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THE EMPOWERMENT OF THE FORMER PATIENTS OF CARE INSTITUTIONS WITH MENTAL DISABILITIES BY THE SOCIAL SEVICES RENDERED BY NGO

Master's thesis

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Summary

Young people, former patients of care institutions having mental disability, usually have low social maturity and are not ready to normal social relationships. They receive help provided not only by governmental but by non-governmental bodies as well. NGOs are becoming increasingly significant in the provision of empowering social services.

The object of survey is empowerment of former patients of care institutions with mild mental disability through social services rendered by NGOs.

The hypothesis is that according to public opinion the enchasing personal empowerment of former patients of care institutions with mild mental disability through social services rendered by NGOs are/ **is** fulfilled on average.

The purpose of the survey is a disclosure of empowerment activities through the social services rendered by NGOs for the former patients of care institutions with mild mental disability.

Objectives of the survey: 1) For the purposes of theoretical analysis, uncover the structure of empowering social services rendered by NGOSs, working with mild mental disability persons. 2) For the purposes of the interview method, reveal the type of empowering social services provided by NGOs to former students of care institutions with mild mental disability.3) For the purposes of the interview method, reveal the role of NGOs, as well as benefits/ deficiencies in the provision of services in comparison with state institutions. 4) For the purposes of the interview method, to reveal the opinion of the staff about the cooperation between non-governmental and governmental organizations, as well as the NGOs' provided social services for former students of care institutions having a mild disability of the mind.
5) Using a statistical analysis of the questionnaire survey data, to disclose the public approach to the former patients of care institutions having mild disability of the mind, and the necessary assistance for these people. 6) Using a statistical analysis of the questionnaire data, to disclose the public approach to assistant rendered by NGO to former patients of care institutions with mild mental disability.

Methods of survey: 1) The analysis of the scientific literature.2) The qualitative study by collecting empirical data to an individual interview method, and survey data processing method for the analysis of the content. 3) The quantitative study, which statistical analysis of the survey data (questionnaire), using SPSS (Statistical Package for Social Sciences). For the statistical analysis of the survey data were used the methods of descriptive statistics

Participants in the survey:1) Six NGO staff and volunteers, and five social workers working with former patients of care institutions with mild mental disability (qualitative research

sample).2) One hundred and five respondents - members of the public (quantitative research sample).

Summarizing the results, it can be said that: **1)** The NGOs that participated in the investigation and are working with former patients of care institutions with mild disability, provide many and varied empowering services, Empowerment takes place at three levels: personal, group and community 2) The most important role of NGOs in the development of social skills and leisure. In NGO work is a lot more advantages than disadvantages. 3) Study participants evaluated positively the empowering services offered by NGOs that were involved in the investigation and working with former patients of care institutions having mild mental disability, though, pointed out that the improvement is still necessary. The work of employees working for NGOs was assessed positively, although the volunteers were assessed as not always having the appropriate expertise to work.Cooperation between governmental institutions and NGOs, that participated in the investigation and were working with former patients of care institutions with mild mental disability, is inadequate and not on a regular basis. 4) Most of the survey participants noted that they had relations with persons with mild mental disability and assessed them as likely to create a family and quite independent, but such who sometimes need help. However, expressing views on the former patients of care institutions with mild mental disability, a large part of survey participants had no opinion or said that these people were unable to live independently, had almost no employment opportunities, but the possibilities could be increased providing expert help. According to the survey participants, former patients of care institutions with mild mental disability are most in need of psychological and the social assistance. 5) The survey participants didn't really know about the activities of NGOs; as the response to the questions submitted very often was if they did not know the answer. Thus, the assistance of NGOs for the persons, former patients of care institutions with mild mental disability, was evaluated on average, and approved the start of the study hypothesis. As well as the services provided by NGOs assessed as enabling

Introduction

Young people, former inmates of care institutions, having a mental disability, usually have low social maturity and are not ready to normal social relationships. Institutionalization of children at an early age determines a big number of problems that occur later in adolescence and adult life (Juodraitis, 2004, Radzeviciene, 2003). The close type of educational institution effects personality structures, the interrupted emotional realm, low degree of self-regulation, violations of sexual behavior occur. Creating families, these young people often fail without a help to educate their children, because they lack adequate family and lifestyle models.

Mental disability means substantial deficiencies affecting the functioning of the current person. Mental disability occurs when the mind intelligence is much lower than the average, and when leisure and work-skills are limited in two or more areas of: communication, self-care, family life, social community life, and a sense of direction, health care and safety, functional subjects (D.P. Hallahan and J. M. Kauffman 2003).

For a significant number of individuals with disability of the mind it is enough to have more favourable environment in which they could apply their skills, communicate, show initiative, gain social skills, and be respected. In a properly organized micro-environment, the influence of the factor of disability can be reduced to a minimum in the process of training of a young person to independent living (R. Vaicekauskaite, 2003).

The scientific problem and relevance of survey.

Empowerment means increasing the personal or political power that individuals take action to improve their life situation, it's not just the client's skills promotion, but also motivation and training, and promotion of self-evaluation that customers believed they are competent and have the skills required to healthy social functioning (Johnson, 2003, p. 277). Empowerment was analyzed by some foreign authors (Conger, Kanungo, 1988; Thomas, Velthouse, 1990; Parsons, 1991; Sutton, 1999). On the theoretical and practical level, social work technology have been enriched and the theoretical models that determine the philosophical significance of the empowerment perspective actualized (Alifanoviene, 2003, Butkeviciene, 2010, Gvaldaite, Svedaite, 2005, Isoraite, 2007, Vitkauskaite, 2001). But there still are few empowerment methodologies to enable specific customer group (Dirgeliene I., 2010).

The system of social services in Lithuania is quite young, so it is important to construct an empowering **o**rganization of social services. In the sphere of social services the client's dependency on services is a warning of inefficiency of the services, and that social work objectives are not met. Institution shall organize the assistance in a way that would allow the customer to manage their lives and complete their functions without the aid of the service

provider. In the context of the reform of the public sector, the social service is becoming an increasingly important area of social protection. They become more and more significant in the social security system, the structure of social services changes, and their extent increases. The non-governmental organizations are increasing their activity in providing social services.

NGOs in Lithuania is becoming a major provider of social services, so a number of research papers that analyse problems of the social participation of people with disabilities in activities of NGOs grows (Silinskyte, 2013; Kvieskiene, Kvieska, 2012; Zydziunaite, Liepaite, Cibulskas, Bubnys, 2012; Gerulaitis, Gudinavicius, Jureviciene, Radzeviciene, Baranauskiene, 2012, etc.).

This subject is found in research works of foreign authors, as Amin, Naqshbandi, 2013; Sadan, 2004. The Ukrainian authors Palyvoda, Semigina, Sidelnik, Kikot, Novikov, Zvonar dealt with problems in the provision of social services by NGOs. But there are not enough researches of the activities of the NGOs which would examine, analyze enabling services models for a group of persons with certain disability.

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Participants in the survey:

1. Six NGO staff and volunteers, and five social workers working with former patients of care institutions with mild mental disability (qualitative research sample).

2. One hundred and five respondents - members of the public (quantitative research sample).

The survey methodology. The investigation is based on these theories and theoretical approaches, **i.e.** holistic approach, theory of social constructivism, theory of social integration, theory of empowerment, and provisions of social participation.

A holistic approach. Holism (Gr. *holos* — full) is the theory that whole entities, as fundamental components of reality, have an existence other than as the mere sum of their parts (dictionary of international words). A holistic refers to the total, covering all areas, bringing together the details in a single whole. It may be multidimensional investigation of a specific object, phenomenon, or the character (Siu-Man, Chan, 2009).

The theory of *Social constructivism* deals with the formation of knowledge among participants of social relations. It is supported by the idea of social construction which claims that there is no objective reality; subjective reality is reflected in social images, which create a new reality. The phenomena of social life are subjectively interpreted, continuously updated, constructed, replaced by the social image and reality. An image of *Disability*, *the other* and similar images is always the result of social construction. Knowledge is being developed constantly, and this process is a never-ending (Saraga, 1998). Participants in the situation create it themselves and contribute to the creation of a new situation (Alisauskiene S., Gerulaitis D., Vaitkeviciene, A., 2007).

Methods of survey:

1. The analysis of the scientific literature.

2. The qualitative study by collecting empirical data to an individual interview method, and survey data processing method for the analysis of the content.

3. The quantitative study, which statistical analysis of the survey data (questionnaire), using SPSS (Statistical Package for Social Sciences). For the statistical analysis of the survey data were used the methods of descriptive statistics.

Main concepts:

Empowerment is a support proccess that aims to increese personal, interpersonal, political and socio-economical power for the individuals, groups, families, and communities, and to influence improvement of their conditions (Barker, 1995). Barsauskiene and Leliugiene (2001) describe empowerment as a process through which a person aquires feeling of ability to control or support in controling facts related to their selves.

Empowering services - when the services rendering authority and its staff (providers) shall allow to the recipient of the service, members of his family (if appropriate), guardians or trustees to become actively involved in decisions making concerning the planning, delivery and evaluation of services (Ruskus, Mazeikiene etc., 2013).

Social work services there is a service in which the aid is granted to a person (family), which because of age, disability, social problems, partially or completely has not acquired or has lost skills or opportunities for indipendent care for personal (family) life, and to participate in public life (Law on Social Services, 2006).

Mental retardation - a deviation of mental abilities from the norm, causing behavioural, emotional and social adjustment disorders (Bagdonas, 1995).

NGOs - non-governmental organizations in various sources described as a non-profit making, non-governmental, the third sector organisations or in other terms. In Lithuania, the concept a non-governmental organization becomes more popular.

Social skills – that is capacity to behave adequate and adaptively, and that allows the individal to overcome the daily life demands and changes in daily life, unexpected stress and difficulties (Bulotaite, 1996).

Personal autonomy is an essential characteristic of personality that allows you to choose intelligently objectives of activity and communication, measures and metods, act actively and productively (Jovaisa, 2007)

Employability is potential capacity of an individual to work efficiently enough for some time period (Radzeviciene, Juodraitis, Kazlauskas, 2005).

1. THEORETICAL DISCOURSE ABAUT SOCIAL EMPOWERMENT OF NON-GOVERNMENTAL ORGANIZATION (NGO) ACTIONS

1.1. Conception of empowerment

The concept of empowerment is one of the most analyzed problems by philosophers, psychologists, political scientists, sociologists and scientists of other disciplines. Karl Marx was the person in the 19th century, who first of all defined power as an economical condition for one class dominance above another (Marx, Engels, 2006). As a result long discussions and disputes escalated. Weber, quite the reverse, was the first who defined power as a chance of one or many, to implement their own will while acting together, despite resistance of the others (Weber, 1978).

What is the relation between power and empowerment? To explain this relation it is helpful to invoke the theory of democracy and empowerment by Kreisberg (Kreisberg, 1992). Kreisberg emphasizes in the same source that this relation is at least binary and depends onto what power attitude was chosen. Kreisberg (1992, page 18) explains that power has two sources: first is the philosophy of power as dominance. Fundamental expression is "power over" - the power above our heads. But this kind of power is followed by lack of respect and confidence. It also expresses the frustration of the ones standing below. Second and quite the reverse is the "power with", that has the expression of empowerment. This definition of power as aspiration was first used by people, that fought for their rights while being discriminated.

Acc.to Kreisberg empowerment is linked to the gained ability to influence, to take part in decision making and implement changes. "Power with" is extremely important for democracy practicing. Kreisberg describes the "power with" as an expression of personal and political relationship: power is shared and expanding as a resource. But he also draws attention to the fact that in the same field, while performing the same tasks diverse relations might be implemented. It depends on what they are based: on the "power above" or the "power with". Patriarchal relations in the social services are for instance based on the "power above" (dominancy), democratically they are based on the "power with". Empowerment is a process when people increase the control over their lives and its creation, while making decisions that affect their own existence (Kreisberg, 1992 page 18). Empowerment is a process, while results are hidden inside (Parpart, Rai, Staudt, 2005). In the psychological point of view empowerment means that the self-esteem and self-confidence of a person increases, Kreisberg (1992). The main aspect of empowerment is increased opportunity of a person to have access to valuable resources and ability to control them. It is also acquisition of participation competence. Hereby a man becomes "able to ensure" his own rights and responsibilities. Empowerment is made

through a mutual dialog. Without contradiction of Kreisbergs concept of empowerment, that attention must be drawn to the fact, that it is incomplete because does not explain the actions of the one in power.

Folgheraiter (1998) interprets empowerment as a psychological condition i.e. certainty of a handling person that he can or must take actions, so called strategy of intervention. In other words it is ability to cooperate with the person that needs help, so his beliefs and competences will not be undermined. Most effective result is achieved when fusion of both levels succeeds.

Forest (1999) emphasizes in his scientific study "Education and empowerment: towards untested feasibility" that reasons of empowerment can be different as well as their levels. Some forms of empowerment can be seen only as manipulative activism (sustaining the position of "power above"), while other can certainly aim for power sharing and provide its competence.

Some scientists link the concept of empowerment to knowledge acquirement. Information becomes a power tool, because it allows observing the world as it is (Usher, Bryant, Johnston, 1997). Truth becomes an instrument that helps to get free from force power. These scientists contemplate power as a negative structure, a source of illegal control, elimination of which allows individuals to accomplish their typical rationality and fully express themselves in all possible ways. But power should not be observed as a negative object. It should be treated not as a prohibition or repression, but as an active and proactive subject. Power creates possibilities, i.e. power "makes impossible things possible" (Usher, Bryant, Johnston, 1997).

Levin and Perkins (1987) highlight the relevance of possibilities and conditions of allowing persons or groups to use required resources. They should be supplied with all available information about ways of environmental adaptation and social integrity. Besides it is important that they become socially active.

Walker (2000) indicates that empowerment can be linked to the openness of a person, his ability to accept reciprocal differences and move forward while learning from each other. Empowered man, so Walker, feels comfortable when working with people different from him. The more comfortable he feels, the more empowered he becomes. The more empowered he is, the more open he accepts the learning from differences. Such person takes risks easier but with more responsibility. He seeks to create authentic reciprocal relationship and if sometimes doing mistakes he allows others to do so. Empowerment extends the ability to have trust in yourself and constructive potency of other people. The sense of empowerment helps a man to accept and even accelerate changes.

Glinskienė ir Lipinskienė (2004), with reference to Giroux (1983) base their definition of empowerment on the possibility to contemplate and act critically. According to Johnson (2003) empowerment is not only stimulation of client's abilities, but also motivation and promotion of self-evaluation. Customers should realize that they are competent, have skills and deserve resources that are crucial for their healthy existence.

Algenaite (2006) divides the concept of empowerment into: concession of power; matching; authority improvement; participation in managing process; authorization and delegation; self-control, competence, self-esteem, autosuggestion, self-realization; assistance in reaching specific services or protecting own rights; maintaining contacts; capability development.

Concept of empowerment is more related to the empowered influence of one person or creation of empowering conditions in order to help another person to start acting, obtain knowledge and reach specific goals. In the management literature ability is assigned not only to a individual, but also to a organization. Managerial or structural empowerment is a structure inside organization, which defines the position of a worker and assigns power to it, as well as the measures to grant more power to workers (Kanter, 1977).

Ruškus J., Mažeikienė,N., Naujanienė, R., Motiečienė, R., Dvarionas, D.(2013) introduce following levels of empowerment:

Individual level of empowerment – control over own life and goal-seeking. Essence of it is the transition from passive to active mode.

Team level of empowerment – is a measure for self-improvement and encouragement. Team is an ideal tool for promotion of individual empowerment. This way social and emotional assistance is provided, skills for social political actions are obtained.

Community level of empowerment – mobilization of resources for reaching mutual benevolence. People define goals together and select measures to achieve them and evaluate results.

Political level of empowerment – development of critical consciousness – is a concept of a multicultural social work orientated to social justice. It was influenced by marxist, social and radical theories, by structural social comprehension about oprresion by social groups, as well as by perspectives of emancipation and feminism.

The analysis of scientific studies of philosophers, sociologists, psychologists and management scientists dedicated to empowerment indicates certainly that the concept of empowerment is not unambiguous.

In general it can be declared, that empowerment is a process, executed by the one in power who seeks to share it and give opportunity to other people, communities, organizations to increase

control over their lives or create it, eventually participate in decision-making associated with their own existence.

1.2. Theoretical presumption of social service provision by NGO for former inmates of care institutions

In Lithuania the number of children, that loose parental care and grow up in an orphanage, increases constantly. This way care institution replaces family and overtakes its part in education and preparation for substantial life.

While analyzing problems of care institutions we notice that children get there because of objective and subjective reasons. As objective reasons can be treated loss of parents or their serious illness. But the number of such under-aged children is only about 30 %. A much higher quote consists of children whose parents have denied parental rights (Leliugiene I., 2003, p- 324).

Children from high risk families experience hunger, desperation and pain in a very early stage. It effects their psyche, physiological and moral development. Inmates from orphanages, home of infants or boarding schools are children that suffered from injustice from their parents, like orphans, half orphans, handicapped people, retirees, single mothers or children from large or disharmonious families.

Armanaviciutė (2005) emphasizes that in the course of socialization process individuals are adopting community attitude, values and norms of behaviour. Author is accentuating, that its a lifetime process, in which adults can control the behaviour of young people and prepare them to adapt to the nearest environment and use their abilities effective.

Socialization in the childhood is a "process and a result, when through active endeavour of a child a social experience is obtained and adopted, while interacting with social environment. First it awakes interest, later it is being observed and afterwards a child interacts with it directly. In the beginning experience is only reproduced, later interpreted and transformed in distinctive way" (Juodaityte A., 2002 page 77).

Childhood period is crucial to a child, because he discovers himself and the environment where he lives and acts and together he gives sense to his own social status. In this case the role of a family is highly important. Especially in the early childhood i.e.in the pre-school years children obtain first rudimentary knowledge, primary thinking skills and takes over more complex behaviour norms and gets acquainted with the simplest models of cultural values. They learn to follow them even if they do not perceive their meaning or purpose.

Children that grow up in a forest house have specific emotional problems and are very vulnerable. Creators of the affection theory accentuate the disability of such children to create close and strong emotional bond with other people, because in the early childhood they experienced long-term separation from their parent.

Scientific data proves that development of children, that lost parental care, shows multitude of negative peculiarities inherited from negative parental experience (drinking, immoral behavior etc.). Children without a family fall behind from the same-aged, are very reserved and edgy, they feel disadvantaged because of the parent guilt (Leliugiene I.page 365).

Practice shows, that a child living in an institution does not feel valuable, dignified or respectable, because mostly he does not believe in himself or own decisions. Very often he is incapable to be happy neither about his own lifer or personal achievement, nor about the happiness or joy of the others (Braslauskiene, 2000, page 16).

Care institutions are seeking to provide material basis for children, so they do not lack anything, but a picture of a real life is not being pictured. Inmates of orphanages do not perceive value of money or labor and their skills for an independent life are formed not well enough.

According to Leliugiene I. (2003) inmates of orphanages are isolated from external life, their activities are regulated by internal rules, so their social needs like informal communication are not being satisfied. They lack of social and emotional confidence and image of a real life.

Scientific research shows, that most of the children living in orphanages have absolutely no clue about household work and it discourages them from the role as a "host" and leads to inability of being independent while planning own activities and overcoming difficulties (Goodman, 1990 quote by Juodaityte). On the other hand, a role of a "poor orphan" is being implanted in care institutions. This way solicitude is gradually perceived as absolutely necessary and obligatory. As a result the consciousness of an inmate has fixated the status of a dependent (Leliugiene, 2003).

Summarizing it can be said, that the conception of a dependent remains even after leaving the care institution and reveals itself through acquired demonstration of own helplessness and lack of self-support. Former inmates are seeking to be taking care of further. They do not try or are incapable of proper solution of emerged problems.

1.3. Theoretical assumptions of providing social services to mentally handicapped people

Mental retardation is called mental disability. Mental disability forms the largest group of intellectual disorders. It evidences through disturbance of the cognitive activities of a

child (especially thinking process), absence of will-emotions, often through physical weakness. Lithuanian psychiatrists use the term "oligophrenia" (gr.oligos-small, phren-mind) i.e. imbecility (Krisciunas,1997; Mikalkevicius 1999).

Term of "mental disability" is used in the International classification of diseases (TLR-10), which is used since 1997 by Lithuanian health care system. Mental disability is widely analyzed by different authors and specialists in various fields.

According to WHO (1995), mental disability is an insufficient or partial development of mental ability. It is defined by disorder of specific skills through different steps of development stages. Cognitive, speech, motoric and social skills are building a certain intellectual level (Prosauskiene, 2003).

American Association of Mental retardation approved in May 1992 the following definition of mental retardation: mental disorder shows significant limitation of personal abilities like significantly decreased intellectual functionality which is an inseparable from two or more areas of application: communication, house living, self-service, social skills in public life, self-esteem, health and security, work and leisure (Hallahan, Kauffman, 2003).

Intellect disorders are classified into: 1) mental disorder (low level IQ scores is from 50 to 69; average level when IQ score is are 35-49; superior level when IQ is less than 26); 2) limited intellectual capacity; 3) slow psychological development; 4) intellectual regression and other intellectual irregularities (Samsoniene, 2006).

People with intellectual disorders show signs of difficulties in everyday activities, like self-service, skills of independent life, verbal expressions and conception, skills acquirement; learning problems in childhood period; need for short-term and constant care (Isoraite, 2007).

"Persons with mild mental retardation are able to realize themselves sufficiently and foresee the future. They willingly take on the adult role and aim to test it thoroughly. Due to their mental irregularities it is complicated for them to become independent and mature (Budryte L., Jakubauskas A., Vilutiene V.2004, page 53).

V. Gevorgianiene, who analyzed characteristics of persons with mental retardation, has presented data about self-evaluation of such individuals. Scientific research survey show that people with mental disorders show signs of: 1) lack of initiative, passivity (they can't (re) organize own communication or change it, they need intervention of those surrounding him (parent, educator); 2) lack of own opinion or frequent changing of it (unconditional and uncritical obedience to instructions by other people, behaviour and positioning in a group is determined by opinion of a leader); 3) very high egocentricity (he seeks for exclusive attention, envies other people if they get more of it); 4) he does not perceive himself as a part of the group

(in an 'unprogrammed' situation he does not know what to talk about with other persons, show no interest in each other); 5) sense of empathy, cooperation, mutual understanding and support has not developed; 6) interaction in practical activities is poorly developed (working individually, might even disturb each other); 7) such people can, and most important, they want to work without external control".

Other authors also accentuate egocentricity of people with mental disabilities (Budryte L., Jakubauskas A., Vilutiene V., 2004). They also observe that such persons feel need to communicate, feel support from the people around them. It is also accentuated that mentally retarded persons have no confidence in environment and surrounding people. A reason for this might be "the negative view of people around" acc.to A.Bakk. The same was confirmed by handicapped persons themselves. Often they experience sensitively what others are talking about them and not with them. They often think one way, and feel totally different. Person with mental disabilities senses, that he does not understand the duality of other people. Based on scientific research different authors observe that mentally handicapped man has an impression that he is different ("I am extraordinary") and he regrets that. He loses trust not only in mentally healthy people, but also in people having the same disorientation and this way communication will be reduced. But still some authors are pointing out that mentally retarded persons have a poorly developed need to communicate, while other think that good friends are very important for such people and they suffer if they do not have them around. Staff, who is working directly with mental disoriented people are very often amongst their closest friends.

In addition to the listed properties, following features are characteristic for mental retarded persons (Budryte L., Jakubauskas A., Vilutiene V., 2004, pages 100-102):
1) huge emotional dependency from closest people; 2) inferiority complex and sense of isolation; 3) a need for recognition and awards; 4) need for safety (changes are not desirable; daily repeated actions and tasks give them a sense of security); 5) failure to understand the line between their wishes and possibilities; 6) often they intend to think that others have too big or too little expectations in them; 7) inadequate self-evaluation (especially regarding own possibilities or future perspectives)".

Astapoviciene, Liaudanskiene, Viliuninene (2003) explain, that in our society a judgement is vivid, that mentally disoriented people can't live without a constant care. But after proper formation of independent living skills these people can live without a daily care. Such skills are foundation for their lives that allow mentally retarded people successfully integrate into society. By gaining skills for an independent life a child should elementary realize dependency of cause and effect, learn to analyze and systemize. According to these authors it is crucial to accentuate the importance of tidiness, accuracy, cleanliness, care and obligingness as well as

value and meaning of labour in all life stages. Working culture should be developed and conditions should be created for joy and delight after finishing assigned work.

If a mentally handicapped person is living a valuable life and gets support, he can become a harmonious and socially mature individual. But former inmates from orphanages with a low mental disorder do not have (or have limited) such working and independency skills.

Successful adaptation of working skills in practical life depends much on character of activity and psychological abilities of a person and that influences his working capacity. Working capacity is a potential capability of an individual to work effectively through a defined period of time (Radzeviciene, Juodraitis, Kazlauskas, 2005). Gaining of working skills depend on particularity of psychological development of a mentally handicapped person. Labour is a highly complicated activity, which requires minimal understanding of analysis and synthesis, sense of responsibility, skills of consistent action, planning and communication (Radzeviciene, 2003).

Generally can be said that workers of NGO should develop social, working and skills of an independent life, based on personal features of a client with mild mental disabilities, who was a former inmate from orphanage and has limited or no such skills at all: because of mental status and because the grew up in a public institution.

1.4. Social services and empowerment

Social service is an act of assistance when a person (family) is being supported, because due to his age, disability, social problems he does not have (has lost) his (partial) abilities or possibilities to take care of his own existence (or life of his family) and participate in public life.

Goal of social services is to create possibilities for a person (family) to develop and strengthen his abilities and chances to solve own social problems, to keep social relations with society, also to help to overcome social separation. Social services are provided to block social problems of a person, family, community and to ensure social security.

Social services aim to satisfy needs of socially separated persons, in order to integrate them back into social life (Law of social services, 2006).

Questions of economically "unprofitable" social services becomes even more relevant while social service area is decentralized and work with a client is individualized. Individual work means more staff and higher expenses but also more effective help to return an individual to a normal life. Meanwhile group therapy allows to reduce staff and costs, and give minimal necessary care. But how effective would this help be? Currently it will undoubtedly save resources but will it help to avoid social problems in the future? Will the expenses for care and

social services not increase? Improper providing or no providing of social services in order to save resources may cost in the future much more (Zalimiene, 2003, page 184).

For management of social institutions goals are in the most cases the same: aim to ensure necessary resources for service provision, form positive external and internal environment, solve problems of external pressure, create new ideas, strengthen innovative activities, pay attention to marketing, look for and adapt effective methods of motivation of staff etc.(Zaliene). Formation of a positive internal environment, creation of new ideas, staff motivation is an integral part of empowering environment establishment. It takes place in a specific environment because of special needs of a client and requires additional know how in management. Development of human resources is a management field and it is important that the leader of organization must be interested in management of social labor in order to form the culture of empowering services inside.

Goal of social services is social integrity of clients, restoration or maintenance of independency. It means that clients by themselves cannot be fully capable to represent their interests in the service market. A client of social service market often does not have enough income to pay the service provider in full, but these services must still be provided. In this point of view the goal of social service institution is to provide services that will actually help the client (Zalimiene, 2003).

Social services must aim to empower their client. That is why it is so important that in such organizations an empowering environment would dominate. And it should become the main point of the whole organization culture. When staff or volunteers are empowered and motivated, the empowering environment becomes an integral part of organization culture and staff is able to provide empowering social services. And vice versa: when organizations are dictatorial and ruled by terms of "power above" then it is highly likely that workers tend to control actions of the customer and that might block their successful social integrity and independence.

According to Zalimiene an image can be created, that the environment of social service organization is friendlier than in business companies. There is no direct competition for customers, there is no excess supply of services, large supply of workers on labour market (many high-schools are preparing experts in the field of social work). Besides, provision of these services is not related to possible environmental pollution, tax fraud, workers exploitation and such image is positively evaluated by society. Unfavourable image of social service organizations rises up first of all from specific nature of their customers (drug, gambling and/or alcohol addicts, mentally ill persons, HIV victims, problematical families that do not take care of their children etc.). Negative environment arise from presumption, that services for such "bad"

citizens of the state cost tax payers money and establishment of such centres threaten the safety of community members etc. Because of that local population stand again establishment of drug rehabilitation communities, foundation of institutions for mentally retarded persons. They refuse to take their children to child care center because children from problematic families are also visiting it. Municipality department of Social services is often identified as institution, which provides welfare for drinkers and lazy persons, and the child rights office is an institution that works badly, because the number of children violence and neglect cases is constantly rising. Unfriendly environment or service provision will not spontaneously become more friendly, so main actions of the hostile environment are recommended and implemented in this field: prestige improvement, creation of positive image; contract conclusion, incorporation.

Positive image determines a friendlier environment, which can lead to higher funding and supply with qualified personnel, more volunteers. Favourable attitude of the community to social services and their customers mean better work conditions for the staff, less stress and higher work satisfaction. This has undoubtedly influence for the quality of social services (Zalimiene, 2003). It can be said, that formation of the positive image, which leads to higher qualified staff and volunteers is a very important field of the social services organizations. This way empowering environment becomes an objective. High qualification can be an indicator for motivation and self-perception.

Loyalty in the business field is very important for company's profitability and effectiveness. Customer's dependency from provided services is highly valuable and desirable. While the institutions of social services have to aim for a result, that their customers would become independent from provided services. The main value and essence of social services is to make the customer independent from their services and motivate him to self-support. This way the question of customers loyalty gets a different implication, as it is realized in business and area of other services. Social workers and suppliers of social services are aiming to provide services, which should help the customer to live without them and forget about such providers (Zalimiene, 2003).

In other words, the successful provision of social services is when the social worker does not give the customer fried fish, but gives him a rod and explains what should be done with it, so the client could become independent from social services. This way he should be empowered to aim for the goal – in this case it is fried fish. According to Zalimiene, the development level of customer's independency from social services is one of the most significant indicator about their quality. In social services field the dependency of the customer to social services is not a success guarantee but a warning, that services are not effective enough and the goals are not reached. The evidence of effectiveness of these services is visible when the

customer becomes independent from them. Institution must organize help provision in a way, which would allow the customer himself to manage own life and function completely without the help of service provider.

Generally can be stated that social services are only effective when the client is empowered, his social skills are improving, foundation for an independent life is created. In order to provide empowering services within an organization, the organization itself should create empowering environment and begin with staff, formation of a positive image and improvement of professional skills. It should be become culture of the organization.

1.5. Organizational challenges of empowering social services provision for mentally handicapped people

According to EU Quality Framework for Social Service (2010) following 3 qualitative indicators can be separated: 1) participation of recipients; 2) dialog between provider and recipient organizations; 3) periodical feedback from service recipients. Involving and empowering social services are provided when the institution and its staff (providers) create conditions for the service recipient, his family members or trusted persons to become actively involved into decision making regarding planning, supply and evaluation of services. Such participation in process of service provision allows recipients to recognize and name their own needs and control personal life changes. All together empower recipients (according to current situation) to take responsibility for their own life (Dvarionas and oth.2014).
Following criteria of social services were highlighted in the EU Quality Framework for Social Service:

Customer's involvement in service process. Service recipients must be involved in the process of service provision from beginning until the end and not only when services are planned and in progress.

Welfare-recipient orientated service management. The main attention of the service is directed to recipients and not to providers, to the needs of local community and not to annual goals of the institution.

Allocation of institutional resources. An institution should foresee when additional resources for customers involvement are required. This includes staff, time, knowledge, funds or supplies.

Price paid by recipients themselves. An effective involvement has requirements for recipients as well and they are connected to devotion and change of attitude.

Principle of initiative "from the bottom up" involvement initiative should arise from the consumers, because interventions planned and imposed "from the bottom" are often ineffective.

Respect for dignity of persons. Recipients not only value results of provided services, but the process as well, especially when it is fulfilled with an appropriate respect for a person.

Customer's involvement in process of planning, providing and evaluation. it is necessary to ensure, that clients and their families or trusted persons would be involved in processes of service planning, provision, monitoring and evaluation and will get the necessary support in decision making or their representation.

Evaluation of customer's satisfaction with services is measured by satisfaction of recipient with provided services.

User information. Possibility to get access to whole information related to their own cases, which is required for further making of independent decisions.

Consideration of users (recipients) rights. The right to involve is the right to get personal data, make claims. Family members or trusted persons have the right to decide about users that , in their opinion, are unable to take care of themselves.

Availability. Social services should be easy to access by all those who may require them. Information and impartial advice about the range of available services and providers should be accessible to all users. People with disabilities should be ensured access to the physical environment in which the service provision takes place, to adequate transport from and to the place of service provision, as well as to information and communication (including information and communication technologies).

Affordability. Social services should be provided to all the persons who need them (universal access) either free of charge or at a price which is affordable to the individual.

Continuity. Social services should be organised so as to ensure continuity of service delivery for the duration of the need and, particularly when responding to developmental and long-term needs.

Empowering services are executed when users know or believe they can determine certain alternatives and are using available options for reaching positive environmental changes. Establishing market for social services public institutions for social services are reorganized in order to increase their economical and industrial efficiency. It is aimed to transfer as many projects as possible to private and non-governmental sector.

Non-governmental organizations are being defined in different literature sources as non-profit, non-state or third sector institutions. In Lithuania the most common term is non-state organization a.k.a. NVO (NGO).

In the General part of administrative law in Lithuania it is stated, that term "non-state organization" has following meanings: "non-political", "non-religious", "non-profit". According to the International Classification of Non-profit Organizations non-governmental institutions are divided according to their activities in the social field:

1. Social services: 1.1 Child welfare, child services and day care. 1.2 Youth services and youth welfare. 1.3. Family services. 1.4. Services for the handicapped. 1.5. Services for the elderly. 1.6. Self-help and other personal social services. 1.7. Not elsewhere classified social services.

2. Crisis control service and refugee: 2.1. Disaster/emergency prevention and control. 2.2. Temporary shelters. 2.3. Various assistance for organizations and persons affected by crisis

3. Welfare: 3.1. Material support and subvention. 3.2. Concentration of miscellaneous welfare and material support (Zaleskiene I., Rutkauskiene, 2003:89).

L. Dromantiene (2003:20) accentuates that activities of NGO organizations, which provide social services, corresponds priorities of public social politics: 1. Support of handicapped persons. 2. Family support. 3. Child right protection. 4. Support of youth initiatives. 5. Drug prevention program. 6. Crisis control

The same author separates following directions of organizational activities:1. Projects of social integrity of handicapped persons. 2. Engagement in day care centres.3. Nursing of handicapped people. 4. Employment. 5. Family support: consulting, support of children and youth in case of crisis.6. Social adaptation and integrity of former prisoners. 7. Social support for individuals without permanent residence.8. Support of community centres.

The most common direction of social activity of NGO is employment in day care centres.

Talking about provision of social services NGO are compared to business sector and have several similarities. Few aspects must be pointed out why non-state organizations are acknowledged as more suitable provider of social services for many social groups:

1) Field of social services is problematic and complicated and NGO are flexible and can react to requirements in time. Bode (2003) names 2 forms of flexibility of NGO: 1. They are able to reconcile community resources for solution of social problems with individual requirements of a separate person; 2. NGO is successfully working in constantly changing environment and find correct solutions for external challenges.

2) Providing of social services is based on the same values that are important for NGO sector: equality, self-respect, participation etc. They are more universal and important than

moving power of the private sector, which is profit or motivation of the public sector to ensure continuity of political power.

3) Providing of social services, help for people that suffered from crisis is the main core of activity that is willingly supported and gladly joined by volunteers. For volunteers and supporters NGO are more attractive than business or public sector. That is why NGO who provides social services can easily attract alternative funding sources.

4) Non-state organizations are being established and act according to initiative "from bottom to top", they observe social problems, reasons close up and possible solutions (Zalimiene, Rimsaite, 2007).

NGO is the institution, where handicapped people can feel their power most effectively, when making decisions, planning organizations activities that ensure solution of actual problems, community sense and solidarity. This way the independency of organization is ensured, as well as wider participation of organization members in decision making process (Godvadas, 2008).

Lithuanian scientists emphasize, that within a non-state organization team work dominates, there is lots of discussions and listening, and this way social relationships are developed, and foundation is made for new activities, creation and real changes. This way the orientation to self-empowering and influence of other people is created (Radzeviciene, Juodraitis, Beneseviciute, 2013).

Reviewing those aspects it can be stated, that NGO environment is most suitable for user empowerment.

1.6. Problems of NGO development in the social service area in Ukraine

In the Law of social services in Ukraine it is stated, that social services can be provided not only by public organizations, but also by non-state institutions i.g. public, charity, religious organizations and natural persons, whose activities is related to provision of social services (Law of social services in Ukraine, 2003).

Non-state organizations in Ukraine are growing and becoming more active, but most of them are having problems in pursuance of their functions: 1) constant financing is not ensured 2) professional skills of leaders and staff is not sufficient 3) problems occur with financing and improving qualification 4) inactive society and mistrust in services provided by NGO 5) reluctance and unwillingness of the state (Goremikina, 2009).

NGO choose forms, methods and types of services that it will provide. There are also no legal limitations regarding choice of financial sources. These sources can be funds of the state, municipalities, special foundations, companies, institutions, charities, organizations or taxes for social services and other sources (Sidelnik, 2008).

In Ukraine only 30 % of NGO providing social services get financial support from the government (that is 9-11 % of whole budget), 10 % get income from commercial activities (around 4% of their budget) (Sidelnik, (a) 2008).

NGO has advantage in Ukraine while providing social services. Alternative suppliers get financial barriers (taxes, unequal criteria of budget distribution), as well as other (like incomplete NGO law) (Matiazh, Hurina, 2014).

Ukrainian NGO which provide social services, have few national characteristics, but most of the problems they are facing are similar to the ones that Lithuanian NGO are experiencing.

According to Kliuceviciene (2006) main problems for non-state sector are following: 1) incomplete laws that are regulating actions of non-state organizations (especially prohibition of commercial activity); 2) deficiency of cooperation; 3) competition between non-profit organizations; 4) insufficient financing; 5) unbalanced infrastructure of NGO.

2. INVESTIGATION OF THE EMPOWERMENT OF THE FORMER PATIENTS OF CARE INSTITUTIONS WITH MILD MENTAL DISABILITY THROUGH SOCIAL SERVICES RENDERED BY NGO

2.1. Methodology and methods of the research

There were quantitative and qualitative methods of research applied in the survey. Methodological functions of these are different. Descriptive research methodology describes the structure of scientific cognition, i.e. a scientific problem, hypothesis, theoretical concepts, methods, etc. are being analysed (Merkys, 1995). Prescriptive-regulatory – formulates standarts for the process of scientific reseach (Merkys, 1995). Prescriptive metholody ascribes to quantitative methods, as descriptive – to qualitative.

1. Quantitative research are collection of digital data and statistical data analysis; it is based on structural procedures and formal instruments applied; attention is much focussed on the substantiation of the study on specific theoretical concepts (Zydziunaite, 2001).

The survey was performed in March to April of the year 2015.

Using the method of empirical research, the questionairre was chosen whith close type questions which were presented together with several options, indicating how many of the answers the respondent can choose. The test questionarry was performed aiming to find out whether the questions presented were clear to respondents of the survey.

Questionairre survey is the method to receive data by asking respondents questions in written form (Charles,1999).

The questionnaire is divided into three blocks. It contains the address to the participants of the survey, the block of demographic data (first 3 questions) and the questions corresponding the target of the survey (14 questions).

The Questionnaire was presented to the respondents directly. Respondents could answer the questions in convienient time seeking to avoid influence of the researcher and ensuring anonymous answers.

The statistical analysis of survey data was based mainly on the descriptive statistics. SPSS and Excel programs of data analysis were applyed.

2.Qualitative method of research is the systematic collection of information to the investigator's subjective minimally controlled procedures. The aim of qualitative method is understanding of nature of the phenomen of research, its essence, and the process surveyed. The analysis of the information collected is quite intuitive (Zydziunaite, 2001).

As a method of empirical research the interview was selected. The content of answers to the interview questions was analysed using the method of qualitative content analysis.

Content analysis is analysis of the content of texts, pictures, photoes, documents (Merkys, 1995). The aim of content analysis is as follows: (1) how the phenomen is perceived by a respondent reflecting their own experience (based on the questions provided by the researcher); (2) what are the differences between theoretical description of the phenomen surveyed and its expression in the social reality; (3) what are the ways of the informant's minding, comprehensing the phenomen researched; (4)what are the possibilities of applying own knowlegde, skills and abilities gained in the activity or social reality (Fridlund, Hildingh, 2001).

Qualitative content analysis is a qualitative instrument of diagnosis. Qualitative content analysis encompass the following four steps: (1) repeated reading of the text; (2) distinquishing of maniphestal categories based on keywords; (3) division of content of the categories into subcategories; (4) interpretation of the categories and subcategories and underlying with the proofs extracted from the text (Zydziunaite, 2003).

For the performance of the survey the half-structured interview was chosen. The seven questions were given to the employes of NGOs, and five questions given to the employes of the governmental organizasion.

The interview was performed in May of 2015. The servey was performed by Ms. Tina Mazeikiene.

2.2. Participants of the survey

1. Statistical sample of qualitative research – convienent, when nearby persons are choisen. A total of 105 representatives of the public participated in the survey, they provided answers to questions of the questionairre (non social workers nor other specialists). The confidence of the respondents was guaranteed not indicating their names. Forms were given to the respondents directly, so letting the respondent answer tham at convienient time.

Demographic characteristics of the respondents are presented in the tables no 1-3

Table 1

Age of the Respondents

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	18-29 years	55	52,4	52,4	52,4
	30-39 years	7	6,7	6,7	59,0
	40-49 years	20	19,0	19,0	78,1
	50-59 years	15	14,3	14,3	92,4
	60 and over	8	7,6	7,6	100,0
	Total	105	100,0	100,0	

Table 2

Gender of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	35	33,3	33,7	33,7
	female	69	65,7	66,3	100,0
	Total	104	99,0	100,0	
Missing	9,00	1	1,0		
Total		105	100,0		

Table 3

Education of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Basic / secondary	57	54,3	54,3	54,3
	College / Special	14	13,3	13,3	67,6
	Higher / incomplete higher	31	29,5	29,5	97,1
	Other	3	2,9	2,9	100,0
	Total	105	100,0	100,0	

2. As to qualitative research six employees from two non-governmental organisations working with the former patients of care institutions having mild mental disability and five employees from the governmental organizations were recruited. Aiming the confidence of the respondents the names of institutions are not indicated in the survey; with purpose to distinct among the NGO, they were named X and Y. Clients of the institution X particulary are former patients of care institutions having mild mental disability. Thus, only mild part of the clients of institution Y is this targeting group, but the organisation is prosecuting the European project wich aims integration into the labour market of disabled persons and the people included into the list of risky families.

The personal characteristics of the respondents presented in the tables 4 - 6 .

Table 4

Demographical characteristics of survey participants

Scope of the sample	n-11
Gender	100% female
Age	From 22 years to 58
Geographical spread	Siauliai town

Table 5

Characteristics of NGO staff

Partic ipant No	Age	Speciality	Work experie nce	Work duration in NGO	Volunteering duration in NGO	Position NGO	Name of NGO
1.	51	Special educator	12 years	7 months	7 months	Special educator and a volunteer - social worker	X
2.	22	Sudent of Social work, 4th year	.		1 year	Volunteer - social worker	X
3.	52	Jobs and drawing teacher	11	1,4 months	2 years	Jobs and drawing teacher and volunteer	X
4.	32	Psychologist	2 years	4 months		Psychologist	X
5.	24	Social worker	2 years	2 years		social worker, employement specialist	Y
6.	33	Psychologist	3 years	2,5 years		Psychologist	Y

Table 6

Charakteristics of social workers from governmental organization

Participant No	Age	Work duration in organization	Work experience
7.	58 years	8 years	10 years
8.	36 years	2 years	3 years
9	57 years	8 years	15 years
10.	41 years	4 years	4 years
11	42 years	5 years	10 years

2.3. Data analysis of the investigation on the Empowerment of the Former Patients of Care Institutions with Mild Mental Disability through Social Services Rendered by NGO

Two studies were chosen: qualitative and quantitative. Qualitative, in order to ascertain the in-deep processes occurring in the NGOs providing social care services for former patients of care institutions having minor mental disability. Quantitative, in order to get public opinion on the individuals and about the services rendered by NGOs - in width. Research scope together contribute to better see the big picture.

2.3.1. Quantitative study of the public approach to the need for assistance and social services rendered through NGOs to former patients of care institutions with mild mental disabilities

This study aims to expose members' of the public attitude towards the former patients of care institutions with mild mental disabilities and they need of assistance, as well as attitude of members of the public towards NGO's provided assistance to these persons.

2.3.1.1.Society's attitude towards people who have a mild mental disability

Integrating people with a mild mental disability into society still raises a lot of issues. The disabled and normal people both encounter situations whenew knowledge and new attitude towards disability are required in order to solve them. That is because the processes of integration and inclusion are dynamic and they always change the interrelationship and activities of the society. The participants of the research were given questions on purpose to find out their attitude towards people having a mild mental disability.

1. Have you ever had to communicate with a person with mild mental disabilities?

72 out of 105 participants answered that they have interacted with people who have a mild mental disability, 33 answered that they have not (see the appendices, table 1). The percentage is shown in the graph 1.
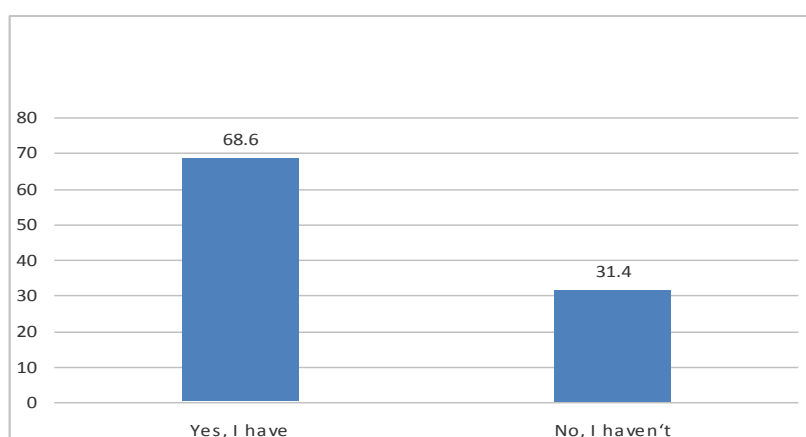
1 pic. Respondents who have interacted with mild mental
disability person, %

The participants by age, education and gender also answered to the question postively more often (see the appendices , tables 2-4).

To conclude, the most of the participants have interacted with people who have a mild mental disability.

2. *Can you recognize that man has a mild mental disabilities?*

37 participants claimed that they could recognize people with a mild mental disability right away, 64 said they would, however not instantly. Only 4 participants stated they would not recognize them (see the appendices table 4). The percentage is shown in the graph 2.
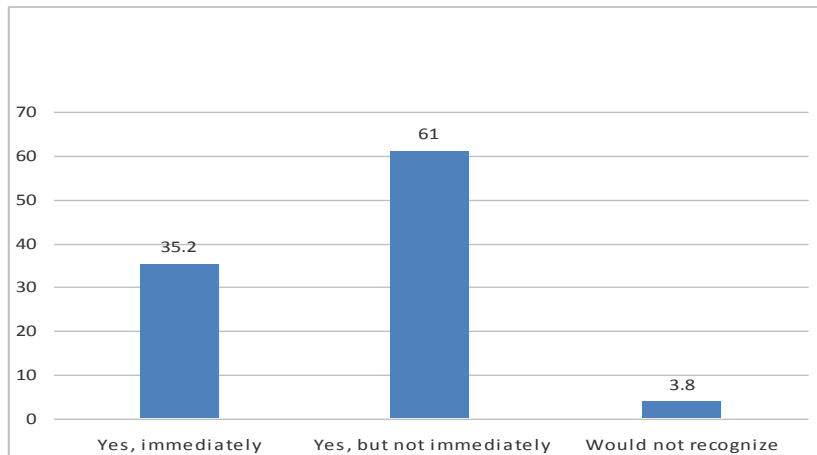
2 pic. Respondents who could tell when a person has a mild

mental disability ,%

After reviewing the answers by age, education and gender it can also be concluded that the majority of participants could recognize a mentally disabled person, however not right away (see the appendices, tables 6-8).

3. *Can persons with mild mentally disability create a family?*

81 participant out of 104 wrote that people who have a mild mental disability can start a family, 8 said they can not and 15 did not have an opinion (see appendices, table 9). The percentage is shown in the graph 3.
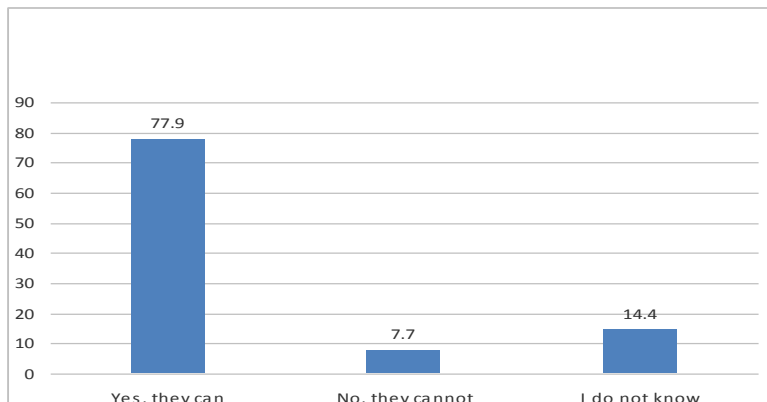
3 pic. Respondents' optinion regarding the matter of starting

a family when a peroson has a mild mental disability, %

Analyzing the answers by age, education and gender the majority of the answers was also positive, meaning mentally disabled people can start a family (see the appendices, tables 10-12).

4. Can a person with mild mentally disability live independently?

22 respondents noted, that people who have a mild mental disability can live alone, 76 said that they can, however sometimes they need some assistance, 4 answered that they can not and 3 did not have an opinion (see the appendices, table 13). The percentage is shown in the graph.
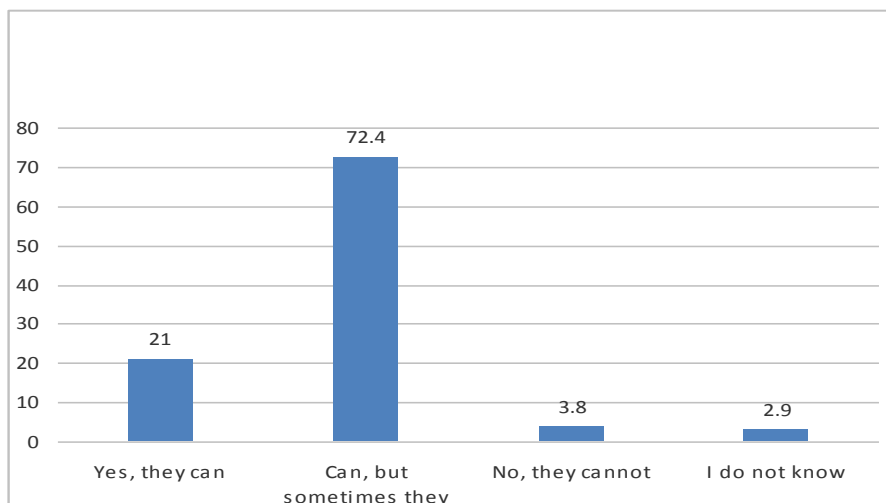
4 pic. Respondents' opinion if people who have a mild mental disability
can live alone independently, %

Participants' opinion by age, education and gender did not differ from overall opinion (see the appendices, tables 14-16).

To conlcude, the majority of the participants think that people who have a mild mental disability can live alone, but sometimes need a little assistance.

In summary more than a half of the participants had the same opinion answering the questions (it appears in the graphs). There were just a few who did not have an opinion.

2.3.1.2 Society's attitude regarding the assistance for mild mentally disabled former pupils from care institutions

Participants of the research had to express their point of view regarding the necessity of an assistance not only for mild mentally disabled people but also for the ones who have been in care institutions.

5. How do you think whether persons with mild mentally disability, who grew up in care institutions, are ready for indipendent living?

25 respondents noted, that people who have a mild mental disability and were raised in a foster home are ready to live on their own and that is because they have had assistance of

31

qualified professionals. 42 said that they are not ready, 4 answered that it does not matter where they grew up and 33 did not have an opinion (see the appendices, table 13).

104 participants of 105 answered the question (see the appendices, table 17). The percentage is shown in the graph.
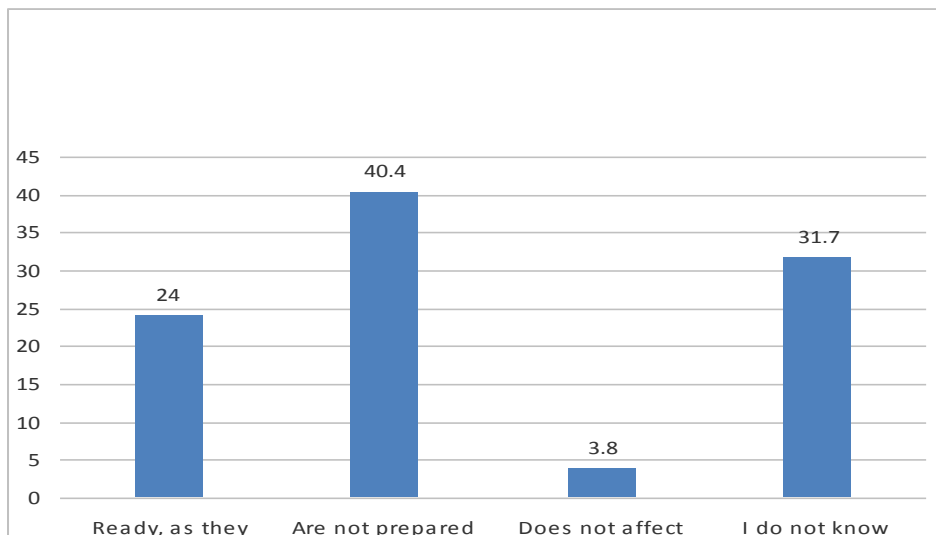
5 pic. Respondents' opinion if people who have a mild mental disability and were raised in a foster home are ready to live on their own, %

According to the participants, mentally disabled people who were raised in a foster home are not ready to live independently. A big part of the respondents (31.7 %) did not have an opinion.

In the age group of 18 - 29 years old 22 participants out of 54 did not have an opinion and 15 decided that people who have a mild mental disability and were raised in a foster home are ready to live on their own and that is because they have had assistance of qualified professionals. Also in the age group of over 60 years old (60 included) half of people reported having no opinion (see the appendices, table 18).

Looking at the results by education, only the ones having basic/secondary education had different opinion than the common one. 20 participants did not gave an opinion, 18 answered that mentally disable people are not ready to live on their own (see the appendices, table 19).

The opinions of men and women were different. 16 men out of 35 did not have one and 10 thought that people who have a mild mental disability and were raised in a foster home are ready to live on their own and that is because they have had assistance of qualified professionals. 7 said they are not ready. Women's opinion was not different from overall opinion (see picture 6 or table 20 in the appendices).
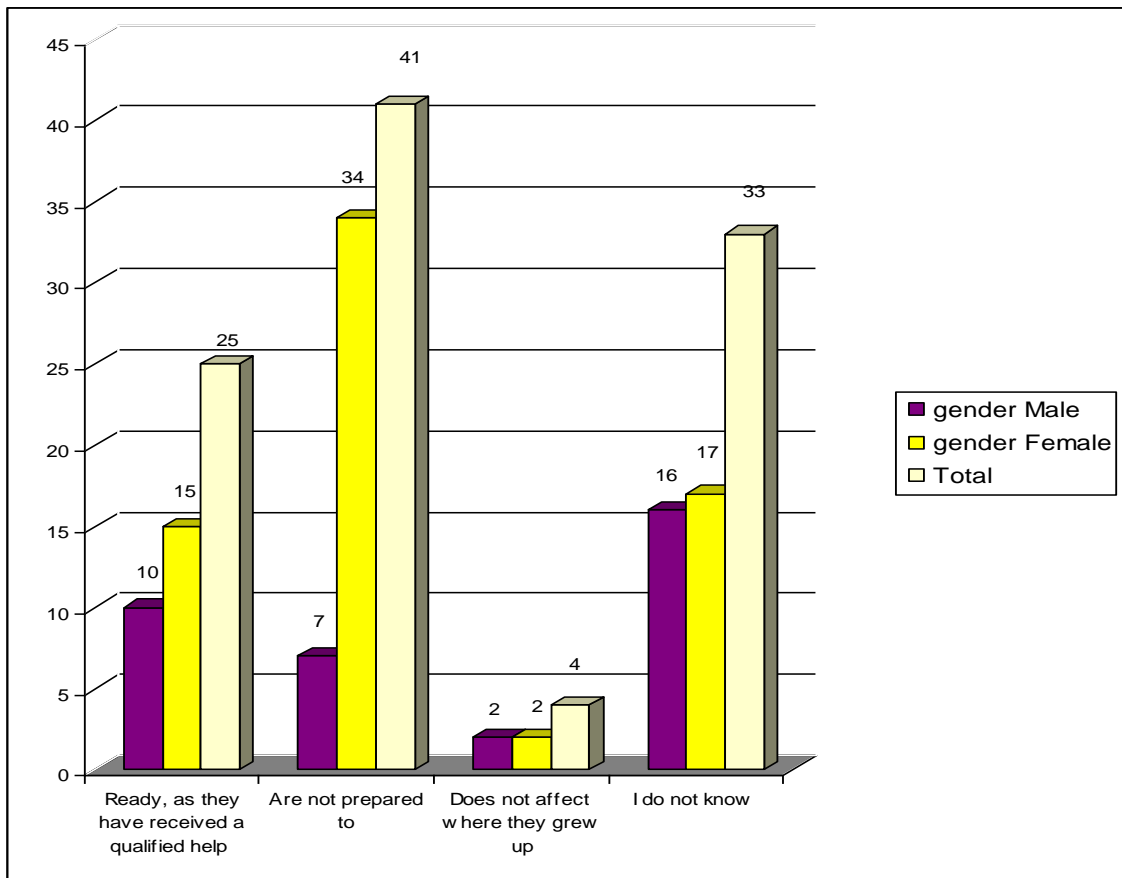
. **6 pic.** Respondents' opinion if people who have a mild mental disability and were raised in a foster home are ready to live on their own (by gender), N

To sum up, the participants actually understood mentally disabled people and mentally disabled people who were raised in foster homes are different. Naturally they found their possibilities to live on their own different as well. Respondents had less knowledge about mentally disabled ones from foster homes, so 31,7 % did not know if they those ones could live on their own. Only 2,9 % of the participants did not have an opinion regarding this matter.

6. How do you think whether persons with mild mentally disability, who grew up in care institutions, have good employment opportunities?

21 respondent noted that people who have a mild mental disability and were raised in foster homes have a lot of chances, 62 answered that they have very little chances, 8 stated that they are not able to work because of the disability and 14 did not have an opinion (see the appendices, table 21). The percentage is shown in the graph.
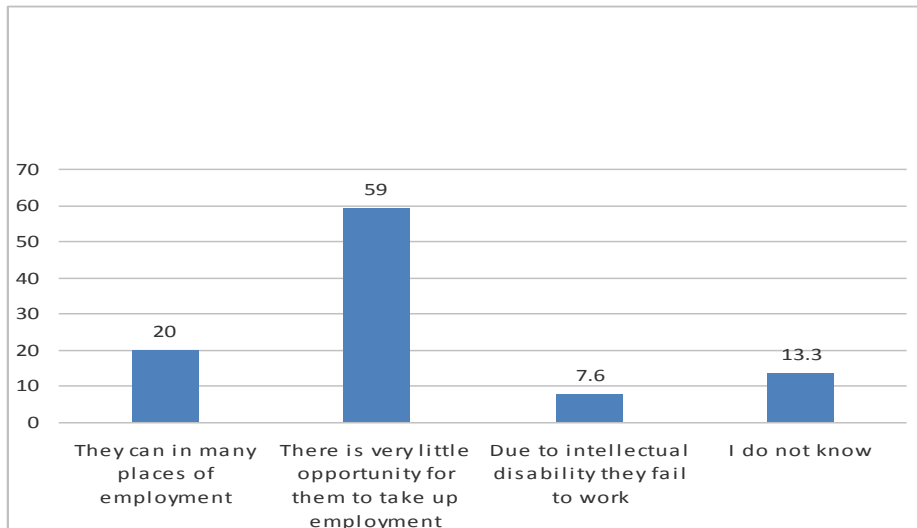
7 pic. Respondents' opinion regarding chances of employment for people who have a mild mental disability and were raised in foster homes, %

The majority of participants think, that there are very little chances of employment for mentally disabled people raised in foster homes.

The opinion by age, education and gender was not different from the common opinion (see the appendices, tables 22-24).

7. Do employment opportunities increase if former inmates of residential institutions, with mild mental disabilities, are provided with qualified assistance?

64 participants said that after rendering qualified assistance there are more chances, 19 answered that the chances are the same, 22 had no opinion (see the appendices, table 25). The percentage is shown in the graph.
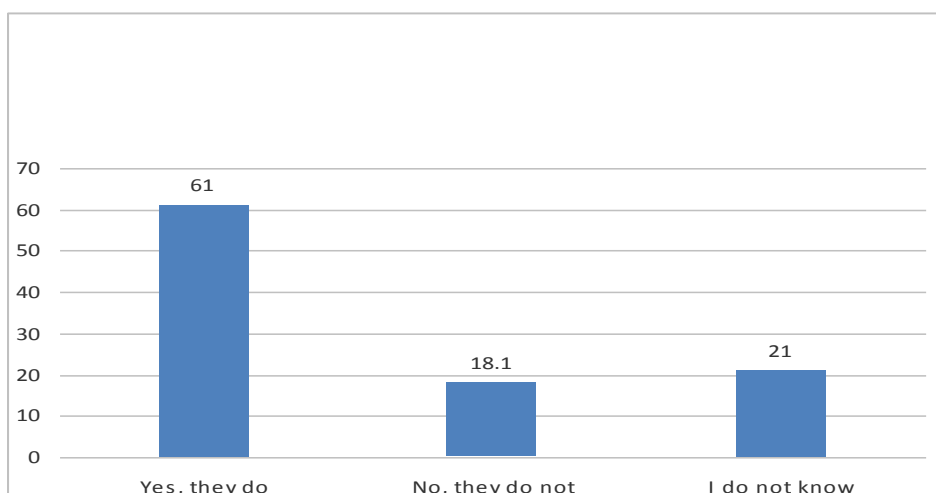
8 pic. Respondents' opinion regarding chances of employment for people who have a mild mental disability and were raised in foster homes after receiving qualified assistance, %

The major part of the participants think that there are more chances of employment for people who have a mild mental disability and were raised in foster homes after receiving qualified assistance.

The opinion by age, education and gender was not different from the common opinion (see the appendices, tables 26-28).

8. What do you think things in our society are most lacking for former inmates of residential institutions, with mild mental disabilities?

Respondents were able to choose a few options from the list of answers.

79 times the participants noted psychological support, 75 times they chose social support, financial support was chosen 46 times. None of respondents thought that there is nothing that people who have a mild mental disability and were raised in foster homes lack in our society.
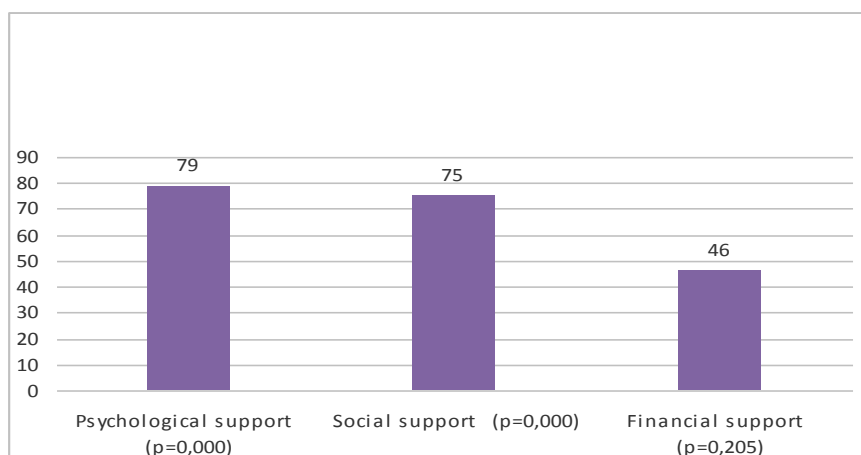
9 pic. The kind of support that people who have a mild mental disability

and were raised in foster homes lack the most, N

According to the participants, psychological and social support are the things that people who have a mild mental disability and were raised in foster homes lack the most.

To summarize the results, respondents understood that mentally disabled people are different by place and surroundings they were raised in. It reflects in the answers of the question about support - psychological support was chosen 79 times.

2.3.1.3. Society's attitude towards social services provided by a NGO for the people who have a mild mental disability and were raised in foster homes

9. What do you think provide support for former inmates of residential institutions, with mild mental disabilities?

4 respondents noted that the assistance is rendered by governmental organizations, 49 answered that non governmental organizations, 36 mentioned both organizations and 16 had no opinion (see the appendices, table 29). The percentage is shown in the graph.
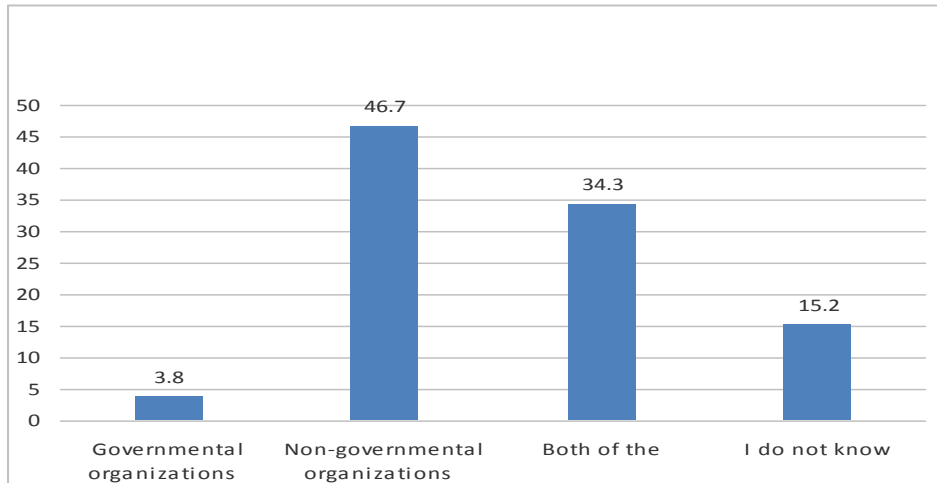
10 pic. Organizations that render assistance to people who have a mild
mental disability and were raised in foster homes, %

The majority of the respondents think that most of the help is provided by non -
governmental organizations, another bigger part mentioned both kind of organizations.

The opinion by age is very similar to the opinion of all respondents (opinion that the
assistance is rendered by non-governmental organizations). Only 5 participants who were older
than 60 years old thought that assistance is provided by both governmental and non-
governmental organizations, also 2 answered non-governmental (see picture 11 or table 30 in the
appendices).
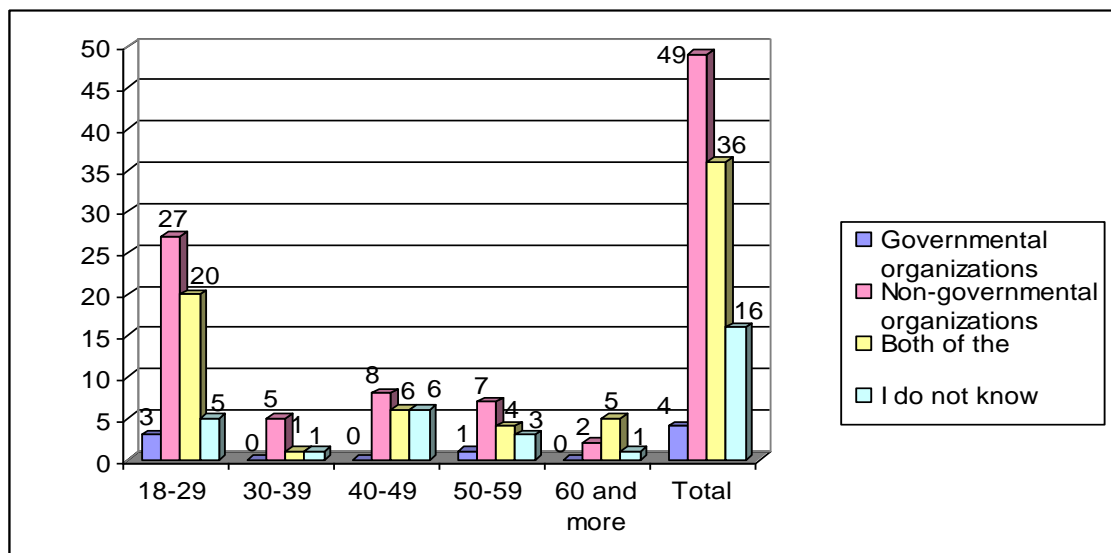
11 pic. Organizations that render assistance to people who have a mild mental disability
and were raised in foster homes (by age), N

Praticipants' opinion by education is similar to the overall opinion. Only 14 respondents with a degree or unfinished degree thought that assistance is rendered by both kinf of organizations and 11 anwered non-governmental. 2 respondents having other kind of education did not have an opinion and 1 answered non-governmental (see picture 12 or table 31 in the appendices).
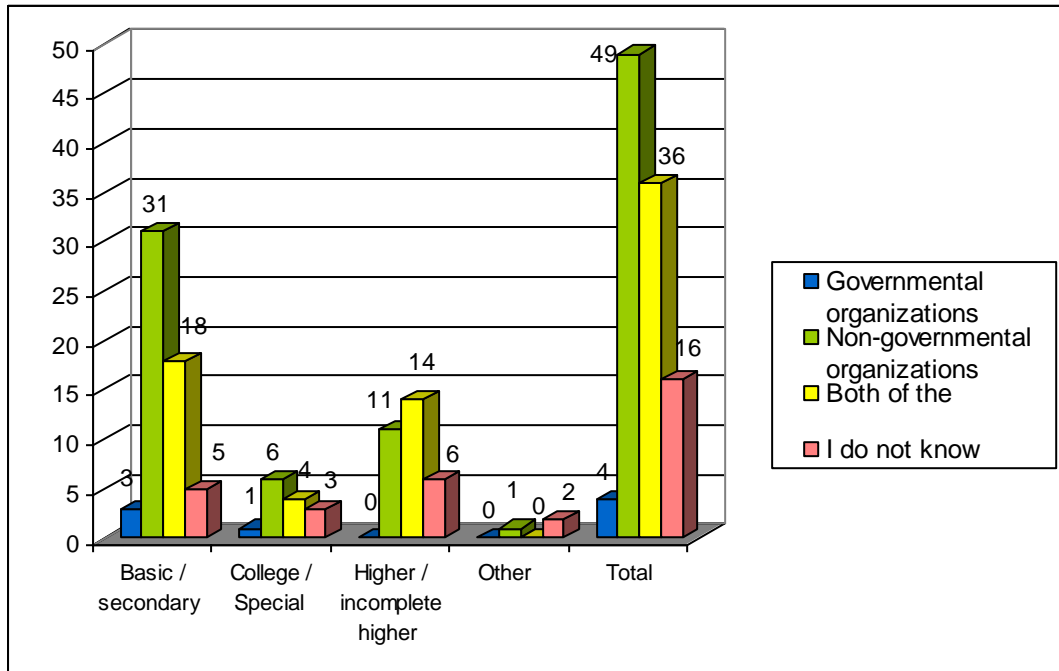
12 pic. Organizations that render assistance to people who have a mild mental disability and were raised in foster homes (by education), N

Both men's and women's opinion regarding this matter was the same as the opinion of all respondents (see the, appendices table 32).

10. How would you rate the assistance of non-governmental organizations to these people?

The assistance provided by a NGO was rated as high quality assistance by 12, as mediocre by 49, as low quality by 9 and 34 did not have an opinion (see the appendices, table 33). The results are presented in graph.
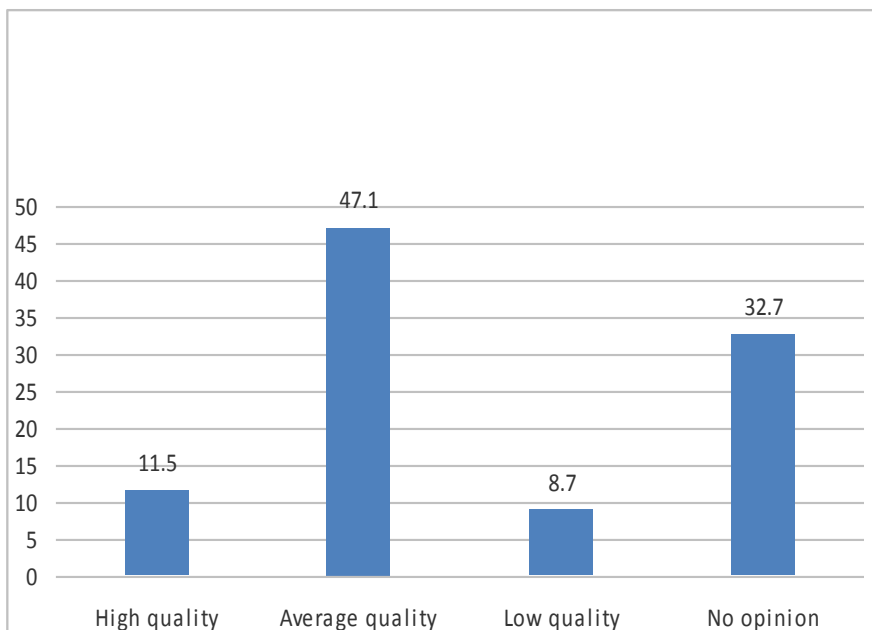
13 pic. Quality rating of the assistance provided for people with a mild
 mental disability by non-governmental organizations, %

According to the participants of the research, the assistance provided for people with a mild mental disability by non-governmental organizations is of average quality.

Opinion by age, education and gender is exactly the same as overall opinion (see the appendices, tables 34-36).

11. Do you think that non-governmental organizations providing assistance to these people take into account their needs and capabilities of a certain person?

44 respondents agreed that NGO do look into needs and capabilities of the person, 14 did not agree tho that and 46 did not have an opinion (see the appendices, table 37). The percentage is presented in graph.
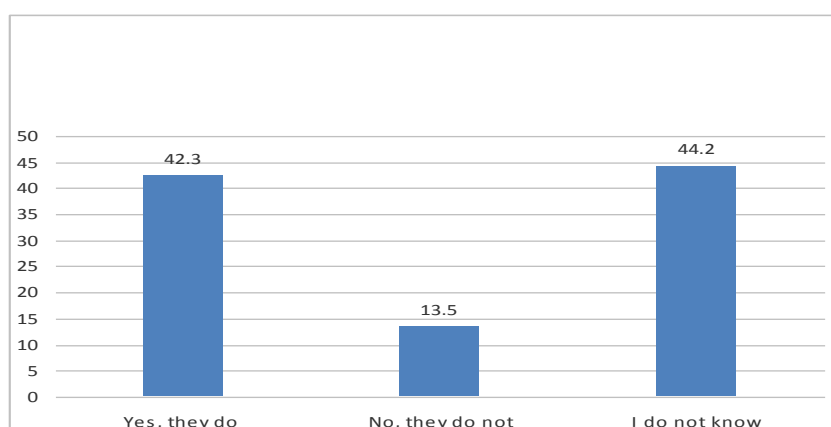
14 pic. The opinion regarding attitude towards each specific case of
non-governmental organizations when they render assistance, %

The major part of respondents (44,2 %) did not know how to answer this question, the other part (42,3 %) agreed that non-governmental organizations do look into needs and capabilities of the person when they render assistance.

Opinion by age almost does not differ from overall opinion. Only older ones (age group of 40 to 60 years and older) answered positively more often than had no opinion (see the appendices, table 38).

Rating by education, only the ones with a degree answered positively more often than had no opinion (see the, appendices table 39).

Rating by gender, the number of men who answered positively was the same as the number of those who had no opinion. Women had no opinion than answered positively more often, just like most of the respondents (see the appendices, table 40).
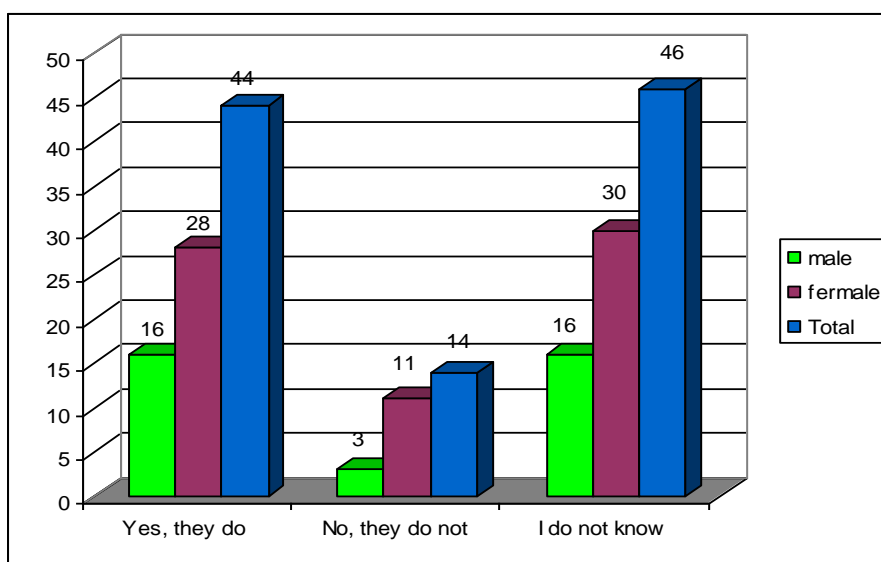
14 pic. The opinion regarding attitude towards each specific case of non-governmental organizations when they render assistance (by gender), N

To sum up, members of the society have very little knowledge about providing these services. The ones who have more knowledge tend to think that NGO do look into needs and capabilities of the person which means they provide services of empowerment.

12. Do you think that non-governmental organizations have closer relations between the customer and the employee than other organizations?

42 respondents noted that the relationships between customer and employee of a NGO are closer to compare with other organizations, 22 noted that there is no difference, 5 stated that the relationships are not closer and 35 did not have an opinion (see the appendices, table 41). The percentage is shown in graph.
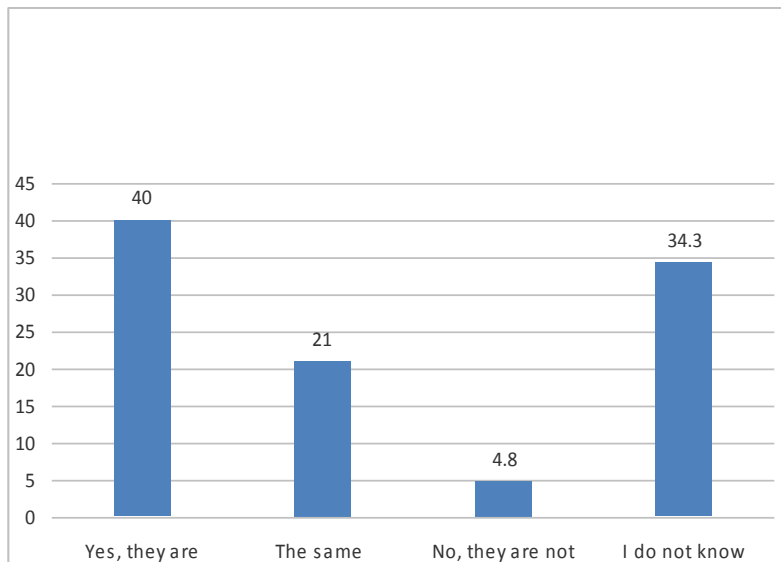
15 pic. The opinion regarding closeness of the relationship between client and employee of a NGO in comparison to other organizations, %

The major part of the participants (40 %) has an opinion of the relationships between client and employee of a NGO being closer that in other organizations, another part (34,3 %) had no opinion.

Analyzing by age, in the groups of 18 to 28 years old and 30 to 39 years old, respondents tend to have no opinion rather than the idea of a closer relationship. The opinion in other age groups matched the opinion of all participants (see the, appendices table 42).

Analyzing by education, respondents who have basic/secondary education answered positively and had no opinion equally. Participants who have college/special education tend to have no opinion or think the the relantionships between customer and employee of a NGO are exactly the same as in other organizations. The ones with a degree, unfinished degree or having other educations had the same opinion as overall opinion (see the appendices, table 43).
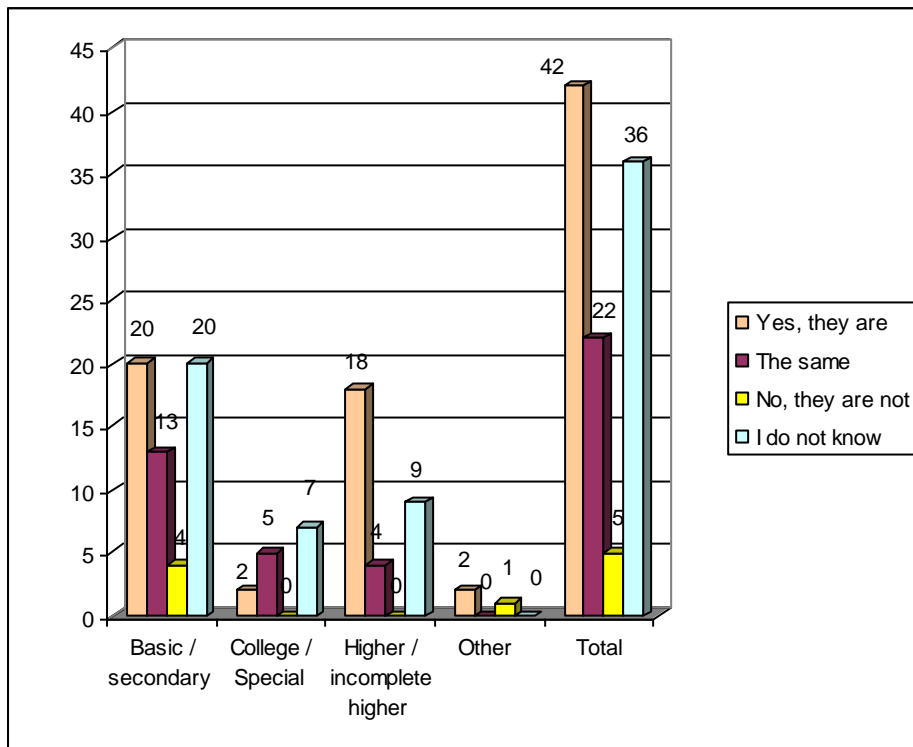
16 pic. The opinion regarding the relationships between customer and employee of a NGO in comparison to other organizations (by education), N

Male participants tend to have no opinion or think that the relationships in NGO and other organizations are no different, women's opinion was the same as overall opinion (see the appendices, table 44).

To summarize, it is quite clear that the majority of the participants did not have knowledge about the services and activites of a NGO and analyzing by age, education and gender the answers varied between agreeing that these relationships are closer and not having an opinion. However it could be said that the respondents who had an opinion tend to chose the positive answer meaning that a NGO is providing the services of empowerment. (The question reflects an aspect of empowerment services).

13. How do you think what kind of aid should provide non-governmental organizations for former inmates of residential institutions, with mild mental disabilities?

Respondents had to choose and rate a few options from the list of answers. Mediation as an assistance was rated by 94 participants out of 105: 29 respondents gave 5 points, 27 - 4 points, 27 - 3 points, 6 - 2 points and 5 - 1 point. 11 respondents did not consider mediation as an assistance that should be provided by a NGO (see appendices, table 45).

Representation was noted as an assistance that should be provided by a NGO by 93 participants and considered as not important assistance by 12. It was rated 5 points by 27 respondents, 24 rated 4 points, 24 - 3 points, 13 - 2 points and 5 - 1 point (see the appendices,

table 46).

Consulting services were noted as an assistance that also should be provided by a NGO by 94 out of 105. It was rated for 5 points by 51 respondent, 33 gave 4 points, 7 - 3 points, 1 - 2 points and 2 - 1 point (see the appendices table 47).

100 participants thought that a NGO should teach domestic skills and 5 did not choose this as a service that should be provided. In rating 66 respondents gave 5 points, 16 - 4 points, 11 - 3 points, 3 - 2 points and 4 - 1 point (see the appendices, table 48).

Intercommunication trainings was noted as a service by 94 out of 105 and it was rated for 5 points by 55 participants, 25 gave 4 points, 5 - 3 points, 5 - 2 points, 4 - 1 point (see the appendices, table 49).

98 participants said that NGO should help people who have a mild mental disability and were raised in foster homes in self-cognition, according to 7 respondents this kind of service is not important. It was rated 5 points by 58 respondents, 20 rated 4 points, 13 - 3 points, 4 - 2 points and 3 - 1 point (see the appendices, table 50).

Teaching financial planning was considered as a service that should be provided by 94 respondents, 11 thought this kind of assistance is not important and did not rate it. 63 respondents gave 5 points, 18 - 4 points, 13 - 3 points, 4 - 2 points and 2 - 1 point (see the appendices, table 51).

92 said that a NGO should teach family planning and 13 respondents did not find it relevant and they did not rate it. It was rated 5 points by 51 respondent, 18 rated 4 points, 13 - 3 points, 6 - 2 points and 4 - 1 point (see the appendices, table 52).

Employment assistance was considered as a service that should be provided by 102 respondents out of 105. It was rated for 5 points by 65 respondents, 20 gave 4 points, 13 - 3 points, 4 - 1 point (see the appendices, table 53).

91 participants said that charity should be provided as a service and 13 did not choose it at all. In rating 16 respondents gave 5 points, 22 - 4 points, 23 - 3 points, 21 - 2 points and 9 - 1 point (see the appendices, table 54).

In summary these are the services that should be provided to mentally disabled people raised in foster homes by a NGO: financial planning (4,48), employment assistance (4,39), consulting services (4,38), teaching domestic skills (4,37), intercommunication trainings (4,37), help in self-cognition (4,30), teaching family planning (4,15), mediation (3,73) and charity

(3,16).
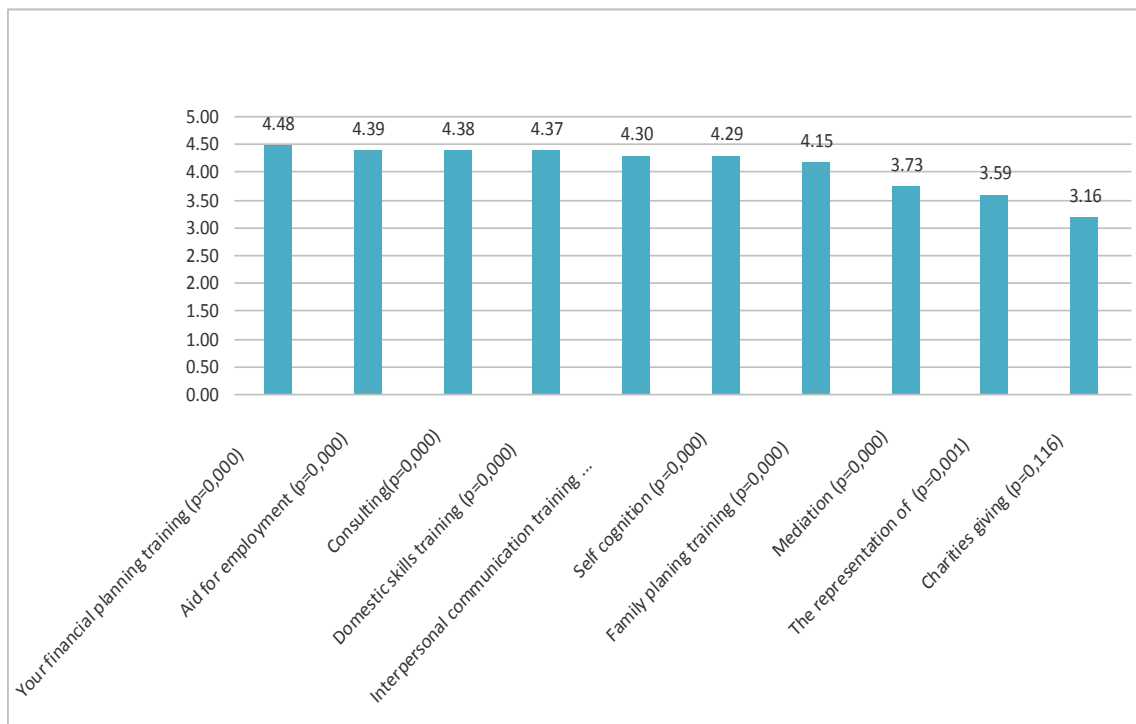
17 pic. Respondents' opinion regarding types of assistance that should be provided by a NGO to mentally disabled people raised in foster homes M

Issued:

1. Financial planning. 2. Employment assistance*.3. Consulting*.4. Teaching domestic skills*. 5. Intercommunication trainings* 6. Self-cognition*. 7. Teaching family planning. 8. Mediation*. 9. Representation **. 10. Charity ***

Note: * - level of statistical significance p =0,000

    ** - level of statistical significance p = 0,001

    *** - level of statistical significance p = 0,116

Seven types of services were rated more than 4 points and three types were rated more than 3 points. To conclude, according to the participants a NGO should provided all those services, because the difference from the highest rated type of service to the lowest rated type is only 1,32 point.

14. How do you think if there are enough non-governmental organizations providing assistance to former inmates of residential institutions, with mild mental disabilities?

6 respondents think there are enough organizations that render assistance to people who have a mild mental disability and were raised in foster homes. 43 think the opposite and 54 do not have an opinion (see the appendices, table 55). The percentage is shown in graph.
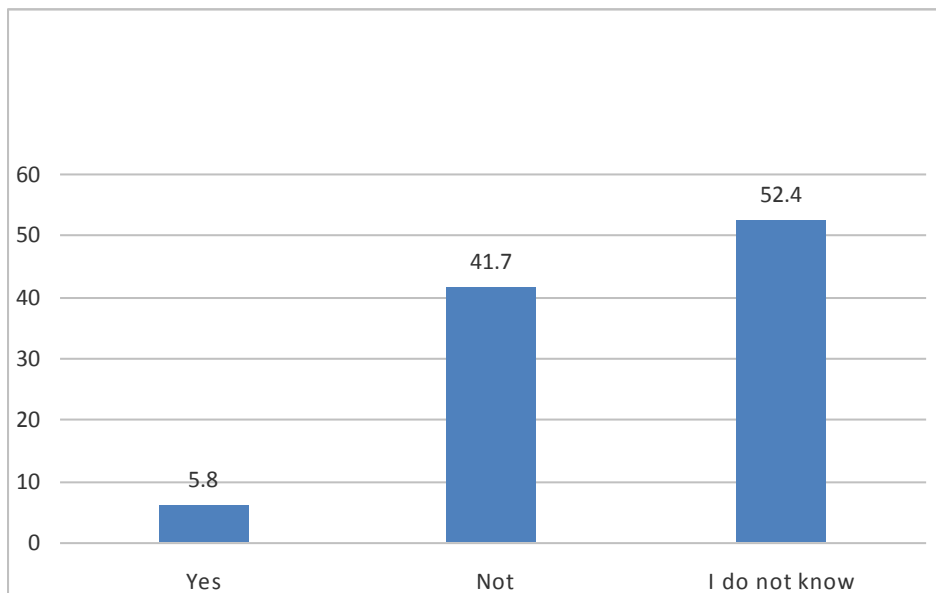
18 pic. Respondents' opinion regarding sufficient amount of organizations that render help to people who have a mild mental disability and were raised in foster homes, %

More than a half (52,4 %) do not know if there is enough organizations providing help for mentally disabled people raised in foster homes, others (41,7 %) said that there is not enough of organizations like that.

To sum up it is clear that the participants have a very little knowledge about the practises and services of a NGO. In general, the assistance provided to people who have a mild mental disability and grew up in foster homes by a NGO was rated as mediocre so the hypothesis raised in the beginning of the research was comfirmed. What is more, the services were evaluated as empowerment services (met two criterions highlighted in the guidelines of EU social security comittee), because the relationhips between customer and employee are closer and NGO look into needs and capabilities of the person.

Looking into the data (shows statistical reliability) of "Descriptive Statistics" table (see the attachments, table 56), we can come to a conclusion that if questions were given to another focus group, the results would not be much different. Only answers that could differ could be the ones regarding the lack of financial assistance for people who have a mild mental disability and were raised in foster homes, because statistical reliability is 0,205. The data of the statistical deviation indicates that the participants understood the questions and the answers were well considered.

2.3.2. Qualitative study of empowering social services rendered through NGO to former patients of care institutions with mild mental disabilities

This study aims to find out types of empowering social services rendered by NGOs for former inmates of residential institutions, with mild mental disabilities and expose the role of NGOs, and the advantages / disadvantages of the provision of enabling services, compared with the state institutions. Also find staff views on cooperation between non-governmental and governmental organizations and about NGOs' provided enabling social services to these persons.

2.3.2.1 Empowering services rendered by NGO's to the former patients of care institutions having mild mental disability.

All employees were asked the same first question about empowerment and enabling services not only trying to figure out how they understand the concepts, but also in order to draw their attention to the fact that survey is not about social services, but it is about empowering social services.

Table 4

Staff's opinion on the empowerment

CATEGORY	PROOF OF CLAIM	FREQUENCY
Motivation	(1) 'Empowerment is stimulation of customer's skills and abilities, motivation, training, as well as the promotion of self-evaluation, into believing that he is able to make changes and act.' (8). 'Empowerment is enabling of the client's abilities, motivation, training, and encouragement of self-assessment, the promotion of access to information, access to sources of information. Stay yourself, have your own desires and expectations.' (10). 'Empowerment is the motivation of clients to deal with their problems.'	3.
Integration	2. 'Empowerment means involvement of persons who have disability into society and societal activities. It is simply integrating of the client that he could do something for the society.'	2.
The transfer of their powers to	3. ' Empowerment is what some kind person, perhaps a specialist can give to another man.'	3.
	4. 'Empowerment is transferring of own powers and abilities to others.'	
	9. 'Empowerment is the ability to make influence, to participate in the decision-making of clients to change their lives, increasing their self-esteem, discovering not their weaknesses, but opportunities. '	

The pursuit of independence	5. ' Empowerment is when providing services to clients you do not do yourself everything for them, but with the qualified advice you allow doing that this same client. " 6. 'Empowerment of the client is giving the greater autonomy, motivation to carry out many of the things by themselves.' 11. 'Empowerment is the process of self-realization in order to improve the quality of life of its own, understanding their selves as a complete person, with the integration into society."*	3

There is no single definition of empowerment, because there are various levels of empowerment, and various types of empowerment.

The empowerment in English language means, 'to promote the acquisition of power' or according to Rappaport, J. (1987) to enhance the capabilities of individuals and groups to act proactively and to take control over their lives.

According to Kreisberg (1992), a psychological sense of empowerment means that person's self-esteem and self-confidence increases. The main thing of empowerment is increased human capacity to access to valuable resources as well as to control them. This is the acquisition of competence of participation.

That is reflected in the replies submitted. Participants of the survey described the empowerment as transition of own powers, the influence (frequency 3), reasoning/motivation (frequency 3), the pursuit of independence (frequency 3), integration (frequency 2).

Table 5

Employees' opinion about empowering services

CATEGORY	PROOF OF CLAIM	FREQUENCY
Participation in the	1. ' I would ascribe to empowering services all the provided social services, in rendering of which client is involved.' 5. "Empowering services are social services that enable the client to act." 7. 'While empowering services are that type of services in which the client is enabled to deal with her problems.' 8. 'And empowering services are the services, which reveal the client's abilities and encourage him to act." 10. 'While empowering services are such services, which motivates customers to do so (to deal with their problems).'	5.

| Self-esteem | 9. 'The empowering services are all services, which increase client's self-esteem, confidence, and his belief that he can control and create his own life."
 6. 'While Empowering services are the services that help your customer to become more independent.'
 11. 'Empowering services are all the services that help to achieve (Empowerment is the process of self-realization in order to improve the quality of life and understanding of self as a complete person, integrating into society.)' | 3. |
| Mediation | 4. 'Empowering services are when there is mediation, assistance by continuing to achieve their goals. "
 2. 'Empowering services: social skills training, counseling, and mediation. " | 2. |

Involving and empowering social services are when the service rendering institution and its staff (providers) shall allow to the recipient of the service, members of his family (if appropriate), guardians or trustees to become actively involved in decision-making concerning the planning, delivery and evaluation of services (Ruskus, Mazeikiene, etc., 2013).

According to the survey participants, empowering services are those services that foster the client to act, to participate in the (frequency 5), increase the client's self-esteem (frequency 3), as well as mediation (frequency 2), consultancy, and training.

Table 6

Empowering services rendered by NGOs

CATEGORY	PROOF OF CLAIM	FREQUENCY
The representation of the	1. 'When needed customers are accompanied in a range of public institutions, they are represented and mediated.' 2. 'Rrepresentation – that is…, again, the client has his fears. You can represent in court."	2.
Mediation	1. 'When needed customers are accompanied in a range of public institutions, they are represented and mediated.' 2. 'Mediation – that is when the client with mental disability has a problem, customers are frightened. They are afraid to go out, afraid to act, and then you need to push them to go to talk with the representative of some organization.' 5. 'The Organization where I work provide motivation, finding ways of solving personal problems, psychological services, mediation, personal cognitive services, outreach, targeting services ."	3.
Information	5. 'The Organization where I work provide motivation, finding ways of solving personal problems, psychological services, mediation, personal cognitive services, information, targeting services ."	1.

47

Organization of leisure	1. [We organize] community meetings, holidays, camps.' 9. 'We take care of these people leisure, because they are unemployed. A variety of events are organized: holidays, celebrations, outings, etc."	2.
Customer promotion of volunteering	1. 'We foster them to contribute with their work and according to their abilities for the benefit of the community."	1.
Social skills training	2. 'Social skills training are when you train a client. He is able to learn something, and then can use it in social life.' 4. 'We help them to interact with one another." 5. 'The organization where I work provide motivation, finding ways of solving personal problems, psychological services, mediation, personal cognitive services, outreach, targeting services ."	3.
Working (house work) skills	1. 'In our group of diligent hands, customers can learn a wide variety of crafts, to make jewelry and gifts, and then try to sell them in the various trade fairs." 4. ' We seek to teach them to be able to make each crafted thing to the end, in any case, that is, for the most part, individuals having disability usually kick off, they start but not wanting to finish until the end.' 7. 'We also help to develop housework skills, we teach the customer to manage household management at home.' 9. 'Yet, they are trained making handicrafts. Customers can make some things not only for themselves, but can sell at trade fairs. That is how they are trained to get their working skills." 10. Workers and volunteers of X Home have not only helped to move and to pack, but also taught how to bend the clothes, how to contain them that makes it easier to find and longer would be in order, and so on. "	5.
Aid for employment	3. '(We try for a wide variety of ways together) how to find a job." 4. 'Most of our workers try to help everyone with disability to find a job at first." 5. 'We need to do that in accordance with the Treaty of the European Project, which aims us to help our clients to position themselves in the job market." 7. 'The other organization is the Y Center, which prepares training for the people with minor mental disability, and then helps them to take up employment, or to be more active in society.' 10. 'Yet, our customers go to the Y Center, where they are taught to compile a CV, how to talk to a possible employer and so on - that's all what you need in order to employ."	5.
Psychological support	3. 'My main service is to provide psychological assistance in times of crisis." 5. 'The organization where I work provide motivation, finding ways of solving personal problems, psychological services, mediation, personal cognitive services, outreach, targeting services .'	2.
Material support	1. 'Customers receive the food aid contribution, at the same time by promoting (according to their abilities) to contribute with their work for the benefit of the community. Customers themselves volunteer in the actions when food is gathered.' Financial support is provided where it needed, trying to promote to repay it, under the ability, or to contribute with your	2.

CATEGORY	PROOF OF CLAIM	FREQUENCY
	work.' 7. *'That is the charity for food, clothing, and furniture, granting support for the repair of apartments or freight forwarding'.* *'In these houses we have two emergency rooms for extra cases, to help families in a crisis situation."*	
Day Center for children of clients	*1. 'The kids get help to prepare lessons; they get a support of a special educator.'* *8. 'The girls of one my family attend the day center there.'*	2.

The participants of the survey enumerated sectors with a relatively large number of empowering services provided by NGOs. The importance of services can be conditionally set in accordance with the frequency of mentioning. Job skills /house work training is of particular importance for former students of care institutions who have mental disability, so it was one of the most commonly referred to in the provision of services offered (frequency 5). No less important is an assistance to employment (frequency 5). This is followed by social skills training (frequency 3), mediation (frequency 3), representation (frequency 2), organization of leisure (frequency 2), psychological support (frequency 2), material support (rate 2), information (frequency 1), and the promotion of volunteering (frequency 1) of the clients.

The Day Center for clients' children there was noted (frequency 2), as well as temporary accommodation. This work needs to carry out a wide range of services.

According to a qualitative study carried out by the data of survey, the respondents that participated stated that NGO should provide the following services for former students of care institutions having mind disabilities (listed from the most rated services): training skills of the own financial planning, employment assistance, counseling, house work skills training, interpersonal communication, self-cognition, family planning, mediation, representation and the charity.

Thus, NGOs that participated in the investigation provide many and vary empowering services for former students of care institutions having mental disabilities.

Table 7

Levels of empowerment

CATEGORY	PROOF OF CLAIM	FREQUENCY
Individual counseling (individual empowerment)	*1. 'Individual counselling is provided."* *6. 'In our organization customers are consulted individually and that allows the customer to look differently at many stereotypes of the existing problem.'*	2.
Mutual help group (Group empowerment)	*1.'Groups of mutual help/ assistance are organized.'* *5. 'Groups of mutual help are also organized.'* *6. 'We have group activities as well, which enhance customer's self-confidence through a variety of activities, discussions, and so on. "*	3.

| Enabling the community | 1. 'That they could know selves better by taking part in community activities."
4. 'We help to communicate with one another, they become as a community, and are able to help one another. That motivates them to some work activity, friendship, communication, and not staying separated." | 2. |

Empowerment is not going at the only level. Researchers shall provide the following levels of empowerment: individual, group, community, and political. From the responses of the survey, it was possible to distinguish three levels:

A participant (6) in the survey said *that 'In our organization customers are consulted individually – it allows the customer to look at many of the stereotypes of the problem from different point."*

Ruskus, J., Mazeikiene, N., (2013) indicate in their work that the essence of individual empowerment is the transition from a passive to active status, which implies the acceptance of the self, self-confidence, social and political awareness, the ability to be an important part of decisions making and controlling the resources of the environment.

Two of the participants in investigation mentioned that there are organized groups of mutual assistance: 'There are *group activities, which enhance customer's self- confidence through various activities, debates etc."*

The group is considered to be an ideal tool for promotion of the individual empowering, where clients can receive social and emotional support, acquire skills for the future activities in the social and political life. Self-assistance groups result in other people's aid, and the aid is both granted and received. The individual may experience mutual influence in a group, and move from *I* to *we*. (Ruskus, Mazeikiene, and others, 2013).

Therefore the participant (4) as regards the activities carried out in the organization where she works, however, stressed the importance of the community life for the former students of care institutions who have mental disability: *''We help to communicate with one another, they become as a community, and are able to help one another. That motivates them to some work activity, friendship, communication, and not staying separated, due to the fact that most of the members of that community live alone - here they can either chat, communicate among themselves, and that disconnects them from the loneliness. "*

Community can teach persons to make decisions jointly in the group, solve common problems, mobilizing resources to achieve the overall goodness. The individuals themselves together can formulate and state the objectives, find the measures to achieve them; appreciate (Ruskus., Mazeikiene and others, 2013).

In conclusion it can be assumed that empowerment through the NGO takes place at three levels, and that the NGO is particularly important because it both creates the community and enables the community empowerment.

2.2.3.2. The quality of empowering services provided by NGOs

Table 8

The quality of empowering services provided by NGOs

CATEGORY	PROOF OF CLAIM	FREQUENCY
Positive rating	1. *'My valuation would be fine, whereas the provision of services covers all the three dimension of human life: physical, mental, and spiritual."* 5. *'The quality of the services provided, I think, is a good one, since we have success stories, some have helped people to establish themselves in the labour market.'* 6. *'In good quality. There are people who got jobs after implementation of your activities"* 10. *'I think, the more positive "* 11. *'Consider that when the aid is provided, enabling not only to exist, but also to learn social skills, or simply to survive with the help of professionals working for NGOs.'*	10
Negative rating	2. *'My valuation is negative, since there are no qualified professionals providing services.'*	

The staff was ere asked to assess the quality of empowering services provided by NGO. Only one worker of the 11 participants – subjects of survey, has assessed as negative, due to the lack of qualified professionals. A positive response is also not homogeneous. Three respondents gave a positive assessment and explained their opinion. Two of them claim 'positive', and two said 'not bad', e.g. *'I would value a*s *not bad, on average, but I think that there is much space for progress"* (3); *'The service is pretty good, and, therefore, that we have achieved not so bad results in some areas.'*(4) and one study participant (1): '*I don't see the adverse effects of this work.'*(8). There were two responses that do not contain a specific value, but you can understand that they qualify positively *('The organizations with which we collaborate, I think, are working in the right direction with people with minor mind disorders' (7).' I think that the X House really helps the former students of care institutions having minor mental disability.'(9)*

Therefore, most part of the employees (with the exception of the student volunteer) and all the social workers of governmental organizations, asses positively the services provided by NGOs empowering the former students of care institutions having mental disability.

According to the quantitative study carried out by the data, the part of the public that participated in the interview estimated social services rendered by NGOs to former students of care institutions who have minor mental disability on average.

NGO, as the structure, is more empowering, according to the Zalimiene and Rimsaite (2007), so there are several aspects to why non-governmental organisations are recognised as more suitable for the providers of social services for many social groups.

2.2.3.3. The advantages and deficiencies of NGOS in the provision of empowering services, comparing with governmental organizations

Table 9

The advantages and deficiencies of NGOS in the provision of empowering services

SUBCATEGORY	PROOF OF CLAIM	FREQUENCY
Less bureaucracy	1. 'I think that in the work of NGO there is less bureaucracy.' 4. 'Whereas actions that are hold were not only on paper, as it is with governmental organizations.' 10. 'They do not need filling forms, the huge piles of documents.'	3
Flexibility	1. 'They are more flexible.' 5. 'The work of the NGO is more flexible, as much as I face the specialists.'	2.
Grant aid	1. 'They are able sooner to provide assistance in crisis situations.' 10. 'The organizations react very quickly if any serious situation occurs and always help if there is any minimal possibility.'	2.
Volunteering	1. '[NGOs] have volunteers, who often volunteer their time (after work) and funds." 2. 'The advantages of NGOs. The greatest I think is that people are volunteering more."	2.
Warm relations	2. 'Thus, in nongovernmental [organization], people are committed to their work, they can give away all of their heart and help as may.' 3. 'The advantages, firstly, probably such that these communities (I call them so) have an advantage, in particular that there is more immediacy.' 9. 'Very good warm and friendly relations are fine. I'm not against them NGO] and I think they are important in order to gain the customer's trust.'	3.
More help	2. 'I think really the people gain more support in non-governmental than in the Governmental [organizations].' 6. 'We work with a smaller number of clients, so we can devote more attention to each client, and the work is concentrated.	2.
Take into account the person	4. 'The non-governmental organizations much more take into account the needs of the human person, of his potential." 5. 'The similarity is perhaps such that all are struggling to help their client, to deal with any problems.'	2.
The problem of financing	2. 'The project is for two years, and you do not know if you get funding after 2 years, and will you be able to give assistance to your clients." 3. 'Thus, without a doubt, deficiency is financing, first and	3.

	foremost, perhaps that is what everyone can see, and that causes a lot of difficulties." 6. ' *We rely on funding and, therefore, there is no permanent operational service. "*	
The lack of professionals	2. *'When you receive sponsorship, you can recruit qualified professionals.'* 3. *'It is clear, perhaps again - the shortage of professionals, but here again are financial matters.'*	2.
Distributing of too much charity	10. *'And negative, that's maybe sometimes too much of giving charity, food especially, because then customers do not want to change anything in the life.'* 9. *'If material aid is constant, and then customers are no longer willing to do anything, it's easier to go and pick it up. You need to give the rod that carries, not a fish.'*	2.

It was requested to point out advantages of the NGOs, in the provision of enabling services to former students of care institutions who have mental disability. There were listed seven benefits. Most commonly identified advantages were: less bureaucracy (frequency 3) and warm relations (frequency 3), followed by the flexibility of NGOs (frequency 2), aid grant more quickly (frequency 2), and active involvement of volunteers into the activities of organizations (frequency 2), and customers receive more aid (frequency 2), the human is more taken into account providing services (frequency 2).

The research authors claim the advantages of NGO as well. Bode (2003) distinguishes two forms of flexibility of NGOS. In particular, NGOs are able to bring the benefits of public resources for solution of social problems with the individual needs of the individual human being; on the other hand, NGOs successfully run continuously in the changing environment, and find appropriate solutions in response to external challenges.

Zalimiene, Rimsaite (2007) they state that the provision of social services and taking care of people in distress or with disabilities is that area of activity which is supported willingly by society, and volunteers are happy to involve in it.

It also was showed by a quantitative study that according to survey, non-governmental organizations providing assistance take into account the needs and capabilities of a certain person. Also, it is considered that there are closer relations between the customer and the employee in non-governmental organizations.

There have been identified only three deficiencies. The main disadvantage is lack of funding (frequency 3). It was also mentioned that NGOs lack staff because of shortage of funds for their salaries. The staff member (1) said '*that you can easier find funds for the activities than for the wages. With skilled, creative workers, part of means and funds for the activities can be found in the environment*". The other (3) said that '*we are working people, and would like to get some kind of reward, because by just volunteering, you not always can perform the obligation at*

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the time and when wanted. And that [services] were of good quality, you need real professionals.'

Thus, NGOs face the following dilemma: it is easier to find volunteers, but volunteers cannot replace professionals. "The contribution of volunteers in the provision of public services is among the most cost-benefit giving factors" (Cooperation between local authorities and non-governmental organizations). Therefore, NGOs try to solve the financial shortage problem not recruiting workers, but by delegating the work to volunteers, and then the quality of services suffer.

Social workers from the governmental organization mentioned one more deficiency of NGO. Social worker (9) states that *'in order to keep the customers, NGOs too often provide physical aid'*, and then the material support does not help, but has the inverse effect. *'Such people need the material support as well, but it hasn't be constant. If the material aid is constant, the customers are no longer willing to do anything, it's easier to go and pick it up. You need to give the rod that carries, not a fish."(9).*

Thus, having reviewed the results of the survey, we can assume that in the work of NGOs, however, there are many more advantages than disadvantages.

2.2.3.4. The role of NGOs working with former patients of care institutions with mild mental disability

Table 10

The role of NGOs

CATEGORY	PROOF OF CLAIM	FREQUENCY
Creation of a community	1. 'My vision is a development of small, cozy community.'	1.
Support	2. 'Its role is, in particular, to help.' 4. 'The overall support is necessary.' 10. 'I think they already perform that same role in helping.' 11. 'There is a certain education of self-confidence as a person, and not only granting of aid.'	4.
Social skills training	3. "First of all, it's training of social skills.' 7. '[To educate] greater involvement of these people in to communication between, increasing their self-esteem." 9. 'And also training the social skills, because many of such people have poor or don't have the skills at all, because they grew up in care homes." 10. 'Teach, educate, mediate, represent" 11. 'That is certain education of self-confidence as an individual"	5.
Psychological assistance	3. The second, I would say, such a role is to provide a psychological assistance for sure." 7. 'The staff of NGOs should help meeting the following (psychological) crises.' 8. 'Individual conversations with the help of professionals.'	3.
Material assistance	3. 'And the third, what they already provide, some people need	1.

	that material aid as well.'	
Leisure	*5. 'Perhaps increasing of involvement, promoting the autonomy of house work.'* *6. 'Promote the business, activity of such persons'* *8. 'Organization of leisure'* *9. 'The role of NGOS is the organization of leisure'* *10. 'Leisure of customers'*	5.
Integration	*6. 'To promote the activity of such persons, and integration into society'* *11. 'Some education of the confidence in yourself as a person's, and not only for the granting of aid, in order to achieve social integration.'*	2.
Educational classes	*'They could organize educational activities'*	1.
Prevention	*8. 'preventive programs'*	1.

According to Beneseviciute (2013), the role of NGOs is important because the objectives of empowerment are achieved, and it is understood that NGOs can not only help disabled persons to solve problems, but also promote activity and engagement. Persons with disabilities that are active, with help of NGOs are able better to overcome social exclusion and to implement the envisaged main aims of NGO's. The NGO endeavor becomes topical for disabled people, because their interests and dignity are protected and represented.

The survey respondents indicated nine roles of NGOS, working with former patients of care institutions having mental disability. As to their view, the focus should be placed on social skills training, and recreational activities (frequency 5). More roles of NGOS have been identified, i.e. just overall support (frequency 4), psychological assistance (frequency 3), integration (frequency 2), educational activities (frequency 1), community development (frequency 1), prevention (frequency 1), and material support (frequency 1).

According to the quantitative study carried out of the data, the society members that participated in the survey, believe that former students of care institutions most of all need the psychological and social assistance, and only then the financial.

Since it was requested to reveal the role of NGOs for the former patients of care institutions having mental disability, the participants of this survey identified namely those persons' the most specific needs, that should be helped by NGOs to deal. The students of care institutions lack social skills, but persons with mental disability have are mostly unemployed, thus they have much leisure time. So the proper use of leisure time becomes topical.

2.2.3.5. Cooperation between NGOs and non-governmental organizations

Table 11

Cooperation between NGOs and governmental organizations

CATEGORY	PROOF OF CLAIM	FREQUENCY
Cooperation	1. 'Our organization interacts with many governmental institutions in Siauliai, i.e. Department of Social Support, Social Services Centre, the local departments of State Child Rights Protection and The Adoption Agency at the MSSL, the health care and treatment services, social educators at schools, Approbation service, Lodging House "(X)	2.
	4. 'Social workers cooperate much with different organizations, but I reflect more about my field.' (X)	
Cooperation of poor quality	2. 'Cooperation is certainly not good, that should be. It occurs from time to time, because it is a huge problem that there are no skilled professionals who would able to cooperate constantly, all the time keeping in touch with other social workers on the welfare of clients.' (X) 3. 'Some of them cannot find common language, probably because there is a mismatch, misunderstanding. Quite often those governmental authorities are very theoretical, such that cannot understand. These are people who haven't worked this type of job; they do not know how everything seems to be there, how the non-governmental organization should look like, what are their problems and goals. "(X)	2.
Do not cooperate	5. 'We work according to a project, so we have no connection with the public authorities.' (Y) 6. 'we have no connection' (Y),	2.
Cooperation in the limits of project	2.' I could say that cooperation is not really so close. The cooperation happens when writing projects. " (X) 4. 'We cooperate with the municipality, due to the fact that we write those projects. The municipality supports us and appoints some funds for those projects that we can buy some materials for craftworks, from which we can produce some valuables. "(X) 1.'Municipalities also participate in the invitations to the social projects of the Ministry of Social Security and Labour . " (X)	3.

The interviewees from two NGOs were questioned in the study.   The participants from Organization Y unanimously said they do not cooperate: '*We work according to a project, so we have no connection with the public authorities.*'

The staff of Organization X stated that they cooperate (frequency 2). They cooperate with the municipality (frequency 3) when are engaged in social projects. The NGO receives operating

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funds from the municipality, as provided for under the project, and reports to it at the end of the project.

One study participant (1) lists a number of governmental bodies with which the organization communicates. Perhaps she accidentally mixed up the words 'shall cooperate' with 'communicate', but there is a difference between these words. The dictionary describes meaning of a term 'to cooperate' as 'to work together', and 'communicate' as 'to have common issues, relationships'.

The cooperation with governmental organizations was assessed by NGOs' staff as low quality (frequency 3), because of the irregular matter and having not much comprehension. The reasons for this have been mentioned. They cannot find common language, because the governmental organizations do not really know reality and are not interested in NGO's activity. *'Some of them cannot find common language, probably because there is a mismatch, misunderstanding. Quite often those governmental authorities are very theoretical, such that cannot understand. These are people who haven't worked this type of job; they do not know how everything seems to be there, how the non-governmental organization should look like, what are their problems and goals.'* The cooperation in irregular, because NGOs do not have professionals who are able to work consistently with social workers in governmental organizations.

One employee said that, „*The Social workers do not cooperate very much with all organizations, but I can say more about my work area.'* However, we cannot rely on that fact, because she does not cooperate in her work area.

Table 12

Opinion of the staff of the Governmental organization on cooperation with NGOs

CATEGORY	PROOF OF CLAIM	FREQUENCY
Problem solving	7. ' The problems that foster families face are dealt together with the Organization X." 8. 'I also had experience of cooperating with the Director of home for families X. There happened to be a nasty accident with one of my foster families: the house owners simply threw their furniture and belongings on to the street.' 9. 'We communicate, but mostly in the event of any crisis or when our customer needs material aid in clothing, food, furniture, etc.' 10. 'Mostly we communicate in the event of any.' 11. 'The cooperation runs in the cases where the family does not have a residence, does not know or simply lack the social skills, are at difficult situation, or there is a violence in the family, difficult material situation, alcoholism and the like."	5.

Exchange of information	8. *'They share willingly the information available regarding certain family."* 9. *'Sometimes we call and ask information about a client whether he is there, and so on. We ask to tell him some information, because sometimes the customers are not answering our calls.'*	2.
Domestic/housework skills	7. *'They also help to develop housework skills, training the customer to handle the domestic management of the house'* 10. *' they have not only helped to move and to pack things, but also taught how to bend the clothes, how to contain them that makes it easier to find and they longer would be in order, and so on.'*	2.
Desires	9. *'We would like to cooperate more closely, to work in one direction. We would have liked more information exchange, adjustment of activity.'* 10. *'We would like to cooperate more closely, that somehow we need to harmonize our actions and would be one camp members.'*	2.
Aid for employment	7. *'The other organization is the Center Y, which gives training for the people with minor mental disability, and then helps them to take up employment, or to be more active in society. We recommend our customers to attend the training sessions.'* 8. *'Members of the family in social risk attend the Center Y, but only those who have registered with the labour exchange and the unemployed.'* 10. *'Yet, our customers go to the Center Y, where they are taught to compile a CV, how to talk to a possible employer and so on - that's all what you need in order take up employment.'*	.
Other organizations	10. *'We also cooperate with the Caritas.'* 11. *'these are family home X, Center Y, Caritas'*	2.

Social workers within the governmental organization stated about the cooperation more in detail. It was mentioned that NGOs can help in the event of any problem (frequency 5) and that the same cooperation is inconsistent: '*We cooperate, but the most common in the event of any crisis or when our customer needs material aid in clothing, food, furniture, etc. (9)'*. The social worker has identified what kind of support they receive from the staff of NGOS: aid for developing the domestic management skills (frequency 2), information exchange (frequency 2) and aid for employment (frequency 3). The aid for employment was mentioned in regarding the organization X, that works according to a European project, the goal of which is the integration into the labour market. The social workers from the governmental organization simply state that their customers are attending it and that they recommend to other customers to participate in the program. Also it was mentioned that they work in partnership with Caritas.

Two social workers of the government organization have expressed the wish that the cooperation would be enhanced and more balanced: '*We would like to cooperate more closely, that could work in one direction. We would have liked more information exchange, adjustment of activity.*'

Having summarized the submissions by NGOs and governmental organizations workers about cooperation, it can be assumed that this cooperation between the organizations involved in the study is not sufficient. The social workers of the government organization would like to see closer cooperation, but NGO workers do not cooperate (see no need to), or do not have the opportunities (for lack of professionals for a coherent cooperation).

According to Silinskyte (2013), the cooperation with municipal authorities is confined to transferring of the service to non-governmental sector, and the financing. This was confirmed by the structural overview of cooperation between non-governmental organizations and municipalitoes (2006), which revealed that, according to the local authorities, cooperation with NGOs is not sufficient, often lack the same non-governmental organizations initiative and representation of their interests.

2.2 3.6. The opinion of Employees of the governmental organizations on the employees of NGOS

Table 13

The opinion of Employees of the governmental organizations on the employees of NGOS

CATEGORY	PROOF OF CLAIM	FREQUENCY
A positive evaluation	7. '*NGO staff working with these people are highly skilled, well educated in their work.*' 8. ' *what regards to the staff of the home X, reviews are positive.*' 9. '*in my opinion is good* " 10. '*The opinion on working professionals? Thy are very good ones. These are selfless people, quite often working for the salary only a few hours, and all the other time-on a voluntary basis.*' 11. '*in fact, these people are dedicated to people in need. They are very empathic, knowing how to advise, to teach, knowing the laws, understand about the health and the characteristics of behavioral problems of the people with mind disabilities, are patient, etc.*'	5.
Regretting (for employees working only a few hours)	7. '*However, they often work part-time or only a few hours.*' 9. '*unfortunately, the NGOs lack the skilled professionals who would work full-time, as now many work only a few hours*"	2.

Volunteer evaluation	9. *'The Volunteers not always have possibilities, and sometimes they lack of knowledge.'* 10. *'and about the volunteers – that is not always a good thing, because sometimes those people have no idea about social work, although they are doing it from the all heart.'*	2.

Social workers from the governmental organization appreciated the NGO employees as good or even very good (frequency 5). It was stated that NGO workers are highly skilled professionals with excellent personal qualities, such as selflessness, empathy.

According to Beneseviciūte (2013), social workers working in NGOs, are the mediators between the social network and the assistance to persons with disability, who must have sensitivity, empathy, that is extremely important for social work practice. R. Jancaityte (2010) points out that the most important characteristic of a social worker there is empathy, which makes it possible to show the client that the social worker is aware of what they feel like. Therefore, the recipient of social services through NGOs should be given unconditional positive attention and sincere relationship.

Social workers from the government organizations assessed the staff of NGOs not only as good professionals, but also regretted that often they do not work a full working day, and mentioned that NGO volunteers sometimes lack the knowledge, though they work from the heart.

2.2.3.7. The needs of NGOS, in order to provide quality empowering services

Table 14

The needs of NGOS, in order to provide quality empowering services

SUBCATEGORY	PROOF OF CLAIM	FREQUENCY
Finance	1. *'I think that the NGOs lack of funds, in particular for the remuneration of employees.'* 2. *'There is a huge lack of money.'* 3. *'Financial resources. They need to be distributed very thoughtfully and intelligently.* 4. *'more funding, as we have a very low financing'* 5. *'That is the project design activity, at the end of the project(s) there is always a risk for financing of another period.'* 6. *'the financial resources'*	6.
Specialists	2. *'There are no skilled professionals, they are not eligible for a proper assistance.'* 3. *'When there will be financing and if they will be distributed for targets, and this means, if would work the workers, professionals, which is needed here, I think then the biggest benefit will be. "* 4. *'Need quality, need real professionals"* 6. *'Thus, they need good work methodologies"*	4.

The participants of the survey indicated two needs. The most important need is financing (frequency 6), directly related is the need for other professionals (frequency 3), because they cannot afford the professional services. It was also mentioned, that NGOs need smart financial ascription. The NGO worker (6) from the organization Y working according to the project, indicated the lack of good working methodologies.

The methodological publication *'The cooperation of Municipal and non-governmental organizations'* states that NGOs, as independent legal entities, shall ensure their activities in the planning, and that is consistent with the principles of the strategic budgeting of the programme. In practice, all the NGOs' budgets are diversified, as their income sources can range from 1) proceeds from the project financing, 2) earned funds, 3) collected funds, and 4) voluntary activity.

Thus, NGOs with a variety of income sources fail to properly assimilate them and assure the funding.

Conclusions:

1. On the base of theoretical analysis of the literature sources, it can be stated that young people, former patients of care institutions having mental disability, usually have low social maturity and are not ready to normal social relationships. They receive help provided not only by governmental but by non-governmental bodies as well. NGOs are becoming increasingly significant in the provision of empowering social services.

2. The non-governmental organizations that participated in the investigation and are working with former patients of care institutions with mild mental disability, provide many and varied empowering services, i.e. representation, mediation, counseling, social and house management working skills training, employment assistance, etc. Empowerment takes place at three levels: personal, group and community.

3. The survey indicated the nine roles of NGOS, working with former patients of care institutions having mild mental disability. In their view, the focus should be placed on social skills training, and recreational facilities.

   They stated that there are many more advantages than disadvantages in the work of NGOs. The following advantages were listed: flexibility, warm relationships, less bureaucracy, more quickly provided help, the customers receive more help, the certain human needs are more taken into account, and volunteering.

   According to the staff of NGOs involved in the investigation and working with former patients of care institutions with mental disability, the biggest drawback is funding. They could be able to solve many needs having better financing, such as recruiting of professionals and getting methodologies. Also, too often charitable giving was noted as the disadvantage.

4. Study participants evaluated positively the empowering services offered by NGOs that were involved in the investigation and working with former patients of care institutions having mental disability, though, pointed out that the improvement is still necessary. The work of employees working for NGOs was assessed positively, although the volunteers were assessed as not always having the appropriate expertise to work.

   Cooperation between governmental institutions and NGOs, that participated in the investigation and were working with former patients of care institutions with mild mental disability, is inadequate and not on a regular basis.

5. Most of the survey participants noted that they had relations with persons with mild mental disability and assessed them as likely to create a family and quite independent, but such who sometimes need help. However, expressing views on the former patients of care institutions with mild mental disability, a large part of survey participants had no opinion or said that these people were unable to live independently, had almost no employment opportunities, but

the possibilities could be increased providing expert help. According to the survey participants, former patients of care institutions with mild mental disability are most in need of psychological and the social assistance.

6. The survey participants didn't really know about the activities of NGOs; as the response to the questions submitted very often was if they did not know the answer. Thus, the assistance of NGOs for the persons, former patients of care institutions with mild mental disability, was evaluated on average, and that approved the study hypothesis given in the beginning of this work.

Therefore, the services provided by NGOs we assessed as empowering. According to the survey participants, NGO should suggest the following services for former patients of care institutions with mild mental disability: training on planning own finances, employment assistance, counseling, housework skills training, interpersonal communication skills training, household education, training of self-cognition and family planning, mediation, representation and the giving of charity. They believe that there are not enough of institutions providing assistance to those persons.

Recommendations

To the NGOs providing social services for former patients of care institutions, with mild mental disabilities.

1. Cooperation between the governmental organizations and NGOs is insufficient and irregular. The cooperation should improve as cooperation was required by social workers in governmental organizations. Working together would let to achieve better results.

2. One of the aforementioned shortcomings was too often distribution of charity. Charity should be divided only after verifying that really need it. Make lists of people receiving charity and quantity limits of the charity being received.

3. Quantitative study indicates that members of the public who took part in the study do not really know about the activities of NGOs. Promote your business through newspapers, television, various websites.

4. Providing assistance to former patients of care institutions, with mild mental disabilities, to take into account public opinion, i.e. to provide not only the social and psychological support, but to help these people find a job. The members of the public that participated in the survey believe that giving qualified support to these people access to employment increases.

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Sumary

Jaunuoliai, buvę globos įstaigų auklėtiniai, turintys protinę negalę, pasižymi žema socialine branda, nepasirengimu užmegzti normalių socialinių santykių, o jiems pagalbą suteikia ne tik vyriausybinės organizacijos, bet ir NVO. NVO tampa vis reikšmingesnės teikiant socialines įgalinančias paslaugas

Tyrimo tikslas – atskleisti buvusių globos įstaigų auklėtinių, turinčių nežymią proto negalę, įgalinimo veiklas per NVO teikiamas socialines paslaugas.

Tyrimo objektas – buvusių globos įstaigų auklėtinių, turinčių nežymią proto negalę, įgalinimas per NVO teikiamas socialines paslaugas.

Tyrimo uždaviniai: 1) Taikant teorinę analizę atskleisti įgalinančių socialinių paslaugų struktūrą NVO, dirbant su nežymią proto negalę turinčiais asmenimis. 2) Taikant interviu metodą, atskleisti NVO teikiamų įgalinančiųjų socialinių paslaugų rūšis buvusiems globos įstaigų auklėtiniams, turintiems nežymią proto negalę. 3) Taikant interviu metodą atskleist NVO vaidmenį, bei pranašumus/ trūkumus teikiant įgalinančias paslaugas, lyginant su valstybinėmis įstaigomis. 4) Taikant interviu metodą atskleisti darbuotojų nuomonę apie bendradarbiavimą tarp nevyriausybinių ir vyriausybinių organizacijų, bei apie NVO teikiamas įgalinančias socialines paslaugas, buvusiems globos įstaigų auklėtiniams, turintiems proto negalę. 5) Naudojant statistinę anketinės apklausos duomenų analizę, atskleisti visuomenės narių požiūrį į buvusius globos įstaigų auklėtinius, turinčius proto negalę, bei jiems reikalingą pagalbą. 6) Naudojant statistinę anketinės apklausos duomenų analizę, atskleisti visuomenės narių požiūrį į NVO teikiamą pagalbą buvusiems globos įstaigų auklėtiniams, turintiems proto negalę.

Hipotezė- visuomenės narių nuomone, buvusių globos įstaigų auklėtinių, turinčių nežymią proto negalę, įgalinimas per NVO teikiamas socialines paslaugas tenkinamas vidutiniškai.

Tyrimo metodai: 1) Mokslinės literatūros analizė. 2) Kokybinis tyrimas, renkant empirinius duomenis individualaus interviu metodu, bei tyrimo duomenis apdorojant turinio analizės metodu. 3) Kiekybinis tyrimas, kurio statistinė anketinės apklausos duomenų analizė atlikta, naudojant SPSS (Statistical Package for Social Sciences). Tyrimo duomenų statistinei analizei naudoti aprašomosios statistikos metodai

Tyrimo dalyviai: 1) Šeši NVO darbuotojai ir savanoriai, bei penki socialiniai darbuotojai dirbantys su buvusiais globos įstaigų auklėtiniais, turinčiais proto negalę (kokybinio tyrimo imtis). 2) Šimtas penki visuomenės nariai (kiekybinio tyrimo imtis).

Apibendrinant tyrimo rezultatus, galima teigti, kad: 1) NVO dalyvavusių tyrime ir dirbančių su buvusiais globos įstaigų auklėtiniais, turinčiais nežymią proto negalę, teikia daug ir įvairių įgalinčių paslaugų. Įgalinimas vykdomas trimis lygmenimis: asmeniniu, grupiniu ir bendruomeniniu. 2) Svarbiausiai NVO vaidmenys yra socialinių įgūdžių ugdymas ir laisvalaikio

organizavimas. NVO darbe yra daug daugiau privalumų, nei trūkumų. 3) Tyrimo dalyviai įvertino NVO, dalyvavusių tyrime ir dirbančių su buvusiais globos įstaigų auklėtiniais, turinčiais nežymią proto negalę, teikiamas įgalinančias paslaugas teigiamai. Darbuotojų, dirbančių NVO, darbas taip pat buvo įvertintas teigiamai, nors savanoriai buvo įvertinti, kaip ne visada turintys tinkamą kompetenciją dirbti. O bendradarbiavimas tarp vyriausybinių ir NVO, dalyvavusių tyrime ir dirbančių su buvusiais globos įstaigų auklėtiniais, turinčiais nežymią proto negalę yra nepakankamas ir nepastovus. 4) Dauguma tyrimo dalyvių buvo bendravę su asmenimis turinčiais nežymią proto negalę ir juos vertino, kaip galinčius kurti šeimą ir gana savarankiškus, kuriems reikia kartais pagalbos. Tačiau išreikšdami nuomonę apie buvusius globos įstaigų auklėtinius, turinčius nežymią proto negalę, didelė tyrimo dalyvių neturėjo nuomonės arba teigė, kad jie negali savarankiškai gyventi, beveik neturi galimybių įsidarbinti, tačiau galimybės padidėja suteikus kvalifikuotą pagalbą. Tyrimo dalyvių nuomone, buvusiems globos įstaigų auklėtiniams, turintiems nežymią proto negalią labiausiai reikia psichologinės,. socialinės pagalbos. 5)Tyrimo dalyviai nelabai žino apie NVO veiklą, nes dažnai atsakydami į pateiktus klausymus nežinojo atsakymo. O NVO teikiamą pagalbą, nežymią proto negalę turintiems asmenims, įvertintino vidutiniškai ir patvirtino tyrimo pradžioje iškeltą hipotezę. Taip pat NVO teikiamas paslaugas įvertino, kaip įgalinančias.

Appendices

QUESTIONNAIRE

Dear respondent,

The society is still experiencing a lot of problems dealing with integration of people with mild mental disabilities into society. Both people with disabilities and people around them are confronted with situations which requires new knowledge, a new approach to disability because integration and inclusion processes are dynamic, constantly shifting between public relations and activities.

Please feel free to share your opinion on the issues presented, because it is important for the further improvement in relations between the public and people with disabilities, mutual understanding and tolerance. This survey is anonymous: no need to write a name and surname. The summarized survey data will be used for a final essay.

Kindly please reply to the questions in the questionnaire. Please read the questions and Select the answer/answers acceptable for you.
Thank you very much for participating in the survey.

1. Your age

○ 18-29

○ 30-39

○ 40-49

○ 50-59

○ 60 and over

2. Your gender

○ Male

○ Female

3. The level of education

○ Basic / secondary

○ College / Special

○ Higher / incomplete higher

○ Other

4. Have you ever had to communicate with a person with mild mental disabilities?

○ Yes, I have

○ No, I haven't

5. Can you recognize that man has a mild mental disabilities?

○ Yes, immediately

○ Yes, but not immediately

○ Would not recognize

6. Can persons with mild mentally disability create a family?

○ Yes, they can

○ No, they cannot

○ I do not know

7. Can a person with mild mentally disability live independently?

○ Yes, they can

○ Can, but sometimes they need help

○ No, they cannot

○ I do not know

8. How do you think whether persons with mild mentally disability, who grew up in care institutions, are ready for indipendent living?

○ Ready, as they have received a qualified help

○ Are not prepared to

○ Does not affect where they grew up

○ I do not know

9. How do you think whether persons with mild mentally disability, who grew up in care institutions, have good employment opportunities?

○ They can in many places of employment

○ There is very little opportunity for them to take up employment

○ Due to intellectual disability they fail to work

○ I do not know

10. Do employment opportunities increase if former inmates of residential institutions, with mild mental disabilities, are provided with qualified assistance?

○ Yes, they do

○ No, they do not

○ I do not know

11. What do you think thngs in our society are most lacking for former inmates of residential institutions, with mild mental disabilities?

Select one or several most that support your view

☐ psychological support

☐ Social support

☐ Financial support

☐ Nothing is missing

12. What do you think provide support for former inmates of residential institutions, with mild mental disabilities?

○ Governmental organizations

○ Non-governmental organizations (day care centres, associations, charitable organizations, foundations etc.)

○ Both of the

○ I do not know

13. How would you rate the assistance of non-governmental organizations to these people?

○ High quality

○ Average quality

○ Low quality

○ No opinion

14. Do you think that non-governmental organizations providing assistance to these people take into account their needs and capabilities of a certain person?

○ Yes, they do

○ No, they do not

○ I do not know

15. Do you think that non-governmental organizations have closer relations between the customer and the employee than other organizations?

○ Yes, they are

○ The same

○ No, they are not

○ I do not know

16. How do you think what kind of aid should provide non-governmental organizations for former inmates of residential institutions, with mild mental disabilities?

Please select several most, in your opinion, suitable variants have them evaluate. The highest score of 5 (the most in need of)

	1	2	3	4	5
Mediation	○	○	○	○	○
The representation of	○	○	○	○	○

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	1	2	3	4	5
Consulting	○	○	○	○	○
Domestic skills training	○	○	○	○	○
Interpersonal communication training	○	○	○	○	○
Self cognition	○	○	○	○	○
Your financial planning training	○	○	○	○	○
Family planing training	○	○	○	○	○
Aid for employment	○	○	○	○	○
Charities giving	○	○	○	○	○

17. How do you think if there are enough non-governmental organizations providing assistance to former inmates of residential institutions, with mild mental disabilities?

○ Yes

○ Not

○ I do not know

Thank you for your help and your time! ☺

INTERVIEW QUESTIONS FOR QUALITATIVE STUDY

Interview questions for the staff of NGOs

1. Please describe what empowerment, empowering service is.

2. What are the empowering services provided by your organization? Please give reasons why you think so?

3. How would you describe the quality of empowering services provided by your organization?

4. What are the advantages and disadvantages of NGOs in the provision of these services in relation to governmental institutions? Please give reasons why you think so.

5. What, in your view, should be the role of NGOs, working with former patients of care institutions with mild mental disability?

6. How does your NGO cooperates with public authorities, enabling the former patients of care institutions with mild mental disability?

7. What is the most necessary/lacking in the NGO in order to provide quality empowering services to former patients of care institutions having mild mental disability?

Ineterview questions for the staff of the governmental organizations

1. How do you understand what is empowerment and empowering service?

2. How does your authority cooperate with NGOs, empowering the former patients of care institutions having mild mental disability?

3. What is your opinion on the NGOs which work with former patients of care institutions having mild mental disability? What can see positive in this work, what is negative?

4. What, in Your view, should be the role of NGOs, working with former patients of care institutions having mild mental disability?

5. What is your opinion about NGO staff working with former patients of care institutions having mild mental disability?

Tables of quantitative research

Communicating with persons having mild mental disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	taip	72	68,6	68,6	68,6
	ne	33	31,4	31,4	100,0
	Total	105	100,0	100,0	

Communicating with persons having mild mental disability(by age)

				Total
		Yes, I have	No, I haven't	
Your age	18-29	31	24	55
	30-39	5	2	7
	40-49	15	5	20
	50-59.	13	2	15
	60 and over	8	0	8
Total		72	33	105

Communicating with persons having mild mental disability (by education)

		Yes, I have	No, I haven't	Total
The level of education	Basic / secondary	30	27	57
	College / Special	12	2	14
	Higher / incomplete higher	27	4	31
	Other	3	0	3
Total		72	33	105

Communicating with persons having mild mental disability (by gender)

		Yes, I have	No, I haven't	Total
gender	male	21	14	35
	fermale	50	19	69
Total		71	33	104

identification of persons having mild mental disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, immediately	37	35,2	35,2	35,2

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes, but not immediately	64	61,0	61,0	96,2
	Would not recognize	4	3,8	3,8	100,0
	Total	105	100,0	100,0	

Identification of persons having mild mental disability (by gender)

		Yes, immediately	Yes, but not immediately	Would not recognize	Total
gender	male	6	26	3	35
	female	30	38	1	69
Total		36	64	4	104

Identification of persons having mild mental disability(by education)

		Yes, immediately	Yes, but not immediately	Would not recognize	Total
The level of education	Basic / secondary	20	35	2	57
	College / Special	5	8	1	14
	Higher / incomplete higher	11	20	0	31
	Other	1	1	1	3
Total		37	64	4	105

Identification of persons having mild mental disability (by age)

		Yes, immediately	Yes, but not immediately	Would not recognize	Total
Your age	18-29	16	37	2	55
	30-39	3	4	0	7
	40-49	7	11	2	20
	50-59	8	7	0	15
	60 and over	3	5	0	8
Total		37	64	4	105

Opinion on ability to create own family of persons having mild mental disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, they can	81	77,1	77,9	77,9
	No, they cannot	8	7,6	7,7	85,6

	I do not know	15	14,3	14,4	100,0
	Total	104	99,0	100,0	
Missing	9,00	1	1,0		
Total		105	100,0		

Opinion on ability to create own family of persons having mild mental disability (by age)

		Yes, they can	No, they cannot	I do not know	Total
Your age	18-29	44	4	7	55
	30-39	4	0	3	7
	40-49	14	3	3	20
	50-59	11	1	2	14
	60 and over	8	0	0	8
Total		81	8	15	104

Opinion on ability to create own family of persons having mild mental disability (by education)

		Yes, they can	No, they cannot	I do not know	Total
The level of education	Basic / secondary	44	6	7	57
	College / Special	10	0	3	13
	Higher / incomplete higher	25	2	4	31
	Other	2	0	1	3
Total		81	8	15	104

Opinion on ability to create own family of persons having mild mental disability (by gender)

		Yes, they can	No, they cannot	I do not know	Total
gender	male	29	0	6	35
	female	52	8	9	69
Total		81	8	15	104

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Autonomy of persons having mild mental disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, they can	22	21,0	21,0	21,0
	Can, but sometimes they need help	76	72,4	72,4	93,3
	No, they cannot	4	3,8	3,8	97,1
	I do not know	3	2,9	2,9	100,0
	Total	105	100,0	100,0	

Autonomy of persons having mild mental disability (by gender)

		Yes, they can	Can, but sometimes they need help	No, they cannot	I do not know	Total
gender	male	7	25	2	1	35
	female	15	50	2	2	69
Total		22	75	4	3	104

Autonomy of persons having mild mental disability (by age)

		Yes, they can	Can, but sometimes they need help	No, they cannot	I do not know	Total
Your age	18-29	12	40	3	0	55
	30-39	1	5	0	1	7
	40-49	4	15	0	1	20
	50-59	4	9	1	1	15
	60 and over	1	7	0	0	8
Total		22	76	4	3	105

Autonomy of persons having mild mental disability (by education)

		Yes, they can	Can, but sometimes they need help	No, they cannot	I do not know	Total
The level of education	Basic / secondary	12	41	4	0	57
	College / Special	2	11	0	1	14
	Higher / incomplete higher	6	23	0	2	31
	Other	2	1	0	0	3
Total		22	76	4	3	105

Autonomy of former patients of care institutions having mild mental disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ready, as they have received a qualified help	25	23,8	24,0	24,0
	Are not prepared to	42	40,0	40,4	64,4
	Does not affect where they grew up	4	3,8	3,8	68,3
	I do not know	33	31,4	31,7	100,0
	Total	104	99,0	100,0	
Missing	9,00	1	1,0		
Total		105	100,0		

Autonomy of former patients of care institutions having mild mental disability (by age)

		Ready, as they have received a qualified help	Are not prepared to	Does not affect where they grew up	I do not know	Total
Your age	18-29	15	14	3	22	54
	30-39	0	4	0	3	7
	40-49	7	10	0	3	20
	50-59	2	12	0	1	15
	60 and over	1	2	1	4	8
Total		25	42	4	33	104

Autonomy of former patients of care institutions having mild mental disability (by education)

		Ready, as they have received a qualified help	Are not prepared to	Does not affect where they grew up	I do not know	Total
The level of education	Basic / secondary	14	18	4	20	56
	College / Special	3	6	0	5	14
	Higher / incomplete higher	7	16	0	8	31
	Other	1	2	0	0	3
Total		25	42	4	33	104

Autonomy of former patients of care institutions having mild mental disability (by gender)

	Ready, as they have received a qualified help	Are not prepared to	Does not affect where they grew up	I do not know	Total
gender male	10	7	2	16	35
fermale	15	34	2	17	68
Total	25	41	4	33	103

Employment possibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	They can in many places of employment	21	20,0	20,0	20,0
	There is very little opportunity for them to take up employment	62	59,0	59,0	79,0
	Due to intellectual disability they fail to work	8	7,6	7,6	86,7
	I do not know	14	13,3	13,3	100,0

Employment possibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	They can in many places of employment	21	20,0	20,0	20,0
	There is very little opportunity for them to take up employment	62	59,0	59,0	79,0
	Due to intellectual disability they fail to work	8	7,6	7,6	86,7
	I do not know	14	13,3	13,3	100,0
	Total	105	100,0	100,0	

22 table

Employment possibilities (by age)

		They can in many places of employment	There is very little opportunity for them to take up employment	Due to intellectual disability they fail to work	I do not know	Total
Your age	18-29	15	29	4	7	55
	30-39	0	6	0	1	7
	40-49	2	14	2	2	20
	50-59	4	8	2	1	15
	60 and over	0	5	0	3	8
Total		21	62	8	14	105

23 table

Employment possibilities (by education)

		They can in many places of employment	There is very little opportunity for them to take up employment	Due to intellectual disability they fail to work	I do not know	Total
The level of education	Basic / secondary	13	31	6	7	57
	College / Special	3	8	1	2	14
	Higher / incomplete higher	5	22	0	4	31
	Other	0	1	1	1	3

		21	62	8	14	105
Total						

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Employment possibilities (by gender)

		They can in many places of employment	There is very little opportunity for them to take up employment	Due to intellectual disability they fail to work	I do not know	Total
gender	male	6	18	5	6	35
	female	15	44	2	8	69
Total		21	62	7	14	104

Assistance in employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, they do	64	61,0	61,0	61,0
	No, they do not	19	18,1	18,1	79,0
	I do not know	22	21,0	21,0	100,0
	Total	105	100,0	100,0	

Assistance in employment(by age)

		Yes, they do	No, they do not	I do not know	Total
Your age	18-29	28	14	13	55
	30-39	3	1	3	7
	40-49	17	1	2	20
	50-59	10	3	2	15
	60 and over	6	0	2	8
Total		64	19	22	105

Assistance in employment (by education)

		Yes, they do	No, they do not	I do not know	Total
The level of education	Basic / secondary	31	14	12	57
	College / Special	8	3	3	14
	Higher / incomplete higher	22	2	7	31
	Other	3	0	0	3
Total		64	19	22	105

28 table

Assistance in employment (by gender)

		Yes, they do	No, they do not	I do not know	Total
gender	male	18	8	9	35
	fermale	46	10	13	69
Total		64	18	22	104

29 table

Organizations rendering assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Governmental organizations	4	3,8	3,8	3,8
	Non-governmental organizations	49	46,7	46,7	50,5
	Both of the	36	34,3	34,3	84,8
	I do not know	16	15,2	15,2	100,0
	Total	105	100,0	100,0	

30 table

Organizations rendering assistance (by age)

		Governmental organizations	Non-governmental organizations	Both of the	I do not know	Total
Your age	18-29	3	27	20	5	55

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	30-39	0	5	1	1	7
	40-49	0	8	6	6	20
	50-59	1	7	4	3	15
	60 and over	0	2	5	1	8
Total		4	49	36	16	105

31 table

Organizations rendering assistance (by education)

		Governmental organizations	Non-governmental organizations	Both of the	I do not know	total
The level of education	Basic / secondary	3	31	18	5	57
	College / Special	1	6	4	3	14
	Higher / incomplete higher	0	11	14	6	31
	Other	0	1	0	2	3
Total		4	49	36	16	105

32 table

Organizations rendering assistance (gender)

		Governmental organizations	Non-governmental organizations	Both of the	I do not know	Total
gender	male	1	18	11	5	35
	female	3	30	25	11	69
Total		4	48	36	16	104

33 table

Evaluation of NGO

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High quality	12	11,4	11,5	11,5
	Average quality	49	46,7	47,1	58,7
	Low quality	9	8,6	8,7	67,3
	neturiu nuomonės	34	32,4	32,7	100,0
	Total	104	99,0	100,0	
Missing	9,00	1	1,0		
Total		105	100,0		

Evaluation of NGO (by age)

		High quality	Average quality	Low quality	neturiu nuomonės	Total
Your age	18-29	9	25	2	19	55
	30-39	0	1	3	3	7
	40-49	1	13	1	5	20
	50-59	1	5	3	5	14
	60 and over	1	5	0	2	8
Total		12	49	9	34	104

Evaluation of NGO (by education)

		High quality	Average quality	Low quality	No opinion	Total
The level of education	Basic / secondary	8	29	3	17	57
	College / Special	0	6	2	6	14
	Higher / incomplete higher	4	13	3	10	30
	Other	0	1	1	1	3
Total		12	49	9	34	104

Evaluation of NGO (by gender)

		High quality	Average quality	Low quality	No opinion	Total
gender	male	4	12	3	16	35
	fermale	8	37	6	17	68
Total		12	49	9	33	103

NGO meets needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, they do	44	41,9	42,3	42,3
	No, they do not	14	13,3	13,5	55,8

	I do not know	46	43,8	44,2	100,0
	Total	104	99,0	100,0	
Missing	9,00	1	1,0		
Total					

NGO meets needs (by age)

		Yes, they do	No, they do not	I do not know	Total
Your age	18-29	20	9	26	55
	30-39.	1	0	6	7
	40-49	10	2	8	20
	50-59	8	2	4	14
	60 and over	5	1	2	8
Total		44	14	46	104

NGO meets needs (by education)

		Yes, they do	No, they do not	I do not know	Total
The level of education	Basic / secondary	22	8	27	57
	College / Special	5	2	6	13
	Higher / incomplete higher	15	3	13	
	Other	2	1	0	3
Total		44	14	46	104

NGO meets needs (by gender)

		Yes, they do	No, they do not	I do not know	Total
gender	male	16	3	16	35
	fermale	28	11	30	69
Total		44	14	46	104

NGO closer relationships

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes,they are	42	40,0	40,0	40,0
	The same	22	21,0	21,0	61,0
	No,they are not	5	4,8	4,8	65,7
	I do not know	36	34,3	34,3	100,0
	Total	105	100,0	100,0	

NGO closer relationships (by age)

		Yes,they are	The same	No,they are not	I do not know	Total
Your age	18-29	20	10	3	22	55
	30-39	2	1	0	4	7
	40-49	9	3	2	6	20
	50-59	7	5	0	3	15
	60 and over	4	3	0	1	8
Total		42	22	5	36	105

NGO closer relationships (by education)

		Yes,they are	The same	No,they are not	I do not know	Total
The level of education	Basic / secondary	20	13	4	20	57
	College / Special	2	5	0	7	14
	Higher / incomplete higher	18	4	0	9	31
	Other	2	0	1	0	3
Total		42	22	5	36	105

NGO closer relationships (by gender)

		Yes, they are	The same	No, they are not	I do not know	Total
gender	male	7	9	2	17	35
	fermale	35	12	3	19	69
Total		42	21	5	36	104

Assistance – mediation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	4,8	5,3	5,3
	2	6	5,7	6,4	11,7
	3	27	25,7	28,7	40,4
	4	27	25,7	28,7	69,1
	5	29	27,6	30,9	100,0
	Total	94	89,5	100,0	
Missing	9,00	11	10,5		
Total		105	100,0		

Assistance - representation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	4,8	5,4	5,4
	2	13	12,4	14,0	19,4
	3	24	22,9	25,8	45,2
	4	24	22,9	25,8	71,0
	5	27	25,7	29,0	100,0
	Total	93	88,6	100,0	
Missing	9,00	12	11,4		
Total		105	100,0		

Assistance - consulting

	Observed N	Expected N	Residual
1	2	18,8	-16,8
2	1	18,8	-17,8
3	7	18,8	-11,8
4	33	18,8	14,2
5	51	18,8	32,2
Total	94		

Assistance – teaching domestic skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	3,8	4,0	4,0
	2	3	2,9	3,0	7,0
	3	11	10,5	11,0	18,0
	4	16	15,2	16,0	34,0
	5	66	62,9	66,0	100,0
	Total	100	95,2	100,0	
Missing	9,00	5	4,8		
Total		105	100,0		

Assistance - intercommunication trainings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	3,8	4,3	4,3
	2	5	4,8	5,3	9,6
	3	5	4,8	5,3	14,9
	4	25	23,8	26,6	41,5
	5	55	52,4	58,5	100,0
	Total	94	89,5	100,0	
Missing	9,00	11	10,5		
Total		105	100,0		

Assistance – self-cognition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	2,9	3,1	3,1
	2	4	3,8	4,1	7,1
	3	13	12,4	13,3	20,4
	4	20	19,0	20,4	40,8
	5	58	55,2	59,2	100,0
	Total	98	93,3	100,0	
Missing	9,00	7	6,7		
Total		105	100,0		

Assistance – financial planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	1,9	2,1	2,1
	2	1	1,0	1,1	3,2
	3	10	9,5	10,6	13,8
	4	18	17,1	19,1	33,0
	5	63	60,0	67,0	100,0
	Total	94	89,5	100,0	
Missing	9,00	11	10,5		
Total		105	100,0		

Assistance – teaching family planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	3,8	4,3	4,3
	2	6	5,7	6,5	10,9
	3	13	12,4	14,1	25,0
	4	18	17,1	19,6	44,6
	5	51	48,6	55,4	100,0
	Total	92	87,6	100,0	
Missing	9,00	13	12,4		
Total		105	100,0		

Employment assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	3,8	3,9	3,9
	3	13	12,4	12,7	16,7
	4	20	19,0	19,6	36,3
	5	65	61,9	63,7	100,0
	Total	102	97,1	100,0	
Missing	9,00	3	2,9		
Total		105	100,0		

Assistance - charity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	9	8,6	9,9	9,9
	2	21	20,0	23,1	33,0
	3	23	21,9	25,3	58,2
	4	22	21,0	24,2	82,4
	5	16	15,2	17,6	100,0
	Total	91	86,7	100,0	
Missing	9,00	14	13,3		
Total		105	100,0		

Sufficiency of organizations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	5,7	5,8	5,8
	Not	43	41,0	41,7	47,6
	I do not know	54	51,4	52,4	100,0
	Total	103	98,1	100,0	
Missing	9,00	2	1,9		
Total		105	100,0		

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	p
Communicating with persons having minor mental disability	105	1,3143	,46646	1,00	2,00	0,000
Identification of persons having minor mental disability	105	1,6857	,54268	1,00	3,00	0,000

Opinion on ability to create own family of persons having mild mental disability	104	1,3654	,72484	1,00	3,00	0,000
Autonomy of persons having mild mental disability	105	1,8857	,59346	1,00	4,00	0,000
Autonomy of former patients of care institutions having mild mental disability	104	2,4327	1,17221	1,00	4,00	0,000
Employment opportunities	105	2,1429	,89258	1,00	4,00	0,000
Assistance in employment	105	1,6000	,81571	1,00	3,00	0.000
Psycological support	105	1,2476	,43370	1,00	2,00	0,000
Social support	105	1,2857	,45392	1,00	2,00	0,000
Financial support	105	1,5619	,49853	1,00	2,00	0,205
Organizations rendering assistance	105	2,6095	,79051	1,00	4,00	0,000
Evaluation of NGO	104	2,6250	1,06295	1,00	4,00	0,000
NGO meets needs	104	2,0192	,93457	1,00	3,00	0,000
NGO closer relationships	105	2,3333	1,31315	1,00	4,00	0,000
Assistance – mediation	94	3,7340	1,12809	1,00	5,00	0,000
Representation	93	3,5914	1,19997	1,00	5,00	0,001
Consulting	94	4,3830	,84378	1,00	5,00	0,000
Teaching domestic skills	100	4,3700	1,06035	1,00	5,00	0,000
Intercommunication trainings	94	4,2979	1,07593	1,00	5,00	0,000
Self-cognition	98	4,2857	1,04536	1,00	5,00	0,000
Financial planning	94	4,4787	,88874	1,00	5,00	0,000
Teaching family planning	92	4,1522	1,15725	1,00	5,00	0,000
Employment assistance	102	4,3922	,98661	1,00	5,00	0,000

Assistance	91	3,1648	1,24957	1,00	5,00	0,116
Sufficiency of organizations	103	2,4660	,60740	1,00	3,00	0,000