adapt their professional activity. He must be able to understand, analyze and critically evaluate not only basic knowledge, but also their personal practice. The social worker has to think strategically, to weigh the advantages and disadvantages of proposals and anticipate potential consequences of decisions and actions (Kieran O'Hagan, 1997).

The competent social worker who works with mental disabilities has to have certain skills and abilities that would work in different situations. Skill - practice component that combines the knowledge and values and turns them into actions, a response to a concern or need (Johnson, 2001). According to L. C. Johnson (2003), a social worker who wishes to do his job properly, it is necessary to develop the following skills: self-awareness, empathy, the ability to properly communicate with another race, culture, gender, age, sexual orientation and disability.

According to G. Gaidžiūnienė (2009), tact, ability to listen and to direct the flow of thoughts of patient in the right direction must always prevail in the work of social workers working with mental health problems. Meanwhile, A. Petrauskienė (2011) underlines that social workers all time spending among the people must necessarily have communication skills. Social worker's interaction with the customer relationship is manifested with him have been held in various social situations.

According to the opinion of A. A. Kozlovas (2004), to become a social work specialist requires certain skills and abilities which include basic and specific skills, their produce professional working relationships with clients and help the client to "see" oneself in a country's ability to deal with problem situations, set goals and develop an action plan. Assess their actions and the client. According to the author, having the necessary skills in social work specialist professional will be able to become a creative personality, capable to always be near his client to constructively change their life. Social work specialist skills and abilities over time become his second "me".

In order to reveal the respondents' readiness for professional activity study was interested in their abilities which were acquired in learning institution: *"Gained general skills – communication, mathematical literacy, IT skills and foreign languages"* (Ugnė, 40 years old).

L.C. Johnson (2003) argues that highly qualified social worker should especially help to improve the provision of skills, promote human functioning. These skills are used to working with people with social functioning problems and incapable of carrying out routine, responsible action of human interaction. Skills can be applied to work with people whose communication skills cultural context is different than an employee. This social worker puts even greater responsibility. The respondents have

acquired various skills in learning institution: *“Initial contact with client”*(Miglè, 48 years old), *“Learned to forecast social problems, collect, organize and evaluate information, to analyse the causes of the client’s social problems, communicate and collaborate with the customer and his environment, analyze and evaluate individual problem situation, set priorities, evaluate resources and choosing the appropriate support model to build support for the program to provide social services to apply the principles of teamwork “* (Greta, 40 years old), *“To think strategically, to carry out specific professional roles”* (Smiltè, 41 years old).

A firm idea of what they key skills and abilities are can be successful to overcome many of the problems encountered in social work practice. But not for nothing social work is called the education and art. The more creative professional activities, the greater the guarantee is that it will reach the peak of professionalism. Everyone, as his problem is unique and unrepeatably, which is why the social worker is required creativity skills and abilities (Kozlovas, 2004).

L.C. Johnson (2003) states that the ability to properly and creatively combine the knowledge, values and skills to help the client is actually a very important feature of a social worker. According to the author, it is very important not only to select and apply the relevant knowledge, values and skills but also to connect these three elements so that they are consistent and make a whole, helping to man.

Summarizing the results of the qualitative research data the knowledge model is obtained of social workers who work with metally disabled people:



2.2.2 Pre-assessment of Professional Activities

During its investigation the informants were asked to assess their readiness for the professional activities. The category “Pre-assessment of Professional Activities” has revealed that respondents lacked knowledge and skills necessary for professional activities in learning institution.

R.L. Barker Social in “Work Dictionary” (2003) defines knowledge as a kind of information, materials, which are based on the accumulated information, scientific data, values and skills, and what is already known, exploration, exploitation and evaluation methodologies whole. Knowledge utilization inevitably requires not only accurate “social diagnosis” set in making decisions about the need for social assistance and social services but also working in interdisciplinary teams, where common activities used in various fields of knowledge and methods (Carpenter et al., 2003).

Targeted knowledge relating to the employee’s professional content, personal value orientations, opportunities are forming a true knowledge group – professional knowledge (See Fig.3). Accordint to S. Daukilas (2001), professional knowledge - this is some kind of cognitive performance outcomes, providing people with information about its processes, phenomena facts, laws, mutual relations giving rise to professional characteristic way of thinking and acting and creating opportunities for a regular assessment of the evolving and changing working and living environment.

Informants noted that in educational institution they have not acquired (or acquired not enough) psychology, psychiatry, law, medicine and other knowledge: *“Lack of knowledge working with special client groups and in exceptional situations. Sometimes a lack of psychological knowledge - especially when working with mentally ill patients. Sometimes lacked legal knowledge – knowledge of the law. The law is constantly changing – it is complementary, adjusted” (Greta, 40years old), “Legal most. Also lacking mental illness-related knowledge” (Urtè, 34 years old), “Lack of lots of knowledge: about mental illness and its impact on the individual, on the level of capacity and special needs with the aid of personal incapacity, appointment of guardian, estate administration, a lack of legal knowledge in advising on various legal issues - which way is taken a new identity document, the disabled certificate, what a social care home accommodation process” (Miglè, 48years old), “Having started to work needed to attend court hearings because of customer recognition incapacitated, guardian appointment, to make conclusions. Getting started was difficult because of the lack of legal knowledge” (Smiltè, 41 years old), “Lack of knowledge about the human psyche, psychology characteristics of knowledge about the specific needs of the work with disabled people” (Saulè, 44 years old).*

According to the opinion of A. Morales and B. W. Sheafor (1998), a social worker needs common knowledge in social work, the specific practice of environmental knowledge (adjustments), knowledge of the agency, knowledge about the customer and knowledge of a specific contact (initial interview).

B. R. Compton and B. Galaway (1999) believe that a social worker who is an intermediary between the person and the environment helping the customer to solve a series of challenges and problems he requires three types of knowledge: 1) knowledge of individual behaviour, adaptation techniques and everything related to adaptation; 2) knowledge about situation – community, its institutions and various types of resources; 3) The concept that helps us understand the transactions between people and the environment, on the one hand, promote or inhibit the growth, development and the realization of human potential, and on the other hand, encourages or inhibits the ability of the environment to support a variety of human potential.

R.L. Barker (2003), in the dictionary “Social work” skills define as “the payment of proper use of knowledge, talent, personal characteristics or resources”. The author believes that the most important skills of a social worker are: communication skills, the ability to properly and adequately assess problems, the ability to combine customer’s ability with existing resources, and those with needs. Skills development taking place within certain patterns is widely described by Mr Atkinson (Vocational Education Fundamentals, 2001). The author believes that “the increase of the same actions performed by the number of exercises, skill formed easier and faster. Once the threshold (limit) the activities of the student knowledge and level of payments moves into an automated action is no longer the appropriate and conscious control”.

L. Kaminskienė and A. Janulienė (2003) quote Keneth E. Sinclair who distinguished nine kinds of skills which should reach the end of higher education in person: to develop analytical thinking / decision-making skills; learn communication skills (written and oral); acquire professional skills (practical training); acquire professional skills (theoretical studies); learn to cooperate and to work in a group; to achieve high standards of conduct in private and public life; interest in work and choice of career; knowledge of a wide spectrum of general academic subjects; have practical experience.

The number of persons with mental disorders is growing and maintenance and professional work is becoming increasingly topical aspect. Mental health care activities carried out are becoming more important in view of any inter-agency cooperation in order to promote the professional social workers in the communication and cooperation between the institutions and the employees themselves, the

provision of social services to clients with specific health problems (Kepežinskienė, D., Kondratavičienė, V., 2010). Having analysed the informants' opinion about the skills which were lacking the statements were repeated: *“Lack of ability to communicate and cooperate with the social partners, competence to organize and develop activities of an institution to apply the principles of team work, to form and develop public understanding of social workers; the beginning of a lack of ability to promptly and independently make decisions to mobilize the necessary resources “ (Greta, 40 years old), “Lack of communication, cooperation, teamwork, workload distribution of competence” (Urtė, 34 years old), “At the beginning of professional activity a lack of capacity to work with the client on how to deal with it, how to protect themselves from psychological exhaustion, burnout” (Vilė, 35 years old), “Lacked the ability to adapt the theory in practice, a lack of self-protection (defense) skills; lacked the skills to communicate by telephone to obtain the necessary information, a variety of information, a request for assistance in letter writing; lacked the ability to communicate with people with mental disabilities, in particular their exacerbation” (Aistė, 37years old).*

As we can see, the most emphasis is on analytical thinking, decision making, and communication and collaboration skills. This means that professional success has great influence not only professional, but also general skills. According to R. Laužackas (1998), basic skills is a long time used the knowledge, abilities, skills, attitudes and value orientations that determine the overall personality education, the professional flexibility and mobility set.

According to I. Dirgėlienė and A. Kiaunytė (2005), the social worker and the client interaction and meeting people of different social roles as performers. Social worker's multiple roles and problematic personality liable to internal conflicts that lead deep insight into the relationship with the customer, activities and developments organizing systems. So social worker's relationship with the different systems can be dynamic: from cooperation to conflict. Therefore, in collaboration with various institutions and organizations, a social worker must also have the necessary personal qualities and values, since it depends on whether the collaboration will take place.

Having analysed the scientific literature and informants statements about social worker's necessary knowledge and skills it can be concluded that graduated from educational institutions do not acquire enough knowledge and skills necessary professional activities and to develop the model of professional skills required for social workers who work with mentally disabled people:



2.2.3 Values Change in Social Work Activities

Values – the motivation element of inherent human activity. Each activity is related to goal setting, tracking with effective traditions, rules, regulations, pending events hierarchization and systematization, their comparison with existing standards, the important distinctions between fundamental and less essential, secondary, etc. Core values and their role fully understood only oriented to practice specific activities related to other human activities and values (Tidikis, 2003).

Values distinguish humans from other creatures, helping to adapt to each other, remain in social activities. Values have implications for many aspects of social work practice: the concept of a person to communicate with the client, moral judgment, dedication professional, organizational and societal goals (Ivanauskienė, Varžinskienė, 2010⁹).

The social worker in order to better understand the case and meet customer needs uses not only the knowledge, skills and abilities but is guided by the values of social work as well (Rose, Gidman, 2010).

⁹ Šinkūnienė, J. R. (2010). Socialinis darbas. Profesinė veikla, metodai ir klientai. Vadovėlis. Vilnius: Mykolo Romerio universitetas.

For social workers working with mentally disabled patients is very important to comply with social work values and principles that help shape positive attitudes to mental health problems having the client (Gaidžiūnienė, 2009).

In order to establish and maintain a constructive relationship with the client, the social worker should have a responsibility, attentiveness, discretion, courage, empathy, kindness, humanity, communication skills, flexibility, optimism, discretion, tolerance, honesty, respect to the client and trust him (Gevorgianienė, V. et.al, 2011).

According to R. L. Barker (1995), social work values – it is customs, standards of conduct and principles considered desirable by a culture, a group of people or an individual.

A. Morales and B. W. Sheafor (1998) distinguish the following values of social worker's profession:

1. Social workers believe in the inherent human value and dignity.
2. Everyone has innate abilities and seek changes that make life more comprehensive.
3. Everyone is responsible for themselves and others, including the public.
4. Need to belong to people.
5. There are human needs common to everyone, but each person is unique and different from others.

S. V. Teterskis (2002) identifies the following specific social work values: love, compassion, faith in the client's internal forces, possibilities to change the situation, the desire to help and sacrifice, the acquisition of knowledge, skills for social creativity.

The qualitative category's "Values Change in Social Work Activities" content is underlined by the following sub-categories: *approach to a social worker values and attitudes towards people with mental disabilities change. Like any profession, social work requires certain personal qualities necessary for the main purpose of this work – to enable the client to improve their quality of life.*

The study participants were asked about the most important values / provisions for the social worker profession. The analysis of informants' statements were disclosed in their approach to the social worker values / provisions, which confirms the literature taught truths: *"I think the most important moral values are: respect for clients and each of their unique assessment; empathy – must strive to understand each client and help him; it is important to treat all clients equally and to provide them with assistance, regardless of their social status, religion, sex, race, beliefs or convictions; it is necessary to rely on the client, be objective in decision-making, carve prejudices"* (Ugnė, 40 years old).

Like any profession, social work requires certain personal qualities necessary for the main purpose of this work - to enable the user to improve his quality of life (Gevorgianienė, V. et. al., 2011). Survey participants spoke about personal qualities like follows: *“You need to know how to develop cooperation with the client and relationship to his social problems in order to involve himself, his family and the community; it is necessary to maintain confidentiality of client information provided, only to known somebody let in cases provided by law and only in order to protect the best interests of the client; social worker and his assistant must possess the qualities as tolerance, kindness, responsibility, creativity and initiative. I think that the social worker must follow the code of ethics which emphasizes values such as charity, patience, forbearance, justice, wisdom, diligence, faith and hope. It is found commonality with the client and mutual understanding for better results”* (Ugnė, 40 years old), *“ I think that most importantly is that we need to take every individual as he is, respect others, empower him to help himself, take into account the wishes of the client, strive for him despite the disappointments, to be able to listen and hear and respect the confidentiality of “Social Workers Code of Ethics”* (Smiltė, 41 years old).

Lithuanian *“Social Workers Code of Ethics”* (1998) describes not only values but also the preferred methods of dealing with people and what should be done in professional activities. The foreword of the Code states that *“social work in Lithuania has its roots in the philosophy of humanism, religion, democratic ideals. Charity, patience, forgiveness, good neighbourhood, a sense of belonging, self-control, justice, wisdom, faith and hope, diligence, compassion – has long been a characteristic of the Lithuanians. For them these qualities and values have helped to withstand the ordeal, strengthen national identity. Social workers are committed to serve the people of Lithuania trying to educate them to grow and improve their professional training, their activities aim to intensify the development of society.*

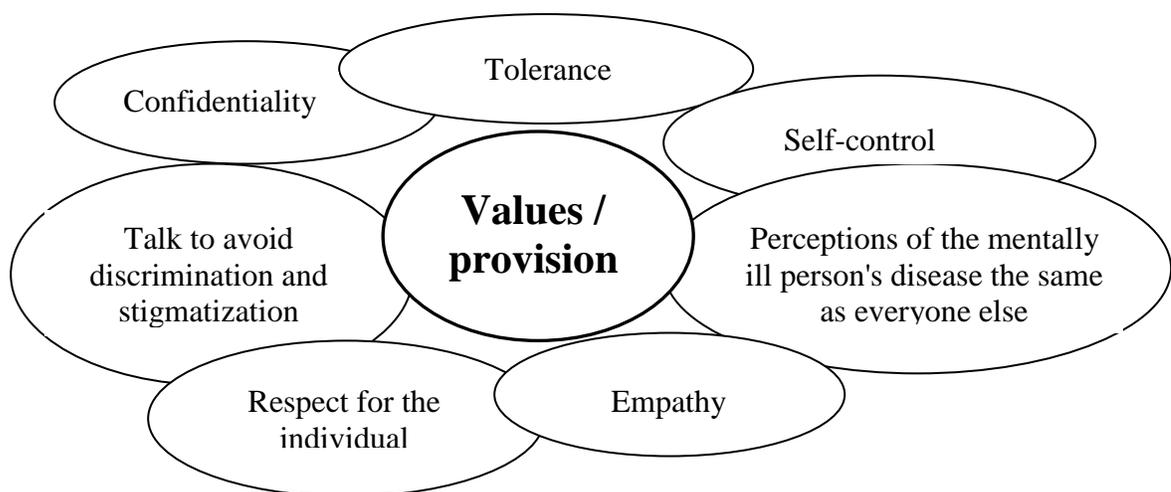
Lithuanian *“Social Workers Code of Ethics”* (1998) emphasizes the importance of personal principles. *“Code of Ethics”* states that a social worker doing their job should pay attention not only to the public or client but also to his personal values. Tolerance of other people’s values, differences in perception and acceptance are the essential values in social work.

In other informants’ responses provisions were reoccurring such as tolerance, empathy, confidentiality, respect, kindness, sincerity, justice, honesty.

Summarizing the informants’ statements of values matter it can be concluded that social work employs individuals with strong, fair values and attitudes.

The study informants were asked about the changes to moral values towards mentally disabled people: *“I realized that they are the same people but not always the same one manages to handle everything. Disappeared stigmatization of such persons. I realized that such persons can also work to build families, raise children and be full-fledged members of society. That they are not aggressive patients only wishing to attack you.”* (Viltė, 35 years old), *“Gradually disappeared provision that they are threatening individuals that you can only wait violence”* (Urtė, 34 years old), *“Working with mentally disabled people caused more patience, justice, assistance to others. Sense of professional duty has strengthened”* (Smiltė, 41 years old), *“Moral values, the approach to the client suffering from mental disorders started to work even more pronounced stronger. I understand the need to respect clients and assess each of their uniqueness, evaluate each client to trust them. Started to work directly with the client understand that the social worker must follow the values of neighbour help, patience, empathy, self-control”* (Ugnė, 40 years old), *“Very clear understood of what is the state of the disease and the need to provide assistance in an objective, non-discriminatory people. According to the specifics of the disease and the appropriate conduct”* (Aistė, 37 years old), *“Myths have been destroyed that mentally disabled people are very different, that they are very dangerous; it turned out that they are the same as we are”* (Saulė, 44 years old).

The main idea of social work is to defend a person like individuality and values that uphold the right to self-determination and self-realization (Lithuanian Social Workers Code of Ethics. Vilnius: LSDA, 1998). So it can be said that the social work professional activity in itself is a virtue. The good news is that working people have perfectly mastered their job. On the basis of a qualitative study it can be concluded that respondents’ attitudes towards values are correct. Results of qualitative research allow making such values / provisions of the model:



2.2.4 Participation in Professional Activities

In order to reveal the peculiarities of the social workers activities and the difficulties encountered during the interview informants were asked about their functions and professional roles. According to the research data, in the category “*Participation in Professional Activities*” three sub-categories been identified: *roles of social worker, functions of social worker and faced difficulties working with mentally disabled people.*

Using different strategies and providing various social services, social worker is forced to perform a variety of professional roles. The role is a way in which the employee uses to express himself in specific assistance situations. Later, the role depends on the employee’s function and authority of the proposed services and features (L.C. Johnson, 2003).

R. Barker (1995) refers to the roles of enabler, manager and agent. Enablers in the role of a social worker helps the client find himself the ability to cope with the problems that arise are encouraging, reducing resistance and ambivalence, recognizing the leading feelings. In carrying out the manager assumes the role of a social worker of the administrative responsibility for the social agency, or other entity to identify organizational goals, and purchased resources for them to carry out programs. The role of an agent is to assist client (individuals, groups, organizations or community) to receive assistance from the state or receive the necessary services.

According to R. Person (2001), the key social worker’s role is to be an expert in social problems. L.C. Johnson (2001) argues that firstly social worker uses two roles: facilitator who helps a person or family to get the necessary services and counsel when it being a social worker speaks on behalf of the client. Before starting to perform this role the employee must make sure that the client wants his help. Social worker takes the role of defence counsel only in the case of intermediary role is ineffective. It would be best if it is possible that the client can represent himself and self-esteem.

N. Perrin and J. Polowy (2008) highlight that social worker for client very often is a lawyer who is at the front of the client. As well as the customer having critical problems, a social worker is the only person able to defend his interests. The social worker should be taught effective client advocacy techniques.

Informants have mention the roles described in the scientific literature: “*I do all social worker roles at work: a lawyer, a teacher, a mediator, a representative of manager and others. As working in various conditions all kinds of situations are common from different customers and therefore have to*

perform a variety of roles” (Greta, 40 years old), “Usually an intermediary role, as have contact between the client and the other institutions, his relatives and the like. Consultant, enabler - a person quite independent and can function independently with minimal help, advice” (Urtè, 34 years old), “Identity, consultant, agent, mobilizer, appraiser, teacher. Probably all of it; after all, come in a wide variety of situations” (Miglè, 48 years old).

Social workers reoccurred in the statements of informants. It was asked which roles they find the most complicated ones: *“For customer health and mental state to perform the most difficult role mobilizer and enabler” (Miglè, 48 years old), “Most difficult is “lawyer’s” – defense role. It is difficult to assess how much they say the truth is influenced by disease, or a person was capable and so on. Often, the proposed aid may conflict with the wishes of the client - incapacity cases do not meet the wishes of possibilities” (Aistè, 37 years old), “Enabler’s role is the hardest one. People with mental disabilities do not trust themselves, others want to do employee everything for him”(Smiltè, 41 years old).*

The analysis of informants’ answers has revealed that work with mental disabilities people have their own specific features.

Providing social services in mental health care social worker reveals his professional roles within the duties performed, i.e. set functions. All the above mentioned professional roles are not separated from each other, they overlap each case. In order to successfully perform the role, it is important to be aware of the content of the basics of securities activities. During the interview informants identified almost all of the functions performed: *“Working with mentally disabled people it is important to communicate and collaborate with the client and his family as well. It is important to collect information about the client, his social situation, raise the problems and help him to solve these problems” (Viltè, 35 years old).* Sick human illness affects those around him and all persons. Illness of a close family man overtake worries, there is a variety of feelings and doubts (Davidson J. E. et al., 2007).

<...>” Very important is the emergency related to the clearance, receipt of income, residence, appropriate community-based support organization for basic needs – that person would feel safe in their living environment and be able to function independently, to live in the smaller specialist assistance <...> restoration of communication <...> The client is very important in decision - making” (Aistè, 37 years old), “All functions are important. From the client side priority place occupies the documentation relating to his revenues. From social workers position the most important features are related to the client’s social problems with the maintenance of his independence” (Saulè, 44 years old), “The main

function working with mentally disabled people is to consult, mediate, help to solve the appeared problems” (Greta, 40 years old).

People with mental disabilities often face a variety of constraints, public ignorance and even deliberate isolation from members of the public. Although Lithuania’s mental health system has changed mentally ill people are still among the most vulnerable groups of people with disabilities who experience social exclusion and discrimination, so it is very important for such persons to provide the necessary assistance to proper integration into society, gaining the lost skills (Brijūnaite, 2007).

Informants were asked about problems they encountered at work. The analysis of the interview findings revealed the following difficulties encountered in working with mental disabled people: *“Mental disability affects client’s autonomy, the will, the ability to solve problems, narrowing the social network. All this must be realized without the need of the client impossible. Again and again the social worker is facing the same problems. When working with mentally disabled it is difficult to achieve the desired result or maintain already achieved” (Miglė, 48 years old), “People with mental disorders do not always accept assistance, arguing that most can handle themselves although next time come to the hospital with same problems arisen. It happens that still do not recognize that they have problems that need to be addressed. In bad condition - worsening of the disease, it is difficult to communicate with such persons” (Viltė, 35 years old), “People with mental disabilities have more health problems that are more susceptible to irritants, often argue with their household, have more financial problems, debts. They deny or do not understand the problem” (Smiltė, 41 years old), “First of all it is mental health which determines the client’s skills, independent living, income absence, incapacity, does not meet the potential needs, desires unrealistic, often there is no criticism of their actions and behavior, is not recognized as a disease which results apply to involuntary treatment. Aid limitation, system gaps, weak community support, assistance, weak social ties - relatives want to distance themselves, isolated, refuse such people, because the appropriate lifestyle conflicted behavior they become unwanted. In some cases, the relatives use their revenues and avoid pick from hospital” (Aistė, 37 years old).*

Only three informants did not mention any difficulties in working with people with mental disabilities. The survey participants difficulties faced at work define as the fact that social workers should have a strong preparation for professional activities.

2.2.5 Professional Training

The Republic of Lithuania Social Security and Labour Order No. A1-92 in 2006 4 April “On social workers and social workers assistants qualification requirements for social workers and social workers assistants’ professional qualification procedures and certification of social workers approving” the procedure states that social workers must constantly upgrade their professional qualifications, their professional qualifications are assessed at social workers’ certification.

The interview subjects were asked about the importance of professional training. The study results reflect the positive attitude of the informants in the professional training and the importance of this process: *“Uniquely qualifications are important for the fact that the changing environment poses new requirements which we must comply with” (Urtė, 34 years old), “Professional training at work is important. The institution itself is better to have qualified professionals and for the worker it is important to seek knowledge, development” (Greta, 40 years old), “professional qualifications are necessary for the social worker must constantly interested in innovation, deepen knowledge. The exchange of social, economic situation and the needs of society face a series of challenges to gain new knowledge and skills” (Smiltė, 41 years old).*

None of informants have expressed a negative opinion on the professional improvement of skills and it is very gratifying. The data obtained suggests that social workers who work with mentally ill people look very responsibly to their profession and continually improve to meet the existing requirements.

Interviews revealed acute challenge for social workers constantly raise their professional qualifications. Informants asked about training opportunities paradoxically and disappointing emphasize the lack of funding: *“Professional development at our office no one shall neither seek nor prohibit. Conditions could be better (to pay for the courses). These specific courses are very rare and they usually paid ones but the employer does not pay for them. For the worker at a price is too high. So – the possibility is very low” (Greta, 40 years old), “There are possibilities just they nor always meet financial opportunities” (Urtė, 34 years old), “the employer puts into training, seminars, courses, which take place in other institutions but do no finance payable ones” (Viltė, 35 years old), “There is an opportunity to participate in courses, conferences and seminars. However, employer does not pay for it” (Aistė, 37 years old), “The boss lets to go to courses but usually the worker need to pay himself for it” (Smiltė, 41 years old).*

Summarizing the research data it can be concluded that social policy focus on the social worker's profession is not sufficient. Professionals are working complex, a lot of preparation and responsibility requiring job. Social workers say the salaries in Lithuania do not correspond to the nature of the work and that they need to train from their own funds.

2.3. Quantitative Research Results Analysis of Social Workers' Attitude towards the Importance of Professional Skills and the Importance of Professional Abilities in the Professional Activity of Social Worker

Knowledge – one of the three professional competence of a social worker constituents. Since then, how many and what kind of knowledge has a social worker, it depends on the quality of services provided and applied to the working methods of choice.

In the first part of the questionnaire respondents were asked to rate the importance of knowledge in social worker's profession. Having analysed the data knowledge according to the importance goes as follows: 90,0 percent of respondents underlined that "Very Important" knowledge is about the client in social work; for 80,0 percent "Very Important" knowledge is general social work knowledge; 78,0 percent respondents think that "Very Important" knowledge is specialized ones which are necessary working with special client groups and uncommon situations; 74,0 percent respondents state that "Very Important" knowledge is about individual's behaviour; 68,0 percent of respondents believe that "Very Important" knowledge is about social worker's ethical responsibility for clients. Respondents' knowledge classification according to its importance is showed in Table 4 below.

Table 4

Age Influence for Respondent's Opinion about Importance of Knowledge in Social Work

Knowledge	Valid	Valid Percent	Std. Deviation	Sig.
Knowledge about client	Very Important	90,0	0,30305	0,000
	Important	10,0		
General Social Work Knowledge	Very Important	80,0	0,40406	0,790
	Important	20,0		
Specialized Knowledge Needed to Work with Specific Client Groups and in Exceptional Situations	Very Important	78,0	0,41845	0,319
	Important	22,0		
Knowledge about individual's behaviour	Very Important	74,0	0,44309	0,347
	Important	26,0		
Knowledge of the Social Worker's Ethical Responsibility for Clients	Very Important	68,0	0,47121	0,010
	Important	32,0		
Social Law Knowledge	Very Important	58,0	0,40857	0,850

	Important	42,0		
Knowledge about Adaptation Techniques and Everything related to Adaptation	Very Important	66,0	0,67491	0,61
	Important	24,0		
	Less Important	10,0		
Knowledge about Social Worker's Values	Very Important	64,0	0,57143	0,003
	Important	32,0		
	Less Important	4,0		
Psychology Knowledge	Very Important	62,0	0,57463	0,005
	Important	34,0		
	Less Important	4,0		
Knowledge about Institution	Very Important	60,0	0,61312	0,001
	Important	34,0		
	Less Important	6,0		
Knowledge of the Social worker's Activity in the Social Security System	Very Important	54,0	0,58029	0,294
	Important	42,0		
	Less Important	4,0		
Knowledge of Social Work Essence and Purpose	Very Important	52,0	0,54398	0,391
	Important	46,0		
	Less Important	2,0		
Knowledge of the Situation – Community, its Institutions and Various Types of Resources	Very Important	44,0	0,57143	0,065
	Important	52,0		
	Less Important	4,0		
Social Politics Knowledge	Very Important	34,0	0,72871	0,000
	Important	46,0		
	Less Important	20,0		
Social Administration Knowledge	Very Important	26,0	0,62727	0,061
	Important	60,0		
	Less Important	14,0		
Organizational Policies and Procedures Knowledge	Very Important	16,0	0,63374	0,000
	Important	60,0		
	Less Important	24,0		
Economic Knowledge	Very Important	10,0	0,51150	0,004
	Important	74,0		
	Less Important	16,0		
Sociology Knowledge	Very Important	4,0	0,43519	0,000
	Important	80,0		
	Less Important	16,0		
Philosophy Knowledge	Very Important	4,0	0,64650	0,001
	Important	48,0		
	Less Important	44,0		
	Not Important	4,0		

As mentioned above, preparing the closed questions and answers the ranking scale was used. According to respondents, “Important” knowledge is as follows: sociology knowledge – 80,0 percent of respondents; economic knowledge – 74,0 percent of respondents; social administration knowledge– 60,0 percent of respondents; organizational policies and procedures knowledge – 60,0 percent; knowledge about situation – community, its institutions and types of various resources– 52,0 percent of

respondents; knowledge about social work essence and purpose – 46,0 percent of respondents; philosophy knowledge – 48,0 percent of respondents; knowledge of the social worker's activity in the social security system – 42,0 percent of respondents; social politics knowledge - 46,0 percent of respondents; social law knowledge – 42,0 percent of respondents; psychology knowledge – 34,0 percent of respondents; knowledge about institution – 34,0 percent of respondents; knowledge about social worker's values – 32,0 percent of respondents; knowledge about social worker's ethical responsibility for clients– 32,0 percent of respondents; knowledge about adaptation and everything what is related to it – 24,0 percent of respondents; knowledge about individual's behaviour 26,0 percent of respondents; specialized knowledge, which are important working with special client groups and uncommon situations – 22,0 percent of respondents; general social work knowledge – 20,0 percent of respondents; knowledge about client – 10,0 percent of respondents.

Some of knowledge by respondents is considered as “Less Important”. 4 percent of respondents mentioned that philosophy knowledge in their activity is “Not Important”. No other knowledge was mentioned as “Not Important”.

Having analysed data by SPSS 17.0 Windows statistical data processing, significant correlation between respondents' answers ($p < 0,05$) and their age appeared. Younger respondents believe that knowledge about client is “Important”. Meanwhile, older respondents state that this knowledge is “Very Important” ($p = 0,000$). Respondents up to 30 years old say that politics knowledge ($p = 0,000$), knowledge of organization strategy and procedures ($p = 0,000$), economic knowledge ($p = 0,004$) sociology knowledge ($p = 0,000$) and philosophy knowledge ($p = 0,001$) is “Less Important” or not important at all.

SPSS 17.0 Windows statistical data processing programs was helpful checking whether there is a connection between respondents' working experience and their opinions important differences emerged only to psychology ($p = 0.015$) and social policy knowledge ($p = 0.001$). This knowledge is very important for respondents with work experience more than 11 years.

Interviewed informants noted that in educational institution have not acquired (or acquired lack of) psychology, psychiatry, law, medicine and other knowledge. The quantitative study respondents rated these skills as “Very Important” and “Important”. Comparing the qualitative and quantitative study findings it can be concluded that in educational institution social workers do not acquire (or acquire a lack of) very important knowledge for their professional activity.

Like any profession social work requires certain personal qualities necessary for the main purpose of this work – to enable the user to improve their quality of life. According to social work study field of competence development methodology, in order to establish and maintain a constructive

relationship with the client the social worker should have a responsibility, attentiveness, discretion, courage, empathy, kindness, humanity, communication skills, flexibility, optimism, discretion, tolerance, honesty, should respect for the customer and trust him. The social worker should be diligent, possess quick orientation, initiative, diligence, creativity, objectivity, promptness, group organization, dutifulness, citizenship, determination. All mentioned personal characteristics organically in line with the social work profession ethical principles, in addition to focusing on the values of / provisions that are necessary in any jurisdiction ingredient.

In the second part of the questionnaire respondents were asked to rate the importance of the values in social worker profession. 94,0 percent respondents noted that in social worker's professional activity very important is responsibility and confidentiality. 92,0 percent of respondents think that tolerance is very important in social work. 90,0 percent of respondents believe that control is very important value in social work and 88,0 percent - honesty. 82,0 percent of respondents believe that justice is important value, 80,0 percent - patience. 78,0 percent of respondents say that very important value is understanding and acceptance of differences. 74,0 percent - knowledge accumulation and the feeling of professional responsibility. 72,0 percent of respondents believe that very important value is skills acquisition, 68,0 percent of respondents very important is empathy and taking care not to be published false, incompetent information about social work. Respondents' opinion about the values is shown in Table 5.

Table 5

Age Influence to Respondents' Opinion about the Importance of Values in Social Work

Values / Provisions	Valid	Valid Percent	Std. Deviation	Sig.
Confidentiality	Very Important	94,0	0,27405	0,076
	Important	6,0		
Tolerance	Very Important	92,0	0,27405	0,614
	Important	8,0		
Self-control	Very Important	90,0	0,30305	0,122
	Important	10,0		
Honesty	Very Important	88,0	0,32826	0,017
	Important	12,0		
Justice	Very Important	82,0	0,38809	0,278
	Important	18,0		
Patience	Very Important	80,0	0,40406	0,829
	Important	20,0		
Perception and Acceptance of Differences	Very Important	78,0	0,41845	0,754
	Important	22,0		
Professional Responsibility	Very Important	74,0	0,44309	0,400
	Important	26,0		

Taking Care not to be Published False, Incompetent Information about Social Work	Very Important	68,0	0,63888	0,792
	Important	32,0		
Politeness	Very Important	60,0	0,49487	0,303
	Important	40,0		
Initiative	Very Important	56,0	0,50143	0,266
	Important	44,0		
Intolerance of unethical behaviour of himself and other specialists	Very Important	54,0	0,50346	0,986
	Important	46,0		
Knowledge and Skills sharing with Others	Very Important	52,0	0,50467	0,162
	Important	48,0		
Responsibility	Very Important	94,0	0,34047	0,244
	Important	4,0		
	Less Important	2,0		
Knowledge Accumulation	Very Important	74,0	0,54398	0,074
	Important	22,0		
	Less Important	4,0		
Skills Acquisition	Very Important	72,0	0,55107	0,059
	Important	24,0		
	Less Important	4,0		
Social Creativity	Very Important	62,0	0,57463	0,243
	Important	34,0		
	Less Important	4,0		
Empathy	Very Important	68,0	0,51942	0,374
	Important	30,0		
	Less Important	2,0		
Faith to Internal Client Forces	Very Important	64,0	0,53031	0,939
	Important	34,0		
	Less Important	2,0		
Forgiveness	Very Important	62,0	0,76238	0,177
	Important	26,0		
	Less Important	10,0		
	Not Important	2,0		
Honesty and Decency	Very Important	60,0	0,57711	0,079
	Important	36,0		
	Less Important	4,0		
Persistency	Very Important	54,0	0,58029	0,014
	Important	42,0		
	Less Important	4,0		
Humanism and Unconditional Respect for Man	Very Important	52,0	0,57994	0,384
	Important	44,0		
	Less Important	4,0		
Social Work Significance and Dignity Defense	Very Important	52,0	0,61312	0,347
	Important	42,0		
	Less Important	6,0		
Belief in Human Values and Dignity	Very Important	48,0	0,60911	0,249
	Important	46,0		
	Less Important	6,0		

Taking Care to Avoid Unqualified and Unlicensed Social Work	Very Important	48,0	0,47121	0,436
	Important	44,0		
	Less Important	4,0		
Compassion	Very Important	38,0	0,71600	0,153
	Important	50,0		
	Less Important	10,0		
	Not Important	2,0		
Love to Close People	Very Important	36,0	0,69985	0,190
	Important	48,0		
	Less Important	16,0		
Sense of Community	Very Important	36,0	0,60744	0,148
	Important	56,0		
	Less Important	8,0		
Wish to Help and Sacrifice	Very Important	30,0	0,74615	0,076
	Important	56,0		
	Less Important	10,0		
	Not Important	4,0		

Having analysed data by SPSS 17.0 Windows statistical data processing program significant links between respondents ($p < 0,05$) and their age were revealed. Younger respondents (under 30) believe that honesty is important in social work while older respondents believe that is “Very Important” ($p = 0,017$). For respondents belonging to the age group of 30 years persistence ($P = 0,014$) in social work is as an important value, while for older respondents – “Very Important”.

SPSS 17.0 Windows statistical data processing program helped to reveal the connection between the responses of social work values and their seniority and it revealed more significant links: respondents whose work experience is more than 6 years values such as responsibility ($p = 0,005$), perseverance ($p = 0,025$), honesty ($p = 0,003$) and confidentiality ($p = 0,026$) consider as the only ones really important while for respondents with less than 6 years of experience they are important.

During qualitative interview study participants talking about values in social work also mentioned the very important values: <...> “I think that the most important is to take each individual as he is, to respect others, to enable customers to help themselves, to take into account the client’s wishes, seek the customer despite the disappointments, to be able to listen and hear, to maintain confidentiality and “Social Workers Code of Ethics” (Smiltē, 41 years old). So it can be concluded that social workers working with mentally disabled people attitude towards values of social work is wide enough and positive.

Skills are the third social worker’s professional competence component. It combines the skills and knowledge of the values together and into action. Skills development in relation to the best interest of the practice which is precisely shapes the specific abilities and skills and knowledge sets. In the third part of the questionnaire respondents were asked to rate the importance of business skills in a social

worker profession. The analysis of respondents' answers revealed the following information: 90.0 percent of respondents believe that very important is the ability to responsibly manage the client's confidential information. 84.0 percent of respondents indicated the following professional skills: various social work methods with clients knowledge and ability to apply them and ability to work with a client (client system), to follow the proper posture of values (ethics of social worker). 82.0 percent of respondents consider very important is ability to establish and maintain a relationship of trust with the customer (client system), 80.0 percent - the ability to communicate with the client (client system), the level of perception; the ability to identify the client (client system) needs in order to help to develop strategies and processes so that the client (client system) is enabled for independent life and ability to advise the client (client system) under the appropriate advisory concepts and techniques. 78.0 percent - the ability to look into the needs of specific customer groups according to their characteristics and to provide assistance. The detailed assessment of respondents' professional skills is presented in Table 6.

Table 6

Age Influence to Respondents' Views on the Importance of Professional Skills in Social Work

Abilities / Skills	Valid	Valid Percent	Std. Deviation	Sig.
The Ability to Responsibly Manage the client's (the client system) Confidential Information	Very Important	90,0	0,30305	0,695
	Important	10,0		
Knowledge and Application of Various Methods of Social Work with Clients	Very Important	84,0	0,43753	0,865
	Important	14,0		
	Less Important	2,0		
The Ability to Follow the Proper Posture in a Work with Client (Social Work Ethics)	Very Important	84,0	0,49487	0,283
	Important	12,0		
	Less Important	4,0		
The Ability to Create and Maintain the Relation with Client (client system)	Very Important	82,0	0,38809	0,647
	Important	18,0		
Ability to Communicate with Client (client system), at his Level of Understanding	Very Important	80,0	0,40406	0,152
	Important	20,0		
Ability to Identify Client's (client system) Needs, Develop Help System and Process that Client (client system) is Empowered for Independent Life	Very Important	80,0	0,46467	0,042
	Important	18,0		
	Less Important	2,0		
Ability to Advise a Client (client system) in accordance with Appropriate Consulting Concepts and Techniques	Very Important	80,0	0,51745	0,000
	Important	16,0		
	Less Important	4,0		
The ability to Identify the Client (client systems) Rights' Abuses and Effectively Remove Them	Very Important	74,0	0,49652	0,645
	Important	24,0		
	Less Important	2,0		
The Ability to Look into the Needs of Specific Client Groups according to their Characteristics and to Provide Assistance	Very Important	78,0	0,41845	0,408
	Important	22,0		

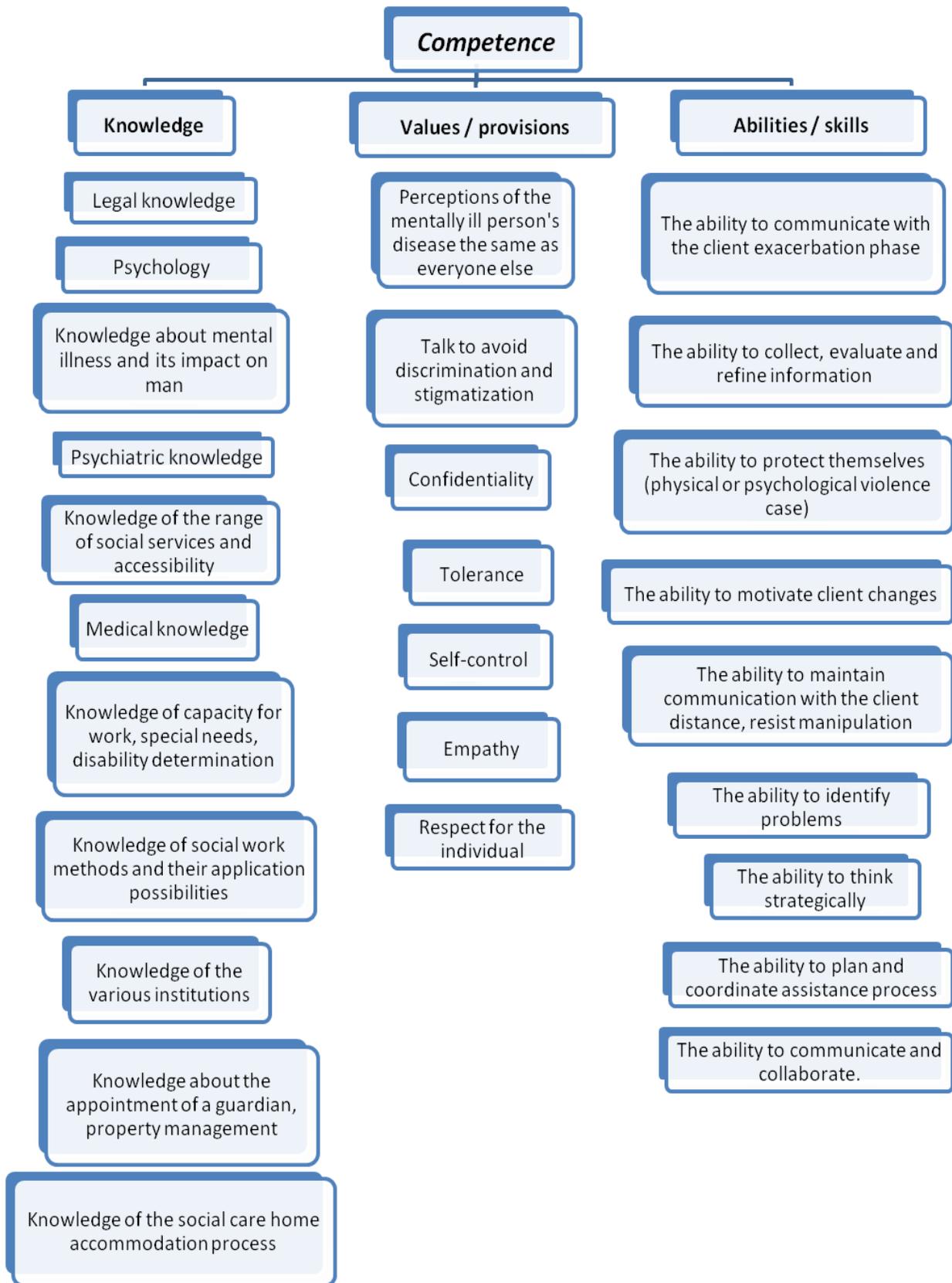
The Ability to Reflect and Evaluate Work with a Client (client system) Process	Very Important	76,0	0,53605	0,748
	Important	20,0		
	Less Important	4,0		
Ability to overcome Conflicts and Complicated Situations	Very Important	66,0	0,52528	0,041
	Important	32,0		
	Less Important	2,0		
Ability to work with Other Professions in Interdisciplinary Environment	Very Important	70,0	0,55733	0,170
	Important	26,0		
	Less Important	4,0		
Ability to Documentise the Aid Process for Client (client system)	Very Important	62,0	0,49031	0,361
	Important	38,0		
Ability to Mobilise (client system) Necessary Resources– Client Environment, Other Specialists, Organizations, Communities and so on.	Very Important	60,0	0,61312	0,014
	Important	34,0		
	Less Important	6,0		
Ability to Effectively Represent Clients or Their Groups’ Rights and Interests of Social Assistance	Very Important	60,0	0,57711	0,046
	Important	36,0		
	Less Important	4,0		
Ability to Effectively Participate in rofessional and Interprofessional Discussions Developing Social Work Profession	Very Important	56,0	0,75500	0,859
	Important	40,0		
	Less Important	4,0		
Ability to Analise Social Problems Through Social Work Theories, Studies and Interdisciplinary Approach	Very Important	48,0	0,69282	0,560
	Important	40,0		
	Less Important	12,0		
Ability to Determine Own Professional Improvement and to Meet it Responding to Current Trends in the Profession Activity and in accordance with the Principle of Lifelong Learning	Very Important	52,0	0,67279	0,006
	Important	38,0		
	Less Important	10,0		
Ability to Apply State Social Assistance and other Legal Framework and to use It in Organizing Assistance	Very Important	48,0	0,63888	0,147
	Important	44,0		
	Less Important	8,0		
Knowledge of Human Rights Documents and Ability to Follow them	Very Important	50,0	0,54361	0,329
	Important	48,0		
	Less Important	2,0		
Ability to Evaluate the Quality of Social Help and Improve It	Very Important	44,0	0,50143	0,434
	Important	58,0		
Ability to manage Activities of Social Assistants and Volunteers	Very Important	40,0	0,73651	0,512
	Important	42,0		
	Less Important	18,0		
Ability to Use Internal and External Human, Financial and Other Resources to Organize and Improve the Social System	Very Important	36,0	0,67883	0,147
	Important	50,0		
	Less Important	14,0		
Ability to Reflect Professional Performance through Threoretical Knowledge	Very Important	36,0	0,58029	0,664
	Important	58,0		
	Less Important	6,0		
Ability to initialise and Make Live the Prevention Programmes of Social Problems	Very Important	42,0	0,62629	0,851
	Important	50,0		
	Less Important	8,0		
Ability to See (in the Community, Society) Social Assistance Needs and to be able to Offer Effective	Very Important	38,0	0,64015	0,970
	Important	52,0		

Assistance Strategies in accordance with the Principles of Sustainable Development	Less Important	10,0		
Ability to Critically Reflect on the Social Work Profession Ethical Standards, Legal Framework, Role in Society	Very Important	34,0	0,64807	0,487
	Important	54,0		
	Less Important	12,0		
Ability to Support Professionally Initiatives and Activities that seek to lessen Social Discrimination and Guarantee Social Justice	Very Important	30,0	0,62890	0,079
	Important	58,0		
	Less Important	12,0		
Ability to Initialise and Develop Self-help Group Activities	Very Important	36,0	0,71969	0,085
	Important	46,0		
	Less Important	18,0		
Ability to Gather Local Community and Empower It to Help	Very Important	34,0	0,74615	0,060
	Important	44,0		
	Less Important	22,0		
Knowledge of State Social Assistance Administration Apparatus of Institutional Responsibilities, Competencies, Hierarchical Communications, Networking and so on	Very Important	32,0	0,53605	0,166
	Important	64,0		
	Less Important	4,0		
Ability to Create and Develop Strategies of Inovative Social Work	Very Important	34,0	0,67006	0,047
	Important	52,0		
	Less Important	14,0		
Ability to Perform an Applied Science or Social Studies and Use the Results of Social Work Activities	Very Important	28,0	0,65900	0,723
	Important	56,0		
	Less Important	16,0		
Social Work Profession Historical Development and the Ability to Critically Reflect on Current Trends	Very Important	20,0	0,65434	0,556
	Important	58,0		
	Less Important	22,0		
Ability to Properly Publicize and Publish the Research and Development Results	Very Important	18,0	0,65184	0,385
	Important	58,0		
	Less Important	24,0		
Ability to Apply the European Union and Other International Institutions of Social Protection Legal Basis	Very Important	18,0	0,70015	0,039
	Important	50,0		
	Less Important	32,0		
Ability to Analise Critically Social Politics and Make Impact on It	Very Important	12,0	0,47337	0,265
	Important	78,0		
	Less Important	10,0		
Ability to Understand and Analyze (with theory) Social Processes Taking Place in Society and Provide for Their Impact on the Social Assistance Area	Very Important	22,0	0,61974	0,456
	Important	62,0		
	Less Important	16,0		

The data procession by SPSS 17.0 Windows statistical processing program revealed significant links between respondents ($p < 0,05$) and their age. Younger respondents (under 30) believe in the ability to identify the client needs, help develop strategies and processes so that the client (client system) is enabled for independent life in social work is an important and little importance while older respondents this ability in social work state as “Very Important” ($p = 0,042$). Respondents belonging to the age group up to 30 years, the ability to advise for the client (client system) under the appropriate advisory concepts and techniques ($p = 0,000$) in social work consider as an “Important” or “Less Important” while older respondents –

“Very Important”. The ability to dispense with special forms of aggression and conflict ($p=0,041$), the ability to work with a client (client system) to mobilise the necessary resources – client environment, other professionals, organizations, communities and so on. ($p=0,014$), the ability to effectively represent social assistance clients or their groups’ rights and interests ($p=0,044$), the ability to determine their own professional improvement and to meet, responding to current trends in the profession and in accordance with the principle of lifelong learning ($p=0,006$), the ability to create and develop innovative strategies for social work ($p=0,047$), the ability to apply the European Union and other international institutions of social protection legal base ($p=0,039$), younger respondents also viewed as “important” or “Low Important” while older respondents – as “Very Important”. None of the professional abilities were identified as “Not Imported”.

Thus, based on analysis of scientific literature and results of the research it can be summarized that social workers who work with mentally disabled people have properly formed views on the importance of professional skills in social work and to develop the model of competence of professionals:



CONCLUSIONS

– Professional competence is the ability according to qualifications, knowledge and skills to carry out activities. The social work expertise appears and can only be based on the application of knowledge of the values and skills. The competent considered only the practical activities based on the values that properly performed, based on knowledge, critical analysis and reflection. In order to become a social work specialist it requires certain skills and abilities which include basic and specific communication skills, ability to establish professional working relationships with clients and help the client to “see” himself from a side, ability to deal with problematic situations, set goals and develop an action plan. Evaluate both his and client’s actions.

– For social workers who work with mentally disabled people is very important to comply with social work values and principles that help to shape positive attitudes to mental health problems having clients.

– According to the scientific literature and regulatory analysis it can be concluded that in Lithuania and Ukraine social services for people in mental disability situation are legally regulated.

Having analysed the qualitative research data it can be concluded that:

- Study participants’ statements about social workers’ knowledge and skills show that educational institutions’ gradulators lack relevant knowledge and skills necessary for professional activities.

- For social workers who work with mentally disabled patients it is very important to comply with social work values and principles that help to shape positive attitudes to mental health problems. Based on a qualitative study it can be concluded that the respondents’ moral values are correct.

- Skills combine the knowledge and values together into action. Skills development in relation to the best interest of the practice which is precisely shaped by the specific abilities and skills and knowledge sets. Qualitative research data indicate that trade at the start of informants lacked a variety of skills: communication with clients with mental disabilities, self-protection, teamwork, independent decision-making, mobilizing the necessary resources, information gathering, dealing with official papers.

- Having analysed the quantitative analysis results it can be said that social workers who work with mentally disabled people need to properly formed the approach to knowledge, values and importance of professional skills in social work.

RECOMMENDATIONS

1. Focus on competency-based training of specialists at present has become a fundamental change in higher education accent: in Lithuanian and EU strategic documents emphasize the transition from the transfer of knowledge to the development of competences (Sadauskas, 2010). The Republic of Lithuania's Ministry of Education should not only adjust methodologies of social workers learning to greater emphasis on the values of knowledge and skills required to carry out direct professional activity but also to ensure that methodologies are actually applied in the teaching process.
2. The Republic of Lithuania Social Security and Labour Order No. 2006-04-05. A1-92 states that the social worker must constantly upgrade his professional qualifications but does not specify who should pay for training which is very expensive. Lithuanian Ministry of Social Security and Labour should pay greater attention to social workers improvement and its funding because at the moment due to low salaries social work professionals are unable to improve qualifications paying themselves.

References

1. Adamonienė, R. (2001). *Profesinio ugdymo pagrindai*. Vilnius: Petro ofsetas.
2. Alifanovienė, D. (2001). *Teoriniai socialinio darbo modeliai*. Šiauliai: Šiaulių universiteto leidykla.
3. Andrašūnienė, M. (2007). *Socialinio darbo terminų žodynelis*. Metodinė priemonė. Vilnius.
4. Bagdonas, A. (2001). Socialinis darbas Lietuvoje: raidos, praktikos ir akademinis aspektai. *Socialinė teorija, empirija, politika ir praktika*. Vilnius: VU, specialiosios psichologijos laboratorija.
5. Baltrušaitytė, G. (2003). Theorising Mental Disorder: a Sociological Approach. *Sociologija. Mintis ir veiksmai*, 1.
6. Baltrušaitytė, G. (2007). Pacientų pasitenkinimo pirmine psichikos sveikatos priežiūra ypatumai: specialisto – paciento santykis. *Sociologija ir sveikatos priežiūros paslaugų vartotojas*. Kaunas: Vytauto Didžiojo universitetas.
7. Barker, R. L. (2003). *The social work dictionary*. 5th Edition. – Washington: National association of social workers.
8. Berg – Weger, M. (2010). *Social work and social welfare*. London: Routledge.
9. Берзина, Т., Литвинова, М., Маёров, С. (2001). *Социальная работа: теория и практика*. Москва: Инфра- М.
10. Byram, M. (1997). *Teaching and assessing intercultural communicative competence*. Clevedon: Multilingual Matters LTD.
11. Boam, R., Sparrow, P. (1992). *Designing and achieving competency*. London: McGraw-Hill.
12. Briūnaitė, R. (2007). *Užimtumo terapija psichikos sutrikimų turintiems asmenims*. Metodinė rekomendacija. Vilnius.
13. Browne, T. (2012). *Social work roles and health-care settings*. In *Handbook of health social work*. New Jersey: John Willey & Sons, 20-41.
14. Bubnys, R. (2009). *Reflektyvus mokymasis kaip edukacinis fenomenas ugdant specialiuosius pedagogus aukštojoje mokykloje*. Daktaro disertacija. Šiaulių universitetas.
15. Carpenter J. et al. (2003). Working in Multidisciplinary Community Mental Health Teams: The Impact on Social Workers and Health Professionals of Integrated Mental Health Care. *British Journal of Social Work*. 33, 1081–1103.
16. Compton B. R., Galaway B. (1999). *Social Work Processes*. Brooks: Cole Publishing Company.
17. Čepas, P. (2008). *Įsidarbinamumo kompetencijos ugdymo modeliavimas profesiniame rengime*. Daktaro disertacija. Vytauto Didžiojo universitetas.

18. Daukilas S. (2001). Profesinės pedagogikos sąvokų problema profesinio rengimo standartuose. *Mokslo darbai. Pedagogika*.
19. Dembinskas, A. (2003). *Psichiatrija*. Vilnius.
20. Denzin, N. K., Lincoln, Y.S. (2003). *The Landscape of Qualitative Research: Theories and Issues* (2nd ed.). Thousand Oaks. London, New Delhi: Sage Pub.
21. Dirgėlienė, I. (2008). Teorijos ir praktikos ryšio plėtotė socialinio darbuotojo profesinėje veikloje. *Acta Paedagogica Vilnensia*.
22. Dirgėlienė, I., Kiaunytė, A. (2005). Supervizija Lietuvos socialinio darbo kontekste. *Acta Paedagogica Vilnensia: mokslo darbai*, 15, 240-254.
23. Ellingboe, B. J. (1998). *Reforming the Higher Education Curriculum: Internationalizing the Campus*, American Council on Education and Oryx Press, Arizona.
24. Elliott, S. N., DiPerna, J. C. (2002). *Assessing the Academic Competence of College Students: Validation of a Self-Report Measure of Skills and Enablers*. The Journal of Postsecondary Education and Disability. Vol. 15, No. 2. (žiūrėta 2014-06-20).
http://www.ahead.org/members/jped/articles/Volume15/15_2/jped152elliottassessingRA.doc
25. Eraut, M. (1994). *Developing Professional Knowledge and Competence*. Brighton: Falmer Pres.
26. Erin, O. (2004). *How schizizophrenia affects families*. (žiūrėta 2014-05-21). Prieiga per internetą:
http://www.schizophrenia.com/cgi-bin/mt/mt-tb.cgi?_mode=view&entry_id=51.
27. Fantini, A. E. (2000). A Central Concern: Developing Intercultural Competence in SIT *Occasional Papers Series*. Brattleboro, VT (žiūrėta 2014-05-21. Prieiga internete:
<http://www.sit.edu/publications/docs/competence.pdf>.
28. Фирсов, М.В., Студенова, Е.Г., (2009). *Теория социальной работы: учебное пособие для студентов высших учебных заведений*. — Москва: Академический Проект Гаудеамус.
29. Gaidžiūnienė, G. (2009). *Psichikos sveikatos centro socialinio darbuotojo veiklos ypatumai*. Magistro darbas. Vilniaus pedagoginis universitetas.
30. Gevorgianienė, V., Kondrašovienė, L., Lazutka, R., Naujanienė, R., Švedaitė, B., Zabulytė Kupriūnienė, J., Žalimienė, L. (2011). *Socialinio darbo studijų krypties kompetencijų plėtotės metodika*. Vilnius: Vilniaus universitetas.
31. Guba, E. G., Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. Beverly Hills, CA: Sage Pub.
32. Gudžinskienė, V., Norvaišaitė, J. (2010). Socialinio darbuotojo kompetencijų sampratų analizė. *Socialinis darbas*. 11(22), 55-64.

33. Gudžinskienė, V. (2011). Konstruktyvizmo ištakos Lietuvoje ugdant socialinius įgūdžius. *Pedagogika*, 103.
34. Gvaldaitė, L., Švedaitė, B. (2005). *Socialinio darbo metodai*. Vilnius: Socialinių darbuotojų rengimo centras.
35. Indrašienė, V., Garjonienė, D. L. (2007). Socialinių darbuotojų kompetencijų vertinimas atestacijos metu. *Socialinis ugdymas*.
36. Ivanauskienė, V., Varžinskienė, L. (2003). Socialinių darbuotojų kompetencija ir nuolatinis mokymasis. *Profesinis rengimas: dabartis ir perspektyvos*, 6, 128-137.
37. Ivanauskienė, V., Varžinskienė, L. (2004). Socialinio darbo žinios – socialinių darbuotojų kompetencijos dalis. *Profesinis rengimas: dabartis ir perspektyvos*. 8, 64-71.
38. Jakubė, A., Juozaitis, A. M. (2012). *Bendrujų kompetencijų ugdymas aukštojoje mokykloje*. Vilnius: Vilniaus universitetas.
39. Jasper van Loo, Semeijn, J. (2001). *Defining and Measuring Competences: An application to Graduate Surveys*. <http://www.fdewb.unimaas.nl/roa/cv/semeijn/loosesemeijn.pdf> (žiūrėta 2014-06-20).
40. Johnson, L. C. (2001). *Socialinio darbo praktika. Bendrasis požiūris*. Vilnius: VU specialiosios psichologijos laboratorija.
41. Johnson, L. C. (2003). *Socialinio darbo praktika: bendrasis požiūris*. Vilnius: VU specialiosios psichologijos laboratorija.
42. Jucevičienė, P., Lepaitė, D. (2000). Kompetencijos sampratos erdvė. *Socialiniai mokslai: Edukologija*, 1 (22), 44-55.
43. Jucevičienė, P. (2002). Integruotas požiūris į socialinio darbo teoriją ir praktiką – XXI amžiaus iššūkių žmonėms atsakas. *Acta Paedagogica Vilnensia: mokslo darbai*, 8, 189–197.
44. Jucevičienė, P. (2007). *Besimokantis miestas: monografija*. Kauno technologijos universitetas. Kaunas: Technologija.
45. Jungtinių Tautų Organizacija. *Neįgaliųjų teisių konvencija*, (2008).
46. Juralevičienė, J. (2003). Valstybės tarnautojų profesinės kompetencijos teoriniai ir teisiniai aspektai. *Viešoji politika ir administravimas*. 5, 84-90.
47. Juškelienė, V. (2007). *Visuomenės sveikatos įvadas: sveikatos samprata, sveikatos rizikos ir palaikantys veiksniai*. Mokomoji metodinė priemonė. Vilnius: Vilniaus pedagoginio universiteto leidykla.

48. Kaffemanienė, I. (2006). *Negalės ir socialinės gerovės tyrimų metodologiniai aspektai*. Šiauliai: VšĮ Šiaulių universiteto leidykla.
49. Kaminskienė, L., Janulienė, A., (2003). Suaugusiųjų mokymas aukštojo mokslo kaitos kontekste. *Profesinis rengimas. Tyrimai ir realijos*. Vytauto Didžiojo universitetas.
50. Kardelis, K. (2002). *Mokslinių tyrimų metodologija ir metodai : (edukologija ir kiti socialiniai mokslai): vadovėlis*. Kaunas : Judex.
51. Kasiulis, J., Barvydienė, V. (2001). *Vadovavimo psichologija*. Kaunas: Technologija.
52. Kavaliauskienė V. (2005). Socialinio darbo vertybių ir principų sistemos problemos. *Tiltai*. [http://www.ku.lt/leidykla/leidiniai/tiltai/tiltai_2005_1%20\(30\)](http://www.ku.lt/leidykla/leidiniai/tiltai/tiltai_2005_1%20(30)) (žiūrėta 2014-05-21).
53. Kavaliauskienė, V. (2010). Refleksijos kultūra – socialinio darbuotojo profesinės raiškos aspektas. *Acta Paedagogica vilnensia*.
54. Kepežinskienė, D., Kondratavičienė, V. (2010). *Socialinio darbuotojo profesiniai vaidmenys teikiant socialines paslaugas psichikos sveikatos priežiūros įstaigoje*. Kauno kolegija.
55. Kieran O’Hagan (1997). *Social Work Competence. An Historical Perspective. Competence in Social Work Practice*. London and Bristol, Pennsylvania, 1997, P.1-18.
56. Корнюшина, Р. В. (2004). *Зарубежный опыт социальной работы*. Владивосток.
57. Kozlovas, A. A., Danilova, P. I., Firsovas, M. V. ir kt. (2007). *Socialinis darbas. Profesinės veiklos įvadas (tarptautinis projektas)*. Vilnius: VU Specialiosios psichologijos laboratorija.
58. Курбатова, В. И. (2000). *Социальная работа*. Ростов-на-Дону: Феникс.
59. Kvale, S. (1996). *InterViews – An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage.
60. Lapkauskienė, N. (2004). *Psichikos sveikatos sutrikimai ir slaugos pagrindai*. Vilniaus kolegija.
61. Laužackas, R. (2005). *Profesinio rengimo metodologija*. Kaunas: VDU leidykla.
62. Laužackas, R., Pukelis, K. (2002). Kvalifikacija ir kompetencija: samprata, santykis bei struktūra profesijos mokytojo veiklos kontekste. *Profesinis rengimas: tyrimai ir realijos*. 3, 10–17.
63. Laužackas, R., Teresevičienė, M., Stasiūnaitienė, E. (2005). *Kompetencijų vertinimas neformaliajame ir savaiminiame mokymesi*. Kaunas: VDU leidykla.
64. Leliūgienė, I. (2003). *Socialinio pedagogo (darbuotojo) žinynas*. Kaunas: Technologija.
65. Lepaitė, D. (2001). Kompetencija kaip ugdymo tikslas: pagrindinių skirtumų profesinio vidurinio ir aukštojo mokslo lygmenyse metodologinis pagrindimas. *Socialiniai mokslai*, 2 (28), 39-43.

66. Lepaitė D. (2003). *Kompetencijų plėtojančių studijų programų lygio nustatymo metodologija: monografija*. Kaunas: KTU leidykla.
67. Lekavičienė, R. (2000). *Socialinės kompetencijos vertinimo metodologijos modifikavimas*. Daktaro disertacija. Kaunas: Vytauto Didžiojo universitetas.
68. Lietuvos Respublikos sveikatos apsaugos ministro 1999 m. kovo 9 d. įsakymas Nr. 110 „Dėl pirminės ambulatorinės psichikos sveikatos priežiūros paslaugų bazinės kainos, jų teikimo bei apmokėjimo tvarkos ir psichikos sveikatos centro pavyzdinių įstatų bei specialistų veiklos“.
69. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2005 m. rugpjūčio 3 d. įsakymas Nr. A1-223 „Dėl socialinių darbų dirbančių darbuotojų pareigybių sąrašo patvirtinimo“.
70. Lietuvos Respublikos Seimo 2007 m. balandžio 3 d. nutarimas Nr. X-1070 „Dėl Psichikos sveikatos strategijos patvirtinimo“.
71. Lietuvos Respublikos Sveikatos sistemos įstatymas. 1994 m. liepos 19 d. Nr. I-552.
72. Lietuvos Respublikos Psichikos sveikatos priežiūros įstatymas. 1995 m. birželio 6 d. Nr. I-924.
73. Lietuvos Respublikos Socialinių paslaugų įstatymas. 1996 m. spalio 9 d. Nr. I-1579.
74. Lietuvos Respublikos Socialinių paslaugų įstatymas. 2006 m. sausio 19 d. Nr. X-493.
75. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. balandžio 5 d. įsakymas Nr. A1-93 „Dėl socialinių paslaugų katalogo patvirtinimo“.
76. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. birželio 27 d. įsakymas Nr. A1-179 „Dėl socialinės rizikos vaiko ar likusio be tėvų globos vaiko socialinės globos poreikio nustatymo metodikos patvirtinimo“.
77. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. balandžio 5 d. įsakymas Nr. A1-94 „Dėl asmens (šeimos) socialinių paslaugų poreikio nustatymo ir skyrimo tvarkos aprašo ir senyvo amžiaus asmens bei suaugusio asmens su negalia socialinės globos poreikio nustatymo metodikos patvirtinimo“.
78. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. balandžio 5 d. įsakymas Nr. A1-92 „Dėl socialinių darbuotojų ir socialinių darbuotojų padėjėjų kvalifikacinių reikalavimų, socialinių darbuotojų ir socialinių darbuotojų padėjėjų profesinės kvalifikacijos kėlimo tvarkos bei socialinių darbuotojų atestacijos tvarkos aprašų patvirtinimo“.
79. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2007 m. vasario 20 d. įsakymas Nr. A1-46 „Dėl socialinės globos normų aprašo patvirtinimo“.

80. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2012 m. lapkričio 16 d. įsakymas Nr. A1-517 „Dėl neįgalių vaikų, likusių be tėvų globos vaikų, suaugusių neįgalių asmenų socialinės globos namų deinstitutionalizacijos strateginių gairių patvirtinimo“.
81. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2012 m. rugsėjo 17 d. įsakymas Nr. V-861 „Dėl pirminės ambulatorinės psichikos sveikatos priežiūros paslaugų teikimo tvarkos aprašo patvirtinimo“.
82. Lietuvos Respublikos Neįgaliųjų socialinės integracijos įstatymas. 2005 m. liepos 1 d. Nr. IX-2228.
83. Lietuvos Respublikos sveikatos apsaugos ministro ir Lietuvos Respublikos socialinės apsaugos ir darbo ministrės 1999 m. spalio 6 d. įsakymas Nr. 432/77 „Dėl Sveikatos priežiūros įstaigų socialinių darbuotojų veiklos sveikatos priežiūros įstaigose nuostatų“.
84. Lietuvos socialinių darbuotojų etikos kodeksas (1998). Lietuvos socialinių darbuotojų asociacija.
85. Martišauskienė, E. (2008). Ugdomojo mokymo retrospektyva ir dabartis. (V. Rajecko „Ugdomojo mokymo“ ir konstruktyvizmo paralelės). *Pedagogika*, 89, 11-17.
86. Mataitytė – Diržienė, J. (2011). *Sutrikusios psichikos asmenų vaizdavimas Lietuvos žiniasklaidoje*. Daktaro disertacija. Vilniaus universitetas. Lietuvos socialinių tyrimų centras.
87. Merkys, G. (1999). *Pedagoginio tyrimo metodologijos pradmenys*. Šiauliai.
88. Mirabile, R. J. (1997). Everything you wanted to know about competency modeling. *Training and Development*, August, 73–77.
89. Mitchell, E. S. (1986). *Multiple triangulation: A methodology for nursing science*. *Advances in Nursing Science*, 8, 18–26.
90. Mikaliūnas, E. (2003). *Psichosocialinės reabilitacijos tarnybų veikla. Psichikos sveikatos paslaugos bendruomenėje: projektas „Naujo tipo psichikos sveikatos paslaugų standartizavimas“*. Vilnius: UAB „Progretus“.
91. Morales A., Sheafor B. W. (1998). *Social Work. A Profession of Many Faces*. Boston, London, Sydney, Toronto.
92. Parry, S. B. (1996). The quest for competences: Competency studies can help you make HR decision, but the results are only as good as the study. *Training*, 33, 48–56.
93. Павленок, П. Д. (2004). *Основы социальной работы*. – Москва: Инфра-М.
94. Perrin, N., Polowy, J. (2008). *The Role Of The Social Worker In The Long-Term Care Facility Printed by the Missouri Long-Term Care Ombudsman Program*. Prieiga per internetą: <http://health.mo.gov/seniors/ombudsman/pdf/RoleLTCsocialworker.pdf> (žiūrėta 2014-05-02).

95. Petrauskienė, A. (2011). Socialinis darbas pirminėje psichikos sveikatos priežiūros institucijoje: paslaugų kokybės aspektas. *Socialinis darbas*, 10(2), 279-288.
96. Petty, G. (2006). *Šiuolaikinis mokymas. Praktinis vadovas*. Vilnius: Tyto alba.
97. Pukėnas, K. (2005). *Sportinių tyrimų duomenų analizė SPSS programa: mokomoji knyga*. Kaunas: Lietuvos kūno kultūros akademija.
98. Povilaitienė, I., Maciūtė, K. (2005). *Bendruomenės psichikos sveikatos paslaugos Lietuvoje*. Vilnius.
99. Psichikos ligų statistika. Valstybinis psichikos sveikatos centras Prieiga per internetą: http://www.vpsc.lt/psl_statistika.htm (žiūrėta 2014-05-30).
100. Raila, G., Leonavičius, V., Baltrušaitytė, G., Naujokaitė, I., Valius, L. (2013). Tarptautinė ligų klasifikacija ir mediciniškai nepaaiškinami negalavimai. Kultūra ir visuomenė. *Socialinių tyrimų žurnalas*. 4 (1), 65-80.
101. Rimovskaja, O., Tamulevičienė, A., Bužinskienė, J. (2006). Šizofrenija. Kaip susidoroti su šeimą užklupusia krize? *Sveikas žmogus*. 1, 20-22.
102. Rose P., Gidman J. (2010). *Evidence-based practice within values-based care. Values-Based Health & Social Care beyond evidence-based practice/ed. McCarthy J. & Rose P.* London: Sage.
103. Rupšienė, L. (2007). *Kokybinių tyrimų duomenų rinkimo metodologija*. Klaipėda: Klaipėdos universitetas.
104. Ruškus, J. (2001) *Negalės psichologija*. Šiauliai: Šiaulių universiteto leidykla.
105. Ruškus, J. (2002). *Negalės fenomenas*. Šiauliai: Šiaulių universitetas.
106. Sadauskas, J. (2010). Socialinio darbuotojo kompetencijos veikti bendruomenėje struktūra. *Socialinis darbas*, 9(2), 56-63.
107. Sapežinskienė, L., Guščinskienė, J., Švedienė, L. Socialinio darbuotojo vaidmuo reabilitacijos specialistų komandoje. *Medicina*. 2003, 39 tomas, Nr. 9, 879-883.
108. Sapežinskienė, L. (2003). *Komandos organizavimo principai*. Kaunas.
109. Saulėnienė, S. (2003). *Dailės pedagogo šiuolaikinės kompetencijos struktūra: modelio pagrindimas Lietuvos švietimo aspektu*. Daktaro disertacija. Kauno Technologijos universitetas, 2003.
110. Salisbury, R. (1996). Exchange Theory of Interest Groups. *Midwest Journal of Political Science*. Chicago: Midwest Political Science Association.

111. Sartorius, J., Left, J., Lopez- Ibor, J., Okasha, M. (2002). *Families and Mental disorders:from Burdon to empowerment*. Prieiga per internetą: (žiūrėta 2014-06-02). <http://books.google.com/books?hl=lt&lr=&id=x262Q9MYkrUC&oi=fnd&pg=PA21756>
112. Schene, A., H., (1990). *Objective and subjective dimensions of family burden. Social psychiatry and Psychiatric Epidemiology*, 25, 289-297.
113. Šiaulių miesto savivaldybės tarybos 2014 m. balandžio 24 d. sprendimas Nr. T-117 „Dėl Šiaulių miesto savivaldybės 2014 metų socialinių paslaugų plano patvirtinimo“. Prieiga per internetą: <http://web.siauliai.lt/aktai/nsdoc.asp?did=21980> (žiūrėta 2014-06-02).
114. Šinkūnienė, J. R. (2010). *Socialinis darbas. Profesinė veikla, metodai ir klientai. Vadovėlis*. Vilnius: Mykolo Romerio universitetas.
115. Švedaitė, B. (2007). Socialinio darbo kokybės problema. *Socialinio darbuotojo vaidmuo šiuolaikinėje visuomenėje*. Vilnius: Lietuvos darbo rinkos mokymo tarnyba.
116. Stoof, A., Martens, R. L., Jeroen, J. G. van Merriënboer, Bastiaens, T. J. (2002). *The Boundary Approach of Competence: A Constructivist Aid for Understanding and Using the Concept of Competence* (žiūrėta 2014-06-12). Prieiga per internetą: <http://hrd.sa-ge-pub.com/con-tent/1/3/345.full.pdf+html>
117. Тетерский С. В., (2002). *Введение в социальную работу: Учебное пособие.- Москва: Академический Проект*.
118. Tidikis, R. (2003). *Socialinių mokslų tyrimų metodologija*. Vadovėlis. Vilnius: Lietuvos teisės universiteto leidybos centras.
119. Virbalienė, A., Račkauskienė, S., Šumskienė, A. (2011). Bendrųjų kompetencijų svarba socialinio darbuotojo profesinėje veikloje. *Profesinės studijos: teorija ir praktika*, 8, 318-323.
120. Virgailaitė – Mečkauskaitė, E. (2011). *Tarplultūrinės kompetencijos ugdymas aukštojo mokslo internacionalizacijos kontekste (magistrantūros studijų aspektas)*. Daktaro disertacija. Šiaulių universitetas.
121. Wijngaarden, B., Schene, A.H. & Koeter, M. (2002). *Care giving consequences in the Netherlands and other European countries: The development and use of the Involvement Evaluation Questionnaire (IEQ). Family interventions in mental illness: international perspectives*. In H.P. Lefley & D.L. Johnson (Eds.). Westport: Praeger, 145-169.
122. World Fellowship for Schizophrenia and Allied Disorders (2007). Prieiga per internetą: <http://world-schizophrenia.org> (žiūrėta 2014-05-03).

123. Ханжина, Е. В. (2002). *Основы социальной работы*. Москва: Academia.
124. Zastrow, C., Kirst-Ashman, K. K. (1997), *Understanding human behavior and the social environment*. Fourth edition. Chicago: Nelson-Hall Publishers.
125. Зайнышева, И. Г. (2002). *Технология социальной работы: учебное пособие для студентов высших учебных заведений*. – Москва: Владос.
126. Закон України „Про психіатричну допомогу”. Дата набуття чинності: 4 квітня 2000 року. <http://zakon4.rada.gov.ua/laws/annot/1489-14> (žiūrėta 2014-05-14).
127. Закон України „Про соціальні послуги”. Дата набуття чинності: 1 січня 2004 року. <http://zakon2.rada.gov.ua/laws/annot/966-15> (žiūrėta 2014-05-14).
128. Закон України „Про реабілітацію інвалідів в Україні“. Дата набуття чинності: 1 січня 2006 року. <http://zakon1.rada.gov.ua/laws/annot/2961-15> (žiūrėta 2014-05-14).
129. Žydžiūnaitė, V. (2006). *Taikomųjų tyrimų metodologijos charakteristikos*. Vilnius: LR ŠMM ir Pedagogų profesinės raidos centras.

Magistro darbo santrauka

Magistro baigiamajame darbe atlikta mokslinės literatūros, atskleidžiant socialinių darbuotojų kompetencijos struktūrą, teorinį kompetencijos modelio sudėtingumą ir holistiškumą, analizė. Atskleistas socialinių darbuotojų Lietuvoje ir Ukrainoje teisinis reglamentavimas bei veiklos ypatumai, teikiant paslaugas žmonėms, esantiems psichinės negalės situacijoje.

Atliktas empirinis tyrimas, kurio metodologija grindžiama humanizmo ir socialinio konstruktyvizmo filosofinėmis paradigmomis, kurios tarpusavyje koreliuoja tiek teoriniu, tiek praktiniu lygmeniu socialinių darbuotojų kompetentingumo vystyme. Tyrimo paskirtis – atskleisti socialinių darbuotojų, dirbančių su žmonėmis esančiais psichinės negalės situacijoje, profesines kompetencijas. Siekiant šio tikslo buvo taikoma metodų trianguliacijos koncepcija remiasi sisteminiu metodologijos požiūriu, kai tarpusavyje derinami ir integruojami kiekybiniai ir kokybiniai tyrimo metodai. Tyrimo kompleksiskumas pagrindžiamas naudojamais mišriais tyrimo instrumentais ir metodais (pusiau standartizuotas interviu ir anketinis metodas), kas iš esmės leido atskleisti respondentų profesines kompetencijas bei požiūrį į turimas galimybes tobulėti. Tyrime dalyvavo 50 socialinių darbuotojų, dirbančių su žmonėmis esančiais psichinės negalės situacijoje. Svarbiausios empirinio tyrimo išvados:

- Tyrimo dalyvių pasisakymai apie socialiniams darbuotojams reikalingas žinias ir įgūdžius rodo, kad mokymo institucijose absolventai profesinei veiklai reikalingų žinių bei įgūdžių įgyja nepakankamai
- Socialiniams darbuotojams dirbant su psichikos sveikatos problemų turinčiais klientais labai svarbu laikytis socialinio darbo vertybių ir principų, kurie padeda formuoti pozityvų požiūrį į psichikos sveikatos problemų turintį klientą. Remiantis kokybinio tyrimo duomenimis, galime daryti išvadą, kad respondentų vertybinės nuostatos yra teisingos.
- Įgūdžiai sujungia žinias ir vertybes į vieną visumą ir paverčia veiksmais. Įgūdžių formavimo atžvilgiu naudingiausia yra praktika, kuri būtent ir formuoja konkrečius mokėjimus ir įgūdžius bei įtvirtina žinias. Kokybinio tyrimo metu gauti duomenys rodo, kad profesinės veiklos pradžioje informantams trūko įvairių gebėjimų: bendravimo su psichikos negalią turinčiais klientais, savisaugos, komandinio darbo, savarankiško sprendimų priėmimo, reikiamų išteklių mobilizavimo, informacijos rinkimo, oficialių raštų rašymo.
- Išanalizavus kiekybinio tyrimo metu gautus rezultatus, galime teigti, jog socialiniai darbuotojai, dirbantys su žmonėmis esančiais psichinės negalės situacijoje, turi teisingai suformuotą požiūrį į žinių, vertybių ir dalykinių gebėjimų svarbą socialiniame darbe.

Esminiai žodžiai: kompetencija, negalia, psichikos sveikata, socialinis darbuotojas.

Appendices

Interview Questions:

1. What are the competencies required for professional activities have acquired a training institution?
2. What are the lack of professional competence at the start? Please comment.
3. What knowledge necessary for professional activities have acquired a training institution?
4. What knowledge relating to professional activities you lacked in the beginning? Please comment.
5. In what situations usually reveals a lack of knowledge?
6. What do you think are the most important moral values to the social worker profession?
7. Did you change your moral values after graduation?
8. Do you changed your moral values started to work with mentally disabled people?
9. What skills related to professional activities have acquired a training institution?
10. What skills did you have a lack of professional activity at the beginning?
11. What kind of social worker roles you have to do in your job? Please list. Please comment.
12. What are the most difficult to perform roles in working with mentally ill people?
13. What are your main job functions in working with mentally disabled people?
14. What do you think is different social worker working with mentally disabled people from working with other clients?
15. What difficulties arise when working with mentally ill people?
16. What are the activities of your work is not enough legally regulated?
17. What are the challenges facing working team approach?
18. Is a professional training important in your work? Justify.
19. What is the opportunity to raise the professional qualifications of the institution where you work?
Please comment.
20. What are the opportunities for raise professional qualification in work with mentally ill people?

Your Personal data:

1. Your age (please specify) _____.
2. Your gender: man, woman .
3. Your education (please specify) _____.
4. What is your social work experience? (please specify) _____.
5. How many years of working with people with mental disabilities? (please specify) _____.

Thank you for your patience and sincere answers!

Dear Respondent,

Annex 2

The study of the social workers who work with people with mental disabilities situation of professional competence, by Siauliai University Social Work second year postgraduate student Alina Damkienė. The aim - to reveal the social workers professional competencies. Questions related to the professional knowledge, values and skills. You are cordially invited to participate in the study, your answers and feedback is very valuable. The questionnaire was anonymous, the data obtained will be used only for research purposes. Before you read carefully the statements and answers labeling instructions.

1. Your age (please specify) _____.
2. Your gender: man, woman .
3. Your education (please specify) _____.
4. What is your social work experience? (please specify) _____.
5. How many years of working with people with mental disabilities? (please specify) _____.
6. To find out your views on the importance of knowledge in social work, please fill in the following table (Read each statement and as honestly as possible to highlight one of the four answers given by X (cross)):

Ref. No.	Knowledge	Very Important	Important	Less Important	Not Important
1.	Social Law Knowledge				
2.	General Social Work Knowledge				
3.	Psychology Knowledge				
4.	Social Politics Knowledge				
5.	Knowledge about Institution				
6.	Philosophy Knowledge				
7.	Knowledge about client				
8.	Sociology Knowledge				
9.	Economic Knowledge				
10.	Knowledge about individual's behaviour				
11.	Social Administration Knowledge				
12.	Organizational Policies and Procedures Knowledge				
13.	Knowledge about Adaptation Techniques and Everything related to Adaptation				
14.	Knowledge of the Situation – Community, its Institutions and Various Types of Resources				
15.	Specialized Knowledge Needed to Work with Specific Client Groups and in Exceptional Situations				
16.	Knowledge about Social Worker's Values				
17.	Knowledge of the Social Worker's Ethical Responsibility for Clients				
18.	Knowledge of Social Work Essence and Purpose				
19.	Knowledge of the Social worker's Activity in the Social Security System				

7. In order to find out your views about the importance of values in social work, please fill in the following table (Read each statement and as honestly as possible to highlight one of the four answers given by X (cross):

Ref. No.	Values / Provisions	Very Important	Important	Less Important	Not Important
1.	Belief in Human Values and Dignity				
2.	Love to Close People				
3.	Patience				
4.	Forgiveness				
5.	Sense of Community				
6.	Self-control				
7.	Justice				
8.	Faith to Internal Client Forces				
9.	Responsibility				
10.	Tolerance				
11.	Perception and Acceptance of Differences				
12.	Compassion				
13.	Persistency				
14.	Initiative				
15.	Wish to Help and Sacrifice				
16.	Politeness				
17.	Knowledge Accumulation				
18.	Honesty				
19.	Social Creativity				
20.	Empathy				
21.	Skills Acquisition				
22.	Professional Responsibility				
23.	Honesty and Decency				
24.	Knowledge and Skills sharing with Others				
25.	Social Work Significance and Dignity Defense				
26.	Humanism and Unconditional Respect for Man				
27.	Confidentiality				
28.	Intolerance of unethical behaviour of himself and other specialists				
29.	Taking Care to Avoid Unqualified and Unlicensed Social Work				
30.	Taking Care not to be Published False, Incompetent Information about Social Work				

8. To find out your opinion about the abilities and skills in social work, please fill in the following table (Read each statement and as honestly as possible to highlight one of the four answers given by X (cross):

Ref. No.	Abilities / Skills	Very Important	Important	Less Important	Not Important
1.	The Ability to Create and Maintain the Relation with Client (client system)				
2.	Ability to Properly Publicize and Publish the Research and Development Results				
3.	Ability to Documentise the Aid Process for Client (client system)				
4.	Ability to Communicate with Client (client system), at his Level of Understanding				
5.	Social Work Profession Historical Development and the Ability to Critically Reflect on Current Trends				
6.	Ability to Create and Develop Strategies of Inovative Social Work				
7.	The Ability to Look into the Needs of Specific Client Groups according to their Characteristics and to Provide Assistance				
8.	Ability to Apply the European Union and Other International Institutions of Social Protection Legal Basis				
9.	Knowledge of Human Rights Documents and Ability to Follow them				
10.	Ability to Identify Client's (client system) Needs, Develop Help System and Process that Cient (client system) is Empowered for Independent Life				
11.	Ability to Analyse Critically Social Politics and Make Impact on It				
12.	Ability to Understand and Analyze (with theory) Social Processes Taking Place in Society and Provide for Their Impact on the Social Assistance Area				
13.	The ability to Identify the Client (client systems) Rights' Abuses and Effectively Remove Them				
14.	Ability to Perform an Applied Science or Social Studies and Use the Results of Social Work Activities				
15.	Ability to See (in the Community, Society) Social Assistance Needs and to be able to Offer Effective Assistance Strategies in accordance with the Principles of Sustainable Development				
16.	Knowledge and Application of Various Methods of Social Work with Clients				
17.	Ability to Effectively Participate in rofessional and Interprofessional Discussions Developing Social Work Profession				
18.	Ability to Advise a Client (client system) in accordance with Appropriate Consulting Concepts and Techniques				
19.	Ability to Critically Reflect on the Social Work Profession Ethical Standards, Legal Framework, Role in Society				
20.	Ability to Support Professionally Initiatives and Activities that seek to lessen Social Discrimination and Guarantee Social				

	Justice				
21.	The Ability to Follow the Proper Posture in a Work with Client (Social Work Ethics)				
22.	Ability to Determine Own Professional Improvement and to Meet it Responding to Current Trends in the Profession Activity and in accordance with the Principle of Lifelong Learning				
23.	Ability to Initialise and Develop Self-help Group Activities				
24.	Ability to Mobilise (client system) Necessary Resources– Client Environment, Other Specialists, Organizations, Communities and so on.				
25.	Ability to manage Activities of Social Assistants and Volunteers				
26.	Ability to overcome Conflicts and Complicated Situations				
27.	Ability to initialise and Make Live the Prevention Programmes of Social Problems				
28.	The Ability to Responsibly Manage the client’s (the client system) Confidential Information				
29.	Knowledge of State Social Assistance Administration Apparatus of Institutional Responsibilities, Competencies, Hierarchical Communications, Networking and so on				
30.	The Ability to Reflect and Evaluate Work with a Client (client system) Process				
31.	Ability to Gather Local Community and Empower It to Help				
32.	Ability to Use Internal and External Human, Financial and Other Resources to Organize and Improve the Social System				
33.	Ability to Reflect Professional Performance through Theoretical Knowledge				
34.	Ability to work with Other Professions in Interdisciplinary Environment				
35.	Ability to Analyse Social Problems Through Social Work Theories, Studies and Interdisciplinary Approach				
36.	Ability to Evaluate the Quality of Social Help and Improve It				
37.	Ability to Apply State Social Assistance and other Legal Framework and to use It in Organizing Assistance				
38.	Ability to Effectively Represent Clients or Their Groups’ Rights and Interests of Social Assistance				

Thank you for your patience and sincere answers!