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THE SUPPORT FOR DISABLED ELDERLY PEOPLE AT THEIR HOME: THE EXPERIENCES IN KELME "SOCIAL SERVICE CENTRE"

Master's thesis

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SUMMARY

Master thesis examines the analysis of the provision of need and efficiency of social services at home. *The aim of the research* – to analyse the organizational aspects of availability of social services at home for the elderly and old people in disability situation in Kelme municipality. Theoretical and empirical methods have been applied in the thesis: analysis of scientific literature, legislative analysis, qualitative research (semi-structured interviews), the interview content analysis (content approach) and summary. The study included seven old people in a situation of disability receiving social services at home and three Kelme's social services workers.

The first (theoretical) part analysis the concept of aging in the context of social gerontology and paradigms, theoretical aspects of social services and social services regulatory documents of Lithuanian and Ukrainian. Research has shown that the various theories of gerontology the phenomenon of aging analyse highlighting different aspects of aging and old age, it is a heterogeneous process and the consequences of aging can be negative and positive. In Lithuania and Ukraine the social aspects of the provision of services at home is very similar, basic social services are organized by the municipality. The second (empirical) part presents a qualitative study which identified the elderly and old people's in the disability opinion on the services received at home and their need as well as interviewed analysis of service performance for social and labor experts was done. The study identified that the increasing number of elderly people in Kelme municipality remains a priority for the need for services. Having evaluated the results it can be said that the need for the provision of social services is high which suggests that social services are the main social work organization which enables it to satisfy the vital needs and facilitate the living conditions in their natural environment when they are self- unable to achieve. It was also found that social work experts work together effectively, accurately allocated to each of these functions, they take into account individually each client's individual needs. Elderly and old people are involved throughout the process of provision of social services. Therefore, this model is effective because it is a collaborative model.

Key words: social services at home, the old and the elderly, disability situation, a social worker.

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INTRODUCTION

The research problem and its relevance. Social services in Lithuania legally enshrined in 1994. The approval of the concept of social support (by Government of the Republic in 1994. 9 May, No.360 ruling on the concept of social support), where the social support has been divided into three components: aid by cash, aid by items, aid by services (Government News, 1994). The Parliament of Lithuanian Republic adopted the Law on Social Services, which provides for Lithuania types of services provided by social services organization, provision, reception conditions, social service providers and recipients of relations, social service funding principles on the 9th of October in 1996. In Lithuania mainly social services are provided by budgetary institutions and their founder is a state (county) or municipality. Municipalities are responsible for the provision of social services in their territory and ensure statutory minimum social assistance, organizing services, paying benefits and setting up the necessary services. Additional social support municipalities are taking into account the needs and opportunities, and provides support for the implementation of their community. Social support is organized for the elderly, people with disabilities, problem families, persons with no social skills, the homeless, released from prison and other persons having social problems. In 2010, Lithuania has ratified the Convention, adopted and undertook the responsibility to implement the Convention on the Rights of Persons with Disabilities in their national legislation and practice. CRPD Article no 19 says that people with disabilities should receive the help they need, and excludes the barrier compensating disability. Social services try to solve the problem of exclusion of people with disabilities by promoting the so-called de-institutionalization. Therefore, it is expected that social services and a variety of people with disabilities will provide quality services.

Demographic changes due to aging make services to be oriented to the elderly and old people with a disability and health issues, services provided at home and its rising demand. Lithuanian society, as in the West, is aging rapidly - growing number of pensioners and the birth rate is less than the rate of mortality. Lithuanian Department of Statistics at the beginning of 2014 stated that 542.7 thousand people who lived in the country were of yhe age of 65 and older people, including 146.3 thousand or 5 percent of the population which was 80 years old and older. During the 10 years since 2004, 80 years and older population increased by 54 percent. The number of elderly people and the relative weight of the total population growth trends suggest that in the future a large part of our society will be older and old people. Therefore, both the country's overall standard of living and our living environment microclimate, finally social stability greatly affects the well-being of these groups. In order to achieve them it is necessary to ensure the welfare of the

elderly people a sufficient level of income, employment according to the needs and opportunities to strengthen and maintain their independence, participation in public life and provide access to needed services and support. It is noted that increasing the number of people who are willing to wait for old age and get them all necessary services for your home, due to the rising social and home care services are needed (Kanopienė, Mikulionienė, 2006).

Although each person develops personal ways of adaptation to old age, but people whose lives have not been successful in the last stage of the life cycle bring an inadequate social base and many emotional scars. Changes of situation, social roles, feeling of unsuccessful adaptation in old age require additional help. In this case, the social worker's role for old person becomes very important, which organises the successful assistance to elderly and old people and must be ready to help the client competent to his well-being. Lithuania social work as a profession began just over a decade ago (Bagdonas, 2001). At the same time, Lithuania began a professional social work with old people and the elderly. This social work was not very popular around the world as a social worker was influenced by negative attitudes towards people of old age (Koskinen, 2002).

According to Claudine Bade - Rodriguez (2012), the demographic aging of society is reported as the scourge of all that blocks the health insurance and retirement accounts to the detriment of the country's economic dynamism and its ability to innovate. Mikulionienė (2003) agrees that old age is portrayed as a repellent, gloomy, and the difficulty of life, as is associated with poverty, poor health, poor housing and social isolation and dependence.

In Lithuania a lot of valuable researches were made that analyse the elderly and old people's quality of life, i.e. Pivorienė, 2005; Juozulynas et al. 2009; Staniūtė, 2007. Žalimienė, 2003 has analysed the social care services for older people and the need for standards of practice in the application of Lithuania and foreign countries. Mikulionienė, Kanopienė, 2006 – studied the aging of the population and the problems faced by the health care system. Researchers like Vareikytė, 2006; Guogis and Gudeliai, 2005 analysed the question of Department of Social Services Improvement Lithuania. Indrašienė and Katkonienė (2011) presented the assessment of home help services. The findings revealed the most important satisfaction factors of home help service. It turned out that the success of the provision of services is based on visiting care workers' skills and knowledge and the ability to adapt them direct work with service users. Miller (2009), Ryan Coughlan (2011), Richardson and Barusch (2006), Phillips et al., 2010 exhaustively explore the age-related changes and risk factors later in life. It also discusses the theories applied in social gerontology. The phenomenon of disability in old age was analysed by the following authors:

Ruškus, 2002; Ferrucci et al., 1996; Murphy et al., 2007; Naujanienė et al., 2003, 2004; Mikulionienė, 1997; Večkienė et al., 2000; Lesauskaitė et al., 2002, Samsonienė et al. (2008), Murphy et al. (2007).

Master thesis reviews the situation in Kelme municipality and performance indicators of social services. The relevance of the study of social services at home for the elderly and old people's need is determined by the fact that these services are the integral part of the infrastructure of social services in an aging society and it remains relevant topic in Kelme municipality.

The aim of the research – to analyse the organization and delivery aspects of social services at home for the elderly and old persons in disability situation in Kelme's municipality.

The object of the research – the approach of the elderly and old people in disability situation to social services and its efficiency in Kelme's municipality.

The following objectives have been raised:

1. To analyse the theoretical aspects of retirement age-cycles;
2. To analyse the theoretical aspects of social services, their organizational objectives and functions;
3. To discuss the documents which regulate social services organization and delivery in Lithuania and Ukraine.
4. To reveal the attitude of the elderly and old people towards social services received and the operational efficiency of professionals related to services.

The Methods of the Research:

1) The analysis of scientific literature, various scientific sources and study analysis which helped to reveal the complexity of the subject and holistic, to evaluate theories of gerontology by defining them and revealing the phenomenon of disability in the context of old age, quality of life and leisure factors;

2) The analysis of Lithuanian and Ukrainian legal documents which allowed a structured reveal of social services provided at home from legal aspects, to compare them and to understand the existing legal framework to regulate the needs of the elderly and old people in a situation of disability;

3) A qualitative study using semi-structured interviews helped to reveal the form and content of social services at home and the assessment of social services and its effectiveness from the point of view of the elderly and old people with disabilities.

The Structure: The work consists of the summary in English and Lithuanian language, introduction, two parts (conceptual; methodological and research). The first part gives the concept of old age and aging in the context of gerontology theories, the phenomenon of disability in old age, the quality of life and leisure factors justification of elderly and old people. The second part

describes the empirical methods, presented the analysis of Kelme social services performance, the obtained results are given from interviews. The paper ends with conclusions and recommendations. The study used 78 sources. The research data is illustrated by 15 tables and 6 figures. Interview questionnaires are given in the annexes. The volume – 66 pages.

The Main Concepts

Social services – it is services which grant the aid for a person (family) becauseof age, disability, social problems, partially or entirely not having, lost ability to take care of his (family) personal life and participate in the society.[1]

Elderly people – age of 60-74, **old people –** 75 – 90, According to the definition of Organization of United Nations.[2]

Social service institution – social services company (public limited company, private limited companies, sole proprietorships), the body (a public institution, budget office), organization (association, charity and support foundation, religious community or association (center), family.[3]

Disability – for personal body structure and function disorders and environmental factors interaction of health deterioration, decrease of participation in society and development facilities.[4]

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[1] Link to the Internet online: http://www.socmin.lt/lt/socialine-integracija/socialines-paslaugos-ir-dca9/socialiniu-paslaugu-teikimas.html.
[2] Link to the Internet online www.sam.lt.
[3] Link to the Internet online: http://www.ndt.lt/teisine-informacija/teises-aktai/.
[4] Link to the Internet online:http://www.ndt.lt/teisine-informacija/teises-aktai/.

CHAPTER I
Theory of Social Gerontology and a Variety of Approaches, Social Work with Old People and the Elderly

1.1 The Conception of Senescense and Social Aging in the Context of Social Gerontology Theories and Paradigms

In order to examine and analyse the social processes associated with senescense and age gerontological theory and practice of knowledge is essential. Gerontology is based on the relevant professional activities of experience and research results. Each gerontology theory analyses and highlights different aspects of aging and senescense but the deep analysis allows to find and evaluate information about the key factors that affect the individual and general aging differences. Aging is understood as the biological, psychological, social process involving a range of loss and transitional periods.

According to Atchley (1997), human aging should be not seen as a single process, in fact it is a complex integrated process involving biological, psychological and social changes that everyone experiences in different and subtle ways.

Most social gerontology theories depend precisely to functionalist theoretical paradigm, which seeks to explain how the social system back up and restore the balance of people, i.e. the shared values and the functional dependence of each other (Mikulionienė, 2011). Various theories of gerontology examine the selected theories which are given in the 1 table below.

Table 1 Source: developed by the author according to the sources

Paradigms	Gerontology theory	Authors
Functionalism paradigm	The theory of age integration	Carol A. Miller (2009); Mikulionienė S. (2011); Judith Pillips, Kristine Ajrouch, Sarah Hillcoat – Nalletamby, 2010.
Symbolic interaction paradigm	Subculture of ageing	Patrick Ryan and Barry J. Coughlan (2011); Nancy R. Hooyman, H. Asuman Kiyak (2008).
Critical Gerontology paradigm	Critical theory	Moody, H. R. (1998); Mikulionienė, S. (2011); Nancy R. Hooyman, H. Asuman Kiyak (2008).

One of the functionalist theories of integration theory is age integration theory which resists from the main stratification for age theory assumption that society is classified by age. According to Mikulionienė (2011), the age concept of integration applies not only to societies, but also to the individual's life. Segregated by age in the development of life-learning, the educational system is intended for young people, work for mature people and leisure for old age pensioners. According to Miller (2009), there is increasting of the importance of age integration, defined as a community in which chronologic age is not a criterian for entrance, exit, or participation. Two additional components of age integration are the absence of age barrieran the presence of cross - age interctions. age integration is on a continumm, with the following variations.

- Some societies and social structures are more age integrated than others.
- degree of age integration in any society changes over time.
- Some people may experience more age integration than others.

Age integration is seen as an important factor in combating ageism and improving guality of life, not only for older adults, but for younger generations.

Symbolic interaction paradigm theory focuses on the individual, his way of thinking, emotions, his social behaviour, self-conscious experience. Subculture of aging is based on the view that older people create subculture, which is based on common interests and their total exclusion from the wider public experience. Theories author Rose (1965) argues that, proponents of the subculture of aging theory believe that older people maintain their self concepts and social identities through their membership in a subculture. The formation of an aging subculture in viewed as having two significant consequences for older people:

- an identification of themselves as old, and thus socially and culturally distinct from the rest of our youth - oriented society.
- a growing group consciousness that may create the possibility of political influence and social action (Nancy and other (2008).

Patrick, Barry (2011), the subculture theory of ageing states that older persons form subcultures in order to inteact with others with similar backgrounds, experiences, attitudes, values, beliefs and lifestyles. This happens not only by choice but because of segregation, social differation and discrimination based on age.

Critical Gerontology perspective proponents argue that the experience of old age depends as much on the economic and social factors as the individual's biological and personality characteristics. Age integration is a concept that was presented as an ideal type of societal structure

by Riley and Riley (1994) to address the problem of structural lag. The notion of age integration build from earlier work suggesting that societies adopt a system whereby individuals have flexibility with regard to the time they spend in activities of work, education and leisure (Phillips, Ajrouch, Hillcoat – Nalletamby, 2010). According to Mikulionienė (2011), a critical gerontology theory advocates that older people would be given a voice, that they themselves become conscious of research participants, that the well-being of older people could be created by their own active participation rather than being imposed from the outside.

Nancy and other (2008), critical theory the perspective that genuine knowledge is based on the involvement of the; objects; of study in its definition and results in a positive vaision of how thing might be better rather than an understanding of how things are.

Moody (1998) identifies four goals of critical gerontology:

1. to theorize subjective and interpretive dimensions of aging.

2. to focus not on technical advancement but on :praxis;, defined as active involvement in practical change, such as public policy.

3. to link academics and practitioners through praxis.

4. to produce ;emancipatory knowledge; wich in a positive vision of how things might be different or what a rationally defensible vision of a ;good old age; might be.

Critical gerontology focuses on concepts such as power, social action and social significance. Critical theory must not criticize the prevailing theory but to create a positivistic model of aging, highlighting the old people's strengths and diversity (Naujanienė 2004).

There are no set criteria or age limit at which we can say: "That is it – sedelscense". Everybody is getting older every day all life. Old age is the natural end of life however a man can be called elderly or old depending on the social situation, culture, ultimately from the same human motivation. This view is shared by Navickas, Vaičiulienė (2011), that there is no specific limit on when someone can be called old. As long as the spirit holds a balance and strength a man remains healthy. Healthy he is no longer only when the spirit gives up and vice versa when a serious deterioration in physiological condition are shaken and spiritual abilities.

Social gerontology describes aging as a heterogeneous process and aging and the consequences can be both negative and positive. Positive – negative nature of old age reflects reality testifies to the fact that aging is both a great achievement and a social problem (Koskinen et al. 2004). Naujanienė (2008) suggests that for those who welcome old age is easier to adapt to a change in lifestyle, and those who are negative – hard to come to terms with the changed situation deteriorating health decline stain opportunities.

Scientists of various countries and regions are looking for an answer what a successful aging is. Successful aging person as well as old age itself is a complex phenomenon that includes basic physical, emotional, cognitive and social areas. Successful aging is the adaptation process the purpose of which is the high physical, cognitive, emotional and social areas outcomes (Fernandez-Ballesteros et al., 2009). According to Jankūnaitę et al. (2012), successful aging is a multi-process providing basic human physical, cognitive and social areas. For successful aging it is important good health preservation, avoidance of disease and disability in old age and a high level of cognitive function and maintenance of social activity. In addition to these factors, it should be in mind that the person is affected by the aging of many structural factors and constraints. Although many isolated detectors are to determine whether or not a person is aging successful, however important and subjective human feeling and satisfaction of their age, his positive evaluation, even if the situation does not meet the standards (Mockus, Žukaitė, 2012).

The increasing number of elderly and very old people increases their participation in public life so Koskinen et al. (2004) describes the following statements in social gerontology aging:

- Changes the concept of human age; the old man is at the age of 85-year-old age; indicated the third and fourth age; human age is analyzed from different perspectives - the biological, psychological and social;
- Aging understood as an integral part of biological, psychological and social processes of a whole;
- Aging is recognized as a historical and cultural phenomenon;
- Importance of comparative studies of aging and old age;
- Narrative social gerontology finds its position in gerontological research;
- Social gerontology studies use both quantitative and qualitative research methods. (Koskinen et al., 2004, psl.14).

Večkienė (2002) points out that old age can be described in a chronological, functional and social age. Chronologically, the man considered to be old when they retire or become a grandfather. Functionally, the person becomes old, when, for example, his memory gets weaker. But even recognized chronologically or functionally old man continues his social roles performed during life. However, old age social gerontology investigated the course of life perspective going beyond the distinction between life stages.

Old age is not a static fact; this is the end of the process and its continuity. The law of life is change. Old age is marked by a very specific change: irrecoverable and inconvenient,

decomposition. Old age is the age of the human stage of life cycle. Aging – a process which is culminated by biological death, discharging human development (Žukauskienė, 1996).

Professor Bagdonas (2007) states that senescnese is inevitable and it useless to fear what can not be changed, says and distinguishes eight major tasks for old people:
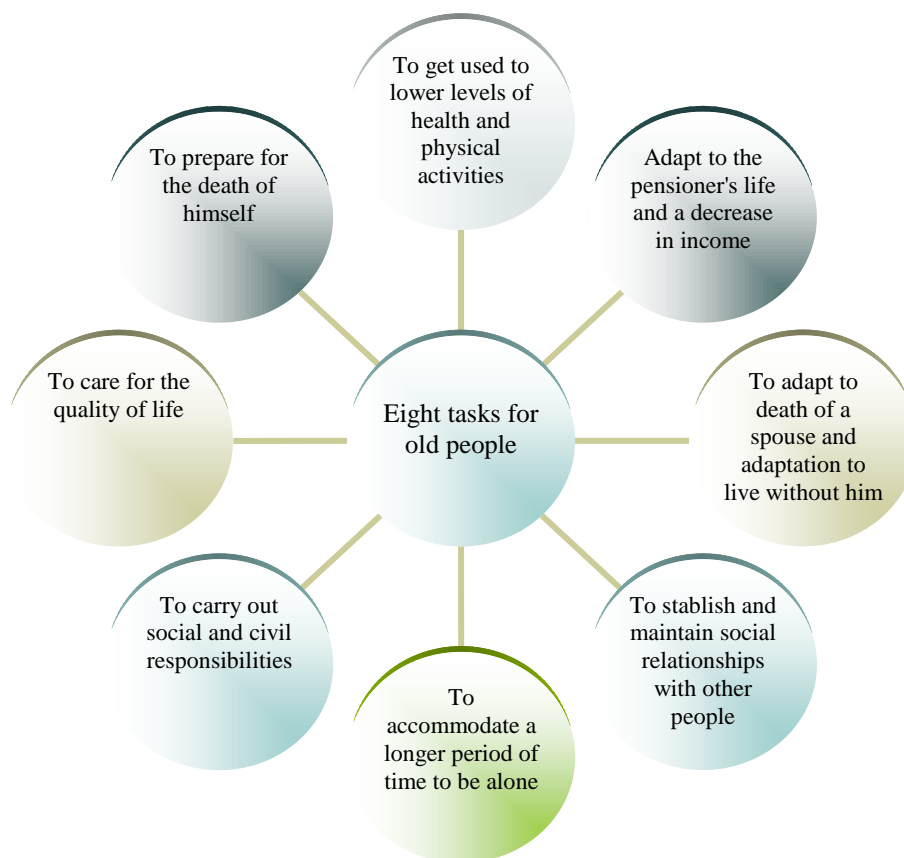
Figure 1 Prepared by Bagdonas, 2007.

Aging can also be described as a complex chain of changes in human life. Human aging, according to Mikulionienė and Petkevičienė (2006) is a complex of physiological and physical, mental and social changes that take place over time. Aging is a complex but completely normal biological process which can not be avoided. No one can escape from aging even it is inevitable. On the other hand, aging rates in different ways: some are already being of retirement age spiritually still feel young and suddenly other, still looking out of years of exposure, looks and feels like one foot in a grave (Mikulionienė, 1997). Some authors believe that old age starts at 75 years old but real life shows that a person starts to think that retirement or job loss in life shows that he is old. This is one of the most critical faults of human life.

Wilmoth, Ferraro (2013) says that aging involves biological, psychological, and social changes in individuals at varying rates. The transitions associated with growing older are probably

not linearly related to chronological age, and the process of aging itself is also multidimensional in nature.

While living person accumulates differently in different options and choices, so as they get older people lose some functional capacity: unable to maintain the previous exercise, more frequent resting a while, felt rather tired, take torment pain, deteriorating vision and hearing. Not only physiological and biological changes appear but also psychological changes. The main changes in cognitive processes include: memory and thinking, perception and sensory changes in the system, feelings, emotions, experiences and mental status changes, different fears, growing maturity of personality, moral, economic and personal changes (Palujanskienė 2004).

Aging in very different ways can change life style. Opportunities for physical, economic capacity, group membership, activity and environment vary with age, and so the individual can be forced to give up a life style he likes. However, aging brings a certain freedom from social constraints, and this can bring lifestyle and personal values to allow the individual to refuse him an unsatisfactory life style. Some people never create a life style that is suitable for them. Most of the people all over the "mature" life strive to maintain normal "mature" life style (Atchley, 1988).

In summary, it could be stated that the various authors describe the chronological aging, functional, social age. Old age – is a certain stage of human life cycle. It can be argued that the old people are a separate part of the society, which has specific features. Old age is inevitable and very individual, which is influenced by genetics, lifestyle, and psychosocial factors. Approach to the elderly and the elderly are varied, with both positive and negative attitudes which play a special role in the context of society.

1.2 Disability Phenomenon in Old Age

Disability phenomenon in old age is analysed by the following authors: Ruškus, 2002; Ferrucci et al., 1996; Murphy et al., 2007; Naujanienė et al., 2003, 2004; Mikulionienė, 1997; Večkienė et al., 2000; Lesauskaitė et al., 2002, Samsonienė et al. (2008), Murphy et al. (2007).

Ruškus (2002) said that no definition of disability categories is absolutely correct: the medical and educational classification varies depending on time and space. This means that the definition of disability socially constructed in certain cultural, social and political conditions and is

temporary. Disability can be defined as a gap between a person's abilities and environmental requirements.[5]

World Health Organization (WHO)(2012), estimates that 10% of the world's population has some form of a disability, 20% of those aged 70+, and 50% of those aged 85+. That is, with increasing age, disability increases and, among those who are elderly (age 65 and over), the old elderly are more likely to experience disability than are young elderly. For this reason, the WHOargues that in terms of disability, old age can be viewed as starting at age 75. Disability in old age is frequent and not only lowers the quality of life of its victims, but strains society's limited resources for assistance, care and rehabilitation. Prevention of disability in old age is therefore a matter of great humanitarian and economic concern.[6] It is noteworthy that the oldest old are the most rapidly growing segment of the population and it is among the oldest old that severe disability is the highest (Ferucci, et al., 1996).

Murphy, O'Shea, Cooney, Casey (2007) opinion, some older people have more than one type of disability. Of people with a disability aged 65 years and over, about two thirds experience multiple disabilities. More than two thirds of older people with a disability experience restrictions in physical activity. Older people also have a high rate of sensory impairment, with 30 per cent experiencing blindness, deafness, or a severe vision or hearing impairment. A similar proportion has difficulty in learning, remembering or concentrating. Lesauskaite et al. (2002) believe that in Lithuania about 20% of old people work is easily disturbed, 4% severely impaired. The older you are the greater the risk of severe disability, which need social assistance. Older than 85-year-old age are 5 times more likely to need support in daily activities compared with those whose age are 65 years old. 85-year-old age group and older almost 45% of them have a disability, 75-year-old to 84-year-old group – 25%.

Increasing age increases the burden of chronic diseases. Chronic diseases and structural changes during the aging process affect many of the organs. Inevitably, there functional independence disorders, senile determining disability. Disability deprives reduce or restrict a person's ability to perform daily activities and feel a full-fledged member of society. As people get older it increases the likelihood of developing a serious illness and become disabled. Naujaniene, Uzaite (2003) believe that the old age of disability is associated with atherosclerosis, stroke, cancer diseases. A disability or illness is not synonymous with old age, but it is obvious that in the

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[5] DISABILITY IN OLD AGE. Final Report Conclusions and Recommendations Burden of Disease Network Project http://www.jyu.fi/burdis/FinalReport.pdf.
[6] Link to the Internet online:http://www.euro.who.int/__data/assets/pdf_file/0008/74708/E82970.pdf.

biological changes of aging, increasing the likelihood of becoming disabled. Many old people avoid very high disability, but also limits the less certain roles.

The factors underlying functional decline in old age are multiple and vary between individuals and populations. Furthermore, it is obvious that disability is also socially constructed and that it is the existence of a disabling environment which transforms impairments and functional limitations to disabilities. The health and behavioural factors which at an individual level contribute to disability in old age include inappropriately treated diseases, depression, cognitive, sensory and physiological impairment, smoking, sedentary life-style, unhealthy dietary habits, deviance from optimal body weight, high or no alcohol use compared to moderate use, and insufficient social support requirements.[7]

Naujanienė (2004) states that while few old people are suffering from a severe disability, severely disabled person's life changes in structure. When disability is extreme it can become addictive. Mikulionienė (1997) argues that the most frightening age brings changes, dependence, or an independent adult's loss of status. Elderly people are afraid of becoming dependent. Physical or financial dependency is hardly acceptable position for most adults. But even those people with a disability is not a last resort, this limits the roles that they can play, the number and influence of other people's reactions upon them. The disease is similar to disability in most aspects as it limits the roles to play.

Laborski (Atchley 1997) drew attention to the tendency to believe that a disabled person is like useless. Disability problem can destroy the inner understanding of what is a complete man. An elderly man, first became disabled, has to deal with a hostile world, but also with the previous self-concept. As stated by Naujanienė and Užaitė (2003), the narrower sense of disability - is the inability to perform daily activities such as washing or bathing, dressing, using the toilet, eating, standing up from a chair and getting off the bed.

The World Health Organization (WHO) has approved international functioning, disability and health classification and gave a more precise definition of disability in 2001, which is an umbrella term disability (functional disorders, performance limitations of Disabilities and Handicaps restriction) is defined as the change in the health and circumstances (environmental factors and personality traits) interaction terms.[8]

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[7] DISABILITY IN OLD AGE. Final Report Conclusions and Recommendations Burden of Disease Network Project http://www.jyu.fi/burdis/FinalReport.pdf .
[8] The International Classification of functional, useful, Disability and Health, 2004) http://www.rehab-scales.org/international-classification-of- functioning-disability-and-health.html.
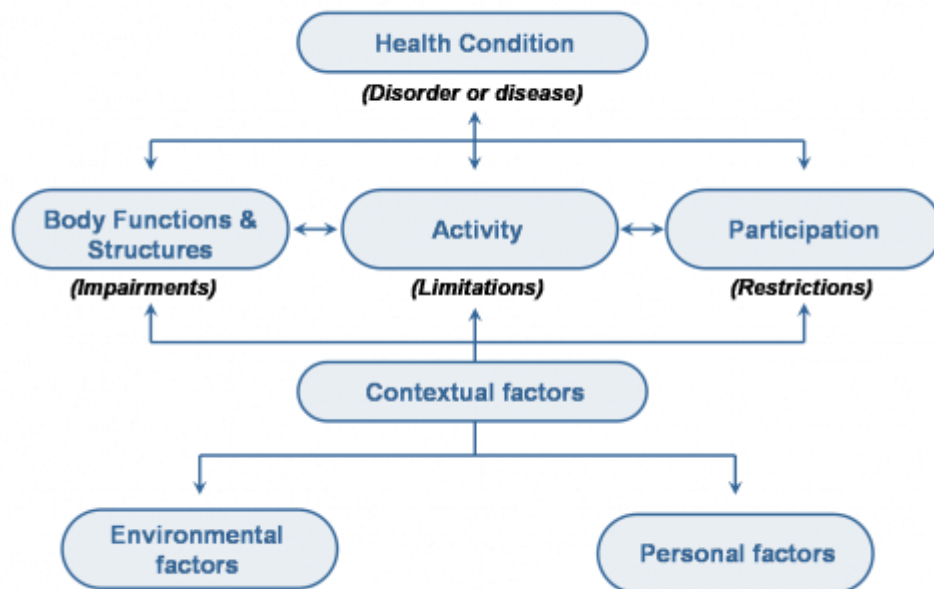
Figure 2 International Classification of Functioning, Disability and Health (ICF)

Samsonienė et al. (2008) agrees that disability is used as an umbrella term covering a person in the various areas of society. In other words, the higher the person's participation in one or another of public life activities (social formation and modification), the specific activities of his disability is lower.

Good health and disease together with age and gender are important criteria that influence human suitability for various positions. Most of the positions for the family and friends of the circle requires a certain level of activity, you can not do it anymore if became ill from the disease or became disabled (Večkienė et al., 2000). Bikmanienė, Danusevičienė, Jagelavičius et al. (2004) believe that many biological changes with age suffer gradual, and it does not change the established way of life. However, in modern society a full-fledged human being regarded as one whose body and mind function perfectly. Such an approach complicates the process of adaptation, the activities of daily life, but also puts sociocultural anchor, limiting social opportunities for disabled person.

Disability is often defined as a gap between a person's abilities and environmental requirements. We can speak of a disabling environment. Social and environmental factors play a major role in determining whether functional limitations are expressed as disability or not. In disability assessment, a person is placed in the context of the physical and social environment and its challenges and limitation in the fulfilment of social roles is assessed.[9]

Disability in old age should be a focus of all public health policy and programs and cover the whole continuum of services aimed at both preventing disability and restoring functional capacity through rehabilitative measures.

In summary, it may be asserted that, disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

1.3 The Life Quality Aspects of Elderly and Old People

The following authors have analysed the quality aspects of elderly and old people's life: Cummins, 2005; Vaznonienė, 2010; Palujanskienė, 2004; Orlova, 2014; Spirgienė, Macijauskienė, 2008; Furmonavičius, 2003; Janulienė et al. 2003; Caar AJ, Gibson, Robinson, 2001; Jurgelenas and others, 2007, Ruškus, 2002.

Novadays in Lithuania many old people live in poverty, unable to complete feeding and taking care of yourself. Therefore, solving the problems of aging remains relevant to the old and the elderly people's quality of life. The old man's quality of life is determined by: the health and living standards; the opportunity to make decisions on your life's needs; access to information about services that can provide assistance. Man is a social being and how well it adapts to its environment depends on its quality of life.

Quality of life is the holistic phenomenon. It is a combination of personal and environmental factors and their interactions (Cummins, 2005). Vaznonienė (2010) believes that the

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[9] DISABILITY IN OLD AGE, Final Report Conclusions and Recommendations, Jyväskylä University Press 2004. http://www.jyu.fi/burdis/FinalReport.pdf.

current quality of life reflects not only the conditions in which people live and distribute material resources, but more important is their subjective assessment of quality of life, covering physical health, state of mind, feelings, values, and priorities in life. Quality of life is what most people recognize: consensus with others, seeing the meaning of life, active participation in social activities.

Talking about the quality of life of the old and the elderly is very important to maintain the previous human activity and the level of capacity as decreased activity causes a sense of isolation, increases depression and all of these factors worsen the quality of life. Poor quality of life in old age is not just a consequence of poverty, it is also due to the fact that no one else to take care of the old man. Palujanskienė (2004) argues that the quality of life influences the quality of relationships with others, especially in the medical and social care workers, neighbours and relatives. If the old or elderly man surrounded by loving relatives and rich and happy circle of his old friends old age person is feeling the fullness of life in a meaningful way makes your days.

U.L. Orlova (2014) has done the research "The factors of life quality of socially looked after elderly people" and identified the main factors of life quality:

1. Autonomy and decision-making;
2. Viable relationship cherishing with significant;
3. The restoration of significant moments;
4. Vitality;
5. Help acceptance;
6. The coincidence of processes as a catalyst;
7. Financial decisions and welfare in public level.

In Lithuania quality of life studies particularly emphasize in health-related quality of life aspects. Health-related quality of life – is part of the quality of life which is influenced by health or health care. The examination of the quality of life it is necessary to find out what the people's health, because it affects the quality of life (Furmonavičius, 2003).

According to Spirgienė and Macijauskienė (2008), quality of life depends on age, health condition, and objective of social, economic and other factors. Social activity is associated with successful aging. Participation in social activities affects the physical health, cognitive function and survival. On the other hand, social activity associated with better functional outcome carry out daily activities, lower dependence in the future.

In the medical field quality of life is usually referred to health-related and a narrower aspect of it is examined, covering the physical, psychological and social health levels as separate areas affected by personal experiences, beliefs, expectations and perception (Janulienė et al. 2003). Caar AJ et al. (2001) give the following main areas of personal quality of life as the physical

condition and functionality, psychological status and well-being, social relations and economic status.

The quality of life according to WHO definition is an individual assessment of their local life and cultural values system in which the individual lives in the context associated with his objectives, hopes, interests and standards. However, the main factor should be age because it leads to human health, quality of life and health which are closely related (Jurgelėnas et al., 2007). This definition implies objectivity and subjectivity in assessing the quality of life issue. In assessing the quality of life the various subjective factors are determined such as social environment, the social network activities, institutional environment, personal choice. Subjective factors are as follows: individual psychological needs, satisfaction and happiness, a sense of well-being (Ruškus, 2002).

Quality of life of persons with disabilities (as well as all other members of society) is determined by the following factors:

FACTORS DETERMINING THE QUALITY OF LIFE

Health: physical and mental health statu

The financial situation of the individual

Living conditions, their adaptation to the needs of the person

Family: family influence on individual

Social relations at institutional level: the relationship and emotional climate

Recreation, creativity; quality leisure

Participation in community activities, employment or trade / professional

Religion: the practice of free choice

Self-assessment of the individual's state of mind, attitude to life (satisfaction)

Individual needs meet and evaluation

Figure 3 Prepared by Ruškus, 2002.

Vaznonienė (2010) believes that the current quality of life reflects not only the conditions in which people live and distribute material resources, but more important is their subjective assessment of quality of life, covering physical health, state of mind, feelings, values, and priorities in life.

Palujanskienė (2004) argues that every old and older person's quality of life is very different, because it depends on a variety of factors that affect a person's inner state. Only a healthy person can be physically, mentally and socially to act and feel a positive emotional state: the satisfaction and happiness and this is a subjective quality of life of the most important components.

A person's ability to adapt to changes in life, a good psychological and social adaptation of the complex and constantly changing conditions of life is an important indicator of quality of life.

In summary it can be said that quality of life is associated with health, encompassing the physical, psychological and social health levels. Quality of life depends on the person's age. Senior human life satisfaction is related to the chosen activity. Engaging in any activity with the participation of public organizations or community life, there is a feeling of necessity.

1.4 The Value of Leisure Time in Older People's Life

The following authors have analysed the value of leisure time in older people's life: Stasiulevičienė, 2002; Bikmanienė, 2002; Šinkūnienė, 2005; Garkauskienė, 2012; Navickas, Vaičiulienė, 2011; Lemme, 2003; Večkienė, 2004; Kairys, 2002; Toepoel, 2012.

Leisure time is significant in every man's life as well as for old people. Aging changes the activities carried out both at work and at home. According to Stasiulevičienė (2002), the choice of activities in old age depends on previous skills. Who will be affected by old age, what course of action will be taken depends on personal goals, expertise, gender, social status and so on. Bikmaniene (2002), Šinkūnienė (2005) and others define leisure time as free of busy time necessary activity that meets individual needs as well as knowledge, education and spiritual perfection. There are plenty of leisure activities which can provide joy, but in order to properly perform there are required skills and knowledge. Old people sometimes have difficulty engaging in any activity. Reluctance rises from the self-doubt, fear not to have skills although old people like the young can learn to perform new activities.

According to Garkauskienė (2012), with age changes person's employment, physical activity, income, and person faces with the need for leisure satisfaction problems. Gerontology specialists say that good quality of life is very important to marital status, health, work during retirement or an active social life.

Retirement changes the nature of the employment, professional activity results in a lot of free time. Leisure activities in elderly people's lives can become very important: can serve as a mechanism that helps to cope with discretionary time or as a substitute for the loss of professional activity. Research has suggested that the retired people in leisure activities contribute to a sense of well-being and life satisfaction (Navickas, Vaičiulienė, 2011). According to Stasiulevičienė (2002), studies have shown that aging people are less involved in several activities for the energy decline as

well as for a variety of disabilities resulting from this century. If they have no disabilities they try to remain active.

Today's society is characterized by three specific activities for the elderly: the church organized activities, political – patriotic activities and volunteering. Voluteering is very popular in foreign countries but in our society it is just only getting more popular.

Toepoel (2012) argues that older people have less social contacts and participate in less leisure activities. They are more satisfied with their social contacts and feel more connected to others than younger adults, however. This indicates that loneliness and social connectedness are two separate things. Active leisure activities contribute more to social integration than passive activities.

Lemme (2003) asserts that leisure activities especially involvement in social activities contribute greatly to the good old people feeling. Religion, inner peace, faith, altruism, respect are very important because they help to deal with vulnerability, loneliness, anxiety and meaninglessness, help to adapt and adequately assess the environment, their own changes. Satisfied spiritual aspect has a positive effect on physical and mental health and social life. Večkienė (2004) in the article "Aging in the community" states that the parish church is very popular activity among the elderly and old people, especially those who are over 75 years old and more. Here their activity decreases much more slowlier than in other areas. In addition, the activities of the church are headed mostly by older people. Some churches operate the elderly day care centers, nursing homes and especially in these programs actively involved the elderly.

Kairys (2002) states that in Lithuania old and the elderly depend on the operating income. Travel, participation in various events, concerts, performances require money. These activities are more expensive than a conversation with neighbours or relatives, watching TV or walk outdoors. The existing old age and disability pensions are basically just for minimum physiological and social needs. In fact the pension is too small if you want to meet the cultural and intellectual needs.

In summary, the authors expressed the idea that for an elderly person in order to better face the retirement age changes it is necessary to find a heartwarming, meaningful recreational activities, which will give the value of dignity. However, the old and the elderly people depend on the income and the current old-age and disability pensions are basically just for minimum physiological and sociological needs.

1.5 Social Services Provided at Home

Elderly people who make up about one-fifth of our society are the main users of social services. Increasing life expectancy is a breakthrough and the problem, because the public fail to adapt to the growing body of the older age group needs. Old age is a complex and controversial period of human life. They want to live a long time but there are fears of old age (Sargautytė, 2000). Lengthening the average age of people it becomes clear that it is necessary to properly prepare the phenomenon of socially and create decent, dignified, durable, socioeconomic living conditions (Jagelavičius 2004). Lithuanian social policy of home help services for elderly people is identified as priority.

In 2013 assistance to home and social care at home services were provided to 16.2 thousand people or 2 per cent more than in 2012 on the basis of the study of social services announced by Lithuanian Department of Statistics. As in previous years the majority (83 per cent) of social services persons who were assisted at home was people of retirement age. Compared to 2012 social services have increased by 4 per cent (Statistics Lithuania).

System of social services for older people in EU countries is organized in accordance with the basic principle – "The longer at your home". According to Žalimienė (2003), the purpose of home help services is enabling the client as long as possible to stay in their own homes for elderly and disabled people. To create favourable, safe, decent human living conditions to ensure the preservation of their autonomy, allowing their own homes. The elderly and old people have the right to comprehensive, sensitive assistance. However, they should be left to self-determination, allowing influencing their lives. This maintains elderly human autonomy.

According to the degree of necessity of service to the individual, social services are divided into primary and supplementary services. Primary services are vital services in order to avoid the necessity of inpatient services and keep him at home without prejudice to the honor and dignity and ensuring the minimum needs (Žalimienė, 2003). Supplementary services are services which are not absolutely necessary in a particular situation but it may be provided by the person's request or the service agreement with the organizer. In addition, assistance provided to individuals can be partial and total. Partial support is service providing only some of the services that the person is unable to perform his own. Full support is that all kinds of provision of basic services to enable a person to remain in their own homes.

According to the Ministry of Social Services Act (2006. 19 January. No. X-493), social services are divided into general and specific. General social services are understood as services rendered to persons in order to help them live independently in their own home, without special provision of social services. In other words, services that are provided to people at home rather than in residential care. In this regard shall be the following types of services:

- *Provision of information and advice* – it is a social service that is given to the client who wants to obtain the required information, or for a longer period of time to consult on the current problem.

- *Support at home* – it is the services at client's home, which are intended to provide normal living conditions for the opportunity to live a full life of the recipient at home, in liaison with the community and thus avoiding special services.

- *Nursing at home* – this is a health care service that is given to the person at home, collaboration, working as one team of health care professionals and social workers, carers and other experts.

- *The care money* – this is money that is awarded to a person to pay for services provided at home, for objective reasons, it can not directly provide home help services (Išoraitė, 2007, p. 25).

In addition to these common services the following services can be provided:
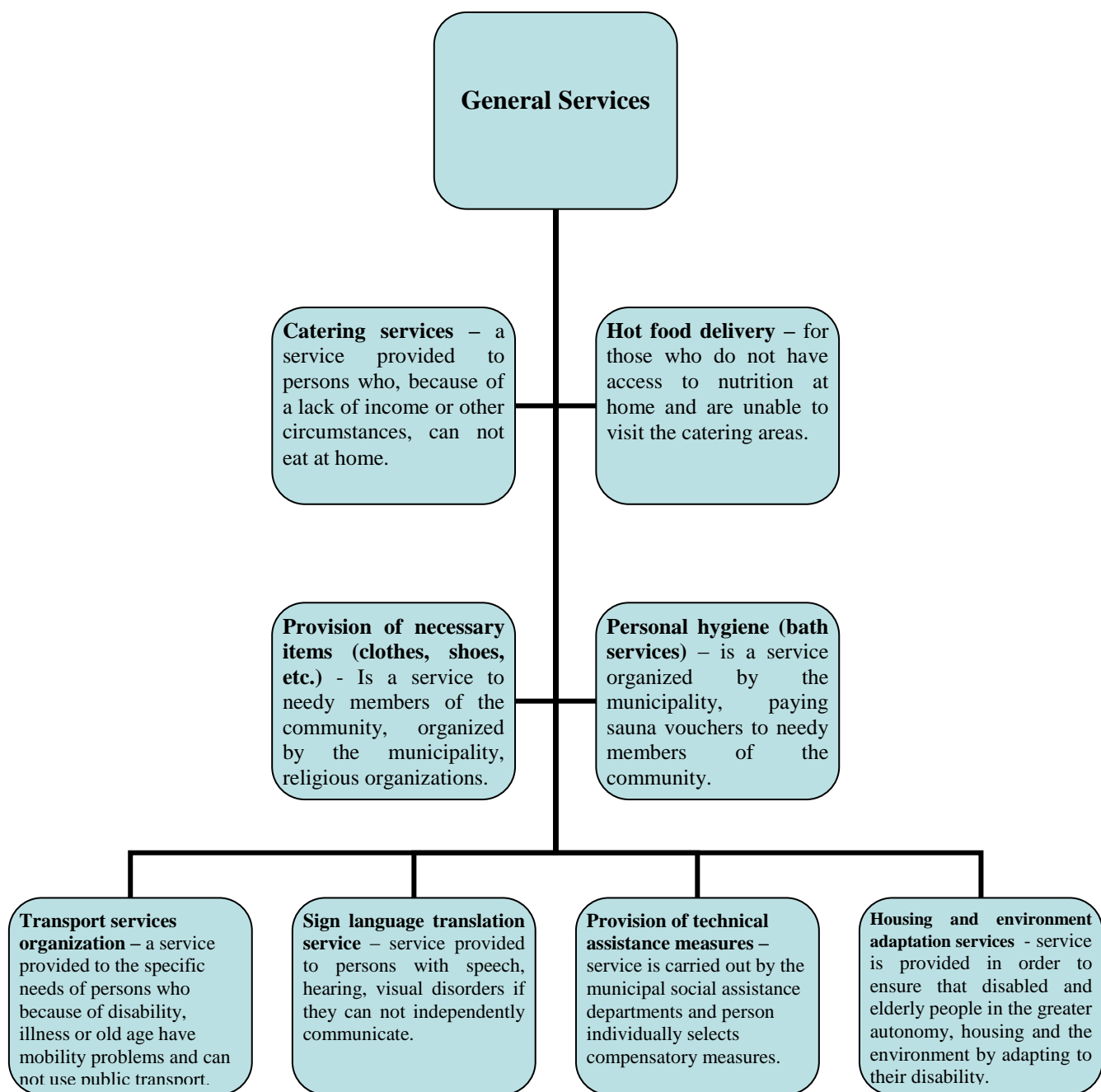
General Services

Catering services – a service provided to persons who, because of a lack of income or other circumstances, can not eat at home.

Hot food delivery – for those who do not have access to nutrition at home and are unable to visit the catering areas.

Provision of necessary items (clothes, shoes, etc.) - Is a service to needy members of the community, organized by the municipality, religious organizations.

Personal hygiene (bath services) – is a service organized by the municipality, paying sauna vouchers to needy members of the community.

Transport services organization – a service provided to the specific needs of persons who because of disability, illness or old age have mobility problems and can not use public transport.

Sign language translation service – service provided to persons with speech, hearing, visual disorders if they can not independently communicate.

Provision of technical assistance measures – service is carried out by the municipal social assistance departments and person individually selects compensatory measures.

Housing and environment adaptation services - service is provided in order to ensure that disabled and elderly people in the greater autonomy, housing and the environment by adapting to their disability.

Figure 4 Prepared by the Social Services Directory, 2014. June 16th. No. A1-321

According to Žalimienė (2005), this service helps to keep up the old man's autonomy and less costs for governmen. General social services are provided by the municipal social assistance departments and various social service agencies and organizations. These services are designed to provide customer-support information necessary for a longer period of time or to advise on the current problem. Provision of social services at home (in the place visited maintenance) is cost-effective kinds of social services. These services are about 10 times less expensive than

hospital services. In addition, the person receiving home help services can stay in their homes, an unbreakable bond with the community.

Three objectives clarify the concept of social services. The primary purpose of social services is to meet the vital needs and create decent human conditions when they themselves are unable to achieve on their own. It is a service-oriented to reach atleast the minimum satisfaction.

The ultimate purpose of social services is to restore the human ability to function in society that he could continue independently take care of himself. It is a service-oriented atleast to meet the minimum needs are met so it is very important to properly organise it.

Social services are the integral part of the organization of social assistance for the elderly and old people. In summary, it can be concluded that social services are to meet the vital needs of people when they are unable to function independently in society and provide social services for the elderly and old people for prevention purposes in order to prevent occuring problems.

1.6 Social Services for the Elderly and People with Disabilities in Ukraine

In Ukraine, there are now more than 1.6 million people of senior age and those with disabilities, who are being provided with social services in over 700 specialized state-funded territorial centres.[10]

Ukraine's legislation on social services based on the Constitution of Ukraine (254k / 96-VR) and consists of this Law, other legal acts and international treaties of Ukraine. If the international treaties of Ukraine set higher requirements for the provision of social services than those provided by the legislation of Ukraine, the rules of the international treaty.[11]

On the home Law of Ukraine "On Social Services" defined the basic the terms:

Socio Services - a set of measures to assist the parties, certain social groups who are in difficult circumstances and can not overcome on their own, in order to solve their problems in life; {The second paragraph of Article 1 of the Law N 4523-VI (4523-17) of 15.03.2012}

Socio service - a system of social actions that promote, support, and services provided by social services to individuals or groups in order to overcome or mitigate the difficulties of life,

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[10] Better Quality of Social Services for the Elderly and People with Disabilities
http://www.ua.undp.org/content/ukraine/en/home/presscenter/articles/2014/06/21/better-quality-of-social-services-for-the-elderly-and-people-with-disabilities.html.
[11] Відомості Верховної Ради України (ВВР), 2003, N 45, ст.358) Про соціальні послуги Верховна Рада України; Закон від 19.06.2003 № 9(66-IV.

maintain their social status and full life; {Paragraph somy ARTICLES 1 viklyucheno pidstavi on the Law N 3236-VI (3236-17) od 19.04.2011}.

Social worker - person providing social services and training is meeting the requirements and nature of the work performed; {Article 1 paragraph twelfth supplemented by the Law N 4523-VI (4523-17) of 15.03.2012}

In Ukraine, operates a single integrated system of social services for the elderly: in all cities and districts set up and operate the territorial centers of social services in the structure of which there are services that provide various services - domestic social, legal, medical, commercial, hotel and so on . d. Center of social services. It provides the organizational, operational and coordination activities for the timely provision of qualified and various types of social services.[12]

Establish a mechanism provision paid services, allow an older person, usually older women, according to the available opportunities to choose the best option for themselves of social services by socially lower prices.

The basic principles of providing social services: assistance to persons in difficult circumstances, they can not overcome with the help of available resources and opportunities; preventing the emergence of difficult circumstances; creating conditions for the independent decision of vital problems that arise.[13]

According to Amjadeen (2008), in Ukraine provision of social services to the elderly population is typically on in-situ (at home) or at specialized facilities for social services provision. As a rule it is free of charge, though in some cases, defined by law, such services must be paid for. Provision of social services at home is responsibility of centers for social services which are established by local authorities in coordination with departments of labor and social protection of local state administration. In cases when an invalid person has no relatives who may take care of him he is relieved from the need to pay the costs of social care provided to him. However, if his pension size is more than established size of minimum pension he has to pay 5% of the pension he receives in order to cover the costs of social care he receives. Provision of social services is carried out in compliance with terms and conditions of a contract with a person signs with social care center serving him. This contract stipulates services to be provided, schedule of their delivery. But in any case, social care worker should visit his patient at least two times per week.[14]

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[12] Організація надання соціальних послуг одиноким громадянам похилого віку та інвалідам на дому. (http://sotszahist.mk.ua/index.php?option=com_content&view=article&id=744&Itemid=27.
[13] Відомості Верховної Ради України (ВВР), 2003, N 45, ст.358) Про соціальні послуги Верховна Рада України; Закон від 19.06.2003 № 9(66-IV).
[14] Gender equality, social justice and elderly care: problems and transformations in Ukraine Lidia Amjadeen,2008) www.sfi.dk/Admin/Public/Download.aspx?file...doc.

The most common organizational form in the field of social work with the elderly is a social services center. It provides the organizational, operational and coordination activities for the timely provision of qualified and various types of social services. Its main task - to maintain an active lifestyle of the older generation, providing them with diverse social-welfare assistance, ensuring participation in a feasible employment. The work is based on the principle of territorial and precinct.

The primary responsibility for the provision of social services for older people lies with the department of social services of local authorities, departments of social services, municipal social welfare office, patronage offices, regional commissions of Health and Welfare. The system of social services is developing in this direction, to maintain the ability of older people to self-service. Difficulties housekeeping staff facilitated visits "home care".

According to current legislation department of social care at home has a basic social and household services:

- Cooking (assistance in preparing) food at home;

- Acquisition and delivery of of goods from the shop or market, delivery of books, newspapers, magazines, medicines by citizens who are served;

- Call a doctor, assistance in conducting periodic medical examinations and hospitalization, visits to patients in health care facilities, the organization of consultations, doctors and other professionals;

- Help with cleaning, laundry, personal hygiene, performing various kinds of small repairs in the room, the repair of clothing and footwear, fuel;

- Execution of documents for reception of grants for housing and communal services and Other Social Allowance Payments, making payments;

- Other social service.[15]

Important in social service - it is an opportunity to continue to communicate a single pensioner with the outside world, do not take him from his lifestyle, which has developed to become a link between elderly people and the outside world, and of course, to provide full support and services.[16]

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[15] Організація надання соціальних послуг одиноким громадянам похилого віку та інвалідам на дому.
http://sotszahist.mk.ua/index.php?option=com_content&view=article&id=744&Itemid=27

[16] Організація надання соціальних послуг одиноким громадянам похилого віку та інвалідам на дому.
http://sotszahist.mk.ua/index.php?option=com_content&view=article&id=744&Itemid=27

1.7 Legal Aspects of Social Services Organization

Social services are becoming more important and relevant system of social support. Social service organization in Lithuania is regulated by:

- Laws, government regulations, ministerial orders – National level;
- Municipal councils approve documents: operating procedures, regulations, internal rules of procedure – Regional level;
- Institution employees job descriptions, rules, code of ethics and ethical rules – Institutional level (Zalimiene, 2003).

Development of social services constitute the legal basis since 1996 of the Republic of Lithuania Social Services Order (January 19, 2006. No. X-493, new Law on Social Services) which can be described as a principle framework laws introducing the most important social service organization and delivery issues. This law is the types of social services, in the conditions of service providers and recipients of relations and the principles of financing. Rapid development of social services and the emergence of a large variety of social services in the municipalities, it became important to define and codify separate types of services and types of institution. At the end of a social service catalog in 2006. 5 April. Nr.A1-93, classifies the types of services and types of social service agencies, is a guide for municipalities and non-governmental organizations in the planning and organization of social services in the community for various social groups. Catalog "Help at home" is defined as a person's home services help the person (family) to manage household and in society. It is the only service of all types of services provided by the municipality, which is given to the person at home for adults with disabilities and the elderly and the elderly. Persons providing services include: social workers, social workers, assistants and other professionals.[17]

According to the Ministry of Social Security and Labour in 1998 on 4th September Order "On social services at home for the development of policies and stationary care institutions working efficiency Approval of the Regulations", the priority of social services in the community to be the type of social services at home, so that they improve the quality of life for persons who, because of age, marital status, disability, poor health or other life difficulties can not live fully-fledged; is the most economical type of social services (home services about 10 times cheaper than inpatient services are provided care at home); provides an opportunity to assess the old or disabled person's individual needs and to provide him with essential social services; keeps the person at home and

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[17] Catalog "Help at home". State Journal, 2008.01.05, No.: 2, Publ. No.: 72.

helps him to interrupt communication with family and community; enables the cooperation of public bodies and non-governmental organizations, volunteers, informal service providers. The stationary social care body man must be directed only when the delivery of social services at home are ineffective and do not offer him the required degree of independence. [18]

Basic social services are organised by the municipality. Municipalities are responsible for the provision of social services in their territories ensuring residents in planning and organizing social services, controlled the general social services and social care. According to Isoraite (2007) and Zalimiene (2003), the essence of social service organization of the distribution of functions between ministries and municipalities – to ensure the rational for the creation of a network and service efficiency and ensure patients' satisfaction according to established standards. In many cases the Ministry justifies and creates a national strategy for the development and service standards and municipal guarantees of the strategy and the implementation of standards in the community. Municipalities administration of social services define the following criteria: professionalization of staff; Activation of the local community; inter-institutional cooperation; Promoting competitiveness; the pursuit of best practices; rational allocation of resources; ethical norms and values application (Petrauskiene, 2007). Municipality annually compiles and approves the plan in accordance with social services social services planning methodology approved by the Government of the Republic of Lithuania in 2006 15 November. Resolution No.1,132.[19]

Social services needs assessment is the first step in organizing and providing social services. Lithuanian Ministry of Social Security and Labour, the Minister for the person (family) social service needs fixing and allocation of Procedure and elderly person and an adult with disabilities need social care setting methodology Arrangement of approval (2006, 5 April Order Nr.A1 -94, Official News 2006, Nr.43-1571). The need to aid to the house of services is determined individually according to personal dependency and opportunities to develop independence or compensate a person's interests and needs and with social services. The need to establish and periodically review the social workers appointed by order of the director of the municipal administration and social services institutions.

Assessing the need for services in assessing whether a person (family): ability to manage household, positively communicate with family, neighbors, community, or is able to perform

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[18] Order "On social services at home for the development of policies and stationary care institutions working efficiency Approval of the Regulations". Official News, 1998-10-28, no. 94-2621, previewed on 27th February 2015.
[19] Government of the Republic of Lithuania in 2006 15 November. Resolution No.1,132
http://www.socmin.lt/lt/socialine-integracija/socialines-paslaugos-ir-dca9/socialiniu-paslaugu-teikimas.html

personal and social life of the necessary functionality, have problems with housing, has other social problems. The assessment of the need for social services is in need of fixing and allocation procedure description. The decision on the allocation of services is adopted by the municipal head of the Department of Social Assistance.

A person who has a disability often need technical assistance facility so in order to efficiently and rationally meet the needs of the disabled was passed in 2006 and amended in 2013. Order on disability benefit provision of technical aids and reimbursement for the purchase of these measures. "The Order" (2013. 17 April. No. A1-167) Procedure regulates the provision of technical assistance to people with disabilities and their means of acquiring reimbursement procedures: submission of necessary documents and payment of the costs necessary for purchase.[20]

Payment for social services is regulated by the Social Services Act (Republic of Lithuania Law on Social Services, 2006-01-19 No. X-493rd), payment for social services policies and procedures (Government of the Republic of Lithuania Resolution No. 1998-01-29. 111 "On Payment for social services in the principles and procedures of approval), paying for social services Procedure (Government of the Republic of Lithuania Resolution No. 2006-06-14. 583 "On Payment for social services description of the procedure)" the payment for specific social services determined by the municipality, taking into account provided the person (family) and the type of social services to a person (family) financial ability to pay for social services. Information, counseling, mediation and advocacy services are provided free of charge. Payment for general social services is calculated on the procedure established by the municipal authorities. Payment for social care is determined according to a person (family) income, for a day or short-term social care - in personal income for long-term social care - to a person's income and assets.

In order to ensure the quality of social services, a strong focus on the preparation of social workers. As a result, Social Security and Labour Ministers Order "On social workers and social workers, assistant qualification requirements, social workers and social workers, assistant professional qualification procedures and social certification of employees approving" the procedure and its amendments regulate the social worker's activity, defined vision of social work and social work is provided for the social worker functions. Order clearly define social workers and their assistants, education, seniority determination, training, practical and professional assessment

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[20] Order on disability benefit provision of technical aids and reimbursement for the purchase of these measures. Official News, 2013-04-20, no. 41-2012.

criteria provided for social workers on the qualification and qualification categories suteikomo approved and adopted.[21]

1.8 Social Worker's Help at Home and his Roles in Gerontology

In Gerontology social work aims to help older people to develop their expertise, expand coping and problem-solving ability (e.g., with case work, group work, work with personal problems, direct labour, direct aid). According to Koskinen (2004), a social worker is trying to help clients cope with life events bereavement. The social worker is also the manager of social work, ie it gives the elderly and the elderly of information about available services, coordinate and organize their grant. Elderly people in relation to the most relevant services are: general - home, nursing home, retirement money to the action; Special - stationary care and nursing. (Žalimienė, 2003). Also Koskinen (2004) argues that the social worker must understand the old human individuality and diversity issues to take into account individual needs and to support and enable life choices. The lack of social workers and social services at home for seniors provides carers, so the lack of comprehensive social assistance.

Working with the elderly and old people is based on the perception that it is different from working with young people. Klijantas elderly have a richer life experience than the young social worker clients and most of social workers themselves and this gives the work with elderly clients with particular specifics. The passage of time takes on special importance at work, and in this respect, care for the elderly – is attentive and caring for old people, such as they are not in fact, perception, ability to understand their experiences in the world (Social Work, 2004).

In order to the principle that a man as long as possible to live in their homes must be developed enough help at home, out-patient services network. Aging understood as biological functions change, psychological and social processes, covering a range of loss, changes (transition periods) and resources, and old age – as a unique stage of life with its own special features, resources and crises. Therefore, the social worker is also very significant. A person previously proud independence, a former strong and full of vigor, health weakens with age increasingly have to rely on others (Danusevičienė, Povilaikaitė, 2002, p. 270-271).

According to Filipavičiutė et al. (2000), old age faces with the likelihood of an increased frequency of various diseases, disorders autonomy because you often can not perform normal

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[21] Order "On social workers and social workers, assistant qualification requirements, social workers and social workers, assistant professional qualification procedures and social certification of employees approving". Official News, 2013-12-17, no. 129 -6599.

functions, it becomes difficult to manage their home, so other expert assistance is required, which can ensure social workers. Who visits the house as a professional social worker is the main man who points out that the client needs help. If the customer thinks that he / she has to deal with the same problems, and will try to handle it in a way that no one will not notice the problem. The client may even be ashamed of them. Professional workers are guests in their home and to build good relationships with their customers that they cooperate with them.

Danusevičienė et al. (2002) believes that the old man advises the employee's primary goal – to help them to face the reality, that is realistically assess the problems to adapt to the new situation and not to fail from the inevitable aging process changes. What services are best for a particular individual to help maintain independence can only comprehensive assessment of the individual's abilities and needs reveal.

Danilova (2007) agrees that the social worker working with the elderly primarily plays the role of a specialist in their field, yet he must have enough knowledge about the field of geriatrics elderly diseases and medical and other treatment options. He must have knowledge of basic physical and mental function which complicates an independent life at home.

In the field of gerontology social worker follows the LR Constitution, laws, regulations and certain Lithuanian Social Workers Code of Ethics. While working with the elderly and old people social worker must be aware of the aging process occurring in the change and their impact on the individual. Social worker must be familiar with the biological, physiological, psychological and social changes associated with aging. According to Večkienė (2002), taking into account the human and environmental interactions in the importance of the social workers attempt to restore the people and resources of the system in equilibrium. It is suitable and for gerontologiniam and social work as well. Four main objectives of social work are identified as follows:

- To improve older people's expertise, problem-solving ability and coping;
- To help the elderly and their families to access services (social workers acting as case managers);
- To develop services and to cooperate and coordinate activities between organizations, better meeting the needs of elderly clients than before;
- To improve the interaction between the old man and the other people in the community.

From many various roles in gerontology the main are identified as: Enablers, educator (teacher), consultant, mediator and lawyer (defender).
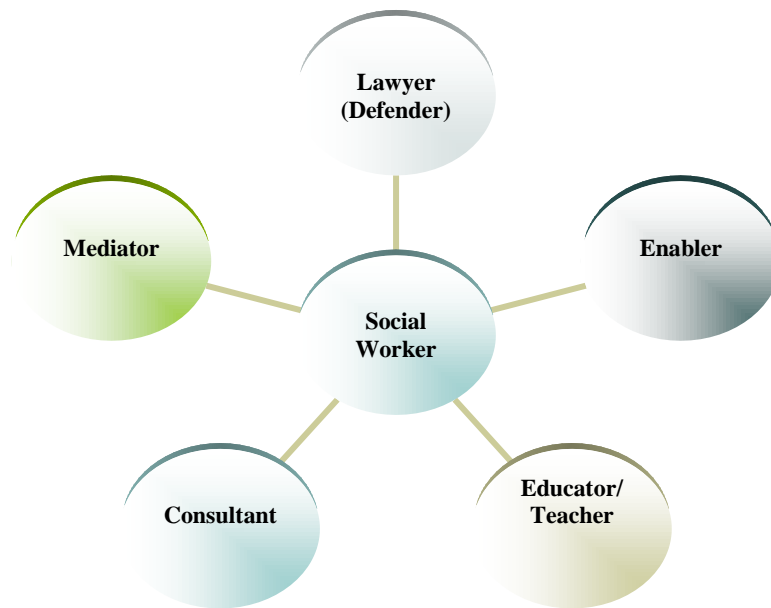
Figure 5 Prepared by Danusevičienė, Povilaikaitė, 2002.

Social worker working with patients and colleagues must assume a variety of roles. As pointed out by Johnson (2003), the role – this is the way in which the employee uses to express seve specific situations. The patient's problem in the context of a social worker roles depends on the functions performed, the institution where he works, the services provided by nature, mission, from the client's progress, help the people involved in the process (including the client) Regulations, expectations and so on.

The role of lawyer in social work helps orient their actions to help the organization to the client, who is incapable of work itself. During help process the social worker may inform customers about the services available to them, can appreciate the assistance provided and help for efficiency and quality changes (Social Gerontology: Origins and Prospects 2004). According to Johnson (2003), a social worker takes the role of defense counsel only when the mediator's role is ineffective. If possible, it is best that the customer is able to represent himself, self-esteem and feel its power.

Enablers role is to promote the client's positive self-evaluation, to motivate the customer to actively operate in solving problems in the social environment. Enablers assume the role of a social worker when the intervention is to help the client discover their strengths. Changes in the first place on the client's own efforts to change the situation. Enabler's role is also used to help clients find a way out of his environment (Danusevičienė et al., 2004).

In *the role of teacher* social worker provides the information necessary for the old man to help overcome the problems with new behaviours or skills. Social worker as a teacher provides information about disease treatment processes and services in the community. Helps to adapt to changes in environmental conditions, develop new social skills (Danusevičienė al., 2004, p.287). Thus, the specificity of the teacher's role is characterized by the client to provide useful information about the progress of disease treatment and access to services in the community context.

The consultant's role has much broader functions. The role of consultant social worker performs while working directly with individuals, groups or families and in order to achieve these objectives: to promote and develop interpersonal relationships; teach the client to solve the problems; human influence as a separate individual growth. He tries to listen to older people and to understand their feelings. Such activities require a lot of attention, patience and time. Social worker frequently consults and loss of (Danusevičiene al., 2004, p.288).

As *mediator* a social worker helps the person or his family members to find and access required services. The process involves assessment of the situation, search for alternative resources, personal training, access to appropriate service and warranties, the customer will receive assistance (Danusevičienė al., 2004, p.288). Johnson (2003) argues that the mediator is to help to achieve the two systems to one another and agree to work together for a common goal. He distinguishes the main tasks: a) to help the customer to contact the environmental system; b) to contribute to the environmental system to respond to the client; c) require that both the client and the system does the work environment needed to achieve a common goal.

In summary, it may be asserted that a social worker has the knowledge, values and skills to use the educator, consultant, mediator and lawyer roles in order to assist the elderly and old people in various problem situations. Social worker working with the elderly and old people has a very clear understanding of the social context, all the changes in the aging process, be ready to provide competent assistance.

CHAPTER II
Social Services at Home for Elderly and Old People in Disability Situation (Research)

2.1. Research Methodology

Master thesis empirical part consists of two parts. The first part – the scientific literature, the various sources of scientific study and analysis that helped to reveal the complexity of the subject and evaluate the gerontology theories in them, revealing the phenomenon of disability in the context of old age, quality of life and recreational factors. The second part is the analysis (qualitative research) of social services in Kelme in order to assess the availability of social services at home and the provision of quality performance. To achieve these objectives the investigation was carried out which according to Bitinas, Rupšienė and Žydžiūnaitė (2008), is a system whose purpose is to collect information concerning the reality of objects, to transform, to highlight the important significance to know the reality and to develop and to have a generalized, fully tested conclusions about the subjects for the public.

The first section of the empirical part analyses the variety of approaches of social gerontology theories of old age. Empowering literary analysis (laws, orders, reports) method, statistical method of analysis summary is given. First, identification of what aging is was given and the concept of aging in the context of social gerontology theories and paradigms is revealed. The phenomenon of old age is identified, defined the term of disbility as well as quality of life and leisure aspects of the old and elderly people in the disability situation. Moreover, legal documents are analyzed of Lithuania and Ukraine which define social services at home. Finally, the most important aspects of social worker's roles in the gerontology are analysed.

The second section of the empirical part presents the the results of qualitative research. The aim was to evaluate the efficiency and quality of social services for elderly and old people in Kelme municipality.

Constructivist perspective of social support and assistance process is treated as an active process in which people create (construct) knowledge by linking them to the complex and real-life situations with past experiences available (Westbrook, 1993). Social constructivist approach in social work begins on recipients of social services for themselves and their situation in perspective which is recognized as an equal assessment of needs and action plan (Cooper, 2001). One of the basic postulates of constructivism is knowledge creation at the close interaction between the players and equal participation. (Quote compiled by Baranauskienė in 2014, p.13).

One of the main activities of any community tasks is to enable a person, to express him support, to suspend his weaknesses and strengthen strengths. The study is conveyed by elderly people receiving social services and their social participation. According to Ruškus, Mažeikis (2007), social participation fosters such individual characteristics as courage, dignity, justice, responsibility, the ability to freely choose, future planning, respect for traditions. This is only part of the properties which can take a person during his social participation purposefully. Therefore, one of the main directions of development of social participation is to enable a person to his involvement in public life.

The method of qualitative research. In order to reveal the old and elderly people's opinions about available social services at home the empirical research was carried out. The study was the realization of selected semi-structured interview because it is one of the most effective methods of qualitative research (Kardelis, 2005; Tidikis, 2003). Qualitative interview focuses on to the world from the respondent's point of view, helps to reveal the meaning of human experiences, to see the world in which he lives, before him to give a scientific explanation (Kvale, 1996). This method can be used to further identify and understand the old and elderly people's views, attitudes, experiences, as well as disclosure of each of their real life. Scope of the investigation was carried out one-off and should not be repeated. According to Kardelis (2002), qualitative research type provides the ability to see reality as it sees individuals. This type of research is characterized by interpretative paradigm which seeks to understand the subjective experience in the world of human in an effort to enter the human interior. Indicative questions for the interview – the interview was set up based on the analysis of scientific literature: Naujanienė (2004, 2008), Koskinen (2004), Mikulionienė (1997), Večkienė (2000), Užaitė (2003), Palujanskienė (2004), Furmonavičius (2003), Ruškus (2002), Galkauskienė (2012), Kairys (2002) and other scientific ideas.

The research instrument. During the interview informants were given 21 question. Questions were divided into blocks – elderly self-perception and description of disability in old age, quality of life, leisure experience and organization of social services and legal aspects. The goal was to learn about old age and the age span, disability in old age and the difficulties of the quality of life and related factors, leisure and self-realization.

The informants were interviewed verbally using a semi-structured interview because "this is a very good approximation to human perception, values, situations and definition of reality construction (interpretation) method" (Tidikis, 2003, p.465) .This method gives a more possibilities for deeper knowledge of the investigation, provide an opportunity to discuss every issue, articulating their views, and to collect a diversity of opinions, experience, versatility. Interview

flexibility and the closeness of the respondent gyvenimiškam the world can provide knowledge that can be used to improve the relative human existence (Kvale, 1996).

The research data was analysed by applying the content analysis. According to Žydžiūnaitė (2001), the content analysis involves four steps: 1) multiple text reading; 2) manifest categories based on the "key" words; 3) categories division into sub-categories; 4) the interpretation of categories and sub-categories and justification of the text extracted.

According to Tidikis (2003), the methodof content anaylisis allows an objective and systematic examination of the characteristics of the respondents' answers, draw any reliable conclusions.

The summarizing conclusions are presented.

The research conducted in 2015 March - May.

The volume and organization of the research. The study involved seven participants who receive social services at home and 3 social work experts. In this study, to take up a criteria selection method was used when the researcher raised the necessary criteria for participants to be eligible to participate in the study. Using criteria-sampling method produces high-quality data. The main selection criteria for the elderly people in disability situation that they are social services at home users in Kelme municipality and taking into account the state of health of the study participants. People in the study were selected based on "snowball principle" when a social worker / social worker assistant recommend a man who reveive social services at home.

In order to investigate Kelme social services home delivery efficiency, the whole chain of social work experts was interviewed directly related to the provision of services at home. Social work experts were selected using targeting that meets the objectives of qualitative research, described in detail the phenomenon under investigation as far as possible to describe the phenomenon under investigation. During the interview with the experts the aim was to get the most advanced information and research on the phenomenon, to compare and evaluate the different methods of the research.

For the allocation of social services and the provision in the municipality social services are responsible.
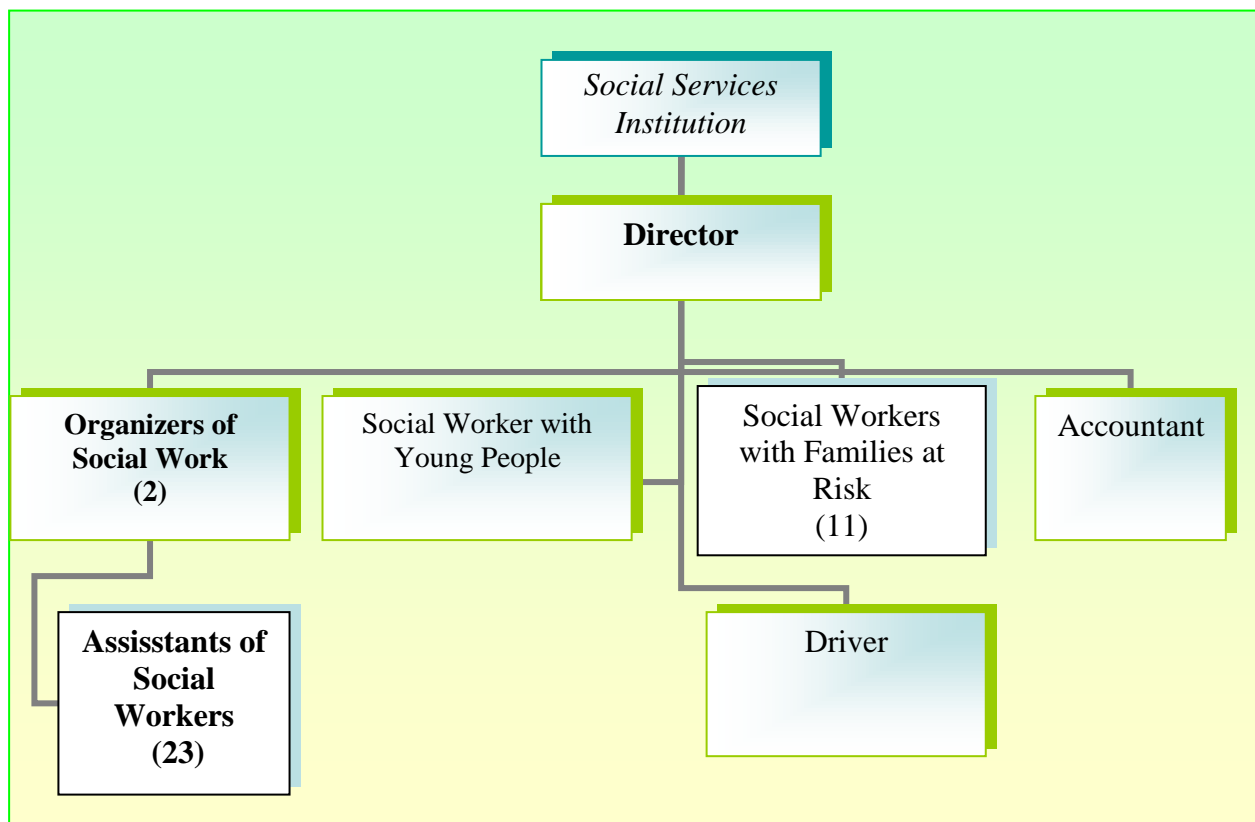
Figure 6 Social services organization management scheme.

The chart indicates that the main organizer of social services is the director. Director within the competence issue orders, instructions that must be met by staff, procedure established by law appointed and dismissed by the institution employees, organizes work of staff, ensures body rhythmic activities during staff sickness and holidays. ***Organizers of social work*** monitor and evaluate the activities of an assistant social workers, collect and analyze information about the needs of residents home help provision, residents of the house and is determined by the needs of the service by personal autonomy evaluation methodology provides information and advice to customers at their homes. *In wards social work* organizer replaces **social workers of wards**, who visit patients at home and determine their needs. Social services performed by social workers' assistants who work under the social organizer of the timetable in the recipient's home and provide designated social services.

Interview time and place of organization. In district of Siauliai in Kelme region there are 11 wards. According to the Lithuanian social mapping data in 2014 Kelme district is home to about 30,303 residents of the retirement age population per 1000 population 261.26%. In 2014 data states that older than 60 years of age in Lithuania 100 inhabitants lies 24 persons and in Kelme district – 28 persons. The above figures show that the retirement age persons per 100 Kelme's population exceeds the national average. Every year there is an increasing need for social services

and Kelme district municipality granted each year more and more social services for district residents. Social assistance recipients at home and serving them in the number of employees from 2013 to 2014 by townships reflected is in the table. Data obtained from the Director of the Office of Social Services ativity reports in 2014.

SOCIAL HELP AT HOME   *2.1 table*

Ward	The Number of Social Worker's Assistants in 2013	The Number of Old and Disabled Persons receiving services in 2013	The Number of Social Worker's Assistants in 2014	The Number of Old and Disabled Persons receiving services in 2014
Kelme Town	7	63	6	63
Kelme Ward	1	5	1	5
Tytuvenai Town	3	31	3	31
Užventis Ward	4	30	4	30
Šaukenai Ward	1	8	1	8
Kraziai Ward.	2	13	2	13
Vaiguva Ward	2	16	2	16
Kukeciai Ward	1	2	1	2
Lioliai Ward	3	7	3	7
Pakrazantis Ward	1	3	-	-
In Total:	**23**	**168**	**23**	**175**

Source: taken from "Kelme Social Services Office" 2014 activity report

It is worth noting that the population of elderly people is growing, and social services for the elderly is slowly becoming more and more important and more significant, helping to live a dignified old age accompanied by respect.

The study was carried out in the Kelme Region (Tytuvėnai, Kelme, Užventis and Lioliai neighborhoods) in collaboration with the Kelme district social services. The study interviewed six women and one man. From 175 receiving social services at home, 156 are women and only 19 men, and the majority of the study participants are women. All subjects were interviewed at their convenient time. They were also informed about the purpose of the investigation, preliminary interview length of time. Individual interviews lasted from 30 to 50 min. depending on the health status of the investigation and personal qualities. Interview respondents held a familiar environment – their home. For interviews consulted in advance. The interview was recorded.

Ethics principles of the research. According to Flick (2007), qualitative research is particularly important to respect the principles of research ethics, they often encounter such problems: subjects are unaware of involvement in an investigation of anonymity insecurity,

investigator impact analyzes, etc. Therefore, the study participants should be aware that their participation is voluntary, they advance should be explained to the potential consequences, i.e. benefits, legal, risk.

Carrying out the research the following ethics principles were followed (Rupšienė, 2007; Kardelis, 2002; Zydziunaite, 2006):

1) *The study documents confidentiality of the investigation and anonymity.* Qualitative study subjects were ensured privacy and anonymity. Presenting survey data the names of the participants were changed. In order to maintain the confidentiality of the information gathered, it was explained that no one except the researcher can use the data.

2) *Free choice of respondents to participate.* The qualitative study was to obtain prior consent of a respondent to participate in the study, coordinated in advance the dates that are convenient for the respondents. The qualitative study was coordinated with social services director for permission to carry out research and meet with the respondents. During the meeting, the participants were raised and ensure their own self-determination right to participate or not to participate in the study.

3) *The study participants' right to know what will be done with the data obtained during the investigation.* Qualitative study in the introductory paragraph was a brief information on the study, its purpose and benefits, i.e. that participation in the investigation and provided information useful subjects in person, the data will contribute to the social service needs and expectations of home improvement.

4) *Dignity and respect maintenance of the participants.* Qualitative study, data was collected protecting research from psychological vulnerability. The research and data analysis was used to observe the principle of respect. Nevertheless, the study participants' experience and the study of questions, their thoughts and understanding was honored and accepted as the unique human experience.

2.2. Qualitative Data Analysis and Interpretation

Table 2 The Demographic Characteristics of Respondents

Sample size	7 persons
Sex	Male – 1 Female - 6
Age	64 – 87
Social status	Pensioners and disabled
Level of disability	Do not have disability – 3 Medium special needs – 2 Great special needs - 2

Source: developed by the author based on the results of the study

Table 4 shows the demographic data. Semi-structured interviews included 7 elderly and old age people in disability situation who receive social services at home. The study involved 1 man and 6 women. The respondents aged 64 to 87 years. 3 respondents have no disability, 2 to average special needs and 2 have great specials needs.

2.2.1. Elderly Man Concept Analysis

Table 3 The Description of Elderly Man (N=7)

Category	Sub-category	Number of statements	Quotations
Retirement Evaluation	**Positive Evaluation**	4	*"Appreciate retirement" (I-2)* *"Retirement is normal from the point of health"(I-2)* *"I am still enjoying, feel like I still eant to live"(I-1)* *"Not too bad, when I feel no pain I can say I live good" (I-7)*
	Negative Evaluation	6	*"The end of my live, the end and that's it" (I-4)* *"if not disease I would evaluate it as good but I have problems, more diseases appear" (I-3)* *"Trying to live and that's it, daughter passed away, son refused me <...>tragedy" (I-5)* *"If I had a partner would be alright" (I-6)* *"I live terrible, I do not know what God's punishment here" (I-6)* *"Struggling, struggling as I have diabetes" (I-5)*

Source: developed by the author based on the results of the study

The research findings of the assessment of old age can be associated with various theories. Effects of aging can be both positive and negative. According to Koskinen et al. (2004), positive - negative nature reflects the reality of old age, speaks about the fact that aging is both a great achievement and social problem. Naujanienė (2008) said that those who are aging a positive development, easier to adapt to the change of lifestyle, and those who are negative - hard to come to terms with the changed situation, deteriorating health decline stain opportunities. The analysis of the survey participants thought about old age, was isolated positive and negative assessment of old age. Negative evaluation is showed by the following statements: *"The end of my live, the end and that's it"* (I-4); *"Trying to live and that's it, daughter passed away, son refused me <...>tragedy"* (I-5); „*"I live terrible, I do not know what God's punishment here"* (I-6).

The old age will be described by "Difficulties of Old Age" and "Advantages of Old Age".

Table 4 Description of Old Age (N=7)

Category	Sub-category	Number of statements	Quotations
Difficulties of Old Age	**Low Income**	7	*"If you have no money - die"* (I-5) *"Pension is really low, I just manage to survive"* (I-3) *"Maybe I will save some money for funerals"* (I-5) *"I cannot afford myself a better food, medicine or something else""* (I-3) *"From pension to pension"* (I-4) *"Everything costs a lot, can't afford many things"* (I-4) *"Medicine is very expensive, accommodation as well"* (I-7)
	Disease	6	*"I am struggling walking"* (I-6) *"It is bad when I feel pain"* (I-7) *"I have diabetes, asthma,and pressure, the vertebrae come out"* (I-3) *"Joint is worn, <...> cannot walk"* (I-2) *"I have lots of diseases <...> problems with joints, heart, high pressure, had heart attack"* (I-4) *"Struggling, struggling as having diabetes"* (I-5)

Source: developed by the author based on the results of the study

The category "Difficulties of Old Age" has the following sub-categories: "Low Income" and "Disease". It has to be noted that the sub-category "Low Income" is more highlighted. Analysis of the survey participants thought was constantly noted the problem of low pensions and lack of money: *"If you have no money - die"*(I-5); *"Pension is really low, I just manage to survive"* (I-3); *"From pension to pension"* (I-4); *"Medicine is very expensive, accommodation as well"* (I-

7). The category "Disease" is very important as well. The analysis of the health problems most study participants highlights emerging health problems in old age: *"I am struggling walking" (I-6);* *"It is bad when I feel pain" (I-7); "I have diabetes, asthma, and pressure, the vertebrae come out"* *(I-3).* Most study participants troubles caused by health status because most of them elderly and the disease is a common companion. In addition, the failure of health needed medicines and because of the surveyed persons income is not high, it causes additional drug acquisition and material concerns. The country's economic crisis has severely affected pensioners who receive low incomes, they can hardly survive because not afford the medicines, do not have money to buy better food and a deterioration in their health condition.

Table 5 Description of Old Age (N=7)

Category	Sub-category	Number of statements	Quotations
Advantages of Old Age	**Free Time**	5	*"I like fishing, after Easter will start fishing in Gryzuva" (I-5)* *"Will start going outside, do not sit next to window and getting old" (I-5)* *"Relaxing already, having some assistants" (I-1)* *"already independent <...> it depends on holiday I have I spend time" (I-1)* *"at this age still doing exercies every morning"* *(I-2)*
	Joy of Life	5	*"Not giving up <...>not mentally ill"* *(I-5)* *"Liking my current life" (I-2)* *"Proud that I still live" (I-3)* *"Proud that I am still alive, live because of children" (I-3)* *"We are the group of 80s, gather together, chat, sing" (I-7)*

Source: developed by the author based on the results of the study

Old age has its advantages which are revealed in sub-categories "Free Time" and "Joy of Life". According to Atchley (1988), aging gives some particular freedom from social restrictions: *"Relaxing already, having some assistants" (I-1); "already independent <...> it depends on holiday I have I spend time" (I-1).* Most people during total mature life seek to maintain normal mature life style: *"Proud that I am still alive, live because of children" (I-3); "We are the group of 80s, gather together, chat, sing" (I-7).*

Table 6 Imagination of Old Age in Youth (N=7)

Category	Sub-category	Number	Quotations

		of statements	
The Approach to Aging in Youth	**Postive Approach**	4	*"Thought gonna get a good pension" (I-5)* *"Did not think that something will be wrong"(I-1)* *"Imagined similarly, just thought that will be healthier" (I- 2)* *"Never thought that something will be wrong" (I-1)* *"So I thought that this would be like this" (I-7)*
	Negative Approach	3	*"Never thought that one kid will die and another will refuse me" (I-5)* *" at the age of 29 became widow, very bad" I-4)* *"Thought will be healthier" I-2)*
	Neautral Approach	2	*"When young do not think about old age" (I-1)* *"There was no time to think of it" (I-6)*

Source: developed by the author based on the results of the study

The study participants were asked the question "How do they imagined old age being young? Is this old age imagined?". Category's "The Approach to Aging in Youth" content shows that the greater part of the survey participants being young was thinking positively and was sure that nothing bad will happen: *"Imagined similarly, just thought that will be healthier" (I- 2), "Did not think that something will be wrong"(I-1).* It can be assumed that older people are disappointed with old age and difficulties experienced.

In summary it can be said that old age causes difficulties because of both disease and low income. Interviews revealed that on low-income elderly people will not buy them much-needed vitamins, food supplements because just not enough to pay for reimbursed medicines. However, survey participants were also available to share positive feelings and emotions, reminiscent in old age.

2.2.2. The Analysis of the Phenomenon of Disability in Old Age

The research findings of the disability caused by the difficulties can be attributed to a variety of theories. According Naujanienė and Užaitė (2003), disability at old age is associated with atherosclerosis, stroke, cancer diseases. Disability or illness is not synonymous with old age but obviously it changes the course of biological aging and increases the probability of becoming disabled. The category "Difficulties Caused by Disability" has the following sub-categories: "Health Problems" and "Inability to Perform Daily Activity ".

Problems caused by health issues are revealed by the following staterments: *"Spine and leg are 10 centimeters shorter"(I-1), "Joint started to hurt and more and more happens" (I-1); "Cartilage is worn, bone based on the bone and very hurt"(I-2).* The survey participants see that

for a variety of diseases caused inconvenience to them, old age is associated with pain, constraints, inability to carry out a variety of activities that were common before old age

. Mikulionienė (1997) argues that the most frightening what changes age brings is dependence or an independent adult status loss. Whether physical or financial, addiction is hardly an acceptable position for most adults. Subcategory's "Inability to Perform Daily Activity" semantic content of the study reveals thatparticipants are dependent, because they cannot independently carry out some activities: *"Cannot carry firewoods inside, mop the floors" (I-5); "Cannot lift the arms, bring the firewoods"(I-4); "Cannot go to the shop and bring the firewoods inside" (I-2).*

Table 7 Difficulties Caused by Disability (N=7)

Category	Sub-category	Number of statements	Quotations
Difficulties Caused by Disability	**Inability to Perform Daily Activity**	4	*"Cannot carry firewoods inside, mop the floors" (I-5)* *"Cannot lift the arms, bring the firewoods"(I-4)* *"Cannot go to the shop and bring the firewoods inside" (I-2)* *"Many things cannot do, still washing dishes but brake a lot accidentally" (I-4)*
	Health Problems	8	*"Struggling walking" (I-6)* *"Big pains if walking"(I-30)* *"Hurts everything" (I-5)* *"Spine and leg are 10 centimeters shorter" (I-1)* *"Joint started to hurt and more and more happens" (I-1)* *"Cartilage is worn, bone based on the bone and very hurt"(I-2)* *"Both legs with implanted metals" (I-6)* *"Forget lots of things"(I-7)*

Source: developed by the author based on the results of the study

In summary it can be said that in no way disability can be considered to be synonymous with old age. However, it can be associated with old age because at this age period worn body becomes a potential result. The term disability covers dysfunction and performance limitations. The old-age is related to health problems and also it limits the necessary daily activities performance.

2.2.3. Elderly Man's Life Quality Analysis

In order to find out the survey participants' quality of life determinants the third block of questions was formulated and presented.

Table 8 Elderly Man's Life Quality Analysis (N=7)

Category	Sub-category	Number of statements	Quotations
Factors of Life Quality	**Physical and Mental Health Status**	Positive 2	*"Feeling very normal" (I-2)* *"Feeling happy that I can listen to, watch television" (I-2)*
		Negative 2	*"Recently struggling with mind" (I-7)* *"The biggest problem is that I cannot walk" (I-2)*
	Financial Situation	5	*"Pension is not enough to get some fruits" (I-3)* *"Medicine is expensive, lots to pay for heating" (I-7)* *"Pension influences the quality of life" (I-2)* *"Need to count evry penny" (I-5)* *"If there was more money, the quality of life would be better" (I-4)*
	Satisfaction	4	*"Would like more better things, at least one fruit per day" (I-3)* *"Would be happy to get a lift" (I-5)* *"Would like to travel to Palanga" (I-5)* *"Would like to go to church, feeling desire for it" (I-6)*
	Family Influence for Person	4	*"Difficult to be alone, not funny" (I-4)* *"If something wrong for kids, my quality of life goes down as well" (I-7)* *"Grandchildren brought all these puzzles" (I-1)* *"Kids very care after me" (I-3)*
	Participation in Activities and Community	3	*"When can do something dor yourself or other you feel necessary" (I-1)* *"We gather together, chat, sing"(I-7)* *"Knitting the socks and I feel like somebody needs me" (I-1)*

Source: developed by the author based on the results of the study

The research findings about the elderly's quality of life can be associated with various theories. Authors Caar AJ et al. (2001) give the following main areas of personal quality of life, as the physical condition and functionality, psychological status and well-being, social relations and economic situation. Factors of life quality can be described through the following sub-categories:

"Physical and Mental Health Status", "Financial Situation", "Satisfaction", "Family Influence for Person" and "Participation in Activities and Community". The sub-category "Physical and Mental Health Status" reveals that health status can eb not only bad one: *"Recently struggling with mind"* (I-7), *"The biggest problem is that I cannot walk" (I-2),* but good as well *"Feeling very normal" (I-2), "Feeling happy that I can listen to, watch television" (I-2).* Obvious criteria indicating the fragility of old age, the effects of the disease when the elderly person becomes physically weak with decreasing mental activity.

It should be noted that the sub-category's "Financial Situation" content of the survey is most highlighted by participants. Participants underline that pensions are very low and not enough even for the main things: *"Pension is not enough to get some fruits" (I-3), "Medicine is expensive, lots to pay for heating" (I-7), "If there was more money, the quality of life would be better" (I-4).* In Lithuania now many older people live in poverty, unable to complete meals and take care of themsleves. Subcategory's "Satisfaction" meaningful content shows that participants still cannot eat or spend time as they would like: *"Would like more better things, at least one fruit per day" (I-3), "Would like to travel to Palanga" (I-5), "Would like to go to church, feeling desire for it" (I-6).*

All the participants of the research live alones, however, the importance of social relations is not lessened. None of participants stated that relation with family is not important. This shows the sub-category's content: "Family Influence for Person": *"If something wrong for kids, my quality of life goes down as well" (I-7), "Grandchildren brought all these puzzles" (I-1), "Kids very care after me" (I-3).* Palujanskienė (2004) argues that if the old, an elderly man is surrounded by loving relatives and rich and happy circle of his old friends so in old age a man feeling the fullness of life and their days allow a meaningful way.

Participation in social activities affects the physical health, cognitive function and survival. On the other hand, social activity associated with better functional outcome, carry out daily activities, less dependence in the future. The sub-category's "Participation in Activities and Community" content shows how good participants feel being useful and do what they like: *"When can do something dor yourself or other you feel necessary" (I-1), "We gather together, chat, sing"(I-7), "Knitting the socks and I feel like somebody needs me" (I-1).* Engaging in any activity with the participation of public organizations and community life, feeling of the need arises.

In concluding the third question block elderly people in the disability situation were asked: "What kind of income you receive for a living and whether there is sufficient income?"

Table 9 Quality of Life and Received Incomes (N=7)

Category	Sub-category	Number of statements	Quotations
Incomes Received for Living	**Old Age Pension**	4	*"The main income for living is pension, I get 930 lt" (I-2)* *"I get only 218 euros, <...> and only 70 lt of widow pension"(I-4)* *"My pension is low – 652 lt"I-5* *"The pension I get in lt would be 1200" (I-7)*
	Disability Pension	3	*"I get disability pension, in total 328 euros" (I-6)* *" My income is 644 lt and only 32 lt for petrol" (I-3)* *"I get disability pension of 180 euros"(I-1)*

Source: developed by the author based on the results of the study

The participants of the survey get two types of incomes which are indicated in sub-categories: "Old Age Pension" and "Disability Pension". Four of participants get old age pension and three get disability pension.

Table 10 Quality of Life and Received Incomes (N=7)

Category	Sub-category	Number of statements	Quotations
Quality of Life and Received Incomes	**Low Income**	7	*"Pension is not enough to buy fruits sometimes" (I-3)* *"Medicine is very expensive, I spend a lot on it" (I-7)* *"Have to count everything, medicine is very expensive" (I-5)* *"Would like more often to go to Kaunas to visit kid"(I-4)* *"I have to pay at once 120lt for three months medicine and no money left <...> no any benefits"(I-4)* *"If the flat was smaller, wouldn't need to pay that much" (I-7)* *"Everything costs a lot, life from pension to pension" (I-4)*
	Normal Income	3	*"I am fully happy, pension is enough" (I-1)* *"If the pension is normal it is enough for me" (I-2)* *"If I got that lower pension 175 euros I do not know how I would live"(I-6)*

Source: developed by the author based on the results of the study

The sub-category's "Low Income" content shows that received incomes are too low to guarantee the normal quality of life: *"Pension is not enough to buy fruits sometimes" (I-3), "Have to count everything, medicine is very expensive" (I-5), "Everything costs a lot, life from pension to*

pension" (I-4). The sub-category's "Normal Income" content shows that only three participants are happy about received incomes: *"I am fully happy, pension is enough" (I-1), "If the pension is normal it is enough for me" (I-2), "If I got that lower pension 175 euros I do not know how I would live"(I-6).*

To sum up, the current old-age and disability pensions can basically gurantee minimum physiological and social needs. As a main quality of life factor in old age material prosperity, physical activity and the ability to take care of themselves are distinguished.

2.2.4. The Analysis of Leisure Time Importance in Old People's Life

Many authors and Bikmanienė (2002), Šinkūnienė (2005) and etc. Leisure time is described as free of time necessary activities to meet individual needs, as well as the expansion of knowledge, education and spiritual development.

The leisure time of old people in disability situation is described in the sub-categories of "Passive Leisure Time" and "Active Leisure Time" (See table below). The content is more highlighted in the sub-category "Passive Leisure Time", less in "Active Leisure Time". The most highlighted forms of passive leisure time: *"Like listening to the radio and news" (I-4), "My main leisure time is TV: watching sport, dancing, "Dolphins and stars", religion programme, poems", I-2), "To relax, to lay down, watch TV, listen to radio, love music, Puko radio Lithuanian one" (I-1).* According to Stasiulevičienė (2002), studies have shown that aging people less involved in several activities for the energy decline, as well as a variety of disabilities resulting from this century.

The content of sub-category "Active Leisure Time" shows that old people are engaged into activities as well: *"Leisure time for me is garden, outside, fruit picking and mushroom picking" (I-5), "Crazy about fishing" (I-5), Go to the park for a walk" (I-7).*

Table 11 Old and Elderly People Leisure Time Experience (N=7)

Category	Sub-category	Number of statements	Quotations
Leisure Time in Old Age	**Passive Leisure Time**	6	*"Like listening to the radio and news" (I-4)* *"My main leisure time is TV: watching sport, dancing, "Dolphins and stars", religion programme, poems", I-2)* *"Turkish series, love them" (I-6)* *"To relax, to lay down, watch TV, listen to radio, love music, Puko radio Lithuanian one" (I-1)* *"Listening to pop music, hits on Russian channel" (I-3)* *"Leisure time is when I am alone, when I go out to balcony" (I-7)*
	Active Leisure Time	5	*"Leisure time for me is garden, outside, fruit picking and mushroom picking" (I-5)* *"Crazy about fishing" (I-5)* *"Just do something, not to think a lot" (I-1)* *"Go to the park for a walk" (I-7)*

Source: developed by the author based on the results of the study

The participants were asked about their leisure time in youth. Two sub-categories were identified: "Active Leisure Time" and "Did Not Have Leisure Time. According to Stasiulevičienė (2002), choosing activities in older age previous relevant skills are important. Having compared two categories "Leisure Time in Old Age" and "Leisure Time in Youth" it can be stated that in the sub-category "Active Leisure Time" the same thoughts of participants are expressed: *"In youth I was not a homebody, travelled a lot to Russia" (I-5), "Engaged in amateur, lectures, <...> sang for many years, have spent youth actively"(I-7).* The sub-category "Did Not Have Leisure Time" identifies that only two participants did not have leisure time: *"Did not have any leisure time in youth" (I-4), "Did not have any leisure time as I lived in village and was working, ony Saturday was day off" (I-1).*

Table 12 Old and Elderly People Leisure Time Experience (N=7)

Category	Sub-category	Number of statements	Quotations
	Active Leisure		*"In youth I was not a homebody, travelled a lot to Russia" (I-5)* *"Loved fishing from childhood" (I-5)* *"Earlier I understood: Saturdays is for fishing"(I-6)* *"In winter we go for fishing to Kursiu Lake" (I-6)* *"Dancing was main sport's activity" (I-2)*

	Time	6	*"Engaged in amateur, lectures, <...> sang for many years, have spent youth actively"(I-7)*
Leisure Time in Youth	**Did Not Have Leisure Time**	2	*"Did not have any leisure time in youth" (I-4)* *"Did not have any leisure time as I lived in village and was working, ony Saturday was day off" (I-1)*

Source: developed by the author based on the results of the study

In summary, the study participants' are forced to prefer passive leisure time because of health problems. Featured passive forms of entertainment are TV and radio because it is accessible to everyone.

2.2.5. The Analysis of Social Services at Home

Social service system for elderly people in the EU countries, are organized in accordance with the basic principle – "The longer at home". This service-oriented to at least to the minimum needs are met. The category "Appointed Time for Social Services" has two sub-categories "Enough Time" and "Would like More Time". The more highlighted sub-category "Would like More Time" reveals that participants would prefer more hours of social services: *"Would like to, boring to eat the same food, would like for me dinner to be done"(I-6), "Could be little bit more" (I-3), " Would like but afraid to take more, need save money for winter"(I-7).* Only three participants stated that the appointed time for social services at home is enough.

Table 13 Appointed Time for Social Services at Home and Payment (N=7)

Category	Sub-category	Number of statements	Quotations
Appointed Time for Social Services	**Enough Time**	3	*"Now it is enough but in the future it can be that will need more" (I-2)* *"Enough, would not like more, have 10 hours, now it is enough" (I-1)* *"Enough, three times a week"(I-5)*
	Would Like More Time	4	*"Maybe will need more"(I-2)* *"Would like to, boring to eat the same food, would like for me dinner to be done"(I-6)* *"Could be little bit more" (I-3)* *" Would like but afraid to take more, need save money for winter"(I-7)*

Source: developed by the author based on the results of the study

Old people's opinion about paying for social services can be relieved through sub-categories "Payment Satisfies" and "Payment not Satisfies". The content of sub-category "Payment not Satisfies" was more highlighted. To get more social services at home survey participants have not enough income to pay for or do not pay for it because the old-age pension is granted to a minimum: *"If I got services I could pay for that hours"(I-3), "Need to pay a lot, if payments would not be that high I would like more hours"(I-4), " Would like but afraid to take more, need save money for winter"(I-7).*

Table 14 Appointed Time for Social Services at Home and Payment (N=7)

Category	Sub-category	Number of statements	Quotations
Payment for Social Services	**Payment Satisfies**	1	*"I pay for services and it satisfies me"(I-6)*
	Payment Not Satisfies	3	*"If I got services I could pay for that hours"(I-3)* *"I do not pay anything as my pension is low"(I-3)* *"Need to pay a lot, if payments would not be that high I would like more hours"(I-4)* *" I could not ask for more as I need to pay"(I-7)*

Source: developed by the author based on the results of the study

In summary, the survey participants are now, maybe later on the deteriorating health will want more hours allocated to social services. However, due to receive low income not all study participants can afford to pay for additional hours.

2.2.6 The Analysis of Social Worker's Help at Home

The research findings on the social worker's assistance at home can be associated with various theories. According to Filipavičiūtė and others (2000), in old age there is the likelihood of increased frequency of various diseases, disorders autonomy, because one often can not perform normal functions, it becomes difficult to manage their home, so other expert assistance is required, which can ensure social workers. The lack of social workers is present so social services at home for seniors are provided by carers. The most highlighted content of sub-category "Positive Evaluation of Services" indicate that old people have a good opinion about social workers / carers: *"Quality of received services is very good, everything is perfect" (I-2), "This nurse is the top level,*

even my wife did not look after like she does" (I-6), "I am very happy with my social worker" (I-3), "Good quality, my social worker is very honest" (I-7).

Social services are provided through social workers / carers who have a direct reflection of the quality of service provided to customers and the importance of improving the quality of life. The study data show that study participants do not emit certain services, all services are equally important and they performed well. It indicates the content of sub-category "Most Valuable Services": turinys: *"She does everything, sometimes we consult together and she does it" (I-3), "She does everything very carefully" (I-6), "I love all services" (I-1), "If I need something I ask her and she does it" (I-2).*

Table 15 Help of Social Worker at Home (N=7)

Category	Sub-category	Number of statements	Quotations
Quality of Services and Additional Work	**Positive Evaluation of Services**	9	*"Quality of received services is very good, everything is perfect"* (I-2) *"Quality of work is very good and communication as well"*(I-2) *"Very satisfied, everythink perfect"* (I-1) *"Value a lot that I have it"* (I-4) *"I am very happy and satisfied"* (I-5) *"This nurse is the top level, even my wife did not look after like she does"* (I-6) *"I value a lot, she is my biggest help"* (I-3) *"I am very happy with my social worker"* (I-3) *"Good quality, my social worker is very honest"* (I-7)
	Additional Work	6	*"She does everything, sometimes we consult together and she does it" (I-3) "Do everything that I ask" (I-6) "Does everything she is asked" (I-1) "If I need something I ask her and she does it" (I-2) "It never happened to me that she would not do something" (I-7) "She comes in after work hours as well (I-3)*
	Enrolled Work	1	*"It is enough what is enrolled"* (I-2)
	Most Valuable Services	6	*"Everything is OK, nothing to distinguish" (I-3) "In general woman is very good and suitable for this job" (I-3) "She does everything very carefully" (I-6) "I love all services" (I-1) "All services are done perfectly"(I-2) "Thanks God everything is perfect" (I-7)*

Source: developed by the author based on the results of the study

In summary, the people who receive social services at home have a positive effect on the social worker's and their assistants properly and professionally performed their job. Survey participants alike the services provided by some one-neutral. According to the recipients workers provide not only pre-agreed services but also the additional work.

2.3 The Interview Analysis of Social Work Experts

In order to analyse the efficiency and quality of provided services at home for elderly and old people three social work experts have been interviewed: *social work organizer, social work of ward and the assistant of social worker*. Experts provide accurate and detailed information about the services provided by the beneficiaries of the old age phenomenon, the functions performed.

Social workers assistants need is growing every year and increasing the number of positions and social work organizer's information shows that *"work with the disabled and the elderly has 20 positions, 23 are working as social work assistants"*. With social risk families and children 11 social workers are working. It appears that in Kelme social services attention is paid to work with the disabled and the elderly both in terms of work positions and staff.

Another important aspect is recruitment procedures. Those who wish to work in the social worker's assistants *"they must attend 40 academic hours of introductory social worker assistant courses"*. In order to ensure the quality of social services, Social Security and the Ministry of Labour in 2006, 5th of April released the law No. A1-92 "On social services staff professional development and Procedure for Certification of Social Workers Procedure for approval". The exchange of social problems and increasing the number of users has forced the order to improve several times, the last amendment came into force on 21st of April, 2015 , No.A1-220.

However, the social work organizer reveals other problem that: *"today situation is little bit different because we have lots of patients, but not enough people to work with old people"*. This raises the threat to recruite incompetent, unprepared for work with elderly. So before recruiting somebody the social work organizer seeks to find out what personal features a new employee has and the following features have been identified: *"be empathetic and understand that this is work with old people. It takes a lot of patience in such work, to listen and to comfort the old man. Often, a social worker's assistants are the only close person who takes care of an old man"*. Social worker assistants agrees saying: *"The main ability is patience, ability to listen and understand the old man. Assistant social workers to visit them, the majority provides a great joy, because some of the elders, we are almost the only people who attend them"*. Danilova (2007) agrees that the social worker,

working with older people should have enough knowledge about geriatric elderly diseases. Have knowledge of basic physical and mental functions change. The analysis of social services recipients of the interview can be assumed that workers are competent and have knowledge of geriatrics: *"This Inga is like daughter to me. She is perfect. This job perfectly suits"* (I-1), *"She is top level. When she was on holidays, others came to me but they were different like day and night. This carer does everything best, even my wife did not clean everything that good. I am saying, she is top class"(I-6).* According to Koskinen (2004), a social worker must understand the problems of old people of human diversity and individuality taking into account individual needs and to support and empower life choices.

The next step in providing social services would be that person askes for it himself. Social worker working in the municipality was asked *"Who usually apply for social services?"*. The answer was *"generally turn himself, well, sometimes family members. But there have been cases where the community had received information that the old men lives alone and struggling to cope with daily routines. During the visit I received a reply that when we need it ourselves will come"*. It can be assumed that older people themselves decide what they need and when. It can be argued that older people though in disability situation do not want to lose autonomy. Atchley (1988) said that the majority of people all over the mature life seek to maintain normal mature lifestyle.

As for the elderly, the old man's fear of becoming addicted ward social worker for the first time while visiting with service requesting person states that *"when you walk in it is often said that there is nothing need much, just bring some food and medicines. But then you have them favorably and see that here we are doing fine then they ask for more services"*. According to Mikulionienė (1997), the most frightening age brings changes is dependence or an independent adult status loss. Elderly people are afraid of becoming dependent. Social worker assistant during the interview very openly said that *"most of the elders themselves say what work needs to be done. For the procurement of food products always discussing"*. It can be assumed that the assistant social workers trying to keep clients autonomy and self-determination. According to Koskinen (2004) the social worker must understand the old people's problems of human diversity and individuality, taking into account individual needs and to support and empower life choices. Ward's social worker discusses a possible service but does not offer it, considers necessary for services and together with the customer decide what services it should be, *"I will read every existing services. I read and ask do they need such services or not"*. They need further advice because applicants do not know exactly what services are offered. In this case, the social worker assumes the role of a consultant trying to listen to the old people and understand their feelings. This activity requires a lot of attention, patience and time (Danusevičienė and others, 2004). This view is shared by ward social

worker during the interview saying that *"you need to have the patience to listen because you need to repeat the same things, they tell the whole life story several times. After all, you can not say that I have already told to listen to the limits of the working hours"*. It shows the ability of professionals to competently perform their work during working hours. Social worker assistant working in this work argues that *"working out such work I began to look at old age old people completely differently, I now see them more often in the street, pay attention to them if they need help"*. Working with the elderly and old people is based on the recognition that it is different from working with young people. Care for the elderly is attentive and caring for old people, such as they are in fact, the tendency, perception, ability to understand their experiences in the world (Social Work 2004).

The provision of social services workers and customers raises various problems and uncertainty so the social worker assistant was asked: *"What problems do they face by providing social services?"*. Social worker assistant named unpleasant behaviour and health status: *"The biggest problem is nasty treatment of the employee. Also, when for old age, medical condition, it is difficult to speak or to clarify certain things"*. Palujanskienė (2004) recognizes that the changing of old people are affected not only physiological, biological, but also by psychological changes. There are all kinds of fear, growing maturity of personality, moral, economic and personal changes, experiences and mental status changes. It can therefore be assumed that older people do not always behave properly and adequately but it leads to changes in retirement.

But encountered problems are not left to be decided by himself. The decision is often invoked by relatives, customers themselves. If this fails to resolve the authority is requested. Assistant social workers say that: *"Depending on what problem arises, it faces the problem can help solve immediate appeal to them, and it is directly related to our services, to inform his superiors"*. Social work organizer expressed the same opinion that *"if there is any problem, we try to solve it with the employee and explain everything to the old man"*. This is demonstrated respect for both the client and the social worker directly providing these services. Social work organizer finalizing the idea adds that: *"from the elderly people I even do not remember when we received a complaint. From disadvantaged families often complaints are received, because they are unhappy with what they are and control of social workers"*. Unlike social risk families, elderly people voluntarily request that social services to be provided. This is supported by a social worker and ward stating that *"when they themselves want it they come or ring"*. Their own desire is the most important, by force they do not offer the service and did not visit. Assistant social workers voiced thoughts summarizes the expert analysis of the interview: *"It is important that our services are performed to high standards then the elders are satisfied and we are pleased with our visits"*.

In summary, social work experts' interview analysis notes that in Kelme district municipality, social services at home for old and elderly persons in disability situation focus on terms of positions and staff as demand for social services is constantly growing. Great attention is paid to new recruitment to look after the elderly. Social worker assistant must have completed introductory courses and possess certain characteristics. Confronting the problem is tackled effectively, by including in the decision-circle of clients, their loved ones, if needed – a social work organizer and service director. Dissatisfied customer complaints are very little because depending on the study participants opinion about the quality of services it can be said that the services provided are effective, customer satisfaction and service are great.

CONCLUSIONS

Having analysed the theoretical part and data results of empirical part the following conclusions can be done:

1. Aging in social gerontology is defined as a heterogeneous process and the consequences of aging can be negative and positive. Old age is inevitable and very individual which is influenced by genetics, lifestyle and psychosocial factors. Various gerontology theories analyse the phenomenon of old age highlighting different aspects of it. Integration theory states that society is stratified by age; Aging subculture theory states that older people create subculture through common interests and through exclusion from the wider society; Critical theory states that older people creating prosperity for themselves should be actively involved and not all would be imposed by others.

2. The comparison and understanding of Lithuanian and Ukrainian legal document reveal that the social aspects of the provision of services at home are very similar. Basic social services are organized by the municipality; they are responsible for social services to the residents of their territory. Social services provided are identical. In both Lithuania and Ukraine contracts are signed with clients, provision of services and visit timetable given.

3. Findings of the empirical analysis have shown that the increasing number of elderly and old people remains a priority of provision of services. The entire social services system consists of well-operating elements such as: social work organizer, ward social worker, social worker's assistant. Having done the investigation it was found out that providing quality social services at home win the favour of clients, they get used to social workers' assistants. Clients' satisfaction increases as well as communication between the recipient and the supplier. Clients value quality services and employee characteristics: hard-working, honest to help if needed after working hours. Service needs are influenced on age, health status and income; it directly affects the client's disposition to use one or the other service.

4. The analysis of social work expert interviews has revealed that especially important is client's participation at all stages: request services at home, choosing the appropriate services and a social worker assistant services. Based on the collected and analysed data it can be said that social work experts work together effectively, all functions are accurately allocated to each of them, it is taken into account individually each client's individual needs. Elderly and old people are involved throughout the process of provision of social services. Therefore, this model is effective because it is a collaborative model.

RECOMMENDATIONS

1) For the mayor of Kelme district municipality: the establishment of a psychologist-time social services. The psychologist will help to solve psychological problems of social workers who work with the elderly, help to conserve and protect the employee's health from burnout syndrome.

2) For Social Services Office of Kelme District: promoting volunteer community activities that may contribute to the provision of social services at home. The services need satisfaction depends not only on the social worker assistant's excellence, integrity, communication with their customers but from the social support of the budget and help from the side as well. At present, there are no volunteers and communities like this in Kelme municipality.

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SANTRAUKA

Magistro baigiamajame darbe nagrinėjama socialinių paslaugų namuose teikimo poreikio ir efektyvumo analizė. *Baigiamojo darbo tikslas* - išanalizuoti teikiamų socialinių paslaugų namuose organizavimo aspektus pagyvenusiems ir seniems žmonėms esantiems negalios situacijoje Kelmės savivaldybėje. Darbe taikyti tiek teoriniai, tiek empiriniai metodai: mokslinės literatūros analizė, teisės aktų analizė, kokybinis tyrimas (pusiau struktūruotas interviu), interviu turinio analizė (content metodas), apibendrinimas. Tyrime dalyvavo 7 socialines paslaugas namuose gaunantys pagyvenę ir seni žmonės esantys negalios situacijoje ir 3 Kelmės Socialinių paslaugų tarnybos darbuotojai.

Pirmojoje (teorinėje) darbo dalyje išanalizuotos senėjimo sampratos socialinės gerontologijos ir paradigmų kontekste, socialinių paslaugų teoriniai aspektai bei aptarti Lietuvos ir Ukrainos socialines paslaugas reglamentuojantys dokumentai. Analizė parodė, kad įvairios gerontologijos teorijos senatvės fenomeną analizuoja išryškindamos skirtingus senatvės ir senėjimo aspektus, tai yra nevienalytis procesas, todėl senėjimo pasekmės gali būti neigiamos ir teigiamos. Lietuvoje ir Ukrainoje socialinių paslaugų namuose teikimo aspektai yra labai panašūs, pagrindiniai socialinių paslaugų organizatoriai yra savivaldybės. Antroje (empirinėje) dalyje pristatomi kokybinio tyrimo rezultatai, kuriuose identifikuojama pagyvenusių ir senų žmonių esančių negalios situacijoje nuomonė apie gaunamas paslaugas namuose ir jų poreikį, bei socialinio darbo ekspertų interviu analizė apie teikiamų paslaugų efektyvumą. Tyrimo metu identifikuota, jog daugėjant Kelmės savivaldybėje senyvo amžiaus žmonių, paslaugų poreikis išlieka prioritetinis. Įvertinus atliktą darbą, galima teigti, jog poreikis į socialinių paslaugų teikimą yra didelis ir tai leidžia suprasti, kad socialinės paslaugos yra pagrindinė socialinio darbo organizavimo forma, kuri suteikia galimybę patenkinti asmenų gyvybinius poreikius ir sudaryti palankesnes gyvenimo sąlygas jų gyvenamoje aplinkoje, kai jie patys savarankiškai nepajėgūs to pasiekti. Taip pat nustatyta, kad socialinio darbo ekspertai efektyviai dirba kartu, tiksliai paskirstytos kiekvieno iš jų funkcijos, labai individualiai atsižvelgiama į kiekvieno kliento individualų poreikį. Pagyvenę ir seni žmonės yra įtraukiami į visą socialinių paslaugų teikimo procesą. Todėl šis modelis yra efektyvus, nes tai bendradarbiavimu pagrįstas modelis.

Esminiai žodžiai: socialinės paslaugos namuose, seni ir pagyvenę žmonės, negalios situacija, socialinis darbuotojas.