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***THE ALTERNATIVE SERVICES FOR PEOPLE WITH DISABILITIES IN
SOCIAL SERVICE CENTRES AS THE PRESUMPTION OF SOCIAL WORK
PROFESSIONALIZATION***

Master's thesis

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Summary

The Master's thesis analyses the peculiarities of social services organization, evaluation in Lithuania as well as the principles of social services provision in Lithuania and Ukraine.

The problem of the work is specified with the help of the following questions: what is the need for the provision of alternative social services and possibilities to provide them for people with disability in the social services centre; how alternative social services could contribute to satisfying the needs and improving the life quality of people with disability; how alternative social services for disabled people at the social services centre could promote the professionalization of social work.

Object of the research – the need of alternative social services for people with disability in the social services centre.

The aim of the research – to analyse the alternative services for people with disability in the social services centre as an assumption for social work professionalization.

Research methods. Theoretical analysis, a structured interview, content analysis.

Six social workers from Lithuania working in the social services centre and 20 people having a physical disability (also from Lithuania) who use the services of the social services centre have been interviewed. There have also been interviewed two social workers and one person having a physical disability from Ukraine. The investigated in Lithuania have been provided with open type questions. Questions had a rigid structure. The questionnaire for the respondents in Ukraine has been sent via e-mail. The research was performed in March – May 2015.

The main conclusions of the qualitative research. The theoretical analysis of scientific literary sources has revealed the need for a bigger variety of social services. The Lithuanian and Ukrainian laws quite strictly define the concept, aims and types of social services, determine the management, granting and provision of social services. However, these social services are insufficient. As the number of people having physical disabilities increases, the need for new, unanticipated social services is emerging. The results of the interviews with social workers and clients from Lithuania and Ukraine have revealed the need for alternative social services. Speaking about alternative social services the greatest attention is paid on the services orientated towards the individual needs, the ones which develop person's social relations and reduce social exclusion. Having performed the structured research it became clear that Lithuanian and Ukrainian social workers and clients from Lithuania speaking about the significance of alternative social services to the life quality of people with disability emphasize the significance of empowerment which means the development of social and political participation of the social services' recipient, reduction of social exclusion which may be realised through the provision of

alternative social services. Lithuanian and Ukrainian social workers list the following important factors which would contribute to improving the quality of social services – cooperation with partners, human resources, economic aspects (for instance, “to increase salaries”), participation in training courses. Social workers from Ukraine have also mentioned the participation in public activity. People having a physical disability speaking about the social services’ improvement in the social services centre have mentioned several clear factors which, in their opinion, would improve the quality of social services: development of human resources (for example, “to recruit new specialists”), increasing financing, volunteering. There has also been expressed an idea that the quality of social services is good.

Key words: social work, social services, social worker, alternative, professionalization.

Introduction

Social and Scientific Relevance of the Research

During the last decade there have been major changes in the system of social services in Lithuania – establishments providing new type of social services have been rapidly emerging (homes for independent living, homes for temporary living for minors from social risk families having babies, etc.), new services started to be provided, a new profession of social worker appeared and became stronger, the professionalism of social workers has increased and from 1st July 2010 a list of social services which were allocated to municipalities was confirmed by the county governor (Klokmanienė, 2009; Rudaitis, 2010).

The changes of social services were also influenced by the implementation of 1998-2009 programmes: the accessibility of social services in municipalities has increased; institutions providing social services were modernised, the network of social services has been expanded; the organisation of social services was decentralised; NGOs joined the process of providing social services more actively, their cooperation with municipalities has increased; the network of new, small organisations effectively providing outpatient social services has been started in communities (Socialinės paslaugos, 2009). Hence, these changes show a rapid progress of social services during the last decade in Lithuania.

The theoretical aspects of social services' administration have been analysed by a big number of foreign and Lithuanian authors. Anheir (2000), Beacker (2000), Sutton (1999), Pieters (1998), Žalimienė (2013), Guogis, Gudelis (2005), Kalesnykas (2000), Valenta (2000) have analysed the conception of social services and defined its significance in society. The peculiarities of providing social services have been analysed by Išoraitė (2005), Vareikytė (2006), Žalimienė (2013). Jasaitis (2001) and Raipa (2009) have analysed the peculiarities of social services' administration and decentralization.

The research on Ukrainian social policy was carried out by Nemčenko and Kulikov (Немченко, Куліков, 2006), the efficiency of the activity of institutions providing social services was analysed by Odincova (Одінцова, 2006), Korzun (2012) has done researches on the issues of employment of people with disabilities. However, in the scientific discourse of this country there is a lack of researches orientated towards the analysis of alternative social services' provision to people with disabilities.

Thus, social, demographic, economic and cultural changes of the society raising new challenges for the country's social policy and administration of social services undoubtedly cause difficulties and encourage to search for more effective, new and alternative social services to solve

the problems of social exclusion as well as social security. The bigger the number of clients is, the bigger is the demand for unanticipated alternative social services.

In today's society a comparatively large group of people having any type of disability and various social, economic, cultural and other changes related to it determine the change of social policy and obliges the state to expand the field of social work activity in a qualitative and quantitative sense. This has an influence not only on people with disabilities but also on their family members and / or relatives, community and in a wider sense – the whole society. The demand of social services for this group is constantly increasing, their nature is changing and the demand for new services as well as the periodical revision of the ones which are being provided is emerging. At present there is a legal framework in Lithuania which regulates and standardizes social services for people with disabilities at residential care institutions, day centres or at home. The world practice has examples how the number of these services may be expanded so that different needs of an individual would be met (Spierts, 2003).

The relevance and novelty of the theme substantiate that it is necessary to investigate various assumptions of social work professionalization. Therefore, the theme of the work related to the provision of alternative social services for people with disabilities in a social services centre is especially relevant in today's social work context.

The problem of the research is specified with the help of **problematical questions:**

- what is the need for the provision of alternative social services and possibilities to provide them for people with disability in the social services centre;
- how alternative social services could contribute to satisfying the needs and improving the life quality of people with disability;
- how alternative social services for disabled people at the social services centre could promote the professionalization of social work.

The object of the research – the need of alternative social services for people with disabilities in the social services centre.

The aim of the research – to analyse the alternative services for people with disabilities in the social services centre as an assumption of social work professionalization.

Research objectives:

1. On the basis of scientific literature to analyse the activity of a social services centre, social services being provided and the possibility to provide alternative (additional) social services.
2. Using the method of structured interview to reveal the need for alternative social services and differences between the provision of social services and alternative social services.

3. To reveal the significance of alternative social services to the life quality of people with disabilities.
4. To analyse the possibilities to improve the social services' quality provided at the social services centre from the social workers and people with disabilities' perspective.

Research methods. *Theoretical analysis.* The services provided in the social services centre and the possibilities to provide alternative (additional) social services have been analysed. *The method of qualitative research – a structured interview.* The structured interview is based on an interview plan prepared by the researcher in advance with the concrete formulation of questions (very often – answers as well) and a specific order of asking questions. During the structured interview the researcher can ask only those questions and in the order and formulation which are provided in the interview plan. Performing the interview all respondents get the same questions, in the same formulation and order. Performing the structured interview it is important that questions would not be ambiguous and would mean the same for all the respondents¹. *Content analysis.* It is a study of documents using a method of interview equivalent: in the case of content analysis the elements of selection are words, phrases, meaningful units, separate articles while in the selective surveys the units of selection are people². This method was used in the Master's thesis for processing the data.

Research scope and time. Six social workers from Lithuania working in the social services centre and 20 people having physical disability (also from Lithuania) who use the services of the social services centre have been interviewed. The study also took part in two social workers from Ukraine and one person with a physical disability. The respondents had to answer open questions. Additional questions during the interview were not provided. The researcher stick to a rigid structure of questions. The data was collected conducting an oral interview. The answers of the respondents were transcribed, rewritten word by word. Of Ukraine respondents, questionnaires were sent to by e-mail.

The research was performed in March - May 2015.

Work structure. *The Master's thesis is composed of the following elements: a summary in English, introduction, 3 chapters, conclusions, recommendation, a list of literature (52 resources), summary in Lithuanian and annexes. The data of the research is illustrated with 17 tables and 23 figures. The design of the research, examples of the questionnaires for experts and*

¹ http://www.lidata.eu/index.php?file=files/mokymai/NVivo/nvivo.html&course_file=nvivo_III_3_2_2.html

² http://www.asu.lt/nm/failai/MT_pagrindai_edukologijoje/50788.html

clients, tables of the results obtained during the research are provided in the annexes. The scope of the work – 55 pages.

BASIC CONCEPTS

Social work – it is a professional activity enabling people, families, communities and society to solve the problems of relationship and social problems, encouraging social change, improving life quality and strengthening the solidarity and social justice³.

Social services – services aimed at providing assistance to a person (family) who, by reason of his age, disability, social problems, partially or completely lacks, has not acquired or has lost the abilities or possibilities to independently care for his private (family) life and to participate in society (Law on Social Services of the Republic of Lithuania, 2006).

Alternative – [French *alternative* < Latin *alternare* — to alternate]: a necessity or possibility to choose one from two existing⁴.

Social worker – a professional helping the members of society or their groups, families, communities to meet their social needs; for this purpose he / she promotes the ability of people to solve the problems by themselves, activates their interaction with environment, seeks to increase the responsibility of society's institutions for a person, makes the influence on the social policy (A. Račkelienė, 2002).

Professionalization – mastering the profession, specialising in a certain field; transition into the category of professionals (Tarptautinių žodžių žodynas, 1985).

Disabilities - a person's body structure and function disorders and adverse environmental factors interaction of health deterioration, participation in society and operational capabilities a decrease (Lietuvos Respublikos 2004 m. gegužės 11 d. įstatymo Nr. IX-2228).

Quality of life – this economics, sociology and political science concept, encompassing the spiritual (emotional), social and physical well-being. Health related quality of life is assessed according to various criteria, but almost always include all three aspects of human welfare⁵.

³<http://www.socmin.lt/lt/socialine-integracija/socialines-paslaugos-ir-dca9/kas-yra-socialinis-darbas.html>

⁴ <http://www.zodynas.lt/tarptautinis-zodziu-zodynas/A/alternatyva>

⁵ http://lt.wikipedia.org/wiki/Gyvenimo_kokyb%C4%97

1. ORGANISATION OF SOCIAL SERVICES, THEIR PROVISION AND EVALUATION FEATURES IN LITHUANIA AND UKRAINE

1.1. Theoretical Description of Social Services

“The most noble purpose of a human – being of service to others“. (Š. Čotopadhajus)

The latest events in Lithuania such as social, economic, moral crises have made a huge impact on all people. Especially the vulnerable ones suffered the most, i.e. the disabled and elderly people. The social services for people with disabilities are becoming more and more important in the field of social security. Therefore, the main purpose of social work is to help a disabled or an elderly person. A bigger attention is focused on relationships, ways of communication and cooperation of people with disabilities. This encourages social workers to search for the best ways to meet the people's needs.

Žalimienė (2003) analysing the definition of social services provides it in both a narrower and a wider sense. Social services in the wider sense are the ones which are provided to the society – education, health care, social security, sports, free time, culture, etc. Social services in the narrower sense – the ones which are provided by the modern social security system encompassing eight social risks: illness, disability, senility, widowhood, family / children, unemployment, accommodation, social exclusion. There are also the so called personal social services which are provided inseparably from social work. To describe these services a term “social care services“ is used.

As Išoraitė (2005) points out, social services give people a possibility to feel safer in the society. The basis of social services provision is the evaluation of social needs of people, social groups, communities and the creation of services' network within the community. The author claims that the main coordinator of social services is a social worker who provides and develops social services.

According to Johnson (2001), social services are services aimed at providing assistance to a person (family) who, by reason of his age, disability, social problems, partially or completely lacks, has not acquired or has lost the abilities or possibilities to independently care for his private (family) life and to participate in society.

Usually the perception of social services in society is the one which is formed by the government and its declared policy. Article 3 of the Law on Social Services of the Republic of Lithuania states that social services are the services aimed at providing assistance to a person (family) who, by reason of his age, disability, social problems, partially or completely lacks, has not acquired or has lost the abilities or possibilities to independently care for his private (family)

life and to participate in society. Basically this definition is suitable for all services. However, a more detailed regulation of social services depends on the content of social work and forms of organizing this activity in different social services institutions. It is possible to claim that the Law on Social Services describes social services in a narrow sense and emphasizes non-financial forms of help as well as financial support for certain groups of people (Law on Social Services, 2006).

Social services are provided in order to prevent personal, family, community social problems as well as to ensure the social security of society (Law on Social Services, 2006).

A right to get social services is entitled to:

- citizens of the Republic of Lithuania;
- aliens, including stateless persons, holding a permanent or temporary residence permit in the Republic of Lithuania;
- other persons in the cases provided for in international treaties of the Republic of Lithuania (Law on Social Services, 2006).

Social work services are provided for children at social risk and their families as well as children without parental care, children having a disability and their families, social risk families and their children, people with disability, elderly people and their families, adult people at social risk and their families as well as other people having social problems who cannot take care of themselves (Žalimienė et al, 2013).

The Law on Social Services (2006) describes two types of social services: of general interest and special social services. Social services of general interest are provided to a person (family) whose abilities to independently care for his private (family) life and to participate in society may be developed or compensated for by the specific services provided without permanent assistance by specialists. The following services are regarded as social services of general interest:

- Information – providing necessary information about social support;
- Counselling – a problem situation is being analysed together with the person and it is sought to find solutions;
- Mediation and representation – providing help in solving the problems of the person or family (legal, health, everyday life, managing documents, paying for utilities, etc.);
- Organisation of catering – providing help for a person or a family who are not able to eat at home;
- Provision of necessary clothes and footwear – providing necessary clothes, footwear or other;
- Organisation of transportation – support for people with movement disabilities who cannot go to the necessary establishment by themselves;
- Socio-cultural services – services of free time activities the aim of which is to prevent social problems, etc.;

- Organisation of personal hygiene and care services – support for a person or a family who do not have enough income to take care of their hygiene.

Special social services are provided to a person (family) in respect whereof social services of general interest are insufficient to develop or to compensate for the abilities to independently care for his private (family) life and to participate in society. The following services are regarded as special services: social attendance and social care. Social attendance is the totality of the services aimed at providing to a person (family) complex assistance not requiring permanent attendance by specialists. Assistance at home, development and maintenance of social skills, temporary lodging as well as other services are regarded as social attendance. Social care is the totality of the services aimed at providing to a person (family) complex assistance requiring permanent attendance by specialists. Social care, according to its duration, is divided into day, short-term and long-term care. The aim of special social services is to return the abilities of a person (family) to take care of himself / herself and integrate into society. Social care is provided either in institutions or in a person's home. The duration depends on people, their need for services and type of the establishment (Law on Social Services, 2006).

Summarising it is possible to claim that various scientists define social services differently. A different perception of social services depends on the author's attitude towards the state's social policy, traditions, practice of providing public services, etc. However, it is unanimously agreed that the aim of the social services is to create conditions for a person (family) to develop and enhance the abilities and possibilities to solve his social problems independently, maintain social relations with society as well as help to overcome the social exclusion. As the number of clients is increasing, the need for new social services emerges. As not many researches have been carried out on additional, alternative services, this work is going to analyse the need for alternative social services, the principles and methods of social work on the grounds of which alternative services will be provided.

The work is based on the definition of social services as described in the Law on Social Services (2006) – services aimed at providing assistance to a person (family) who, by reason of his age, disability, social problems, partially or completely lacks, has not acquired or has lost the abilities or possibilities to independently care for his private (family) life and to participate in society.

1.2. Principles of the provision of social services in Lithuania and Ukraine

The system of Lithuanian social services is composed of the network of different social care establishments and social services are provided at client's home or in the community. Different type social services are provided in social care establishments or client's home. They are

intended for separate social groups: elderly people, families having social problems and their children, children without parental care or who experienced violence, disabled, who live in poverty, asylum seekers as well as people abusing alcohol and substances. Social care establishments belong to different social services providers – municipalities, districts, NGOs, parishes, communities, etc.

After the review of the structure of social services it would be purposeful to start the analysis of their provision from the functions of Lithuanian social services system which, according to Vareikytė (2006), are regulated in the following way: the Ministries of Social Security and Labour, Health Protection, Education and Science, municipalities as well as other institutions are responsible for the organization of social services provision. In addition, it is worth to mention the fact that until 30 June 2010 the administration of county governors was responsible for the provision of social services. However, from 1 July 2010 the reform has been started to liquidate the service of county governors and administrations of county governors. The essence of the reform – to remove intermediate and duplicating functions, reduce the bureaucracy and make the provision of services more comfortable for a person. Therefore, from 88 functions the county governor had 58 will be gradually terminated, 10 will be given to municipalities and 20 to state institutions.

The main responsibility for social services provision, according to Vareikytė (2006), falls on municipalities because the independent functions of municipalities include the establishment, maintenance of social services institutions, households and cooperation with public organizations. Based on the Law on Social Services, social services are provided in the territory of all municipalities and the municipality is in charge of ensuring the provision of social services to the residents of its territory by planning and organising social services and controlling the quality of social services of general interest and social attendance (Law on Social Services, 2006). It should be noted that social services establishments which were founded by municipalities constitute 57% of all social services establishments in Lithuania (Guogis, Gudelis, 2005). Moreover, speaking about the establishment of household units it is important to note that on 1 July 2010 the Law on Household Units came into force and it determines the establishment, management, rights and obligations, responsibility, assets, funds of a legal entity called “household unit”, also its reorganisation and liquidation (Law on Social Services, 2006). The Department of Supervision of Social Services which supervises and controls the quality of social services by providing methodical support regarding the application of social care standards, social services of general interest and quality control of social attendance, issues licences for providing the services of social care, terminates, suspends their authorisation, etc.

To sum it up, it may be said that the biggest responsibility in the process of social services provision lies on municipalities which are responsible for organisation and provision of social services for the members of community.

During the analysis of scientific and political literature it became clear that the provision of social services is characterised by the following features as described in the Law on Social Services of the Republic of Lithuania (2006):

1. The provided social services are related to the individual needs of clients and this is the main difference from other public financial support or education services.
2. The provision of social services is not restricted to the public sector budgetary establishments (state or municipality). Other providers of social services are also included – NGOs, religious communities, private services providers, self-help groups.
3. Social services include a wide range of different services which are provided in various environments: at clients' home, day centres, care and other institutions.
4. In the process of social services provision a service provider and recipient directly interact.
5. The aim of social services is to seek for changes in the sphere of human relations and whole social environment.
6. Social services are provided for individuals, groups and community (Law on Social Services, 2006).

It should be noted that the provision of social services when treated as a direct contact between the services provider and recipient is regulated by certain principles which guarantee the quality of the provided services preserving the client's rights and reaching a bigger effect of the services to the life quality of the client. This means that for the provision of social services the interaction between the provider and the recipient is mandatory and it helps to find out and evaluate the situation as well as to assign the necessary services to the person. According to the Law on Social Services of the Republic of Lithuania, it is possible to distinguish the following main principles of social services provision: co-operation, participation, complexity, efficiency, comprehensiveness, relevance, social justice and accessibility.

The principle of co-operation states that the management, granting and provision of social services is based on co-operation and mutual assistance between a person, family, community, the organisations defending the interests and rights of social groups of people, social services establishments, municipal and state institutions. The principle of participation defines the issues of the management, granting and provision of social services being settled in co-operation with recipients of social services and/or representatives and the organisations defending the interests and rights of social groups of people. The principle of complexity reflects the provision of social services in combination with the provision of social services to his family. With the principle of

accessibility it is sought to ensure that a person (family) can access social services close to his place of residence. The principle of social justice shows that financial possibilities of a person (family) to pay for social services do not have any impact on the possibilities of the person (family) to receive the social services. Taking into consideration the principle of relevance, a person (family) is granted and provided the social services which correspond to the interests and established needs of the person (family). The essence of the principle of efficiency is that social services are managed, granted and provided with a view to achieving good results and rationally utilising available resources. The principle of comprehensiveness reflects that social services are managed, granted and provided by combining them with cash social assistance, protection of child rights, employment, health care, education, granting of social housing and special assistance measures (Law on Social Services, 2006).

The principles of social services show that the provision of services is based on the evaluation of an individual's need for services. This is carried out by evaluating person's independence, determining his abilities to manage things independently as well as by performing a financial evaluation of the person who is in need of help because of insufficient independence. However, a conclusion may be drawn that social services become valuable when they are timely and easily accessible for those who need them the most.

To summarise, it is possible to say that social services encompass the one of general interest and special services which enhance people's abilities to solve problems in order to reduce and avoid social exclusion and ensure social security of society. The provision of social services is based on the contact between the provider and the recipient, clarifying the situation, therefore, in the process of services provision it is necessary to take into consideration the main principles of social services provision: co-operation, participation, complexity, accessibility, social justice, relevance, efficiency and comprehensiveness.

Comparing with the Lithuanian system of social services, Ukraine as well as are many different types of social bodies, social services are provided at home, a lot of attention is paid to children with disabilities.

The Government of Ukraine and the Ministry of Social Policy of Ukraine in accelerating the implementation of the reforms in the social sector and achieving Ukraine's short- and mid-term social and economic development goals.

The first phase included review of the draft legislation, functional analysis and support to the introduction of the necessary changes in the legislative and administrative framework. More specifically, the first phase included support to drafting new or amendment of the existing legislation in order to enable the administrative changes in the social sector. Advisory support provided in regard to the reforming of the pension system. Support to reforming the social security

and assistance systems including elaboration of new administrative structures to reflect the new functions was provided. This phase was implemented during the period of second half of 2011 till early 2012.

The second phase includes support to the implementation of the reforms in the area of social services delivery, including introduction of a decentralized social service delivery system, elaboration of quality standards for social services, diversification of the menu of social services, introduction of quality assurance system for social services delivery and developing the market of social service delivery at community level. The second phase is being implemented during the period of 2012-2014.

Seven strategic papers with policy recommendations were prepared and disseminated to national partners: on pension policy; on administrative reform in the system of social support on reforming the social sector; on functions of social services' staff; on optimization of territorial centers, on the matrix of packages of social services, the recommendations to the draft National Conception on Social Policy till 2023.

Technical assistance was provided to the development and / or amendment about 25 legislative documents, 6 of them were adopted by the Government. Among them: Recommendations for the draft Law of Ukraine "On Amending Certain Laws of Ukraine on Social Services» (to the Law "On Social Services") (were taken into account in the adopted Law № 4523-VI).

- Recommendations to the list of social services (were taken into account in The List of social services approved by the Order of Minister of Social Policy of Ukraine № 537 as for 3 September 2012).
- The draft Order on the Assessment of Community Needs in Social Services.
- The Methodical Recommendations on Assessment of Community Needs in Social Services (was approved by the Order of Minister of Social Policy of Ukraine № 648 as for 15 October 2012).
- The State Standard of Day Care Services (was approved by the Order of Minister of Social Policy of Ukraine № 452 as for 30 July 2013).
- The Oder on Social Commissioning (was approved by the Act of the Cabinet of Ministries of Ukraine No 234 as for 29 April 2013) (Support to the Social Sector Reform in Ukraine, 2011).

The Law of Ukraine "On Social Services"⁶ defines the basic organizational and legal framework of social services to persons who are in difficult circumstances. According to the Law

⁶ Закон Украины о социальных услугах (Ведомости Верховной Рады Украины (БВР), 2003, N 45, ст.358)Подробнее: http://kodeksy.com.ua/ka/o_socialnyh_uslugah.htm

of social services are provided through the provision of social services at the place of residence of the person (at home) in the territorial centers of social services, residential care and so on. In Ukraine, a network of stationary institutions stay for different categories of beneficiaries and providing them with the necessary social and domestic, psychological, medical, educational, professional and similar services. In 2011, the system of social protection of the population of Ukraine operated 39 geriatric boarding houses and pensions for veterans of war and labor wards 7680, 151 psycho-neurological boarding with 30375 wards, 55 children's orphanages with 6879 wards, 74 home for senior citizens and persons with disabilities 9151 wards, 289 inpatient units of territorial social service centers with more than 8 thousand. beneficiaries. All these places can be divided into three categories: permanent residence, rehabilitation, temporary stay of children. An alternative form of stationary social services have to provide social services for the elderly, the disabled, the sick at the place prozhivaniya- territorial centers of social services (social services) (hereinafter - territorial centers). In Ukraine, the territorial centers operate in each district, city, town. By the end of 2012 their number totaled 732 offices, which for years provided social services to over 1.5 million. Citizens who were in difficult circumstances. Territorial centers by the more than 40 thousand. Social workers and social workers provided through its structural units of about 50 types of social services. As part of the regional centers are separating: social assistance at home, social adaptation and social and medical services, the organization of targeted cash and in-kind assistance, inpatient units for permanent or temporary residence.

Aspects of the interpretation of the term "Social Work":

- as a practical professional activities to assist and support people who are in a difficult situation;
- as a training course for professional training of specialists in social assistance and support of the population;
- as an area of scientific knowledge, based on a set of concepts and theories, has its categorical apparatus, explores the principles and laws, models and methods of social work.

The structure of social work as a professional activity: subject, content management, object and subject and combine them target resources and functions. Subjects of social work - this state, public organizations, individuals, implementing social policies and provide social assistance to various categories of the population. Objects of social work - individuals or social groups that need help and support in the process of socialization. The object of social work are all citizens.

The subject of social work - is the social situation of the client. Its assessment, delineation of the specific state of the problem at a particular client of social work, orients the direction of social assistance. The aim of social work is to create optimal conditions for

socialization. Areas of social work: prevention, social services, socialization, targeting specific social groups.

Criteria of professional work in social work:

- macro-level - social policy;
- meso - social programs, regional and local level and in the community;
- micro level - social work with the client.

On the criterion of subordination of social services and institutions structure social relations represented by a network of social agencies in Ukraine

Ministry of Social Policy:

- - National Employment Service (network of employment centers).
- - Network of regional and city administrations and regional departments of social protection.
- - Territorial Service Centres pensioners and single disabled citizens.
- - Department of Social Assistance.
- - Baby house-boarding.
- - house-homes for the elderly and disabled.
- - Special home – boarding.
- - Neuropsychiatric boarding.
- - Pensions for veterans.
- - Prosthetic-Orthopedic plants.
- - the establishment of special education.

Ministry of Health: health care (hospital and outpatient clinics, stations ambulance, spa, pharmacy, sanitary - prophylactic establishments); higher and secondary special medical education.

Ministry of Youth and Sports of Ukraine: the Ukrainian State Centre of Social Services for Youth (MDC), regional, city and district centers of social services for youth.

The Ministry of Education and Science of Ukraine: kindergarten; secondary schools; children's health camps; schools - boarding schools for orphans; specialized boarding schools (for children with various kinds of diseases and children who have difficulty in learning); professionally - technical schools; higher educational institutions of different levels of accreditation. Social work consists of a set of core values and principles. She cares about the rights of the child, respect for the equality, dignity and rights of all people and their individuality, privacy and (dignity); and to combat discrimination and prejudice. Its knowledge base is taken from relevant scientific disciplines, supplemented by the experience and knowledge of people using the service,

based on research and proven⁷. Social workers help people to help them deal with the matter in their daily lives, such as family and personal problems, relationships with relatives. Some social workers help clients who face a disability, life-threatening illness, social problems, such as poor housing, unemployment, drug addiction and alcoholism. Also, social workers help families in which there are serious internal conflicts, sometimes with the use of child or spousal abuse. In addition, they can conduct research, advocate for improved services or participate in planning and policy development. Many social workers specialize in serving specific population groups or work in a particular situation. In all cases, these workers may also be referred to as licensed clinical social workers, if they have the appropriate state license.

Comparing Lithuania and Ukraine offered to adults with disabilities, social services legislation regulating social services, it can be said that they are similar. Both the Lithuanian and Of Ukraine laws guarantee social service for people with disabilities, high-quality, efficient, social exclusion reduce services. Both Lithuania and Ukraine, social workers work the same objective - to create decent human living conditions, when the man himself is unable to do so, and to help them integrate into the society in which a person because of their age, disability, poverty and other reasons unable to do so himself. As well as similar institutions and organizations that provide social services objectives - to provide quality social services for people with disabilities, to encourage users' activity, help that they themselves could take care of themselves in the future, to enable them to be independent, to help preserve and regain physical, mental functions or solve their social problems.

Theoretical analysis of the scientific literature revealed a greater variety of social services needs. The Republic of Lithuania and Ukraine law strictly enough to define the concept of social services, objectives and types of social services is regulated by the management, allocation and delivery, but not the social services is no longer sufficient. In society there is guaranty to provide alternative social services for those individuals who are no longer sufficient traditional social services, provision of social of services centers

⁷ http://study-english.info/social_work_001.php#ixzz3b39XmG6U

1.3. Evaluation of Social Services

One of the measures to improve the organization of social services is their evaluation which is the necessary condition in the process of social services provision because in this way it is controlled how the funds dedicated for social services are used, and how the quality of social services may be improved. Usually the activity of public administration is evaluated on the grounds of 3Es – economy, efficiency and effectiveness (Puškorius, 2002, 2006).

According to Guogis and Gudelis (2005), during the recent decades in many countries the activity evaluation has become one of the most important mechanisms for establishing accountability in the public sector as well as social services sector. The systems of activity evaluation are installed in state institutions administering social services and establishments providing the services. They ensure the received, evaluated and appropriate information about social services and their use in social services establishments. Dromantienė (2008) claims that the quality of social services and their impact depends on social policy – the reallocation of income performed by the state and the regulation of property relations among people and society groups in pursuit of social justice and equality. The issue of the quality of public services is emphasized in the review of public administration in Lithuania in 2009 where it was pointed out that seeking a quality leap in both the context of services provision and in the spheres of activity improvement and improving efficiency it is necessary not to forget that the main result which has to be sought is a greater added value to the recipient using the budget possessed as effectively as possible (Public Administration in Lithuania, 2009). However, as Smalskys (2010) claims, even in those cases when the provision of public services is bringing losses to the state still the services have to be provided because without them certain social groups could not manage.

According to Žalimienė (2003), the manifestations of social services efficiency indicators may be different. The author believes that the efficiency of social services may be expressed as: a) the efficiency of the system of social services (the relation between all services provided within the social services system and the budget (from which the system of social services is financed) expenditures); b) the efficiency of social services establishment (the relation between the social services provided within the establishment and budget expenditures of the establishment); c) the efficiency of the services provided by a social worker (the relation between the services provided by the social worker and the number of social workers). It is important to denote that the problem arises as it is necessary to determine a bundle of services which on the lowest costs would have the optimal impact on a concrete person and also choosing the priorities of reducing the costs.

Another very important criterion of evaluation is effectiveness. In the scientific literature (Žalimienė, 2003, Guogis, Gudelis, 2005) the effectiveness is related to the consequences of activity because it encompasses the degree to which the aims of the organization are achieved, the consequences of the activity to the clients and activity quality which is understood as a result of clients' satisfaction. In the field of social services the aims and activity consequences may be defined as the improvement of life quality of social services clients, the decrease of such social problems as poverty, social exclusion, social vulnerability, etc. A significant element of social services effectiveness is becoming a client's satisfaction with the provided services quality which may be evaluated by performing the surveys.

As Žalimienė (2003) points out, the indicators of social services effectiveness depend on the aims of the establishment providing social services and social services clients who are direct recipients of social services (for instance, children, families having social problems, elderly people, disabled, etc.) as well as people who take care of persons to which the social assistance is being provided (carers, children's parents).

A similar to the criterion of effectiveness is cost-effectiveness which is defined as a relation between the consequences / effect of organisation's activity and costs of the activity. Cost-effectiveness in the sphere of social services may be described as the satisfaction of reasonable client's needs ensuring his social rehabilitation and integration at lowest costs (Žalimienė, 2003).

Another criterion applied to the provision of social services is economy. Based on this criterion the costs of establishments providing social services and their ability to save budget funds are evaluated. In the field of social services this criterion is not widely applied because saving at social services quantity and quality expense would not be justified from the society's perspective.

Having reviewed the evaluation of public administration activity applying 3Es conception it was observed that economy and efficiency are more related to quantitative indicators whereas effectiveness with qualitative ones and the later is understood as the degree of aims achieved. Guogis (2006) claims that it is insufficient to analyse the efficiency of public administration using 3Es conception. Social justice is not so relevant to the developed Western countries because they have a long term advanced practice, but it is of great importance to the Eastern Europe (including Lithuania) which are implementing reforms. Even though the author claims that 3E concept encompasses a complete "economic justice" concept in public administration, however, it lacks a fourth E – a dimension of social equity which is one of the main issues of great interest to people (Guogis, 2006). Therefore, it is thought that in the systems of activity evaluation in the social services sphere the social equity has to be included. It is defined as a principle on the grounds of which goods in a certain society are divided equally, i.e. in accordance with justice. It is widely recognized that social equity is missing in Lithuania and it is thought that the traditional scheme

of activity efficiency composed of 3Es does not reflect the provision of social services in the country. Social equity, according to several surveys carried out in Lithuania, is one of the main questions of great interest to the residents and it reflects how residents of Lithuania as well as other Eastern Europe countries basically differ from Western Europe residents.

Guogis (2006) notices that this theme is especially necessary in the scientific analysis of Lithuanian public discourse because in everyday life the social equity (or its violations) is in every step – from work and learning conditions to service sphere and personal evaluation of social security possibilities. Author believes that 4Es conception would help to pay an appropriate attention to this problem. Moreover, author agrees that “social equity plays a special role in forming Eastern European as well as Lithuanian public policy because during every parliament or municipalities’ election a new populist political force and a new leader appear who manipulating with the lack of social equity take over the power or make an influence and in this way destabilize political situation” (Guogis, 2006, p. 76). Lazutka (2006) who quite widely analysed the provision of social services claims that the pursuit for social equity has to be understood not as reaching a certain level of income or ensuring public security but also as social–psychological things.

Having performed the analysis of scientific literature it became clear, that in the evaluation of the efficiency of public administration the conception of 3Es (economy, efficiency and effectiveness) is not enough, therefore, it is complemented with the fourth dimension (social equity) and in the evaluation of social services a 4Es conception is used. The 4Es conception has a different logic in comparison to 3Es conception but distinguishing and emphasizing it in the public and scientific discourse is particularly important to the Eastern Europe and Lithuania. A conclusion may be drawn that a bigger attention to social equity facilitates the burden of reforms in the Eastern Europe and Lithuania and contributes to the creation of a more righteous society.

1.4. The Role of a Social Worker in the Provision of Alternative Social Services for People with Disabilities

A social worker trying to ensure client’s welfare performs a team and professional role. Scientists Asquith, Clark, Waterhouse (2005) distinguish the main roles of social worker: adviser, solicitor, partner, agent (represents clients), manager.

The purpose of the social worker is to enhance the abilities of person’s adaptation to the environment, restore relations with the community by helping him to integrate into society and promoting a meaningful social functioning of a person (Sapežinskienė, Švedienė, Guščinskienė, 2003). According to the mentioned authors, the whole process of social work is composed of

several components: a social worker, a disabled person and circumstances. Social worker has to get to know a person very well, also his surrounding environment, relationships. So, the task of the social worker is to analyse the problem of the person with disability, the level of independence, to determine jointly the possible actions, provide full support. Social workers act as mediators between clients (children and parents) and whole society, help to use the existing resources (Sapežinskienė et al, 2003). However, Indrašienė (2007) emphasizes that the development of independence of a disabled person depends on the social worker's activity or functions, how he / she creates an individual social work plan, provides services to clients which improve their psychological functioning and reduce social and psychological problems, protect the rights of disabled people and their relatives, facilitate their integration into community, provide guidance, counselling by determining social, psychological factors which are significant in improving children's social environment. It is possible to claim that the role of the social worker is related to the intervention into disabled person's environment and he / she clearly interferes into the person's life. Gvaldaitė and Švedaitė (2005) claim that the social worker interferes in the client's life with an intention for an enduring change of his thinking, behaviour, situation, environment enabling the person to live further independently and successfully.

According to Klokmanienė (2009), a social worker is the provider of social services who works a particular job and performs certain professional roles. Generally the professional role of the social worker in the provision of social services may be defined as a methodical mediation between the client and social institutions in solving the problems. Professional role is a role related to the profession, with a constant work in a certain field or a professional role is the function, position, field of activity, purpose. Social worker performs the methodical mediation activity by working in different institutions and with various clients groups, therefore, its content is different but the functions (their listing) is the same. The client may be a person, group, community (Klokmanienė, 2009). However, Okonišnikova and Rumianceva (2004) define more roles of the social worker which help to improve the independence of people with disabilities. These are as follows: a client's identifier who defines the conditions of the environment of people with disability, a mobilizer – forces to act, inspires, a teacher – helps a person with disability to develop his abilities, tries to teach stereotypical skills, a consultant – works with other specialists and helps clients to improve their abilities to act more independently in the environment. All mentioned roles are related to each particular case. As Gvaldaitė and Švedaitė (2005) state, social workers together with disabled people in special establishments cook, go shopping for groceries, speak about everything and nothing.

Speaking generally it possible to claim that in the provision of alternative services for people with disabilities social workers face additional challenges, a better preparation is necessary,

knowledge of the work. The social worker accumulates new knowledge, acquires and improves professional competences. All this is a unique process when it is learned from the systems with greater experience, cooperation not only at the local level is fostered but also it is sought for collaboration on the international level.

1.5. Peculiarities of the Provision of Alternative Social Services

Despite the fact that social services which are provided to people are quite clearly defined by the Lithuanian laws and other legal acts, the need for providing alternative social services is emerging for people for whom traditional social services which are provided in social services centres are not enough. As the number of clients is increasing, a bigger demand for new, additional and unanticipated social services is emerging. These services are called “alternative services”.

The efficiency of the provided social services may be evaluated from two perspectives: how accessible is the necessary establishment to the client and how it guarantees the rational organization and provision of all necessary social services.

The basic infrastructure of social services is created, more funds are allocated for the qualitative solution of problems, more organizations are being involved in this process but the need for social services for certain groups of people is still not fully satisfied. This also applies to people with physical disability. The main recipients of social services in municipalities are elderly people, people with disabilities, social risk families and children growing in these families. The municipality finances social services directly (a budgetary institution) and by contracts (a care home chosen by a person or appointed by the court as well as organizations competitively selected) and buys according to the order set out in legal acts describing public procurement procedure (Valantiejus, 2007). So, based on the author’s ideas, the need for searching additional financing possibilities for the provision of alternative social services is emerging.

The priorities of social services development, according to the Law on Social Services of LR and taking into consideration conclusions made in the audit report “Provision of Social Services” by the National Audit Office of Lithuania provided on 27 February 2009, social services for a person (family) have to be provided based on his individual interests and needs. According to auditors’ opinion, the priorities of providing social services should not be distinguished – people have to be provided all necessary social services. Therefore, since 2012 in the Plan of Social Services Measures the priorities of services are not defined. It means that social services centres of each municipality may distinguish the priorities of services by themselves. One of them could be alternative social services, i.e. services the social services centres have not provided before.

People with disabilities and their families at first encounter with the changed conditions of everyday life when without meeting the special needs their agenda / daily routine completely changes: more time is necessary to do everyday house chores, hygiene, not only time but also a strong psychological preparation is necessary to get used to the changed body, it is necessary to learn to perform usual actions once again, adapting to oneself and the environment (Žalimienė et al, 2013). Therefore, it is necessary to think about alternative services which could satisfy the changing needs and correspond to the society's expectations.

As Tobis (2000) notices, there are several factors which are important in organizing alternative social services: initial financing of those services, human resources, training and the increasing number of clients. These are the challenges which each establishment providing social services is going to face.

Speaking about the emergence of alternative services in all establishments of the municipality which provide social services it should be pointed out that the development of social services sector is conditioned by the appropriate social services' development policy established by the authorities. Until now the budget of municipalities is being formed in an incremental way, i.e. a new budget is formed based on the budget expenditures of the previous year. The formation of the budget in this way is basically wrong from social services development perspective because in many occasions the funds which are allocated by the municipality to social services are used inconsistently and ineffectively. Using programme budgeting the expenditures of the budget would be anticipated taking into consideration the particular need for social services which also would be regularly assessed (Guogis, Gudelis, 2005).

Bouckaert (2003) paid a special attention to the reduction of social services which are provided in residential care establishments and the increase of the significance of alternative and outpatient social services such as support at home, care at home and complex support. Alternative and outpatient social services are more useful not only because funds are saved as the expenditures of living and providing services in residential care establishments are much higher than expenditures of outpatient social services, but also because by ensuring the life quality of the clients with the help of alternative and outpatient services their social exclusion and stigmatization is reduced. The advantages of outpatient social services in comparison to other types of services are confirmed not only by the changes in social security systems of Eastern and Central European countries, but also by the development of Western welfare states in the turn of 20th and 21st centuries. Evaluating the significance of alternative, outpatient and services at home in the literature reviewing the development of welfare states in the Western countries, the significance of empowerment is emphasized which means the development / nurture of social and political

activeness of social services' recipients, decreasing the social exclusion and which may be realized by providing alternative and outpatient social services.

Žalimienė and Rimšaitė (2007) mention the creation of alternative social welfare policy creation and also as one of the most relevant questions speak about the necessity and usefulness of the involvement of NGOs into the provision of social services.

2. RESEARCH METHODOLOGY OF ALTERNATIVE SOCIAL SERVICES FOR PEOPLE WITH DISABILITIES

2.1 Theoretical Research Provisions

Social participation. Abs and Veldhuis (2006) describe *social participation* as the involvement of people into activities encompassing all spheres of life related to family, friends, neighbours and colleagues. Scientists (Ebersold, 2007; Eskytė, 2008; Gerulaitis, 2007; Ruškus, Mažeikis, 2007 et al) also emphasize that the general view of social participation of people with disabilities anticipates relations based on conscious agreements between different society members. The social participation of disabled people brings them closer to the community, they are encouraged to do activities they enjoy. Ebersold (2007) distinguishes the following spheres of successful social participation of people with disability – learning, work and free time.

Social constructivism. Berger and Luckman (1999) state that knowledge is constructed while observing various different processes in the society as well as making presumptions. On the basis of the constructivism theory, disability is the problem arising from a society; the attitude of a society towards the disabled person. Images of disability, which appear in the collective and individual mind of a society's members, define the relationship between the separate individuals and disabled, social status of the disabled (Ruškus, 2002). Circumstances, under which physically disabled individual lives, define the limitation of activities as well as the restriction of participation in the social life. Therefore, in order to solve a problem, there is a necessity for social action and society is responsible for changing an environment so that disabled individuals would be able fully participate in social life (Bagdonas, 2007).

Empowerment. It emphasizes the increase of social possibilities for individuals (Bunning, Heath, Minion, 2009). According to the perspective of empowerment, the environment in the reality is created in which all people related to people with disability are included (parents / carers, social workers, etc.); the abilities of the individual are strengthened and services are provided putting all community's efforts (Ruškus, Mažeikis, 2007).

2.2 Research Methods

A structured interview.

The chosen method enabled the researcher to comprehensively look at the problem being investigated through a unique experience of the person about the phenomenon and it is more orientated towards investigative process analysis (Bitinas, Rupšienė, Žydžiūnaitė, 2008).

The following methods have been used: analysis of scientific literature and a structured interview, content analysis. The analysis of scientific literature encompassed analysis of the activity a social services centre, peculiarities, principles of social services provision, peculiarities of alternative social services' provision. The structured interview was performed using open questions. Research instrument has been prepared for social workers (experts) – an open type questionnaire (see Annex No. 1) which is composed of 12 questions related to alternative social services for people with physical disability: the content of the services, need for them, specialists / institutions providing them, financing, principles, the competence of specialists providing / who are going to provide alternative services and their significance for the activity effectiveness of the establishment. Another research instrument – an open type questionnaire (see Annex No. 2) was prepared people with physical disability with 13 questions (4 of them were related to demographic variables: gender, age, place of residence and housing adaptation to a person with disability) related to the alternative social services for people with physical disability: demand, utility, specialists / institutions providing them, financing, payment, significance for the activity effectiveness of the establishment.

The principles of constructivism in this research have been implemented by providing open questions to social workers (experts) and people with disability as well trying to reveal the content of alternative services constructed by them and its significance to the professionalization of social work.

Content analysis - this verbal and behavioral of data categorization in order to classify and systematize and summarize.

For the analysis of research data the qualitative-interpretation method of *content analysis* was used. For the data received the following coding was used: I – 1 – first informant, I – 2 – second informant, etc.

The qualitative content analysis was performed in four steps: 1) the text received was read several times; 2) based on key words the categories have been distinguished; 3) the categories were divided into sub-categories; 4) the interpretation and substantiation of categories and sub-categories were performed (Žydzīūnaitė, 2005).

Validation of the Research Method

The validation of the chosen method and instrument has been performed by providing the questionnaire for a small number of respondents (2 social workers). The filled questionnaires have been analysed, a semi-structured interview was conducted with them in order to find out the suitability of the created instrument to perform the chosen research. During the structured interview the following questions have been asked:

- Do questions reflect the theme of the research?

- Are the formulations of questions easily understandable?
- Are there unnecessary / improper questions?
- Is the questionnaire, in your opinion, suitable for the research?

After the interview the purpose of which was to find out the clearness, rightness as well as the correspondence of questions to the theme several changes have been done. During the process of validation the questionnaire was recognised as suitable to perform the research.

The research data was processed, systematized and graphically represented using *Windows Microsoft Office Word 2013*.

The research followed the following ethical principles: voluntary decision, providing information about the use of research data; confidentiality; keeping the respect and dignity of the research participants (Bitinas, Rupšienė, Žydžiūnaitė, 2008).

2.3 Experimental procedure and characteristic

The research was performed in March - May 2015. Eight social workers (2 from Ukraine) providing social services for people with disabilities and 21 people (1 from Ukraine) having a physical disability were surveyed in the research. The principle of composing the scope of the research was a purposeful selection in the context relevant to the research, i.e. all social workers had to provide services to people with disabilities while people with physical disability had to get social services from the establishment. The respondents were contacted individually (a conversation, a call, an e-mail) with the permission of the establishment where social workers (experts) are working and clients get social services. They were suggested to participate in the research. The participants of the research were informed about its aim and how the obtained data will be used in advance. Verbal consent was obtained from all participants.

6 female social workers working in the social services centre participated in the research and two social workers from Ukraine. They constituted 3 age groups: 40 years old (2 respondents), up to 50 (5 respondents) and 50 years old (1 respondent).

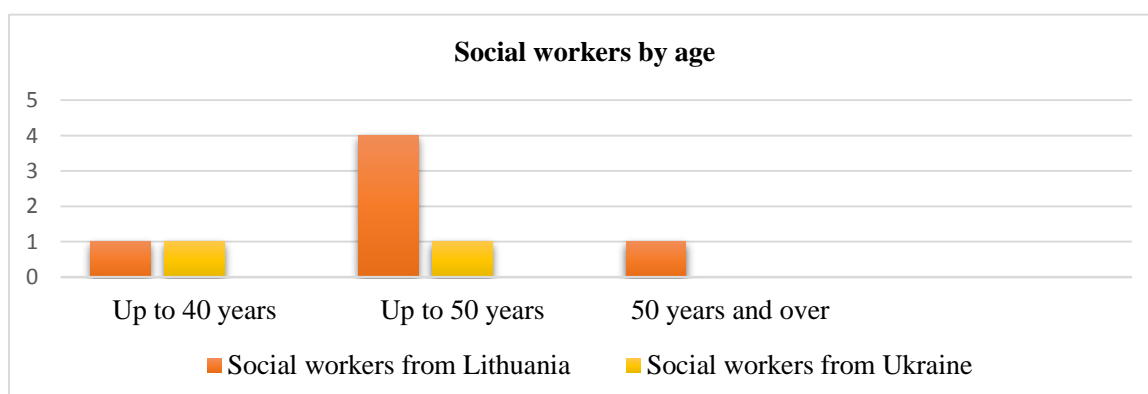


Illustration 1. Social workers by age

1 respondent has a Master's degree in social work, 3 respondents have a university Bachelor's degree in social work, 1 – non-university Bachelor's degree in social work. In the Ukrainian of social workers education - Special secondary. The length of service: 2 respondents – up to 5 years, 5 respondents – up to 15 years and 1 respondent – 15 years.

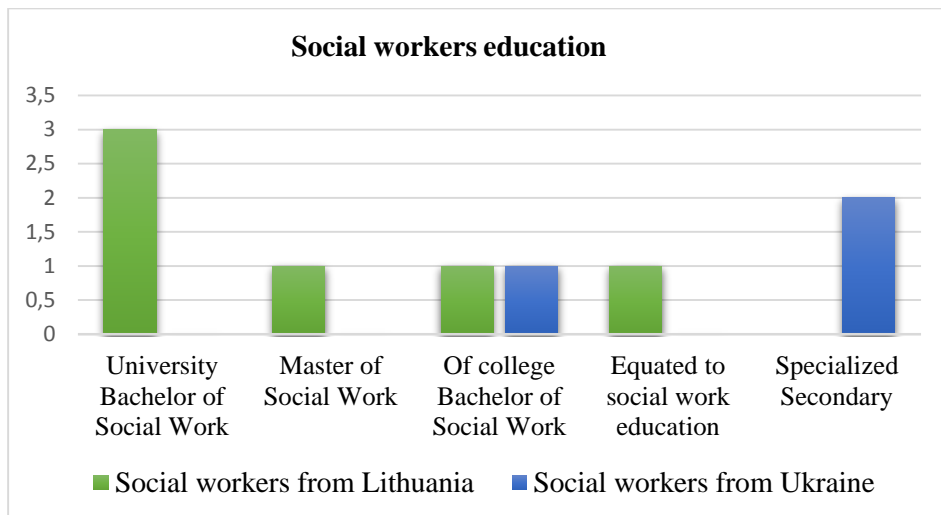


Illustration 2. Social workers education

20 people having a physical disability from Lithuania and one from Ukraine also participated in the research. 75% of them were women. The respondents constituted 4 age groups: up to 30 years old (7 respondents), up to 40 (7 respondents), up to 50 (4 respondents) and over 50 (3 respondents).

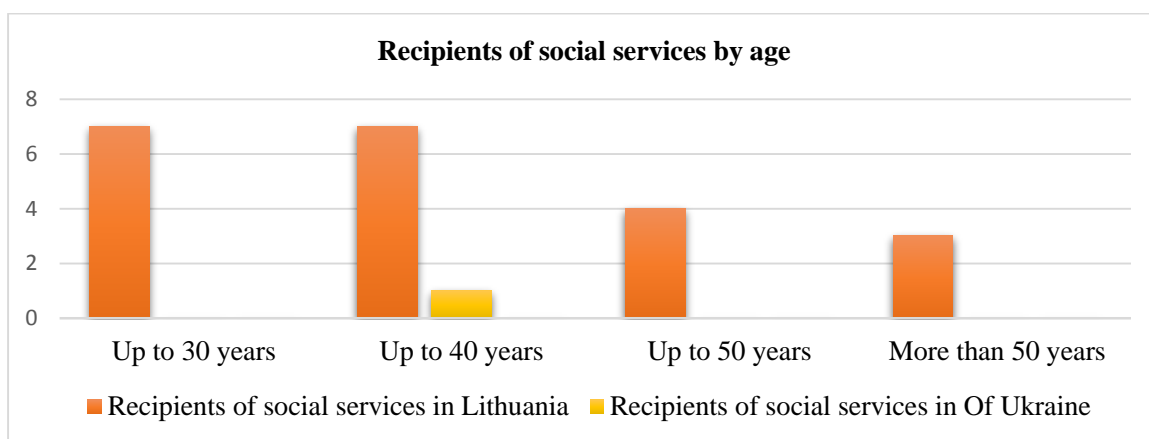


Illustration 2. Recipients of social services by age

Analysing the type of accommodation the respondents live in it became clear that half of the respondents have their own apartment, 25% live in their own house, only 3 respondents live with their relatives and 3 respondents marked the answer *other* (lives in a rented flat and in own apartment with relatives). Speaking about the adaptation of the accommodation to the needs of people with disability it is important to stress that only the accommodation of one person is fully

adapted to live for a person with disability, the accommodation of 8 respondents is not adapted, 10 respondents – adapted only partly, 2 informants indicated *other* (they considered that it was not necessary).

2.4 Alternative social services to physically disabled individuals from the workers’ point of view

There were 6 social workers from Lithuania and 2 from Ukraine participating in the research. Social workers were asked of what other social services, which are not provided on the catalogue of social services, could their institutions provide for physically disabled adults.

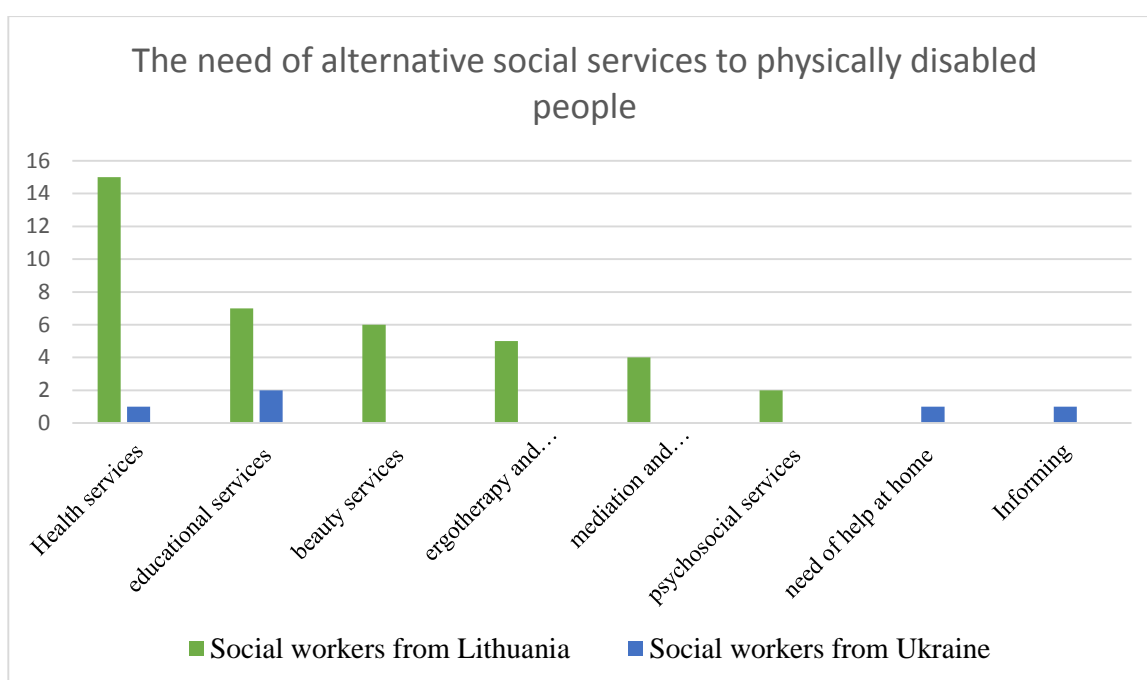


Illustration 1. The need of alternative social services to physically disabled people

Social workers distinguish different activity spheres that could be defined as alternative social services to people having physical disability. One of the most abundant categories is **health services** (15 statements, for example, “massage”, “swimming pool”, “exercise” and 1 statement from the Ukrainian respondent “medical”). The number of statements indicates that these services are very important to physically disabled people. These would be additional, alternative social services. Informants are also mentioning **educational services** (7 statements, for example, “lectures”, “discussions”, “computer literacy” and 2 statements from the Ukrainian informants “meetings with professionals”, “event organisation”) or **beauty services** (6 statements, e.g. “hairdresser”, “manicure”).

The experts found *ergotherapy and recreational services* as other important services (5 statements, e.g. “sightseeing”, “camping”, “ergotherapy”), *mediation and representation services* (4 statements “personal assistance services”, “to direct into lodging house”, “to help in finding a job”, “assistance to various institutions”). The least sub-categories: **catering and psychosocial services** (e.g. “psychosocial rehabilitation services”, “to organise free catering, immediate help”).

The Ukrainian respondents also identified the *need of help at home* (1 statement, e.g. “help at home”).

To summarise, it can be claimed that Lithuanian and Ukrainian specialists, who organize social services to people of this particular group, are familiar with the needs of the clients and perceive that services of this kind would be alternative in the institutions they work in. Alternative social services to disabled people would become those services that are not sponsored by budgeting and nongovernmental organizations.

While researching the delivery possibilities of alternative social service, it is important to have one alternative perception. Therefore, those being investigated were asked how they would define alternative social services.

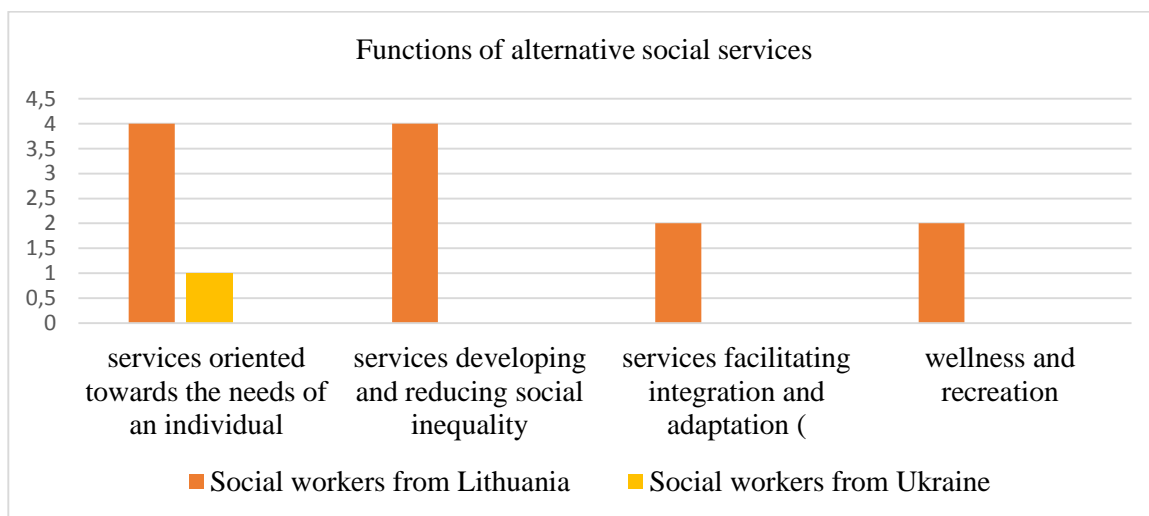


Illustration 2. Functions of alternative social services

The research results reveal that Lithuanian and Ukrainian social workers, who work with physically disabled people, relate alternative social services primarily with *services oriented towards the needs of an individual* (4 statements, e.g. “taking care of one’s everyday needs”, “more oriented towards an individual needs” and 1 statement from the Ukrainian respondent “oriented towards an individual needs”) and *services developing and reducing social inequality* (4 statements, e.g. “oriented towards one’s needs”, “increasing a possibility to solve social problems”).

The specialists tend to attach social services to the *services facilitating integration and adaptation* (2 statements, e.g. “in order to achieve a successful individual’s integration into society”, “it would help to adapt more rapidly into society”) or *services that are related to wellness and recreation* (2 statements, e.g. “to take care of one’s health”, “to take care of one’s leisure activities”).

To sum up, it can be stated that the specialists from Lithuania and Ukraine perceive that any activity, which is not performed in the institution they work in, could be an alternative service. For this reason, the perception and content of social services is not equally perceived by the specialists working in the same institution.

It was aimed to reveal how social workers understand differences between the social services that are already available and alternative services.

According to Išoraitė (2005), social services provide people with a possibility to feel more protected in a society. The basis of social services is: the evaluation of individuals, social groups of people, social needs of community and the establishment of service net in a community.

Participants of the research were asked to tell, what is the difference between alternative social services and those social services, which are already available to a society.

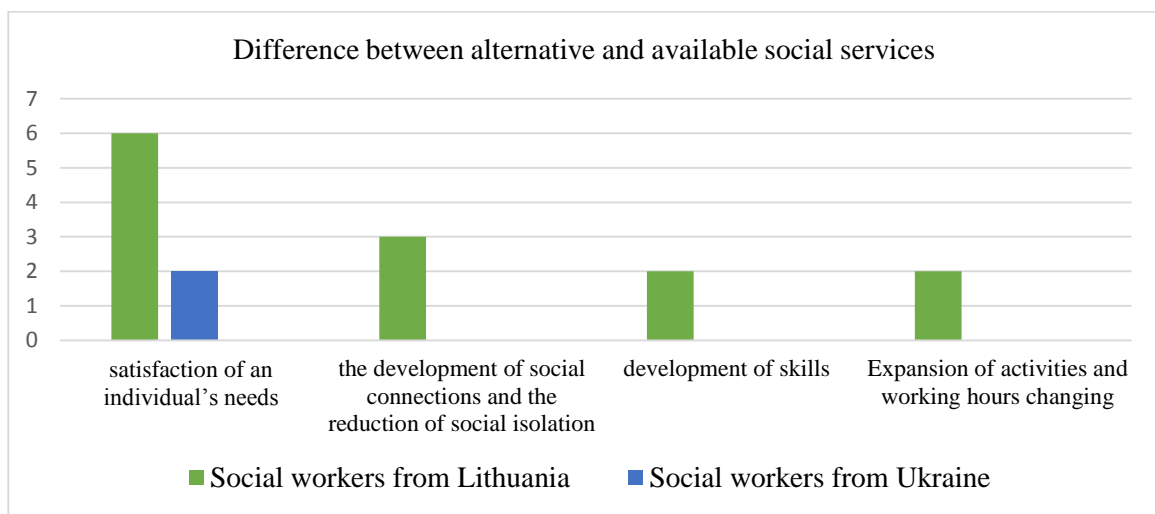


Illustration 3. Difference between alternative and available social services

The biggest emphasis is put by the social workers on different *satisfaction of an individual’s needs* (6 statements, e.g. “includes moral satisfaction”, “includes psychological satisfaction” and 2 statements from Ukrainian specialists, e.g. “satisfaction of an individual’s needs”). Respondents emphasise that social services include not only physiological needs of an individual, but also spiritual and moral. As well as other categories, such as *the development of social connections and the reduction of social isolation* (2 statements, e.g. “include the promotion of community”) or *development of skills* (2 statements, e.g. “to develop and strengthen abilities”) are also tightly connected with the descriptions of alternative social services, which are provided

by social workers. It is understood that if the specialists perceive alternative social services in this way, they provide very similar features defining these services. However, it is important to point out that there were “distinctive features”, such as, for example, “*working on weekends*” (*1 statement*). Guogis ir Gudelis (2005) emphasise that while planning alternative and non-stationary services to any group of separation, it is important to consider the needs of the group, or even better, of an individual for whom these social services are provided.

In summary, it can be stated that Lithuanian and Ukrainian social workers perceive the difference between alternative social services and those already available to a society. First of all, they distinguish the satisfaction of vitally important, moral and spiritual needs.

It was aimed to find out what meaning social workers from Lithuania and Ukraine perceive as regards alternative social services to physically disabled people.

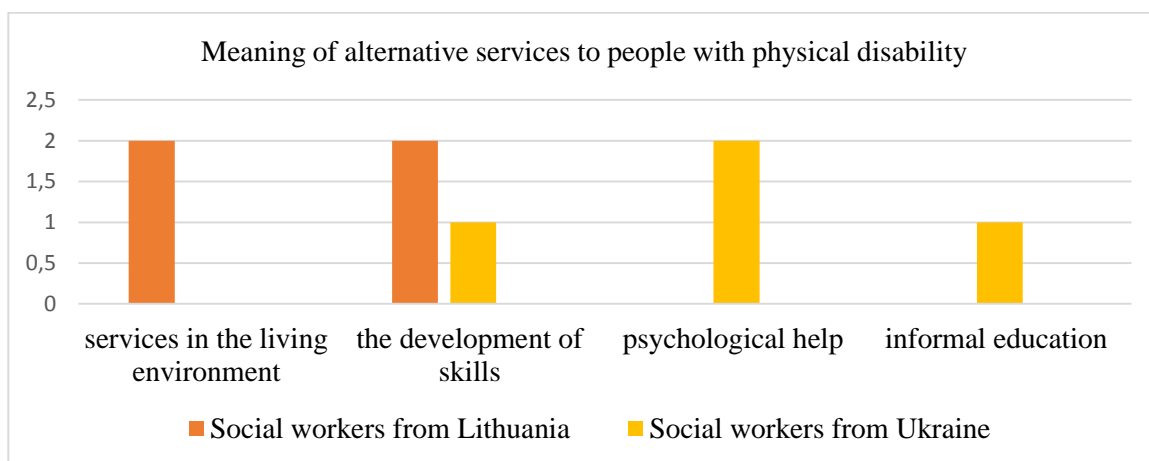


Illustration 4. Meaning of alternative services to people with physical disability

Research results show that social workers from Lithuania emphasise *services in the living environment* as one of the possible alternative social services to people with physical disability (2 statements, e.g. “*services provided in the same environment*”) or *the development of skills* (2 statements, e.g. “*it would help to develop skills*”). Social workers from Ukraine emphasise *psychological help* as one of the most important sub-categories (2 statements, e.g. “*psychological support*”). *Development of skills* (1 statement, e.g. “*development of social skills*”) and *informal education* (1 statement, e.g. “*informal education*”) are none the less important to social workers from Ukraine.

However, the participants of the research provided many unrelated variants of the possible advantages, which are related to life quality changes, satisfaction of psychological needs or health strengthening. Nevertheless, they create a common “picture” of alternative social services and their advantages to an individual client.

The research was investigating forming traditions of alternative social services in Lithuania.

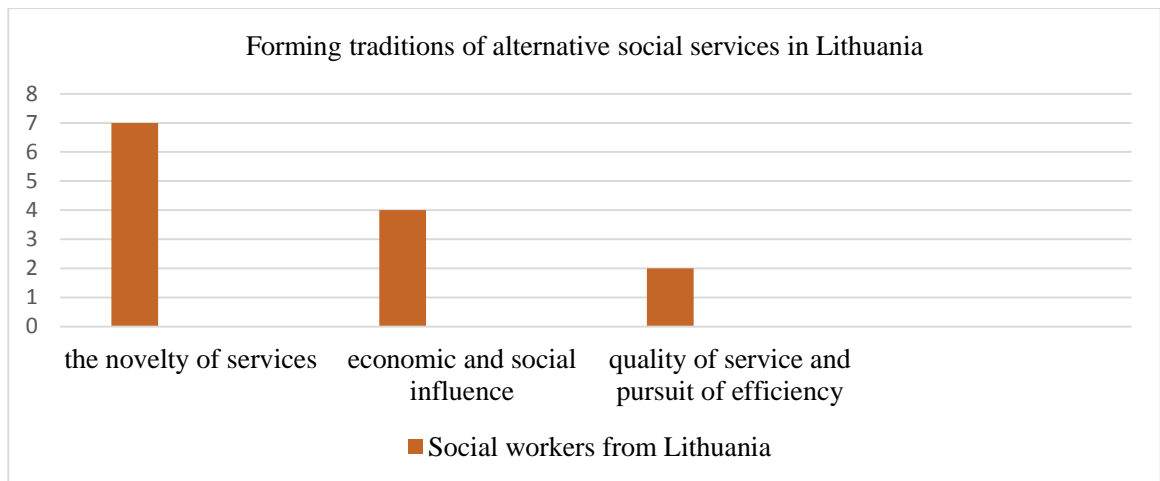


Illustration 5. Forming traditions of alternative social services in Lithuania

While talking about forming traditions of alternative social services in Lithuania, social workers emphasise **the novelty of services** (7 statements, e.g. “in the early stage of development”, “new sphere”, “traditions are just in the stage of development”). These are only major statements since the topic regarding alternative social services has not been discussed widely until now. As **alternative social services** is a new concept in the field of social work, experts, who participated in the research, know little about shaping traditions in Lithuania. It can be stated that social workers see factors which influence the shaping of social services. These are: **economic and social** (4 statements, e.g. “economic changes influence the rise of services”, “social changes influence the rise of services”) and **the search of quality and effectiveness** (2 statements, e.g. “in search of better quality services”, “in search of more effective services”).

In summary shows that alternative social services is a completely new area, the tradition is still developing and their influence on the emergence of social and economic change.

The study subjects were also asked how alternative social provision of services will contribute to improving the efficiency of the institution's activities.

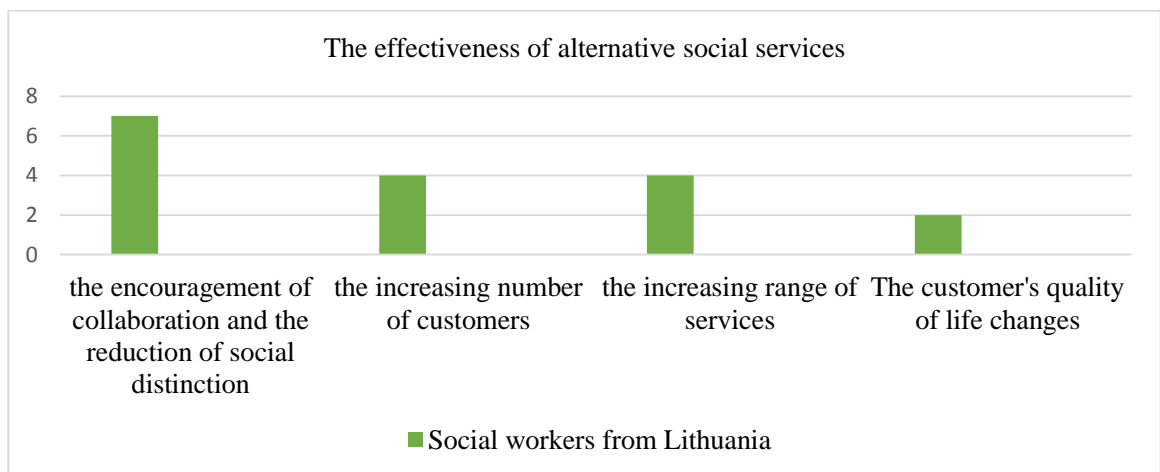


Illustration 6. The effectiveness of alternative social services

The majority of social workers evaluate alternative social services as contributing to an institution’s effectiveness. The most emphasised are: ***the encouragement of collaboration and the reduction of social distinction*** (7 statements, e.g. “the recipients of social services would collaborate with community members”, “reduced social vulnerability”, “the recipients would communicate not only among themselves”).

The research participants also emphasised that ***the increasing number of customers*** would contribute to the improvement of an institution’s effectiveness (4 statements, e.g. “more services are provided”, “the supply would be bigger”). It is an important sub-category. The more clients, the bigger the need of alternative social services and the more effective service centre activities.

The most emphasised effectiveness factor is the increased list of the offered services and abundance, which would help to satisfy not only more clients, but different and individual needs of every person.

In summary, it can be stated that alternative services in social service centre would encourage collaboration and reduce social isolation.

While talking about alternative social services and their content, special attention should be given to the funding of such services. Therefore, social workers were asked, how social services should be funded.

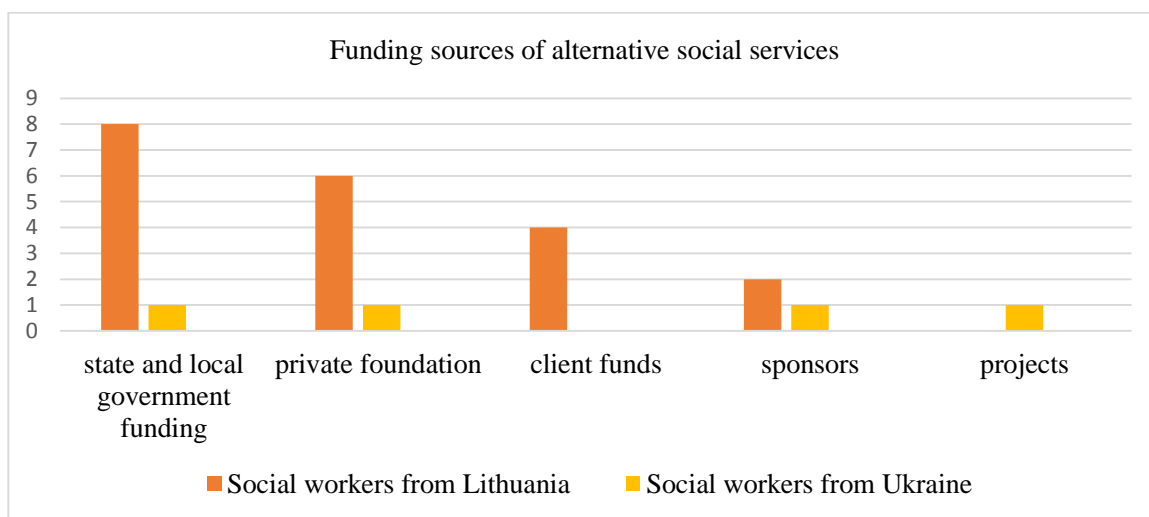


Illustration 7. Funding sources of alternative social services

The increasing need of social services causes funding problem. The research reveals that an institution would search for various means of funding. The social workers from Lithuania and Ukraine pointed out different funding sources of alternative social services. One of the most emphasise funding sources was ***state and local government funding*** (8 statements, e.g. “by means of municipality funding”, “the state”). Moreover, the social workers consider that alternative

social services can be funded by *private foundation* (6 statements, e.g. “project activities”, “EU structural funding”). The least emphasises funding source was *sponsors* (2 statements, e.g. “sponsors”). The Ukrainian social workers emphasises *projects* as one of the possible funding sources (1 statement, e.g. “project writing”).

According to Valantiejus (2007), funding is one of the main difficulties that arise at the beginning of the supply in the sphere of alternative services, which can be ensured only by involving all the interested sides such as the state, private sector and individual.

In conclusion, it can be stated that funding of alternative services would mostly depend upon the funding from the state and local government.

The participants of the research were asked on what principles the institutions they work for could rely on in order to provide alternative social services to people with physical disability.

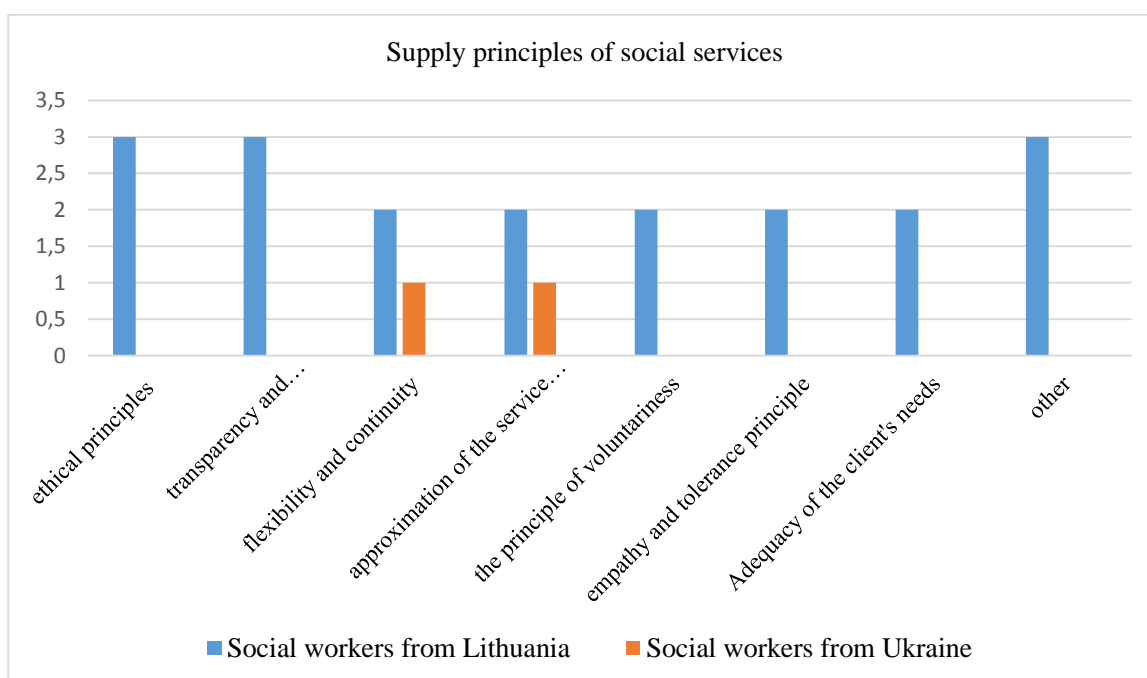


Illustration 8. Supply principles of the social services

The research results enable to state that all the principles listed by the social workers are important while supplying alternative social services. Consistent and versatile observance of the principles would ensure the quality of alternative social services and the activities of an institution would become more effective. The most meaningful sub-categories are *ethical principles and transparency and responsibility principles*. The respondents list the following statements: “humanity”, “ethical principles of a social work”, “responsibilities, ensuring the quality of supplied services”. The Ukrainian social workers treat the following sub-categories equally: *flexibility and continuity* (1 statement, e.g. “flexibility”) and *approximation of the service towards the client* (1 statement, e.g. “to approximate services”).

Some of the principles, provided and accentuated by the social workers participating in the research, are related to the activities carried out, i.e. activities; others are related to the relationship between the client and the institution, etc. However, the purpose of every principle also differs. To sum up, it can be stated that an institution providing alternative social services would rely on the social work principles, such as ethical principles, clarity and responsibility principles, flexibility and continuity, adequacy and the response to a client’s needs.

While carrying out the research, social workers were asked about obstacles that occur while developing alternative social services in social service centre.

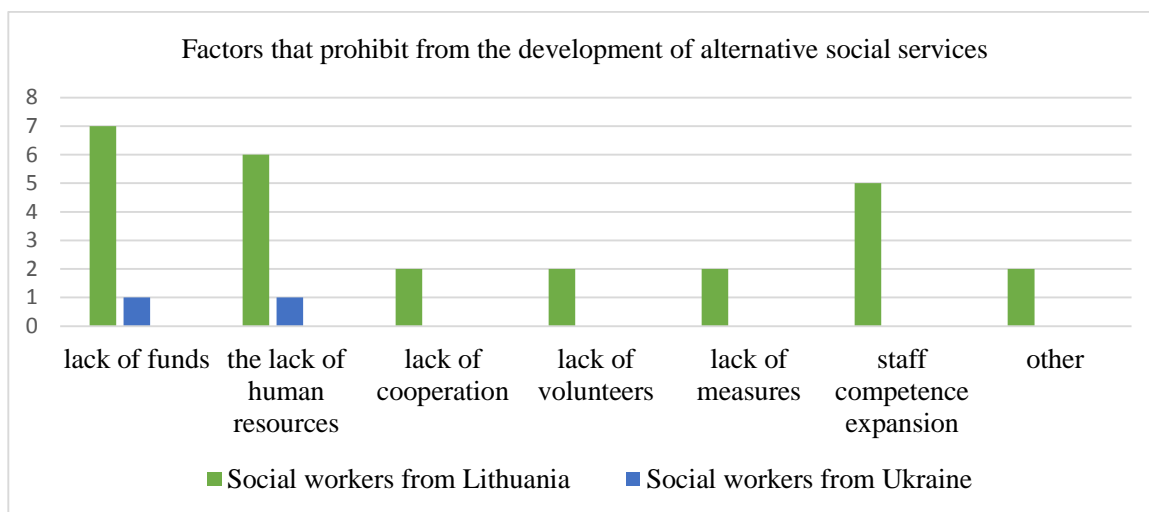


Illustration 9. Factors that prohibit from the development of alternative social services

While evaluating the organization and supply of alternative social services to people having physical disability, social workers from Lithuania gave a priority to the **funding** (7 statements, e.g. “funding”, “the lack of finances”) and **the lack of human resources** (6 statements, e.g. “the lack of specialists”, “the need of specialists”). These are the most meaningful sub-categories while supplying social services. The Ukrainian social workers also ascribe **the lack of finances** (1 statement) and **the lack of human resources** (1 statement) as other possible obstacles in the development of alternative social services.

Guogis ir Gudelis (2005) emphasised the importance of program forming of the local government’s funding, when finances of the following year are foreseen considering funding not of the last year, but of the concrete social service needs assessed by the studies. It is presumed that a detailed analysis of social needs on the local government’s level, would clarify insufficient supply of social services and conformed needs of people with disability. There would be a possibility to discuss about alternative social services and their funding.

However, another controversial hindrance is the lack of human resources. It is doubtful whether there are no other possibilities to attract specialist who would work on a voluntary basis in any social institution. The special attention should be given to the

undergraduate students. Volunteers, or in other words, good-will individuals, those who have time and willingness, energy, knowledge, skills and abilities, which would be intended for the social purposes. Voluntary activities can be of small scale, for example, one-day help for visiting an old person, the assistance to another city; or of bigger scale that requires several hours per week or even per day.

Also **collaboration** (2 statements, e.g. “*the lack of interdisciplinary collaboration*”, *collaboration*) is a very important factor in improving institution’s work. Therefore, social workers in this field should look for possibilities and share their experience with similar or other institutions that are developing social activities.

Tobis (2000) indicates several factors, which are important in organisation of alternative social services and which are encountered by every institution: the initial funding of these services; human resources, training and increasing number of customers.

Surprisingly, certain emphasised aspects are completely interrelated with concrete social workers of social service institutions, i.e. it is answered what every institution is lacking for so that it would be possible to discuss about the supply of social services (e.g. “*there would not be changes of the staff*”, “*means that would increased salary*”). By the way, answers of social workers define one of the possible activity directions, i.e. the development of voluntary activity practice in institution. Volunteering, voluntary activity are activities based on one’s choice, which are not paid, but are important to other individual. Volunteering is the best possibility to help others, simultaneously realizing one’s abilities, talents and acquiring experience and new skills. The more volunteers Social Service Centre would have, the better the quality of already supplied services would be. Moreover, there would be more possibilities to develop alternative services by saving funding of an institution. Students from Siauliai University and colleges could become volunteers.

During the analysis, social workers were also asked of the means that would improve the quality of social services.

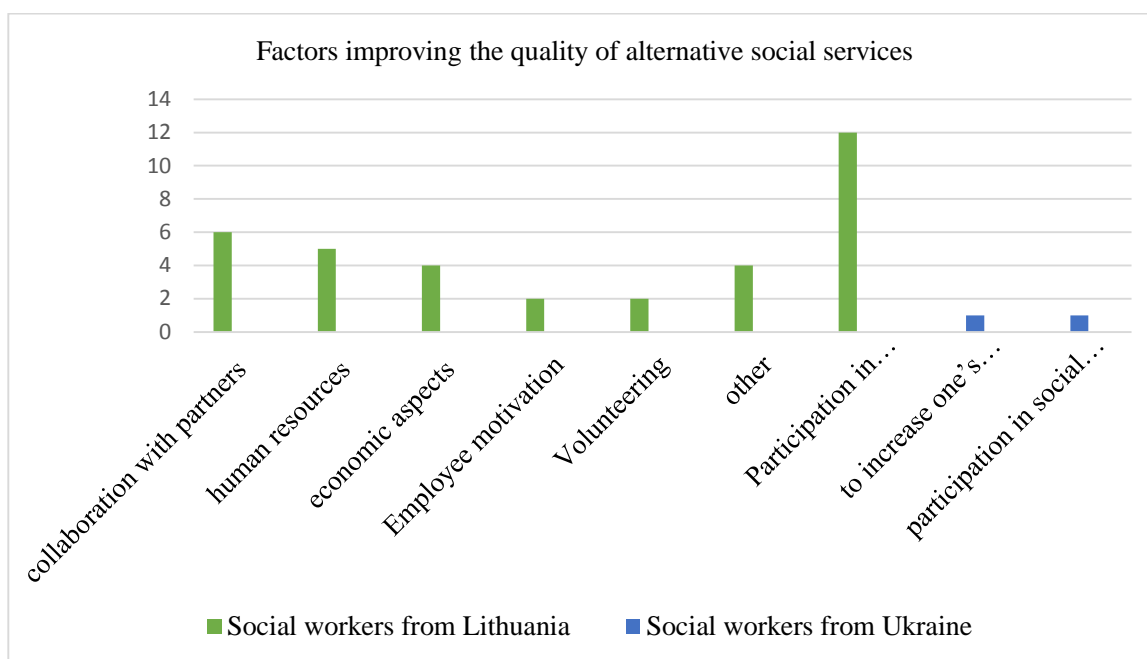


Illustration 10. Factors improving the quality of alternative social services

According to the research results, it can be claimed that social workers identified many different factors which would improve the supply of social services. Lithuanian social workers emphasise the importance of sub-category **collaboration with partners** (6 statements, e.g. “sharing new ways of work”, “collaboration between institutions”, “collaboration with partners”). Moreover, as one of the basic factors, they identified **human resources** (5 statements, e.g. “more working positions”, “the need of specialists”, “to accept more workers”) and **economic aspects** (4 statements, e.g. “to increase salaries”, “more funds”). These sub-categories complement one another. Again, the volunteering would eliminate two obstacles: the lack of human resources and the lack of other sphere specialists.

Social workers attribute **qualification improvement in various events** (12 statements, e.g. “participating in conference”, “participating in seminars”, “participating in trainings”, “participating in courses”) as other possible factors improving alternative social services in courses, seminars, conferences and etc. The research participants emphasise that there are possibilities in the institution **to increase one’s qualification** (6 statements, e.g. “increasing my qualification”, “yes”, “all the conditions to improve”, “constantly improving my qualification”). The Ukrainian social workers also identified that they have a possibility **to raise qualification** (1 statement, e.g. “there is a possibility to raise one’s qualification”). They also identified **participation in social activities** (1 statement, e.g. “I am participating in social events”).

2.5 Alternative services to people having physical disability: the survey of people, having physical disability, results

20 physically disabled people from Lithuania and one respondent from Ukraine participated in the research.

First of all, the respondents were inquired about the sources of information from which they found about social service centre and what factors defined their decision to attend this centre.

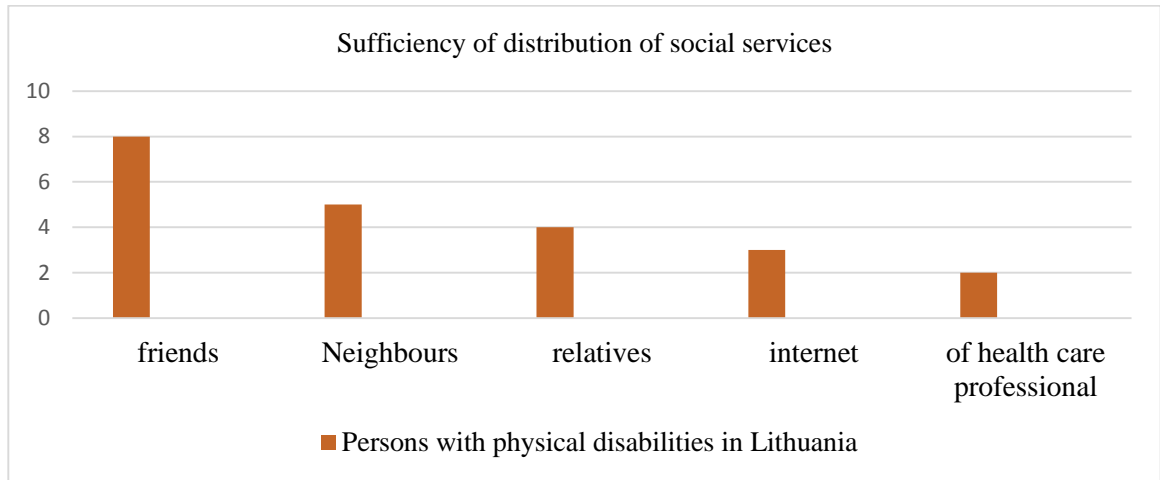


Illustration 11. Sufficiency of distribution of social services

According to the research results, physically disabled individuals define various sources from which they found about Social Service Centre and its activities. The most meaningful sub-category is **friends** (8 statements, e.g. “from friends”, “told by friends”, “from my friends”). **Neighbours** are also mentioned rather actively (5 statements, e.g. “have heard from neighbour”, “invited by neighbour”, “from acquaintances”) and **relatives** (4 statements, e.g. “mother told”, “from parents”, “from relatives”). Less importance is given to the **internet, press and etc.** (e.g. “on the internet”, “I have read”, “informed by my personal doctor”, “from another club”). These results indicate social network of physically disabled people from which they can get a lot of important information.

While carrying out the research, the respondents were asked about the motives that encouraged them to attend Social Service Centre.

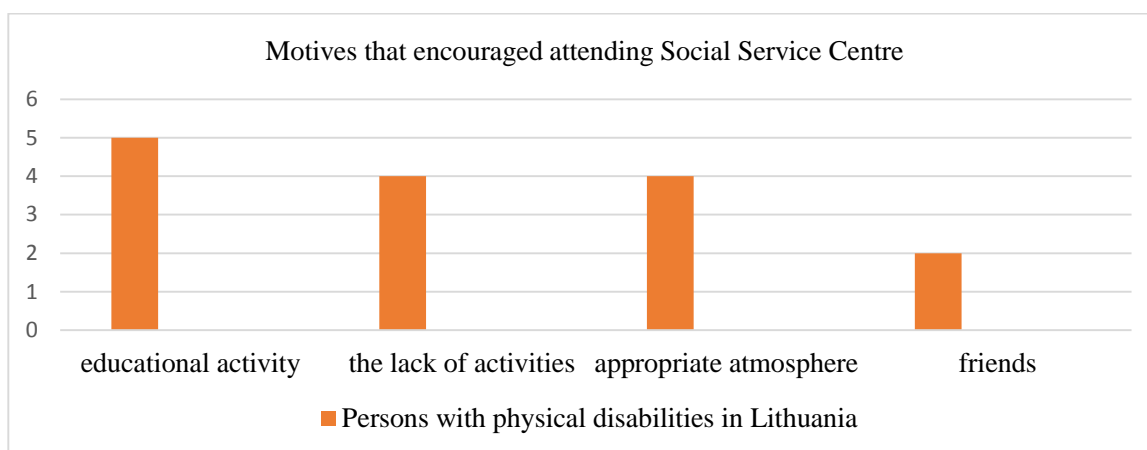


Illustration 12. Motives that encouraged attending Social Service Centre

The research results indicate that physically disabled people identify many different motifs that encouraged them to attend Social Service Centre. The most notable sub-category is **educational activity** (5 statements, e.g. “there are many activities”, “a variety of socio-cultural services”, “interested in knitting club activities”). Meaningful sub-categories are **the lack of activities** (4 statements, e.g. “have nothing to be preoccupied with”, “too much free time”) and **appropriate atmosphere** (e.g. “everyone is friendly”, “flexible attendance”, “perfect atmosphere”). Less mentioned are **communicative needs, change needs of the home environment** (e.g. “being among people”, “the need to go outside the home” and etc.).

In summary, it can be stated that Social Service Centre attracts customers for its educational activity, which is of a wide range and corresponds to the needs of people attending this centre.

It was aimed during the research to clarify whether services supplied in social service centre (day time group) correspond to the needs of physically disabled people who attend day care centre. According to the research results, physically disabled individuals, who attend Social Service Centre, claim that social services available in this centre **correspond** to their needs (14 statements, e.g. “have nothing to be preoccupied with”, “more free time”, “services correspond to my needs”, “I like here everything”, “I think, yes”, “I am satisfied”). However, there were individuals among the participants of the research who emphasised **partial satisfaction of one’s needs** (6 statements, e.g. “satisfy certain social needs”, “partially”). There was one respondent who claimed **total dissatisfaction** (e.g. “dissatisfied”).

To sum up the interview, it can be claimed that Social Service Centre is not ready to satisfy all the client’s needs, which sometimes do not correspond to the social services or other organised engagement activities. Alternative social services would really contribute to the

professionalism of an institution.

Participants of the research were asked to tell whether they are satisfied with their life quality.

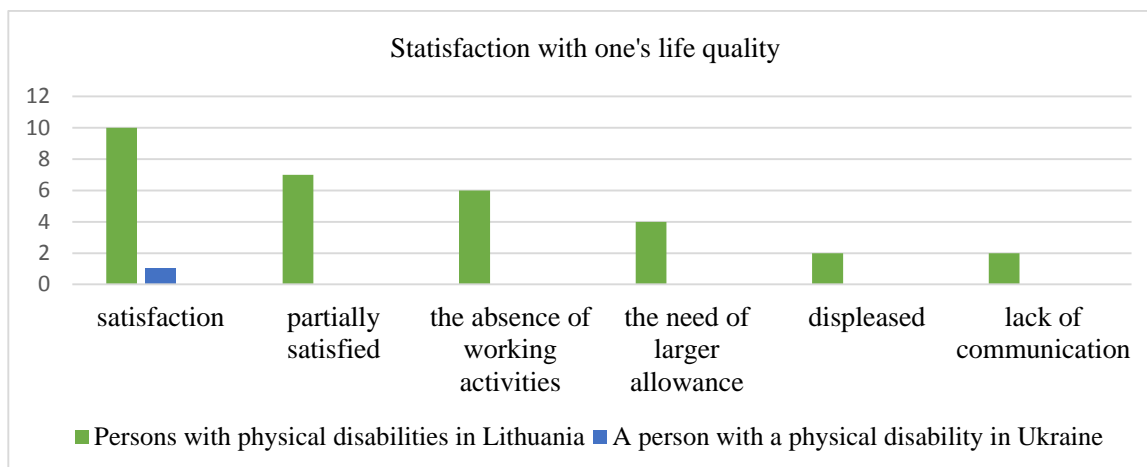


Illustration 13. Satisfaction with one's life quality

According to the research results, it can be claimed that physically disabled individuals are satisfied with their life quality. The most meaningful sub-category is **satisfaction** (10 statements, e.g. “I do not need anything”, “I have everything”, “I feel good”). There were other respondents who claimed that they are **partially satisfied** with their life quality (7 statements, e.g. “partially satisfied”, “not really”). However, research participants expressed their opinion about the factors, which define partial life quality or its absence. The most emphasised are ideas related to working activities and bigger allowances. **The absence of working activities** (6 statements, e.g. “to find an easier job”, “to accustom in labour market”, “if I could work”). Other respondents relate their life quality with **the need of larger allowance** (4 statements, e.g. “the allowance could be larger”, “the allowance is insufficient”, “to receive higher allowance”). The Ukrainian respondent emphasised **satisfaction** (1 statement, e.g. “satisfied”).

It can be assumed that these factors define each individual's, regardless one's health condition, life quality. Therefore, these results are adequate to the real situation of the research participants.

The study's interest was the need of alternative social services expressed by physically disabled people.

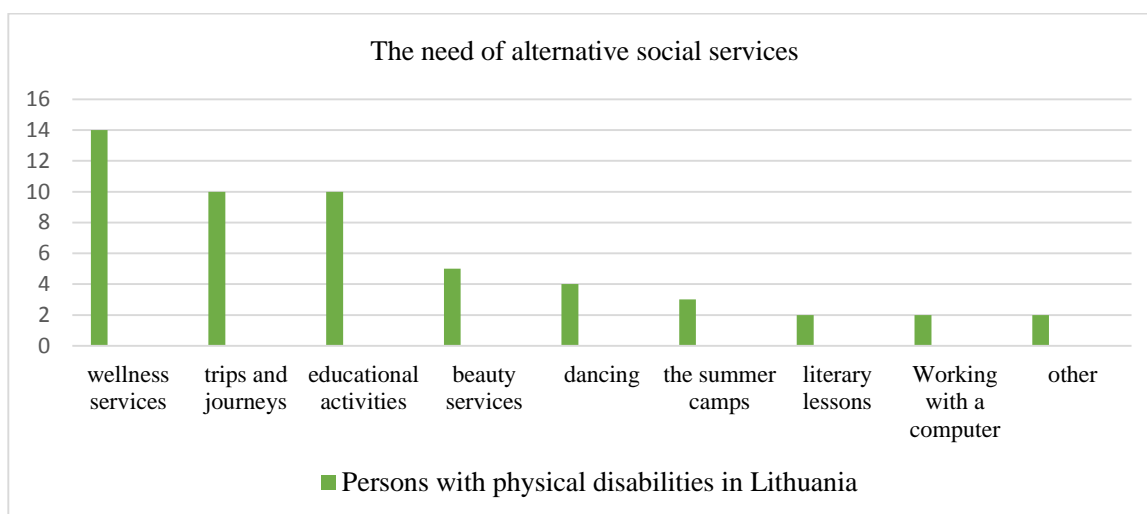


Illustration 14. The need of alternative social services

The analysis of the research results indicate that physically disabled people, while talking about the need of alternative social services, mention services of wellness, trips and journeys as well as educational activities, which are not found in Social Service Centre. The most meaningful sub-category is *wellness services* (14 statements, e.g. “massage”, “water procedures”, “special exercises”). Other two equally important sub-categories are *trips and journeys* (10 statements, e.g. “sightseeing tours”, “excursions”) also *educational activities* (10 statements, e.g. “theatre”, “stained glass club”, “photography club”, “foreign language club”, “woodworking”, “modelling”). In conclusion, it can be claimed that needs of physically disabled people are of wide range and Social Service Centre is ready both physically and financially (workers, environments, means) to satisfy these needs. For this reason, the ideas provided by respondents become a pretext to the establishment of alternative social services.

During the research, the participants were also asked what is the benefit of alternative social services to physically disabled individual.

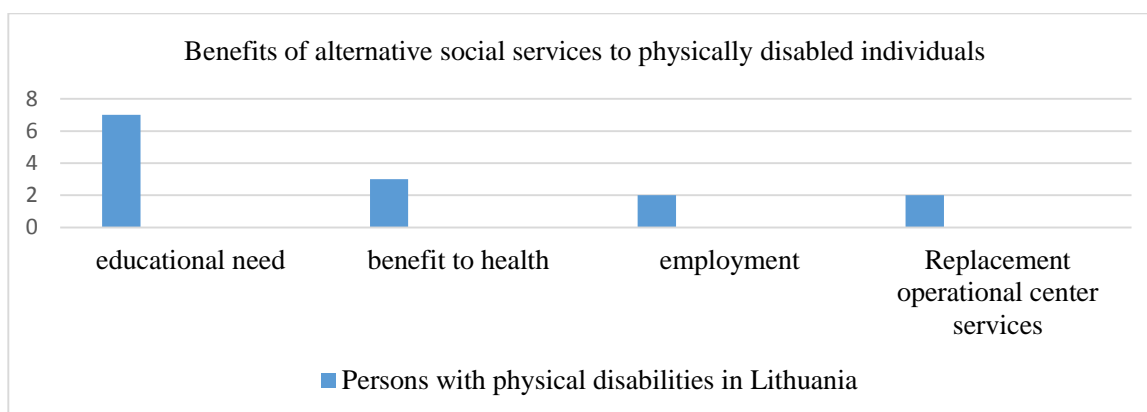


Illustration 15. Benefits of alternative social services to physically disabled individuals

The results of the research indicate that physically disabled individuals perceive a diverse need of alternative social services. It is related with development, health improvement or occupation. The most significant need expressed by respondents is **educational need** (7 statements, e.g. “I would know a lot”, “for working skill”, “would acquire more knowledge”, “improve my skills”). None the less important is **benefit to health** (3 statements, e.g. “improve health”, “strengthen physical capability”).

In summary, it can be stated that the benefit of alternative social services is not easy to measure and define, but alternative social services would really improve every physically disabled individual’s life quality by various aspects: engagement, the sense of meaning, self-realization possibilities, etc.

While talking about alternative social services and their content, special attention should be given to the funding of these services. Therefore, physically disabled people were asked how these services should be funded. The data provided suggests that physically disabled people identify many funding sources. The research participants were asked about their possibility to pay for alternative social services.

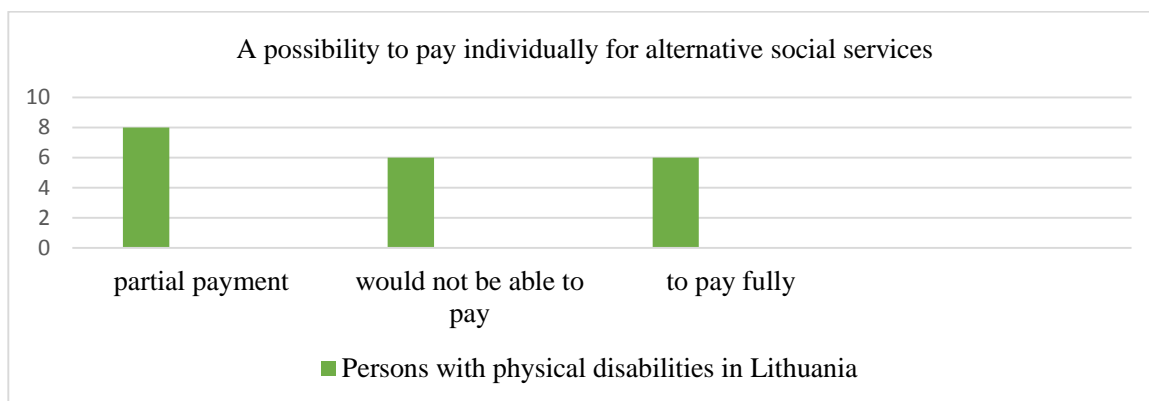


Illustration 16. A possibility to pay individually for alternative social services

The results indicate that physically disabled clients are inclined to pay for alternative social services partially, even though, a possibility to pay fully for these services is also emphasised. The most meaningful category is **partial payment** (8 statements, e.g. “not the entire amount”, “only a particular part”, “partially”). Big part of the respondents claimed that they **would not be able to pay** for alternative social services (6 statements, e.g. “would find it difficult”, “would not have a possibility to pay”, “no”). Low allowances and the lack of finances are the basic motifs.

However, the same number of respondents (6 statements, e.g. “there would be a possibility to pay”, “would have”) agree **to pay fully** for alternative social services.

To sum up, it can be claimed that clients could contribute to the funding of alternative social services. It would not be the reason for not providing these social services.

During the research, social workers were asked about hindrances in developing alternative social services in Social Service Centre.

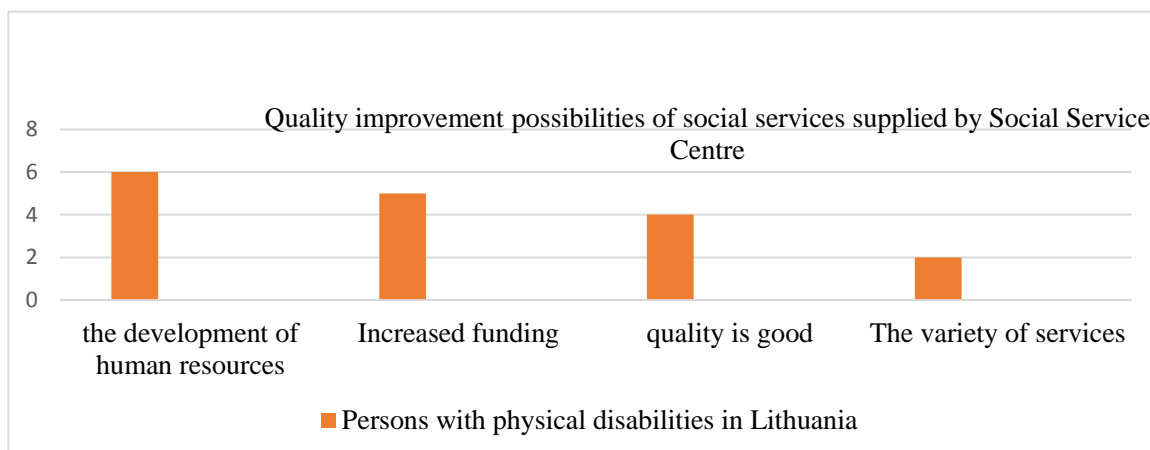


Illustration 17. Quality improvement possibilities of social services supplied by Social Service Centre

Physically disabled individuals provided three explicit factors that would increase service quality. The most important category is *the development of human resources* (6 statements, e.g. “attracting more specialists”, “to create more vacancies”). *Increased funding* is another important sub-category (5 statements, e.g. “to appoint funding”, “more finances”). However, there was an opinion expressed that the present quality of Social Service Centre is *good* (4 statements, e.g. “quality is good”, “I would not change anything”, “the quality of social services is good”). The conclusion can be drawn that physically disabled individuals are satisfied with provided social services.

According to Dromantiene (2008), the quality and suggestibility of the supply of social services depend upon social politics: state’s developed funding distribution and regulation of property relationships between people and society groups, in search of social justice and equality. Physically disabled people also emphasise other factors, such as, increasing diversity or development of volunteering ideas’, involving volunteers into supply of social services.

Qualitative research results indicate that the need of alternative social services is high. There is also a possibility to provide these services in Social Service Centre (employees, means, environments). These services would improve life quality of physically disabled and also contribute to self-realization.

Conclusions

1. The theoretical analysis of scientific literary sources has revealed the need for a bigger variety of social services. The Lithuanian and Ukrainian laws quite strictly define the concept, aims and types of social services, determine the management, granting and provision of social services. However, these social services are insufficient. There is a need for alternative social services for those to whom traditional social services which are provided at the social services centre are not enough. As the number of people having a physical disability increases, the need for new, unanticipated social services is emerging.
2. The results of structured interviews performed with social workers from Lithuania and Ukraine have revealed the need for alternative social services. The informants have indicated the following alternative social services: health/fitness improvement services, travels and trips, educational workshops, beauty services, occupational therapy. The respondents have mentioned the satisfaction of individual needs as the main difference of alternative social services from the provided social services (for instance, “*includes satisfaction of moral needs*”, “*includes satisfaction of psychological needs*”, *satisfaction of individual needs*”). It should be also mentioned that there have also been some “distinctive features” such as, for example, “*work on weekends*”. The biggest focus of alternative social services is on individual needs, developing social relations and reducing social exclusion.
3. Having performed the structured research it became clear that Lithuanian and Ukrainian social workers and clients from Lithuania speaking about the significance of alternative social services to the life quality of people with disability emphasize the significance of empowerment which means the development of social and political participation of the social services’ recipient, reduction of social exclusion which may be realised through the provision of alternative social services. Alternative social services would improve the life quality of a disabled people in many different aspects: occupation, sensing the meaning, self-realisation possibilities.
4. Lithuanian and Ukrainian social workers list the following important factors which would contribute to improving the quality of social services – cooperation with partners, human resources, economic aspects (for instance, “to increase salaries”), participation in training courses. Social workers from Ukraine have also mentioned the participation in public activity. People who physical disabilities speaking about the social services’ improvement in the social services centre have mentioned several clear factors which, in their opinion, would improve the quality of social services: development of human resources (for

example, “to recruit new specialists”), increasing financing, volunteering. There has also been expressed an idea that the quality of social services is good.

Recommendations

1. To perform comprehensive researches on the need for social services at the municipal level in order to identify the map of the need for social services which would also reflect the network of establishments providing social services for people with disabilities, the qualitative and quantitative features of the provided services as well as specific needs of people with disabilities.
2. Having performed the needs analysis to create a plan for the organization and provision of alternative social services for people with disabilities where the alternative social services that a concrete establishment is ready to provide would be defined, the responsibility shared among specialists and other employees in the context of alternative services provision.
3. To determine the financing sources of alternative social services: state, municipality funds, budget of the establishment, sponsors, project funding, personal finances of clients, etc.
4. To submit applications for the EU structural funds regarding the organization and provision of alternative social services for people with disabilities demonstrating the will to create social innovations and the competence of employees to provide alternative social services.
5. To include volunteers into the process of alternative social services' organization and provision.

References

1. Anheir, K. H. (2000). Social Servises in Europe. London. *Socialinio darbo pradžiamokslis* (2004). Kaunas.
2. Asquith S., Clark C., Waterhouse L. (2005). The role of the social worker in the 21st century. *Literature review*. [žiūrėta 2014-11-02] <http://www.scotland.gov.uk/Resource/Doc/47121/0020821.pdf>
3. Бачинская, М. (2013). Институт региональных исследований Национальной Академии Наук Украины. Демоскоп. № 541 – 542, 4 - 17 февраля 2013.
4. Beacker, G., Bepink, R. (2000). *Sozialpolitik und sociale Lage in Deutschland*. Wiesbaden.
5. Berger, P. , Lukman, Th. (1999). Socialinės tikrovės konstravimas. Vilnius: Pradai.
6. Bitinas, B. (2006). *Edukologinis tyrimas: sistema ir procesas*. Vilnius: Kronta.
7. Bitinas, B., Rupšienė, L., Žydžiūnaitė, V. (2008). *Kokybinių tyrimų metodologija*. Klaipėda: S. Jokužio leidykla-spaustuvė.
8. Bouckaert, G. (2005). Reform of Budgetary Systems in the Public Sector, in Hogye M., ed., *Local Government Budgeting*, Budapest: Local Government and Public Sector Reform Initiative.
9. Bunning, K., Heath, B., Minion, A. (2009). Communication and Empowerment: a Place for Rich and Multiple Media? *Journal of Applied Research in Intellectual Disabilities*, 22, 370–379.
10. Dromantienė, L. (2008). *Socialinės Europos kūrimas*. Monografija. Vilnius: MRU leidybos centras.
11. Guogis, A. (2006). Kai kurie korporatyvinės socialinės atsakomybės ir socialinio teisingumo aspektai. *Viešoji politika ir administravimas*. 2006, Nr. 18, 73-75 p.
12. Guogis, A., Gudelis, D. (2005). Socialinių paslaugų sektoriaus plėtros galimybės Lietuvoje. *Viešoji politika ir administravimas*. 2005, Nr. 12, 77-85 p.
13. Gvaldaitė L. Švedaitė B. (2005). *Socialinio darbo metodai*. Vilnius.
14. Indrašienė V. (2007). *Socialinis ugdymas*. Vilnius.
15. Išoraitė M. (2005). *Socialinių paslaugų administravimas*. Vilnius.
16. Jasaitis, E. (1999). Įvadas į viešąjį administravimą. *Viešasis administravimas*. Kaunas: Technologija, 6–17 psl.
17. Johnson L.C. (2001). *Socialinio darbo praktika*. Vilnius.
18. Kalesnykas, R. (2000). Policijos ir kitų socialinių institucijų, teikiančių socialines paslaugas gyventojams bendradarbiavimas. Mokomasis leidinys. Vilnius: LTA Leidybos centras.

19. Klokmanienė L.(2009). *Socialinės paslaugos*. Panevėžio kolegija.
20. Korzun, K.(2012). Education: Equal but Separate? *Transitions Online*, no 06/18, p. 18-25.
21. Lazutka, R. (2006). *Ar socialinis teisingumas Lietuvai per brangus?* Konferencija LR Seime. „Emigracija iš Lietuvos: padėtis, problemos, galimi sprendimo būdai“. 2006 m. kovo 16 d.
22. LR Socialinių paslaugų įstatymas. (2006). *Žin.*, 2006, Nr. 17-589.
23. LR Šeimynų įstatymas, Nr. 25-1176, Vilnius, 2010.
24. LR Vyriausybės 2006 m. lapkričio 15 d. nutarimas Nr. 1132 „Dėl socialinių paslaugų planavimo metodikos patvirtinimo“ (*Žin.*, 2006, Nr. 124-4705; 2010, Nr. 72-3634).
25. LR socialinės apsaugos ir darbo ministro 2007 m. balandžio 12 d. įsakymas Nr. A1-104 „Dėl socialinių paslaugų plano formos ir socialinių paslaugų efektyvumo vertinimo kriterijų patvirtinimo“ (*Žin.*, 2007, Nr. 42-1608).
26. Okonišnikova O. V., Rumianceva N. (2004). Socialinis darbas. Socialinio darbuotojo veiklos sritis ir jo profesiniai vaidmenys. *Profesinis veiklos įvadas*. Vilniaus universitetas.
27. Pieters, D. (1998). *Įvadas į pagrindinius socialinės apsaugos principus*. Vilnius: Eugrimas.
28. Puškorius, S. (2002). *Viešojo sektoriaus institucijų administravimas*. Vilnius: LTU leidybos centras.
29. Puškorius, S. (2006). *Vietos savivaldos institucijų socialinis politinis veiksmingumas*. Monografija. Vilnius: MRU leidybos centras.
30. Raipa, A. (2009). *Įvadas į viešąjį valdymą*. Kaunas.
31. Rudaitis, R. (2010). Seimas nustatė apskrities viršininko socialinių paslaugų įstaigų, perduodamų savivaldybių nuosavybėn, sąrašą. BNS spaudos centras: Pranešimas VIR: [žiūrėta 2014-11-27]. Prieiga per internetą: <http://www.bns.lt/topic/930/news/33034028/print/true/>.
32. Ruškus, J., Mažeikis, G. (2007). *Neįgalumas ir socialinis dalyvavimas. Kritinė patirties ir galimybių Lietuvoje refleksija*. Monografija. Šiauliai: Šiaulių universiteto leidykla.
33. Sapežinskienė L., Švedinė L., Guščinskienė J. (2003). *Socialinio darbuotojo vaidmuo reabilitacijos specialistų komandoje*. Visuomenės sveikata. Medicina. 39 tomas. Nr. 9. P.879.[žiūrėta 2014-11-27] Prieiga per internetą: <http://medicina.kmu.lt/0309/0309-10l.pdf>
34. Saraga, E. (1998). *Embody in the Social: Constructions of Difference*. London: Routledge.
35. Searle, J. (1995). *The Construction of Social Reality*. New York: Free Press.
36. Smalskys, V. (red.) (2010). *Viešas valdymas*. Vilnius: MRU leidybos centras.

37. Socialinės paslaugos 2013 m. Statistikos departamentas prie Lietuvos Respublikos Vyriausybės. [žiūrėta 2014-10-14]. Prieiga per internetą: <http://www.stat.gov.lt/lt/news/view?id=7971&PHPSESSID>.
38. Spierts, M. (2003). *Balansavimas ir aktyvinimas. Metodiškai organizuotas sociokultūrinis darbas*. Vilnius: VU Specialiosios psichologijos laboratorija.
39. Support to the Social Sector Reform in Ukraine. (2011). [žiūrėta 2015-04-25]. Prieiga per internetą: http://www.ua.undp.org/content/ukraine/en/home/operations/projects/poverty_reduction/project_sample1.html
40. Sutton, C. (1999). *Socialinis darbas, bendruomenės veikla ir psichologija*. Vilnius: VU Specialiosios psichologijos laboratorija.
41. Tobis, D. (2000). *Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the Former Soviet Union*. Washington: The World Bank. [žiūrėta 2015-04-21]. Prieiga per internetą: https://books.google.lt/books?id=ed8dTnI8Ir4C&pg=PA54&lpg=PA54&dq=%22alternative+social+services%22&source=bl&ots=SCejYLYvs7&sig=0e5ZkhHXUVixYBBYWha0YLt5ZYA&hl=lt&sa=X&ei=aDRFVb-kNsSisAHWxIHIBw&redir_esc=y#v=onepage&q=%22alternative%20social%20service%22&f=false
42. Valantiejus, A. (2007). *Socialinė struktūra: nuo makro prie mikro modelių*. Vilnius: VU leidykla.
43. Valenta, A. Socialinės paslaugos – dabartis ir rytdiena. *Mūsų žodis*, 2000, Nr. 12, 25-28 p.
44. Vareikytė, A. ir kt. (2006). *Socialinių paslaugų tobulinimas*. Vilnius: Mykolo Romerio universiteto leidybos centras.
45. *Viešasis administravimas Lietuvoje*. 2009 metų apžvalga. LR Vidaus reikalų ministerija. [žiūrėta 2014-11-17]. Prieiga per internetą: www.vakokybe.lt/get.php?f.207.
46. Закон Украины о социальных услугах (Ведомости Верховной Рады Украины (ВВР), 2003, N 45, ст.358). http://kodeksy.com.ua/ka/o_socialnyh_uslugah.htm (žiūrėta 2015 - 05-23).
47. Žalimienė L. (2003). *Socialinės paslaugos*. Mokomoji knyga. Vilnius.
48. Žalimienė, L., Rimšaitė, E. (2007). Nevyriausybių organizacijų metamorfozės – nuo labdaringos veiklos vargšams XVIII amžiuje iki socialinių paslaugų rinkos dalyvio šiuolaikinėje visuomenėje. *Socialinis darbas*, 6(1), p. 83-95.
49. Žalimienė L., Skučienė D., Junevičienė J., Gataūlinas A. (2013). *Profesinė gerovė socialinio darbo paslaugų sektoriuje Lietuvoje*. Vilnius.

50. Žydžiūnaitė, V. (2005). Komandinio darbo kompetencijos ir jų tyrimo metodologija slaugytojų požiūriu. *Monografija*. Kaunas: Judex.
51. Немченко А. С., Куліков А. Л. (2006). Державне регулювання ціноутворення на медичні послуги за умов реформування охорони здоров'я в Україні.(Укл. А. С. Немченко). ХарPI НАДУ. Харків. Вид. - во: Магістр.
52. Одінцова Г. С., Собченко В. В. (2006). Підвищення результативності територіальних органів влади у сфері соціального захисту населення. Зб. пр. конф. ХарPI НАДУ. Харків. Вид. - во: Магістр, р. 62 - 63.

Magistro darbo santrauka

Magistro darbe teoriškai išanalizuoti socialinių paslaugų organizavimo, vertinimo ypatumai Lietuvoje, socialinių paslaugų teikimo principai Lietuvoje ir Ukrainoje.

Magistro darbe tyrimo problema konkretizuojama šiais probleminiais klausimais: koks yra alternatyvių socialinių paslaugų poreikis ir teikimo galimybės neįgaliesiems asmenims socialinių paslaugų centre; kaip alternatyvios socialinės paslaugos galėtų prisidėti prie poreikių tenkinimo ir pagerintų žmonių su negalia gyvenimo kokybę; kaip alternatyvios socialinės paslaugos neįgaliesiems asmenims socialinių paslaugų centre galėtų skatinti socialinio darbo profesionalizaciją.

Object of the research– alternatyvių socialinių paslaugų poreikis neįgaliesiems asmenims socialinių paslaugų centre.

Aim of the research– išanalizuoti alternatyvias socialines paslaugas neįgaliesiems asmenims socialinių paslaugų centre kaip socialinio darbo profesionalizacijos prielaidą.

Research methods. Teorinė analizė, struktūruotas interviu, turinio (content) analizė.

Interviu metu dalyvavo 6 socialinės darbuotojos iš Lietuvos, dirbančios socialinių paslaugų centre ir 20 asmenų, gyvenančių Lietuvoje, turinčių fizinę negalią, kurie lankosi socialinių paslaugų centre. Taip pat tyrime dalyvavo 2 socialinės darbuotojos iš Ukrainos ir vienas asmuo, turintis fizinę negalią. Lietuvoje tiriamiesiems buvo pateikti atviro tipo klausimai. Laikytasi griežtos klausimų struktūros. Ukrainos respondentams anketos išsiųstos elektroniniu paštu. Tyrimas atliktas 2015 m. kovo – gegužės mėn.

Svarbiausios kokybinio tyrimo išvados. Teorinė mokslinės literatūros šaltinių analizė atskleidė didesnę socialinių paslaugų įvairovės poreikį. Lietuvos Respublikos ir Ukrainos įstatymai pakankamai griežtai apibrėžia socialinių paslaugų sampratą, tikslus ir rūšis, reglamentuoja socialinių paslaugų valdymą, skyrimą ir teikimą, tačiau vien šių socialinių paslaugų nebeužtenka. Didėjant asmenų, turinčių fizinę negalią skaičiui, atsiranda didesnis paklausa naujoms, nenumatytoms socialinėms paslaugoms Lietuvos ir Ukrainos socialinių darbuotojų ir klientų struktūruoto interviu rezultatai atskleidė alternatyvių socialinių paslaugų poreikį. Didžiausias dėmesys alternatyvių socialinių paslaugų skiriamas į asmens individualius poreikius orientuotoms, jo socialinius ryšius plėtojančioms ir socialinę atskirtį mažinančioms paslaugoms. Atlikus struktūruotą interviu tyrimą paaiškėjo, kad Lietuvos ir Ukrainos socialiniai darbuotojai ir Lietuvos klientai, atskleisdami alternatyvių socialinių paslaugų reikšmę žmonių su negalia gyvenimo kokybei, pabrėžia galios suteikimo, kuris reiškia socialinių paslaugų gavėjo socialinio ir politinio aktyvumo ugdymą, socialinės atskirties mažinimą ir gali būti realizuojamas teikiant alternatyvias socialines paslaugas, svarbą. Lietuvos ir Ukrainos socialiniai darbuotojai įvardija tokius svarbiausius veiksnius, kurie gerintų socialinių paslaugų kokybę –bendradarbiavimas su

partneriais, žmogiškieji ištekliai, ekonominiai aspektai (pvz. „didinti atlyginimus“), dalyvavimas kvalifikacijos kėlimo kursuose. Ukrainos socialiniai darbuotojai paminėjo ir dalyvavimą visuomeninėje veikloje. Asmenys, turintys fizinę negalią, kabėdami apie socialinių paslaugų centro teikiamų paslaugų kokybės gerinimą, pateikė kelis aiškius veiksnius, kurie jų teigimu, pagerintų socialinių paslaugų kokybę: žmogiškųjų išteklių plėtra (pvz. „pritraukti naujų specialistų“), finansavimo didinimas, savanorystė. Buvo išreikšta ir mintis, kad socialinių paslaugų kokybė gera.

Esminiai žodžiai: socialinis darbas, socialinės paslaugos, socialinis darbuotojas, alternatyva, profesionalizacija.

APPENDICES

Questions to Lithuanian and Ukrainian social workers

I sincerely thank you for agreeing to participate in Siauliai University of Social Welfare and Disability Studies Faculty under investigation.

I am Vaida Uznieñė, Siauliai University in master program student. I am writing a master's thesis: „*The alternative services for people with disabilities in social service centres as the presumption of social work professionalization*“. We want to know what services are lacking, as they are useful to the disabled person, as they improve the quality of life of people with disabilities. Us very much value your opinion, because you have the opportunity to help not only themselves but also for others. All the answers to the questions will be kept confidential, it means that all information you provide will not create opportunities to recognize you as a respondent. Personal data, commemorating the report of the study will be to change the codes. Answers to the questions can take about half an hour, so thank you very much for your time.

For any questions, please email me the e-mail. p. vaidas345@gmail.com.

Suitable answers - "X".

1. Gender:

- Woman
- Man

2. Age:

- Younger than 30 years;
- Up to 40 years;
- Up to 50 years;
- Patients over 50 years.

3 Education:

- University Bachelor of Social Work.
- Master of Social Work.
- College Bachelor of Social Work.
- Equivalent social work education.
- Other _____

4 Professional experience in the field social work:

- Up to 5 years;
- Up to 10 years;
- Up to 15 years;
- Over 15 years.

We kindly ask you to answer the following questions.

1. What social services your establishment could provide for adult people with a physical disability other than those which are anticipated in the social services catalogue?

2. How would you describe alternative services?

3. How alternative social services for adult people with a physical disability differ from social services which are being provided?

4. How alternative social services would be useful for adult people with a physical disability?

5. What are the traditions of alternative social services' formation in Lithuania?

6. How the provided alternative social services for adult people having a physical disability would contribute to the activity effectiveness of your establishment?

7. How alternative social services should be financed?

8. What are the principles on the grounds of which your establishment could provide alternative social services for adult people with a physical disability?

9. What are the obstacles for the development of alternative social services at the social services centre?

10. What is missing so that social workers could provide alternative social services at the social services centre?

11. What is necessary to improve the quality of alternative social services?

12. Do you have an opportunity to improve your competences at work?

I sincerely thank you for your time 😊

Questions to Lithuanian and Ukrainian customers

I sincerely thank you for agreeing to participate in Siauliai University of Social Welfare and Disability Studies Faculty under investigation.

I am Vaida Uzniene, Siauliai University in master program student. I am writing a master's thesis: „*The alternative services for people with disabilities in social service centres as the presumption of social work professionalization*“. We want to know what services are lacking, as they are useful to the disabled person, as they improve the quality of life of people with disabilities. We want to find out what of services you lack, as they would be useful to the disabled person, as they improve your quality of life. Us very much value your opinion, because you have the opportunity to help not only themselves but also for others. All the answers to the questions will be kept confidential, it means that all information you provide will not create opportunities to recognize you as a respondent. Personal data, commemorating the report of the study will be to change the codes. Answers to the questions can take about half an hour, so thank you very much for your time.

For any questions, please email me the e-mail. p. vaida345@gmail.com.

Suitable answers - "X".

1. Gender:

- Woman
- Man

2. Age:

- Younger than 30 years;
- Up to 40 years;
- Up to 50 years;
- Patients over 50 years.

3. You live in:

- Own in the apartment;
- Own house;
- Residential care homes;
- With the family.

4. Is your residence adapted for people with disabilities to live?

- Yes;
- No;

- Partially;
- Other _____

We kindly ask you to answer the following questions.

5. How did you hear about the Social Services center and the services it provides to persons with disabilities? What led resolve to visit the center?

6. you think the consumers of social services social service center, day care group meets your needs?

7. Are you satisfied with their quality of life? What is missing to make you feel satisfaction with your life?

8. What kind of other alternative social services you can provide the Social Services center?

10. How alternative services are useful for you?

11. As can be funded alternative services?

12. Are you should the opportunity to pay for a offered by alternative services? Why?

13. Do you have the opportunity to to improve skills? And how it could be improved in your abilities?

14. How can we improve the quality of social services?

I sincerely thank you for your time 😊

Possible alternative social services for people with physical disability

Category	Subcategory	The proof statement (informant N)	Frequency
Possible alternative social services for people with physical disability	Health/wellness services	<i>“health/wellness services”</i> (I-1) <i>“massage services”</i> (I-1) <i>“health promotion services”</i> (I-2) <i>“physical therapy sessions”</i> (I-2) <i>“exercising”</i> (I-2) <i>“simulation exercise”</i> (I-2) <i>“massage”</i> (I-2) <i>“health/wellness services”</i> (I-4) <i>„massage“</i> (I-4) <i>„exercise“</i> (I-4) <i>„pool“</i> (I-4) <i>„health promotion“</i> (I-5) <i>„massage“</i> (I-5) <i>„exercise“</i> (I-5) <i>„massages“</i> (I-6)	15
	Educational services	<i>„educational services“</i> (I-2) <i>„computer literacy“</i> (I-2) <i>„educational services“</i> (I-4) <i>„computer literacy“</i> (I-4) <i>„Education“</i> (I-5) <i>„lectures“</i> (I-5) <i>„discussions“</i> (I-5)	7
	Beauty services	<i>„beauty services ”</i> (I-1) <i>„Hairdresser’s”</i> (I-1) <i>„manicure”</i> (I-1) <i>„Beauty services“</i> (I-4) <i>„Hairdresser’s“</i> (I-4) <i>„manicure“</i> (I-4)	6
	Ergotherapy and recreation	<i>„sightseeing trip“</i> (I-5) <i>„recreation services“</i> (I-5) <i>„camps“</i> (I-5) <i>„Ergotherapy services“</i> (I-4) <i>„ergotherapy“</i> (I-5)	5
	Mediation and assistance	<i>„personal assistant services“</i> (I-3) <i>„direct to the hostels“</i> (I-4) <i>„would help to get employed“</i> (I-4) <i>„Accompaniment to different institutions“</i> (I-5)	4
	Food services	<i>„to organize a free meal“</i> (I-4) <i>„nutrition/nourishment“</i> (I-6)	2
	Psychosocial rehabilitation	<i>„psychosocial rehabilitation services“</i> (I-2) <i>„Psychosocial services“</i> (I-4)	2
	Other	<i>„emergency aid“</i> (I-4)	1

Description of the alternative social services

Category	Subcategory	The proof statement (informant N)	Frequency
Description of the alternative social services	Services oriented to the personal needs	<p>“Services oriented to the personal needs” (I-2)</p> <p><i>“would take care of the person’s everyday needs”</i> (I-3)</p> <p><i>„more oriented to the individual needs“</i> (I-4)</p> <p><i>„assistance to the disabled person“</i> (I-5)</p> <p>“Services oriented to the personal needs”(I-U)</p>	5
	Services, developing social relationships and reducing social exclusion	<p><i>„help to maintain social relationships“</i> (I-5)</p> <p><i>„helps to cope with social exclusion“</i> (I-5)</p> <p><i>„aid is granted to his family“</i> (I-5)</p> <p><i>„increases the opportunities to solve social problems“</i> (I-5)</p>	4
	Services, facilitating integration and adaptation processes	<p><i>“on purpose to have a successful person integration in the society”</i> (I-2)</p> <p><i>„would help to adapt better and integrate into the society“</i> (I-4)</p>	2
	Services oriented to the health promotion and recreation	<p><i>„would take care of health“</i> (I-3)</p> <p><i>„would take care of the free-time spending opportunities“</i> (I-3)</p>	2
	Services oriented to the education	<p><i>„helps to strengthen capacities“</i> (I-5)</p>	1

The differences between the alternative social services and the existing social services

Category	Subcategory	Proof statement (informant No.)	Frequency
<p>The differences between the alternative social services and the existing social services</p>	Meeting different individual needs	<p><i>“encompasses the meeting not only the vital needs” (I-2)</i> <i>„encompasses the meeting of moral needs“ (I-2)</i> <i>„encompasses the meeting of psychological needs“ (I-2)</i> <i>„encompasses the meeting of spiritual needs“ (I-2)</i> <i>„should correspond to the client’s needs“ (I-3)</i> <i>„each individual’s needs are important“ (I-5)</i> <i>„meeting different individual needs“(I-U1),(I-U2)</i></p>	8
	The development of social relationship and the reduce of social exclusion	<p><i>„includes the promotion of community“ (I-2)</i> <i>„to maintain the social relationships with society“ (I-4)</i> <i>„would help to cope with the social exclusion“ (I-4)</i></p>	3
	Skill training	<p><i>„to train and strengthen skills“ (I-4)</i> <i>„opportunities to solve independently the social problems“ (I-4)</i></p>	2
	Expansion of activities and changing the working time	<p><i>„would be provided not only in workdays, but, as well at weekends“ (I-3)</i> <i>„to expand the employment activity“ (I-5)</i></p>	2
	Other	<p><i>„includes motivation encouragement“ (I-2)</i> <i>„improves the quality of existing services“ (I-5)</i></p>	2

The possible benefits of the alternative social services to people with physical disability

Category	Subcategory	Proof statement (informant N)	Frequency
The possible benefits of the alternative social services to people with physical disability	Reduction of social exclusion	<p>„would help to integrate in the community“ (I-2)</p> <p>„Would reduce the social exclusion“ (I-4)</p> <p>„would reduce the social exclusion“ (I-5)</p> <p>„would provide with personal social security“(I-5)</p>	4
	Services in the residential environment	<p>„services provided in the same environment“ (I-1)</p> <p>„would save the clients‘ self-sufficiency in his residential environment“ (I-4)</p>	2
	Well-balanced life	<p>„could have a well-balanced life“ (I-3)</p> <p>„develop a full-fledged personality“ (I-4)</p>	2
	Skill training	<p>„would encourage the self-care“ (I-4)</p> <p>„would help to train skills“ (I-5)</p> <p>„development of social skills“(I-U1)</p>	3
	Other	<p>„would help in everyday life“ (I-3)</p> <p>„would improve the quality of life“ (I-4)</p> <p>„would improve health“ (I-5)</p> <p>„would protect from the stressful situations“ (I-5)</p> <p>„physiological needs are met“ (I-6)</p> <p>„motivation to participate in the activity is increased“ (I-6)</p> <p>„informal education“(I-U1)</p>	7

The development traditions of the alternative social services in Lithuania

Category	Subcategory	Proof statement (informant N)	Frequency
The development traditions of the alternative social services in Lithuania	Beginning of the development	<p>„services began to develop“ (I-2)</p> <p>„in the early stage of the development“ (I-3)</p> <p>„new field“ (I-4)</p> <p>„the development has just begun“ (I-4)</p> <p>„new field“ (I-5)</p> <p>„traditions are in the process of development“ (I-5)</p> <p>„currently has just begun to form“ (I-6)</p>	7
	Economical and social factors influencing the development	<p>„economical changes influence the emergence of services“ (I-1)</p> <p>„social changes affect the emergence of services“ (I-1)</p> <p>„economical changes affect the emergence of services“ (I-3)</p> <p>„social changes affect the emergence of services“ (I-3)</p>	4
	The pursuit of quality and effectiveness of services	<p>„in order to provide more quality services“ (I-2)</p> <p>„seeking for more efficient services“ (I-2)</p>	2
	Other	„rapidly developing area“ (I-5)	1

Contribution of the alternative social services to the efficiency of the institution's activity

Category	Subcategory	Proof statement (informant)	Frequency
Contribution of the alternative social services to the efficiency of the institution's activity	Promotion of cooperation and reduce of the social exclusion	<p>„Service users would communicate not only with each other“ (I-1)</p> <p>„Service users would communicate with the community members“ (I-1)</p> <p>„reduced exclusion“ (I-2)</p> <p>„reduced social vulnerability“ (I-2)</p> <p>„would help to communicate not only with the service users“ (I-3)</p> <p>„would help to communicate with the client's family“ (I-3)</p> <p>„would help to communicate with the community“ (I-3)</p>	7
	Increase of the clients' number	<p>„the number of the attending the institution would increase“ (I-1)</p> <p>„the number of clients would increase“ (I-4)</p> <p>„the number of clients would increase“ (I-5)</p> <p>„more new clients would be enlisted“ (I-6)</p>	4
	Increasing variety of services	<p>„a more diverse supply of the services“ (I-2)</p> <p>„a diverse supply of the services“ (I-4)</p> <p>„more diverse services“ (I-5)</p> <p>„a more diverse supply“ (I-6)</p>	4
	Changes of quality in the client's life	<p>„increases the possibility that personal needs would be met“ (I-2)</p> <p>„improves the quality of a person's life“ (I-2)</p>	2
	Changes quality of the existing services	<p>„quality of the existing services would improve“ (I-4)</p>	1

The funding opportunities of the alternative social services

Category	Subcategory	Proof statement (informant No.)	Frequency
The funding opportunities of the alternative social services	State and municipal funds	<i>„Municipality“ (I-1)</i> <i>„funded by the municipal budget“ (I-2)</i> <i>„municipalities“ (I-3)</i> <i>„government“ (I-3)</i> <i>„Municipality“ (I-4)</i> <i>„municipality“ (I-5)</i> <i>„state“ (I-5)</i> <i>„social insurance funds“ (I-5)</i>	8
	Various funds	<i>„Project activity“ (I-1)</i> <i>„EU structural funds“ (I-2)</i> <i>„from the project funds“ (I-3)</i> <i>„various funds“ (I-3)</i> <i>„projects“ (I-4)</i> <i>„project applications submission“ (I-6)</i>	6
	Client's funding	<i>„client fees“ (I-2)</i> <i>„client“ (I-3)</i> <i>„part or the fee could be paid by the client“ (I-4)</i> <i>„client shall contribute“ (I-5)</i>	4
	Sponsors	<i>„sponsors“ (I-1)</i> <i>„sponsors“ (I-4)</i>	2

Principles based on which the institution could provide the alternative social services

Category	Subcategory	Proof statement (informant No.)	Frequency
Principles based on which the institution could provide the alternative social services	Ethical principles	„ethical social work principles“ (I-2) „protecting the rights of a client“ (I-2) „humanity“ (I-6)	3
	Principles of transparency and accountability	„transparency“ (I-4) „accountability“ (I-4) „ensuring the quantity of the services“ (I-2)	3
	Principles of flexibility and sustainability	„flexibility“ (I-5) „sustainability“ (I-5)	2
	Bringing services closer to the client principle	„bring services closer“ (I-1) „provide services in their environment“ (I-1)	2
	Principle of the voluntariness	„voluntariness“ (I-5) „voluntariness“ (I-6)	2
	Principles of empathy and tolerance	„empathy“ (I-6) „tolerance“ (I-6)	2
	Adequacy and correspondence to the client's needs	„adequacy“ (I-5) „corresponding the client's needs“ (I-6)	2
	Other	„client's free social communication“ (I-3) „awareness“ (I-4) „promotion of self-help“ (I-5)	3

Development interferences of the alternative social services

Category	Subcategory	Proof statement (informant No.)	Frequency
Development interferences of the alternative social services	Lack of funds	„Funding“ (I-1) „lack of funds“ (I-2) „funding“ (I-3) „lack of funds“ (I-4) „lack of funds“ (I-5) „Finances“ (I-6) „lack of funds“ (I-6)	7
	Lack of human resources	„lack of specialists“ (I-1) „Lack of human resources“ (I-2) „lack of specialists“ (I-2) „human resources“ (I-3) „lack of specialists“ (I-4) „Specialists are in need“ (I-5)	6
	Lack of collaboration	„collaboration“ (I-1) „lack of inter-institutional collaboration“ (I-2)	2

Things that social workers lack in order to provide the alternative social services

Category	Subcategory	Proof statement (informantNo.)	Frequency
<p>Things that social workers lack in order to provide the alternative social services</p>	Competence improvement of the current staff	<p>„should have the specialty of a hairdresser“ (I-1)</p> <p>„should have the specialty of a manicurist“ (I-1)</p> <p>„should have the specialty of a masseur“ (I-1)</p> <p>„raise the competence of the social workers“ (I-3)</p> <p>„Competencies“ (I-6)</p>	5
	Funding	<p>„more funding“ (I-1)</p> <p>„lack of funds“ (I-2)</p> <p>„receive funding“ (I-3)</p> <p>„funds“ (I-4)</p> <p>„funds“ (I-5)</p>	5
	Other specialists	<p>„qualified specialists“ (I-1)</p> <p>„employment specialists“ (I-2)</p> <p>„Specialists“ (I-4)</p> <p>„specialists“ (I-5)</p>	4
	Volunteers	<p>„volunteers“ (I-2)</p> <p>„Volunteers“ (I-4)</p>	2
	Tools/mean	<p>„tools/means“ (I-5)</p> <p>„resources“ (I-6)</p>	2
	Other	<p>„would increase the employee's salary“ (I-3)</p> <p>„no staff turnover“ (I-3)</p>	2

Factors improving the quality of alternative social services

Category	Subcategory	Proof statement (informantNo.)	Frequency
Factors improving the quality of alternative social services	Collaboration with partners	<p>„Collaborate with other bodies“ (I-1)</p> <p>„cooperation between institutions“ (I-3)</p> <p>„to share of new working practices“ (I-3)</p> <p>„cooperation between institutions“ (I-4)</p> <p>„Cooperation with bodies“ (I-6)</p> <p>„Cooperation with partners“ (I-6)</p>	6
	Human resources	<p>„More of positions“ (I-1)</p> <p>„More human resources “ (I-3)</p> <p>„Accept more workers “ (I-3)</p> <p>„Adopt a more professional“ (I-4)</p> <p>„We need specialists“ (I-5)</p>	5
	Economic aspects	<p>„Funding“ (I-1)</p> <p>„Increased wages“ (I-4)</p> <p>„Salary small increase“ (I-5)</p> <p>„Money over“ (I-6)</p>	4
	Employee motivation	<p>„Motivate social workers“ (I-4)</p> <p>„Social workers' motivation“ (I-5)</p>	2
	Volunteering	<p>„Volunteering“ (I-1)</p> <p>„Add volunteering“ (I-4)</p>	2
	Other	<p>„Advertisements“ (I-1)</p> <p>„Raise level of excellence“ (I-2)</p> <p>„Creating new working methods“ (I-3)</p> <p>„improve quality“ (I-3)</p>	4

Opportunities for social workers to excel their work

Category	Subcategory	Proof statement (informantNo.)	Frequency
Opportunities for social workers to excel their work	Qualification improvement in various events	<p>„participating in conference“ (I-1)</p> <p>„participating in seminars“ (I-1)</p> <p>„participating in seminars“ (I-4)</p> <p>„participating in trainings“ (I-4)</p> <p>„participating in conference“ (I-4)</p> <p>„participating in trainings“ (I-5)</p> <p>„participating in conference“ (I-5)</p> <p>„participating in seminars“ (I-5)</p> <p>„participating in courses“ (I-5)</p> <p>„participating in seminars“ (I-6)</p> <p>„participating in trainings“ (I-6)</p> <p>„participating in conference“ (I-6)</p>	12
	To increase one's qualification	<p>„yes“ (I-1)</p> <p>„increasing my qualification“ (I-1)</p> <p>„yes“ (I-2)</p> <p>„all the conditions to improve“ (I-2)</p> <p>„increasing my qualification“ (I-3)</p> <p>„yes“ (I-5)</p>	6

Sufficiency of distribution of social services

Category	Subcategory	Proof statement (informantNo.)	Frequency
Sufficiency of distribution of social services	Friends	<i>„from friends“ (I-2)</i> <i>„from my friends“ (I-7)</i> <i>„from friends“ (I-8)</i> <i>„from friends“ (I-16)</i> <i>„from friends“ (I-17)</i> <i>„told by friends“ (I-18)</i> <i>„from friends“ (I-19)</i> <i>„from my friends“ (I-20)</i>	8
	Neighbours	<i>„have heard from neighbour“ (I-1)</i> <i>„from neighbors“ (I-6)</i> <i>„from neighbors“ (I-10)</i> <i>„from acquaintances“ (I-11)</i> <i>„invited by neighbour“ (I-12)</i>	5
	Relatives	<i>„mother told“ (I-3)</i> <i>„from relatives“ (I-4)</i> <i>„from parents“ (I-5)</i> <i>„from relatives“ (I-15)</i>	4
	Internet	<i>„on the internet“ (I-1)</i> <i>„on the internet“ (I-6)</i> <i>„I found information on the Internet“ (I-8)</i>	3
	Sveikatos priežiūros specialistas	<i>„informed by my personal doctor“ (I-13)</i> <i>„informed doctor“ (I-17)</i>	2
	Spauda	<i>„read“ (I-1)</i>	1
	Kita	<i>„from another club“ (I-2)</i>	1

Motives that encouraged attending Social Service Centre

Category	Subcategory	Proof statement (informantNo.)	Frequency
Motives that encouraged attending Social Service Centre	Educational activity	„there are many activities“ (I-3) „there are many activities“ (I-7) „interested in knitting club activities“ (I-13) „a variety of socio-cultural services“ (I-16) „there are many activities“ (I-18)	5
	The lack of activities	„have nothing to be preoccupied with“ (I-3) „lack of activity“ (I-6) „too much free time“ (I-10) „too much free time“ (I-13)	4
	Appropriate atmosphere	„everyone is friendly“ (I-2) „perfect atmosphere“ (I-5) „perfect atmosphere“ (I-18) „flexible attendance“ (I-2)	4
	Friends	„visited by many friends“ (I-2) „has invited friends“ (I-19)	2
	The physical space	„sports hall“ (I-2)	1
	Communicative needs	„the presence among the people“ (I-7)	1
	Change needs of the home environment	„The need to leave the house“ (I-19)	1
	Curiosity	„interesting“ (I-2)	1

Correspondence of the services provided by Social service Centre to the needs of physically disabled people

Category	Subcategory	Proof statement (informantNo.)	Frequency
Correspondence of the services provided by Social service Centre to the needs of physically disabled people	Correspond	<i>„I am satisfied“ (I-2)</i> <i>„I like here everything“ (I-2)</i> <i>„I like here everything“ (I-4)</i> <i>„services correspond to my needs“ (I-6)</i> <i>„I think, yes“ (I-7)</i> <i>„I like here everything“ (I-8)</i> <i>„meets“ (I-9)</i> <i>„meets (I-10)</i> <i>„I think, yes“ (I-11)</i> <i>„meets“ (I-13)</i> <i>„meets“ (I-16)</i> <i>„services correspond to my needs“ (I-17)</i> <i>„I like here everything“ (I-18)</i> <i>„have nothing to be preoccupied with“ (I-20)</i>	14
	Partial satisfaction of one's needs	<i>„not really“ (I-3)</i> <i>„partially“ (I-5)</i> <i>„partially“ (I-12)</i> <i>„satisfy certain social needs“ (I-14)</i> <i>„satisfy certain social needs“ (I-15)</i> <i>„meets most of my needs“ (I-19)</i>	6
	Total dissatisfaction	<i>„total dissatisfaction“ (I-1)</i>	1

Satisfaction with one's life quality

Category	Subcategory	Proof statement (informantNo.)	Frequency
Satisfaction with one's life quality	Satisfaction	„I feel good“ (I-4) „satisfied with their quality of life“ (I-7) „I do not need anything“ (I-8) „I have everything“ (I-8) „I am satisfied“ (I-9) „I am satisfied“ (I-11) „I do not need anything“ (I-11) „satisfied with their quality of life“ (I-14) „I am satisfied“ (I-18) „I am satisfied“ (I-20) “satisfied”(I-U1)	11
	Partially satisfied	„partially satisfied“ (I-1) „not really“ (I-2) „not really“ (I-5) „not really“ (I-6) „not really“ (I-10) „partially satisfied“ (I-12) „partially satisfied“ (I-15)	7
	The absence of working activities	„to find an easier job“ (I-2) „lack of work“ (I-3) „to find an easier job“ (I-5) „if I could work“ (I-12) „small seniority“ (I-13) „to accustom in labour market“ (I-19)	6
	The need of larger allowance	„the allowance could be larger“ (I-2) „to receive higher allowance“ (I-13) „the allowance could be larger“ (I-16) „the allowance could be larger“ (I-17)	4
	Dissatisfaction with quality of life	„no“ (I-3) „very unsatisfied“ (I-13)	2
	Lack of communication	„lack of communication“ (I-6) „have friends“ (I-16)	2
	Physical flaws	„lack of the left hand“ (I-1)	1
	The driving the need	„drive a car“ (I-2)	1
	Lack of events	„lack of events“ (I-9)	1
	Life partner absence	„the lack of of the second half“ (I-3)	1
	Self-realization	„write a book“ (I-5)	1

The need of alternative social services

Category	Subcategory	Proof statement (informantNo.)	Frequency
The need of alternative social services	Wellness services	<p>„massage“ (I-1) „massage“ (I-1) „massage“ (I-2) „massage“ (I-5) „massage“ (I-10) „massage“ (I-12) „massage“ (I-16) „massage“ (I-17) „water procedures“ (I-1) „special exercises“ (I-1) „exercises“ (I-2) „exercises“ (I-8) „exercise“ (I-12) „sports a workout“ (I-15)</p>	14
	Trips and journeys	<p>„sightseeing trips“ (I-2) „excursions“ (I-4) „excursions“ (I-10) „sightseeing tours“ (I-10) „sightseeing trips“ (I-12) „sightseeing tours“ (I-12) „excursions“ (I-14) „excursions“ (I-16) „sightseeing trips“ (I-18) „excursions“ (I-20)</p>	10
	Educational activities	<p>„stained glass club“ (I-1) „knitting circle“ (I-9) „woodworking“ (I-11) „woodworking“ (I-2) „of Fine Arts circle“ (I-9) „theatre“ (I-9) „photography club“ (I-9) „foreign language club“ (I-12) „learn to cook“ (I-16) „modelling“ (I-1)</p>	10
	Bargaining Beauty services	<p>„hairdresser“ (I-7) „manicure“ (I-7) „hairdresser“ (I-16) „manicure“ (I-16) „hairdresser“ (I-17)</p>	5
	Dancing	<p>„dance circle“ (I-6) „dance circle“ (I-8) „dance circle“ (I-9)</p>	4

		<i>„dance circle“ (I-14)</i>	
	Summer camps	<i>„Summer camps“ (I-1)</i> <i>„Summer camps“ (I-2)</i> <i>„Summer camps -18)</i>	3
	Literary lessons	<i>„Literary lessons“ (I-3)</i> <i>„read the book“ (I-6)</i>	2
	Working with computer lessons	<i>„Working with computer lessons“ (I-12)</i> <i>„Working with computer lessons“ (I-19)</i>	2
	Other	<i>„psychotherapist services“ (I-12)</i> <i>„watch films“ (I-5)</i>	2
	Catering services	<i>„catering services“ (I-3)</i>	1

Benefits of alternative social services to physically disabled individuals

Category	Subcategory	Proof statement (informantNo.)	Frequency
Benefits of alternative social services to physically disabled individuals	Educational need	„improve my skills“ (I-1) „I learn to carve“ (I-2) „I would know a lot“ (I-3) „improve my skills“ (I-9) „for working skill“ (I-12) „would acquire more knowledge“ (I-18) „improve my skills“ (I-20)	7
	Benefit to health	„improve health“ (I-14) „improve health“ (I-15) „strengthen physical capability“ (I-15)	3
	Employment	„employment“ (I-1) „employment“ (I-2)	2
	Normal activities replacement center services	„You do not go to the hairdresser“ (I-7) „visit to the hairdresser“ (I-17)	2
	financial benefits	„make money“ (I-13)	1
	on Integration options	„more integrate into society“ (I-16)	1
	Other	„eat“ (I-3) „I could relax“ (I-6)	2

Alternative social service funding opportunities

Category	Subcategory	Proof statement (informantNo.)	Frequency
Alternative social service funding opportunities	Sponsors	„private sponsors“ (I-5) „sponsors“ (I-7) „to find people who can help“ (I-8) „look for sponsors“ (I-9) „sponsors“ (I-10) „sponsors“ (I-13) „look for sponsors“ (I-17)	7
	State and municipal funds	„municipality“ (I-5) „municipality“ (I-6) „municipality“ (I-16) „municipality“ (I-18) „The budget of the Republic of Lithuania“ (I-18) „to finance part of the Siauliai city municipality“ (I-20)	6
	European unions funds	„European unions funds“ (I-6) „European unions funds“ (I-10) „private foundations“ (I-14)	3
	Client funds	„would pay customers“ (I-3) „would pay customers“ (I-6) „the income of the disabled“ (I-19)	3
	Institutions funds	„partly would pay office“ (I-1) „from the center of funds“ (I-4)	2
	Project funds	„Project funds“ (I-18) „Project funds“ (I-19)	2

A possibility to pay individually for alternative social services

Category	Subcategory	Proof statement (informantNo.)	Frequency
A possibility to pay individually for alternative social services	Partial payment	<p>„partially“ (I-1)</p> <p>„partially“ (I-6)</p> <p>„not the entire amount“ (I-6)</p> <p>„partially“ (I-13)</p> <p>„only a particular part“ (I-14)</p> <p>„not the entire amount“ (I-17)</p> <p>„partially“ (I-17)</p> <p>„partially“ (I-20)</p>	8
	Would not be able to pay	<p>„would not have a possibility to pay“ (I-2)</p> <p>„no“ (I-7)</p> <p>„would find it difficult“ (I-8)</p> <p>„would not have a possibility to pay“ (I-9)</p> <p>„would not have a possibility to pay“ (I-12)</p> <p>„no“ (I-16)</p>	6
	To pay fully	<p>„would have“ (I-3)</p> <p>„yes“ (I-5)</p> <p>„would have“ (I-10)</p> <p>„yes“ (I-15)</p> <p>„yes“ (I-18)</p> <p>„there would be a possibility to pay“ (I-19)</p>	6

Quality improvement possibilities of social services supplied by Social Service Centre

Category	Subcategory	Proof statement (informantNo.)	Frequency
Quality improvement possibilities of social services supplied by Social Service Centre	The development of human resources	„attracting more specialists“ (I-6) „more employees“ (I-7) „more employees“ (I-10) „attracting more specialists“ (I-12) „to create more vacancies“ (I-13) „more employees“ (I-17)	6
	Increased funding	„more finances“ (I-13) „more finances“ (I-14) „to appoint funding“ (I-15) „more money“ (I-16) „more money“ (I-17)	5
	Good quality	„quality is good“ (I-1) „quality is good“ (I-3) „the quality of social services is good“ (I-4) „I would not change anything“ (I-4)	4
	Variety of services	„more services“ (I-8) „more services“ (I-9)	2
	The inclusion of persons with disabilities	„to involve of people with disabilities to work“ (I-20)	1
	Volunteering	„attracting more volunteers“ (I-12)	1
	More tools	„more tools“ (I-17)	1
	Strengthening base	„strengthening base“ (I-1)	1