

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

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Jurgita Žinevičienė

**THE EMPOWERING SOCIAL SERVICES FOR THE ASSISTANCE
FOR FAMILIES WITH DISABLED CHILDREN**

Master's thesis

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Dr.K. Rūdytė

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Summary

In the study there was fulfilled theoretical analysis of empowering social services on the individual, group, community levels.

These problematic issues were raised: what aspects of empowering services actualize the families growing children with disability? How empowering social services come out when assisting families growing children with disability on individual, sectional, communal and political levels from different perspectives (families and social workers)?

Research was carried out with half-structured interview method, **its purpose** - to discover the expression of empowering social services on different levels: individual, group, communal levels, when assisting families growing children with disability.

3 families growing children with disability and 3 social workers providing services/assistance for such families participated in the research. The empirical part examines social services, which are received by family, the expression of empowering social services on different levels: individual, group, communal levels on assessment of families and social workers. The most relevant features of empowerment of families growing children with disability. The main conclusions of the empirical research:

- The most important conclusions of the empirical research: on assessment of families having children with disability: on individual level families get only information about disability of the child and educational institutions belonging for them from the doctors but the rest necessary information families have to find themselves, it is not provided without initiative of families. On sectional level families participate in groups of mutual assistance and there get everything what specialists can not provide: the latest information, mutual assistance, support, spare time for themselves, share of tested methods. On communal level families face the incomprehension of society, intolerance of behavior of different child, also unavailability of services: possibility to meet the special needs of the child because of financial lack, problem of access special educational institutions, lack of procedures for child and free services.

- On assessment of social workers providing assistance for which families grow children with disability: on individual level families get information about concessions and subsidies belonging for them, families participate in: analyzing of the problem, raising targets, taking decisions, process of education of the child, providing assistance for the child, also there was revealed individual work with the family in order to find out needs and problems of the family, the emphasis of the strong sides and support. On sectional level there was revealed direction of families to groups of mutual support, mediation to get there and the help to belong together. On communal level there was revealed education of society regarding disability: through taking part in the events of the city, social nets, conferences organized

- There were disclosed the most relevant features of the empowerment of families: assistance in care of the child, availability of information, early assistance for the child and family, supporting relationship from specialists, formation of conditions to work. In those spheres families lack potencies the most.

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Introduction

Scientific problem and the relevance of the research. In the modern social work strategy which aim is the empowerment of the client is increasingly highlighted. Recently the question of empowerment is one of the main subjects of scientific and practical discussion (Ruškus, Mažeikis, 2007). Pease (quote Ruškus, Mažeikienė, Naujanienė, Motiečienė, Dvarionas, 2013) indicates that empowerment is and must be the central and growing attribute of theory and practice of social work, compulsory element of social organization`s mission, a core of laws, regulating social prosperity and health care. So the main accent when providing social services should be directed to the empowerment of the client. Not to help acquire addiction to provided services but to seek the independence of the client, his personal initiative, participation and similarly.

The idea of empowerment formed as theoretical and practical response to social relationships, featuring unequal power (Freire, 2003). Social workers referring to the paradigm of empowerment in their job concentrate on solutions, not on problems and acknowledge that people can accept those solutions as they are active creators of their lives (Tuncay, Erbay, 2008). The paradigm of empowerment interprets the provided assistance of specialists as interactional phenomenon when all participants of the process become experts of challenges, when experience and competence of everyone, not only specialists but the family as well is recognized (Rympo, 2012).

Both foreign (Cochran, 1986; Kreisberg, 1992; Kruiskhank, 1994; Murray, 1996; Adams, 1996; Chamberlin, 1997; Czuba, 1999; Johnson, 2003; Sadan, 2004; Hur, 2006; Johansson, Sewpaul, Horverak, Schjelderup, Omre, Bórnholdt, 2008; Thorlakson, Tuncay, Erbay, 2008) and Lithuanian scientists (Ališauskienė, 2005; Ruškus, Mažeikis, 2007; Motiečienė, 2012; Ruškus ir kt. 2013;) describing empowerment, emphasize different characteristics of it but most of them name the common purpose – seeking the lower dependence from other`s help, ability to take decisions by oneself, taking responsibility for his life. Also most scientists (Chamberlin, 1997; Czuba, 1999; Ruškus, Mažeikis, 2007; Motiečienė, 2012; Ruškus ir kt. 2013) name the empowerment as a process which has many meanings and the application of those meanings depends on the context, that is to say, with what group of clients and specific needs the work is to be done.

Recently in studies of both foreign and Lithuanian scientists a lot of attention is given to the families bringing up children with disabilities. It is a group of clients having specific needs and problems characteristic only for them (Ruškus, 2001; 2002). In today`s society as earlier in antiquity the perfect body and mind is being heightened, people who achieved career heights and so on, are appreciated. All this is aspiration and connected with happiness and fullness. That`s

why it is fully understandable that when a baby with disabilities is born in a family, there is a huge shock, stress and emotions similar as if a dead baby is born. Ruškus (2002) identifies parent`s empathy with the death of long-awaited, dreamed, ideal healthy child. It means when the expectations and dreams concerning the children`s future are lost. Having found themselves in helpless situation people not only do not know how to negotiate with the system but do not believe in possible changes, they lack self-evaluation which is needful in order to incorporate them into the change (Johnson, 2003). Having appeared in such situation families can experience helplessness. The part of society which experiences social exclusion due to the circumstances lacks of power particularly (Ruškus and others, 2013). The research results of Lord, Hutkinson (1993) show that helplessness appears not because of the only one reason but is the whole of different factors and experiences: social isolation, insensitive social services and system, poverty and violence, small social network. People loose dreams, self-confidence, possibility to control their lives. Analyzing the research of families in situation of disabilities (Kreivinienė, 2007; Vaičekauskaitė, Kreivinienė, 2011; Ustilaitė, Kuginytė-Arlauskienė, Cvetkova (2012); Raudeliūnaitė, Rympo, 2012), we can notice that such families more or less in different scopes of life experience the feeling of helplessness. Due to this the social services, focused to the empowerment of such families become especially actual. According to Johnson(2003) the empowerment may become a strategy, useful in the work with clients who feel themselves in helplessness situation, it is useful for providing them support, skills and necessary understanding in the world where the power is dominating and the gap between the possession and the lack of it is growing.

Lithuanian scientists have explored various phenomenon of families having children with disabilities. There were analyzed changes of inner and social life of families growing disabled children (Ustilaitė, Kuginytė-Arlauskienė, Cvetkova, 2012), social support (Vaičekauskaitė, 2012) and social-educational needs (Vaičekauskaitė, Kreivinienė, 2011) also there was explored the support of the family life in social nets (Kreivinienė, 2007), positive experiences of the families (Ustilaite, Cvetkova, 2011), was aimed to reveal how families growing children with difficult disabilities represent the social worker (Kreivinienė, 2011), also the psychosocial situation of the families growing children with disabilities (Raudeliūnaitė, Rympo ,2012). Галахова (2009) analyzed social capital of families growing disabled children with reference to the main theories of sociology.

The subject of social empowerment services is poorly studied by Lithuanian scientists. Semėnienė (2009) analyzed the empowerment factors of disabled children and their families in Švenčioniai region; Baltkojytė (2009) explored assumptions of empowerment of parents growing disabled children. Jesiūnienė (2012) made a research which aim was to reveal and form methods

of construction of social empowerment services working in a day center with children growing in the families with social risk; Motiečienė (2012) aspired to conceptualize social services of empowerment in practice of social work in the family; Ruškus, Mažeikienė, Naujanienė, Motiečienė, Dvarionas, (2013).

Having reviewed the performed empirical research of families growing children with disabilities, themes of providing social services, it is obvious that research analyzing aspects of available social services of empowerment for such families is missing. Lithuanian laws regulate social services (Law of Social Services, 2006; Catalog of Social Services, 2006), assistance for the family which is directed towards endeavor of the independence of the family, however how it in very truth proceeds in reality?

Social-practical and scientific relevance of the theme allows the problem of the research to concretize by such **problematical questions**: what features of empowerment are actual for the families growing children with disability? How empowering social services come out when assisting families growing children with disability on individual, sectional, communal and political levels from different perspectives (families and social workers)?

The subject of research - expression/manifestation of empowering social services for families growing children with disability on different levels: individual, sectional, communal levels.

The purpose of research – to discover the expression of empowering social services on different levels: individual, sectional, communal levels, when assisting families growing children with disability.

The goals:

1. To reveal aspects of empowering social services on individual, sectional, communal levels using the method of theoretical analysis.
2. To compare available social services provided for families growing children with disability in Lithuania and Ukraine using the method of law analysis.
3. To identify the expression of empowering social services by evaluation of families growing children with disability and social workers using interview and the method of content analysis.
4. To reveal most relevant features of empowerment of families growing children with disability.

Methodology and methods of the research. The research is based on theoretical attitudes of systems, empowerment and constructionism. To reach the goal of the research the were used the following **methods**: *theoretical*: analysis of scientific literature and documents; *empirical*: method of qualitative research; there was used half- structured interview method to receive the

data; the processing of data was done by method of content analysis; to validate the data of research there was invoked the method of experts.

Participants of the research. The sample of qualitative research was formed by purposive convenient and snowball method. 3 families, 3 social workers were questioned.

Master's thesis structure. This master thesis consists a summary of the English language, introduction, sections (2), conclusions, references (46), a summary of the Lithuanian language, appendices. The research data illustrates the 12 tables. Appendices contain (interview questionnaire, categorization's tables, operationalization of the phenomenon research).

Main concepts

Family - a system consisting of: members, values, norms, traditions, elements which differentiate one family from the other (Balčiūnaitė, 2013)

Disability - due to disorder of persons body structure and functions and unfavorable environmental factors appearing long- term worsening of state of health, reduction of possibilities of participation in the life of state and activity (law of Social integration of Lithuanian Republic, 2004)

Child with disability - a child up to 18 years who due to disability partly or completely has not gained independence, matching his age and whose possibilities to develop and take part in the life of society are limited (law of Social services of Lithuanian Republic, 2006)

Social services – are services by means of which assistance for a person (family), who due to the age and disability, social problems partly or completely does not have, has not acquired or has lost abilities and opportunities to take care of personal (family) life by oneself and to participate in the life of society (law of Social services of Lithuanian Republic, 2006)

Empowerment - it is a polysemous contextual process when maximum participation of the person, taking responsibility for one`s life is sought (Chamberlin, 1996; Ruškus, Mažeikis, 2007; Ruškus, Mažeikienė, Naujanienė, Motiečienė, Dvarionas, 2013).

Empowering social services – it is a multiple concept including levels of individual, sectional, communal and political empowerment. The purpose of empowerment is to achieve the client`s responsibility for his life so he could solve encountered problems by oneself, it is the transition from passive to active condition so the person could become not the object but the subject, capable to change the society. The empowerment is an individual and permanent process. Empowering factors: not leadership but going together with the client; encouragement of the client to take responsibility for his life, the discovery and training of his potencies; providing knowledge and information about the current situation; training of critical consciousness; encouragement for participation; creating conditions for saving person`s authenticity; participation in sectional activity; creating accessibility to social and economical resources; education of society on a topic of people with disability; creation of positive image of people with disability in the society (Ruškus, Mažeikienė, Naujanienė, Motiečienė, Dvarionas, 2013; Motiečienė, 2012; Tuncay, Erbay, 2008; Grigaitienė, 2004; Johnson, 2003; Freire, 2000; Chamberlin, 1997, p.44-46; Thorlakson, Murray, 1996).

1. EMPOWERMENT THROUGH SOCIAL SERVICES IN A CONTEXT OF FAMILIES WITH DISABLED CHILDREN: THEORETICAL INSIGHTS

1.1. The concept of empowerment

“Empowerment” is a complex term consisting of different levels: individual, group, community and political. These levels interact with each other and affect each other (Ruškus, Mažeikienė, Naujanienė, Motiečienė, Dvarionas, 2013). Ruškus, Mažeikienė and ect. (2013) distinguish three levels of empowerment: individual, when it achieves higher daily living, and community participation in control; small groups, where the exchange of experience, Community-based, when are used resources and strategies to increase community control.

According to Ruškus, Mažeikis (2007) empowerment definition ambiguity is determined by the fact that this phenomenon has contextualization. That is depending on the specific situation, the circumstances and people with whom working (Czuba, 1999). Rappaport (cit. Czuba, 1999) notes that it is difficult not to describe the phenomenon of empowerment, but the empowerment process then it is necessary to define empowerment steps, forms and methods applicable to different people in different contexts.

So it is necessary to recognize, that there is no single definition of empowerment, otherwise there is a risk to create stereotypes or "recipes", which contradicts the very concept of empowerment (Rappoport, cit. Czuba, 1999). Chamberlin (1997), Czuba (1999), Lord, Hutchison (1993) emphasize that empowerment is a continuous never-ending process that requires unceasing human development and changes. Empowerment as challenge to the current way of thinking and being, has been characterized by Czuba (1999). According to the scientist, it is a challenge to the established norms, behavior, because empowerment is oriented to changes, and by its nature implies a passage from a passive to an active state.

Scientists actualize the importance of rationalizing the concept of empowerment. Empowerment, while ambiguous, it is not an abstract idea (Ruškus, Mažeikis 2007, Ruškus, ect. 2013). Empowerment as a process has attributes as directional, rationalization, must be to identify and define pragmatic (providing benefits) and rational empowerment instruments and principles. Rationalization, according to Ruškus, Mažeikis (2007), means the perception of that reality is not given, so it is possible to manage the current situation, behavior, interactions. Rationalization principle makes to think not only about the fostering new powers, but also for cooperation on new competencies. So it is possible to understand the importance of the concept of empowerment clarity, understood directions and empowerment is associated with changes and cooperation opportunities.

Power perception related to the perceptions of empowerment, as if the power associated with the control and dominance, this power at such a perception is limited by a person's ability to properly understand and define empowerment. However it is possible a different approach to the power, the power based on cooperation, sharing and reciprocity. This power approach rose by the oppressed society (women, racial and ethnic groups, etc.) (Czuba, 1999). Czuba (1999) generally defines empowerment as multidimensional - social process that helps people gain the ability to control their lives. This is process, which educates, promotes individual's to use the power (which is the ability to act) in their community and society, described according to their needs.

Empowerment as a social action process that promotes participation of people describes Wallerstein (cit. Ruškus et al. 2013, p. 17), which states that "empowerment is a process of social action, encouraging people, organizations and communities in raising individual and community control, political effectiveness, improving the quality of community life and social justice. "

Ruškus, Mažeikis (2007) distinguish the following types of empowerment: strengthening individual power, structural perspectives, the postmodernist approach. According to approach of strengthening individual power, scientists say, that it emphasize self-esteem-building, participation and fight for their rights. From structural perspective, people need to seek greater choice opportunities, this choice is not only between "yes" and "no", but also it is necessary to maximize the life of your control. Postmodern approach to empowerment adopt an approach that power occurs as the relation, also participation in dialogue and coordination of interests develops practical skills and self-confidence, enabling to be active situation's participant.

Empowerment characteristics are associated with the context. Empowerment includes many elements, but not all features must be implemented. When we seek to empower person, it is important to take into consideration the context in which he lives (Chamberlin, 1997) Each case is unique, each situation is different, so it is important to take into account the specific context (what kind of the elements of empowerment a person is lack), and taking into account the use of precisely those tools, which are needed in a given situation.

Tuncay, Arcumentas (cit. Motiečienė, 2012) systematized and identified three *key features of the paradigm of empowerment*:

- First, customers have to be active and equally involved in their own process of change (social worker becomes moderator of their empowerment process);
- Secondly, empowerment is a process that extends the personal control;
- Third, empowerment helps see clients not as object, but as subject, which can change their reality of life.

Also we can find different factors of personal empowering. Such as involvement in crisis or life transition situation, frustration and anger sensuous experience, receiving new information and responding to it, recognition of your strengths and abilities. The essence of personal empowerment is the transition from a passive to an active status (Lord, Hutchison, 1993).

Researchers also distinguishes social participation for personal empowerment. Social participation strengthens understanding of personal and political capacity, builds the successful problem-solving expectations, fosters civic participation. People`s participation in groups and organizations support personal and communal empowerment (Sadan, cit. Ruškus, Mažeikienė et al. 2013). Lord, Hutchison (cit. Ruškus, Mazeikiene et al. 2013) research shows that participation in itself implies empowerment, because involvement in social activities or groups helps gain valuable social roles, communication skills, build their own contribution to the common good.

According to Ališauskienė (2005) empowerment is linked to hardiness, that is, with the ability to survive despite of difficulties. According to the researcher, hardiness is possible to develop on the basis of personal strengths characteristics as resources to overcome the situation. Hardiness as a concept, has long been regarded as an engineering concept, which meant a material's ability to regain normal shape after deformation. Since the middle of twentieth century, this concept was started to use in Social Sciences and was defined as a person's ability to survive in spite of difficult situations (Kreiviniene, 2007).

Also researchers distinguish collective decision-making importance of personal empowerment. Because when we seek changes of the client's life, it is important to define the current situation together (everyone involved), and also to have a common interest in creating a collective consciousness (Ruškus, Mažeikis, 2007). All this creates conditions for collective initiative. Taking into account personal and environmental resources is only possible on the basis of partnership-based relations (Ruškus, Mazeikis, 2007). The researchers note that building partnerships is only possible if all the actors are recognized as having the ability to make a collective contribution to achieve the objective. Such relationships help to adopt the recommendations of professionals differently, so from this point they work effectively and with empowering. Researchers distinguish dialogue in personal empowerment. They note that in order to empowerment it is important to promote participation in the process of the discourses of dialogue and agreement of interests. It should be based on personal experience, recognizing the diversity of interpretations and values as an integral part of social discourse (Freire, 2003; Geležinienė, 2011).

Empowerment is related to the trust, which means that choice of freedom and delegation for others the right concerns with the confidence problem. The problem affect both people with disabilities and their families (Ruškus, Mazeikiai, 2007).

Researchers distinguish four trust aspects to specialists: oriented towards to professionals; distrustful of professionals; distrusting than professionals than their parent competencies; consumerist type (parents tend to trust the experts, but when parents find out a difference of opinion between parents and professionals, parents' opinion remains more valuable than professional.)

Trust development empower participants in situations, equalize their powers and help develop dialogical relationship (Ruškus, Mažekis, 2007). So when specialist shows confidence in parents as equal partners in children's education, care process, empower parents to assume more responsibility and feel not only as consuming services, but stand as full-fledged participant in the process.

In terms of personal empowerment, Chamberlin (1997) emphasizes decision providing importance to the customer. According to the researcher, many of the programs are based on paternalistic attitude when specialist makes decisions, but not the client does or client decisions are very limited. Such attitudes do not work for client empowerment, and vice versa - foster the perception of helplessness. When we seek personal empowerment we should offer greater range of options than offer to choose of one of two similar alternatives.

Generally the concept of empowerment can be defined as a multi-complex term with such levels as individual, group, community and political. Empowerment goal is to reach that client would be responsible for his life and be able to solve problems independently. Empowerment implies a passage from a passive to an active state. In other terms person is not an object, but person is a subject with ability to change society. Empowerment is an individual and continuous process. Empowerment factors: instead of management there is "walking" together with the client; fostering understanding that client is responsible for his life; clarification of powers and education; provide knowledge about the current situation; fostering critical consciousness; promoting participation; creating conditions to keep personal authenticity; participation in group activities; access to social and economic development of resources; educate the public about people with disabilities; creating positive image of people with disabilities in society.

1.2. Laws to regulate social services for families with disable children in Lithuanian and Ukrainian States context

1.2.1. Social services regulation of Lithuania

Main purpose of social services declared in the Low of the Republic of Lithuania is to create conditions for the person (family) to develop or strengthen opportunity and ability to independently solve their social problems, maintain social ties with community and get over

social exclusion(LR Socialinių paslaugų įstymas, 2006). Therefore, in apprehension of that, social services in Lithuania are focused on gaining greater power, personal autonomy and readiness to participate for person or family. Social services are a precautionary measure in order to prevent greater problems.

In Lithuania, management, allocation and provision of social services are based on the following principles: cooperation, participation and complexity, accessibility, social justice and eligibility, efficiency and comprehensiveness. Principles of co-operation create conditions to all participants of social services to develop co-operation relations and mutual assistance. The principle of participation creates conditions for all participants of social services to be equal partners in the management, administration and delivery of services. The principle of complexity emphasizes importance of assistance, not only to the individual but also its closest surrounding-family. The principle of accessibility is enabling an individual (family) to receive services closer to his place of residence. Principle of social justice allows a person (family) to receive social services regardless of his financial position. The principle of eligibility is guaranteed that family or person will receive services that meet their needs and expectations. The principle of effectiveness refers to the good results and the rational use of resources. The principle of comprehensiveness allows for individual (family) to receive services covering all areas, systems of living, which are related to the moment (LR Socialinių paslaugų įstatymas, 2006).

Social services in Lithuania are divided into general and special. The analysis of general and special services reveals two aspects: to which customer group or person is focused and what specific services available. General social services provided to the individual (family) who have an ability to take care of his personal (family) life and participation in society may be developed or compensated by individual services without permanent professional help. General social services include: information (providing required information about social services for family), consultation, mediation and representation, socio-cultural services, transport organisation, catering, provision of necessary clothes and footwear and other services. Special social services provided to a person (family) whose ability to independently take care of personal (family) life and participation in society to develop or be compensated is not enough with general social services. Special social services include social care and custody. The analysis of general and special social services reveals that the target of general and special social services is a persons (family) ability to independently care for his life, development and compensation. However a fundamental difference in social services is that they provide services only when the general services are not sufficient to achieve the essential purpose –person’s (family’s) independent self-caring for personal life, development reimbursement without permanent professional help (LR Socialinių paslaugų įstatymas, 2006).

In Lithuanian social services directory (2006) as a target group provided with general and special social services, a family that took care of child with disability is emphasized. What services should be available for families with disability situation have been revealed from the analysis of general and special social services. The context of general social services that includes informing, when providing the necessary information; consulting, when the social worker together with individual analyzes the persons problem situation and looking for effective solutions to the problem (the duration of consultation depends from time of resolving situation); mediation and representation covers(includes) the granting of assistance to the family in solving various problems (legal, health, domestic, processing of documents, payment of taxes, an appointments to specialists, organization of household jobs and etc), the mediation between the family and the environment (other institutions, specialists and individuals), the duration of the service provided depends from how long that problem exists; catering services, when supporting families who are unable to eat in their homes because of insufficient independency or incomes. Catering can be arranged by delivery of hot food to the home, giving a free meal in the canteens, community institutions or other places of catering; also by the issuing of vouchers or dry food rations out; the frequency of the service depends from the needs of the family; provision of necessary clothes and footwear – when providing necessary clothes and footwear and other supplies for poor families; the duration of the service depends from the needs of the family; organization of transport- provided service depends from the needs of individuals who have mobility problems because of a disability, illness, old age or due to the lack of income they cannot use public or private transport; socio-cultural services- when families receive recreational services on according to the needs of the family, in order to avoid social problems (preventively), reducing social exclusion, by intensifying community, and by providing services to individuals(families) can communicate, participate in social work group classes, engage in a favorite activity, leisure activities for children; organization of personal hygiene and care services according to the needs – a family who is unable to care for their hygiene because of low incomes or are in a poverty situation; such assistance shall include sauna (shower) vouchers, laundry service provision; other organized general social services are based on specific needs of the municipality residents(individual assistance services to homes may be assigned to general social services) (LR Socialinių paslaugų katalogas, 2006).

Special social services separate to the social care and social guardianship. Social care is a set of services that are providing comprehensive assistance for individual/family that does not require regular professional help. In the context of social care services families with disabled children can get: assistance at home, when provided services are up to 4 hours a day and up to 5 days a week for assisting families to cope at home and participate in public life, these services

composition depends from the individual needs of the family and must contain at least three services; services for development and support of social skills are provided for family needs during the day, in order to maintain and restore self-sufficiency by various functions in public and private (family) life; composition of these services depends from individual needs of the family and must contain at least three services. Social custody is a set of services that provides comprehensive assistance for the individual (family) that does require regular professional care. In the context of social custody services, families with disabled children can get: social day care, when children with disabilities receive a set of services (from 3 to 8 hours a day and up to 5 days a week in authority, from 3 to 8 hours a day and up to 7 days a week at person's home), that provides comprehensive, regular specialist care, requiring assistance during the day in a care centre for children with disabilities or in their home; short-term social care is a set of services that are provided in daily social care homes and institutions (no less than 12 hours a day and up to 1 month) for children with disabilities, the comprehensive, regular social care for persons in crisis situations, for children with temporary loss of parental care, for family members, caregivers, guardians who are temporarily for some reason (illness, business trips, vacations, etc.) unable to take care of persons with need of constant care-‘respite’ services.

1.2.2. Social services regulation of the Ukrainian

Law of Ukrainian social services (2003) is based on the Constitution of Ukraine and composed from certain laws, other normative legal acts and international treaties with Ukraine. Social services – it's a complex of the operational tools, providing assistance to persons, separate social groups who are in difficult life situations and cannot independently get over them, whose goal is to solve such persons life problems (Закон N 4523-VI (4523-17) от 15.03.2012).

Difficult life circumstances – circumstances caused by disability, age, health condition, social status, living habits and lifestyle, which results in partial or entire absence (did not receive or lost) of persons ability to independently take care of personal (family) life, to take part in community life (редакции Закона N 4523-VI (4523-17) от 15.03.2012). Therefore based on the analysis of these concepts it can be understood that the families with disabled children in Ukraine depend on the group receiving social services, as it meets the above mentioned recipients of social services – persons who are in difficult life situations.

Basic principles for the provision of social services in Ukraine: support (promotion) for persons, who are in difficult life situations that they cannot resolve with the existing resources and opportunities; preventing an appearance of difficult life situations; creating conditions to independently solve aroused, real life problems. Also the provisions of social services are based on the following principles: individuality; accessibility and honesty; freedom of choice to choose or not to choose entitled social services; humanism; complexity; maximally effective utilization

of budgetary and non-budgetary funds; rule of law; social justice; confidentiality assurance; ethic.

Forms of provision of social services in Ukraine: material support and social services. The material assistance providing to persons in difficult life situations, it is financial or natural support: food, sanitation and personal hygiene, child care products, clothes, footwear and other necessary items, fuel, as well as technical support tools for rehabilitation. Provision of social services depends from the persons place of residence (at home), stationary boarding institutions, rehabilitation institutions, institutions for day stay, temporary and permanent living institutions and bodies; territorial social services provision centres; other social support (care) institutions.

*Categories of social service provisions in Ukraine: social household services-*food supply, soft and hard inventory, hot food, transport services, small mechanization tools, municipal social care, introduction to social- domestic adaptation, calls to a doctor, medicinal product acquisition and delivery to homes, etc; *psychological services-* consultation supply to answer questions related to psychological health and improvement for relationship with the social environment, psycho diagnostic application directed to analyse persons social-psychological personal characteristics, examination of personal psychological correction or psychological rehabilitation, provision of methodical advice; *social educational services-* discovery of various interests and needs, promotion of persons who are in difficult life situations, individual training, education and remedial process, recreation, sports health, technical and artistic performance organization, etc. Also attracting the work of various institutions, interested persons; *medical- social services-*counselling for the prevention of the possible occurrence and development of organ failure, safety, support and health care, preventive and therapeutic- implementation of health remedy, work therapy; *social economical services-* fulfilment of material interests and needs of individuals who are in difficult life situations, it is implemented by natural or financial support, also lump sums aid; *legal services-*consulting on legal issues, implementation of personal rights and interests protection for persons in difficult life situations, clearance of legal documents, protection of personal rights and interests, other legal help; *employment services-*suitable job search, gaining new skills, employment support; *information provision services-*provision of required information in order that the person would be able to make decisions in a difficult life situation; dissemination of education and cultural knowledge; dissemination of objective information about consumer characteristics and ways of social services, formation and adequate approach of societies to social problems; *other social services.* The right of access to social services have: citizens of Ukraine, as well as foreigners and people without citizenship, but having a legal basis for residence in Ukraine who are in difficult life situations, circumstances,

including refugees and persons in the additional or temporary custody of state. (Закона N 4523-VI (4523-17) от 15.03.2012).

Summary. Analysis of social services that may be available for families with disabled children in Lithuania and Ukraine have shown that social services in Lithuania structurally are more clearly identified, because division is more clearly seen, the main differences, isolated target groups duration of provision, place of provision. Ukrainian unlike Lithuania in the law of social services, the social services presented are more summarized. Types of services are different: in Lithuania divided into general and special social services, while in Ukraine have revealed more types of social services: social-household, psychological, social- educational, socio-economic, employment, provision of information and other services. But a range of services, guidelines of principles of provision is quite similar, only in Ukraine, unlike Lithuania services, social services includes psychological help, social- educational services, social- medical services, employment services. In Ukraine there are highlighted forms of the provision of social services: material help and social services, when in Lithuania law of social services is not. Also in Ukraine more attention is paid to information services, provision of information here includes not only the person or family in the difficult situation, but attention is paid to dissemination of objective information to the general public about information of services provided. As well when analysing a provision of social services in Ukraine unlike Lithuania the terms occurs who are more typical for the medical model of social work, such as “correction”, according to this it can be assumed that Ukraine follows the principles of the medical model more when providing social services.

1.3. Empowerment levels of families with disabled children

1.3.1. Individual empowerment level

According to Ruškus, Mažeikienė (2013) personal empowerment essence - a passage from passive to active status. The researchers note that the active state assumes individual self-confidence, self-acceptance, social and political awareness, the ability to be an important part of decision-making and controlling of environmental resources. The analysis of empowerment at the personal level, show the importance of personal histories, including common people themes (Lord, Hutchison, 1993). Lord, Hutchison (1993) found out important factors for individual empowerment. These factors are such as involvement in crisis or life transition situation, frustration and anger feeling experience, receiving new information and the responding to it, recognition of your strengths and abilities.

Informing families which are in situation of disability. After the birth of a child with a disability, the family is experiencing stress not so much on the fact (disability), but because of the prominence of the situation. Because of that it is very important for family to get timely

information about the situation, which can help to build up proper, positive attitude (Ruškus, 2001, 2002). The most important factor for help is information to parents about the child's state of health. Its acceptance is the great importance for families with disabled children, because knowledge about the diagnosis and perception help to control situation, especially at the beginning, when the parents are confused and it is difficult to understand the current situation. Knowledge of the actual situation and support resources allow parents to become equal partners for specialists in providing child support (Butkevičienė, Majerienė, Harrison, 2006). The family approach to the situation depend on the information which is obtained, that determines the strength of the family, the ability to survive in a crisis situation. According to Ališauskienė (2005) an essential component of strength - person attitude to the situation, its evaluation, which influences other components of the adaptation process. In this context, we can distinguish the importance of professional information for family.

Ališauskienė (2005), on the basis of Laborde, Seligman model, mentions about family informing services (on disability, its etiology, prognosis, on services, which provide assistance on the literature, the special equipment needed for their child, etc.) based on educational counseling. Individual counseling goal - to help parents to understand that they can control their own and their children's lives by themselves. However, specialists must actively help parents to get the right information and support, particularly in the early stages, when they are aware of the situation and experiencing shock (Ališauskienė, 2005). In these situations, it can be difficult to make decisions for families. Decision-making should not take place in vacuum, it is important that a person will get sufficient information and on the basis of this information will be able to consider the consequences of different choices (Chamberlin, 1997). So professional information empowers families to make informed choices.

Fostering family participation. Participation is correlated with feedback, individual social services, the inclusion of services in planning, management, implementation (Ruškus and ect., 2013). According to researcher Ruškus and others (2013) if families with disabled children are socially active, so they are more involved in social services and social welfare systems. Thus the aim is to strengthen the feedback, which helps to get better individual social services, to involve family in service planning, management, execution. Sadan (2004) argues that social participation enhances the personal and the political ability to sense, creates expectations of successful problem solving, promotes civic participation. Also, the researcher points out that participation in groups and organizations, supports both individual and community empowerment. It is important to notice that to the family's participation first of all it should be right conditions which allows the family to make decisions, rather than vice versa -

transfer that responsibility to others. It is important that family would become an active participant in the current situation, able to make its own decision (Ruškus, Mažeikis, 2007).

Human presence in the active or inactive his life master depends on his participation in the decision-making process (Freire, 2000). Under this it is possible to recognize individual level of independence. Freire (2000) distinguishes responsibility as an essential personal need. Researcher emphasis responsibility`s increase under education on ability to help themselves, help the people. The main point is that people would be able to confront their own problems, to allow to gain responsibility through experience, rather than just thinking. Cochran (1986) claims that the recipients of social services are able to understand their needs and there is no sense to reject this ability. As well as the researcher notes that person in its understanding of the needs may have power to define and act to meet them. So if people are able to understand their needs, they may be able to meet them.

Thinking about the possibilities for family participation becomes important and material conditions. Ruškus, Mažeikis (2007) refer that it as a tool for encouraging in social participation, because the material conditions are presumption to activate social participation, but not participation itself. Researchers emphasize difference between passive material needs and the active forms of participation. They recommend that the material care should be focused on promoting social participation. This is confirmed by the personal empowerment-oriented service achievement.

However, Freire (2000) identifies the enemy of participation responsibility. This is - assistentiolism. Author defines assistentiolism as a symptom, not the cause treatments. It is a term that in Latin America defines financial and social assistance techniques, which are oriented to the consequences and not to the causes, especially malicious tool for taking people's participation in the process of history in nothingness. Assistensiolism according to researcher deprives the fundamental human need - the responsibility. This need is satisfied when there are conditions which allow to make decisions. Thus, the provision of social services to families and to their participation is important not to focus on elimination of consequences, but focus on their origin, and together look for solutions. Empowerment can become controversial when it is believed that only professionals have the necessary competence to make decisions, because they have the necessary knowledge, they know the truth and because of the institutional role professionals have the power to service beneficiaries.

With such provisions person loses power, because he is no longer a subject of his situation, but he becomes object for which someone else makes the decisions (Pease, 2002). Pease (2002) said that in order to encourage clients participation, it is necessary to "hear" the clients stories about their experiences and overcoming difficulties, open up space for local knowledge and

narratives. Social services clients express a desire to participate in the process of social services by themselves, because people with disabilities expressed the motto "Nothing about us without us". This motto reveals client's position that they want to participate in the process of social services, but in order is necessary to create appropriate conditions (Beresford, Croft, cit. Ruškus and ect. 2013).

There are distinguished four major directions in involving clients in social services system (Beresford, Croft, cit. Ruškus and ect. 2013):

- The first direction - theories, research and evaluations: users have equal rights to carry out and to control research; following methodologies of emancipation research;
- Second direction – development of practice which is based on human and civil rights. Also it takes into account assistance concept, rather than custody, the concept is recognized in various perspectives;
- Third direction – clients involvement in the social services system. There is preparation of standards and measurement of results . Also there is developed discussions about service outcomes and results in a purpose to be more based on clients needs, interests, priorities, and on empowering. Services have to contribute to the achievement of these objectives;
- Fourth direction – clients involvement into training programs under their individual experience, consumer associations and organizations provided training programs for professionals.

If we seek participation of families with disabled children, it is important to create equal competitive conditions and give the opportunity to express a different opinion (opposition to) (Ruškus, Mažeikis, 2007). Therefore, it is important to understand for professionals whose provides social services that for families active participation they need to be ready for opposing opinions to professionals and also equally important that the families would allow to feel equal partners (equally involved in both family and professionals).

Recognition of the family`s uniqueness. In the scientific literature about reorganization of the family it is faced with the objections that can be used to understand the uniqueness of each family`s experiences (Ruškus, 2001). It should be noted that for family empowerment can not be excluded, ignored the uniqueness, individuality of family. It is important to grasp the fact that every family is not the same and can have different experience on disability steps. It is highly dependent on the cultural, social and economic factors in the family (Ruškus, 2002). Since empowerment is contextual - depending on each individual case, it is important to know the family and take into account theirs internal resources - strengths and weaknesses. Freire (2000)

notes that it is not appropriate to get ready-made solution for solving problems because you can not apply one pattern to all without context. The point is that different contexts have different solutions.

Ališauskienė (2005) focuses on the knowledge to psycho-social situation of families as participant in process in order to optimize the services of early rehabilitation activities. According to the researcher, in order to help families whose are raising children with disabilities, professionals must understand not only the child's developmental peculiarities, but also *family's structures and dynamic processes*. Seligman, Darling (cit. Ališauskienė, 2005) emphasize the systematic approach to families whose raising a child with a disability. According to this view a child is perceived as a part of a family and a family is perceived as interacting individuals, social system of families institutions.

Satir (2006) notes that the family built environment that shapes human behavior, thinking and feelings. Ališauskienė (2005) distinguishes criteria of families evaluation: family emotional climate (relations between family members, stressors of financial, emotional, insulation and so on., child support, promoting self-sufficiency, attitude of the child's disability); disciplinary methods (how is created and expressed rules, how is discussed, if there is a physical punishment and so on.) pro-social models (behavior and attitudes that a child can take over from family members); parents' attitudes to the child and his education (attitudes on various aspects of education, specialists, administration, purposes, which parents expect to achieve in service, etc.); knowledge of the wider social context of child.

Family positive image creation. Empowerment is related to personal trust, something that he can, and this leads to the ability to manage your life (Chamberlin, 1997). Therefore, it is necessary adequate, positive self-assessment for families in a disability situation. Chamberlin (1997) notes that self-confidence is growing and strength is increasing when there is a knowledge in the human rights. Ruškus, Mažeikis (2007), say that all the actors (children, parents, teachers) have to disclose competencies and be educated in psycho-pedagogical evaluation. When it is highlighted not disorders, inability, but the child's knowledge, skills, interests, needs and so on, it is show up, enhanced and used. It is brings out at the parents' passivity, lack of understanding, but at the ability of parents to know their child, to listen him, understand and support, the ability to spend a lot of time together, to see him in everyday situations and so on. Attention is not on teachers' pessimism (disbelief on child's opportunities to learn, their parents' opportunities to participate in the educational process), adaptation of the children's program without individual context, but attention is on desire to try something new, to experiment, to be open to challenges and so on.

Dialogical relationship between professional and family. When we seek to involve family in dialogue, it is important to build up a proper relationship between a family and a social worker. Freire (2000) presents a dialogue-based approach, where human relationships are horizontal. A (family raising a disabled child) and B (social worker) are communication. Communication medium: full of love, hope, humility, confidence, critical. With such a communicative interaction between participants they can critically look together to problem solutions or the like. Power and essence of dialogue is associated with faith in man and his abilities. The researcher also provides anti- dialogical method, which is the opposite of dialogical. In anti- dialogical case there is no emphatic relationship, it is broken, the medium - without love, arrogance, mistrust, uncritical. Anti- dialogical is not communication, but rather it is only the transmission of messages. Each time when "you" are transformed to an object, "this" dialogue fails, it replaces to deformation.

Conclusion. Analyzing families in the personal empowerment level, we found out that in families personal empowerment includes these elements: informing families, fostering participation, recognition of the uniqueness, positive image creation of a family, dialogical relationship with family. All of these elements are very important for family empowerment.

1.3.2. Sectional and communal levels of empowerment

Sadan (2004) accentuates *group* as a very important mean of empowerment and marks that a person can develop critical consciousness, also can provide mutual assistance to each other.

Development of critical consciousness in order to achieve person`s empowerment is especially emphasized by Freire (2003), during the process people should be taught/should learn to change reality and become subjects of their history, not only to be passive objects. Critical consciousness helps to become not the passive observers but active participants. The main difference is that in the first case, the person integrating into reality, becomes an active part of it, in the other case on the contrary – he puts up with the existing reality and accepts reality in a passive way. Donaldson (2003) indicates the aspirations of the group, orientated towards social activity – to change systemic barriers, affecting the lives of group participants, train the self-confidence of participants, self-efficacy, improve personal skills. It is highlighted that person`s freedom and potencies may depend on how much he acts and participates in the net of group interactions, and the more intensive is the relationship of interdependence the more the person realizes his autonomy (independence), (Elias, quoted by Ruškus, Mažeikis, 2007). Chamberlin marks out that empowerment is not in process when the person is alone, but on the contrary, in connecting himself with the other people. Presence in a group provides family a possibility to get social assistance, support and protects from isolation. By research it was revealed that a social

support in a group is of a big significance for empowerment (Lord, Hutchinson, 1993). Ruškus and others (2013) indicate that changes (transformation) occur in structures of potency when formal and non-formal groups are acting. Because support of other people is significant for growth of personal control every day. In groups individuals can experience mutual influence, it is switched from “I” to “We”. Groups are powerful strength in increasing consciousness. It is useful for a family to see when other families reach new understanding. In a group it is possible to achieve formation of new conception. *A feeling of individual potency* is stimulated through involving into collective activity. Also the group can become a mutual assistance, stimulate greater self-assessment, new skills are learned.

Sectional and communal levels are very much interconnected because being in the group encourages to make changes in the community. Expression of communal empowerment of groups of mutual assistance is noticed when its members get involved into wider social processes also when human resources are used for well-being of the society (Gvaldaitė, 2009). According to Gvaldaitė (2009) in communal initiatives the role of empowerer is performed by the group or community as a whole unit. Communal empowerment covers belief in active democracy, maximum participation of members, implementation of human rights (Ruškus and others, 2013).

Families growing children with disability often have poor feeling of self-esteem, which is important in relationship with the surrounding people, strictness for oneself, self-criticism, attitude towards ones achievements and failures. The research disclosed that convictions of parents are formed by attitudes of the society, common culture, viewpoint of relatives and surrounding people. That's why viewpoint of the society is of considerable significance. Families in situation of disability can feel isolation because of various reasons. Chamberlin (1997) names “going out” of isolation as one of the features of empowerment. For families growing children with disability belonging to the community which is in the same situation can serve for “going out” of isolation. Depending to the community is described as one of the most important and effective factors of social-psychological help (Ruškus, 2002). One of the reasons of isolation can be improper viewpoint of the society to such families. Families growing children with disability often experience negative empathy because of incorrect attitudes towards disability, dominating in the society. Sometimes it is tended to rate parents in accordance with their child's disability- as if they are very brave or have special misfortune/burden or surviving tragedy (Ruškus, 2002). Ruškus, Mažeikis (2007) emphasize necessity of reorganization of ideological paradigmatic basis of social existence of disabled. The change of understanding about disability and disabled, when disabled and their families are realized not as irregularity or disadvantage to be corrected but as those capable to contribute to the society in an original way.

Sticker (quoted by Ruškus, 2001) indicates that acceptance of conception of disability and methods of social integration of disabled depends on social image of disability in the society, from the values dominating in the society. In Western Europe already in the beginning of the century psychological attitude that disability is a problem of the society started to form. It is difficult to integrate for disabled and their families because of negative social images in conscious of the society. Freire (2000) indicates that closure of the society determines that people become observers of their situation and on the contrary – when the society becomes more open, they become participants of their own situation. So the openness of the society in respect of persons with disability and their families may help them to become active participants.

Evaluation of families in situation of disability tells about attitudes of society. It unrolls when people having disability are described not according to their personal features, skills but according to their disabilities (Ruškus, 2001). Negative attitudes may be serious obstacle for integration of the person with disability because often he can be evaluated not according to his skills, which may be not an obstacle, but his disability is accented which has nothing in common with the possibilities of integration (Ruškus, 2001). When shaping public attitudes, none the less is important what „message“ about disability broadcast authoritative social institutions because this provision is being spread into the conscious of common people (Ruškus, 2001).

Availability of social and material resources becomes important when seeking empowerment of the families on communal level. Friedmann (quoted by Sadan, 2004) creation of availability to social economical resources names as an essential feature of communal empowerment. According to Lord, Hutchinson (1993) the essence of empoverment consists of availability of valuable resources; rehabilitation, specialized social psychological services are not considered as such but as valuable resources are considered these which are used by all members of community: work, accomodation, money which create conditions for higher social status, health. It is important to note that the value of resources of social services is determined by the presence of individual contact between the receiver of services and social worker.

Generalization by analyzing empowerment of families on sectional and communal levels it was disclosed that empowerment of families growing children with disability on sectional level can be understood as encouregement to become involed/envolvement in groups of mutual assistance (which can become fully autonomous groups) where participating families get important support to overcome isolation, have possibility to develop critical thinking which is very important for process of empoverment of families in situation of disability. On community level it was disclosed that considering what problems encounter people with disability it is possible to evaluate experiences of families growing children with disability. Being part of the same society they are aware of the attitudes regarding disability, therefore it can complicate the

position of the family especially. First of all it may happen not because of the fact of birth of a child with disability but because of incorrect attitude dominating in the society. Therefore analyzing empowerment of the family the aspect of approach of society towards disability is important because positive and integral approach towards disability would grant more potencies both for the child and his family. Society is one of the factors of empowerment of family growing child with disability, because of that education, of society and creation of positive image of people with disability should become one of the purposes of providing social services. No less important becomes the role of groups for seeking communal empowerment, also availability of social economical resources for the family in situation of disability in order to have the same possibilities in the community what have families which are not in the situation of disability.

2. EMPIRICAL RESEARCH OF EXPRESSION/MANIFESTATION OF EMPOWERING SOCIAL SERVICES

2.1. Methodology and methods of the research

The research is based on philosophical attitudes towards theories of systems and empowerment. *Theory of systems.* Main statements of common system (Vitkauskaitė, 2001, p. 9-10): The system consists of hierarchically deployed structural parts (subsystems) where totality is more than sum of separate parts; The complexity of phenomenon has to be retained even when studying the parts separately, due to this, having understood a part of system it is possible to understand the rest parts; All parts of the system interact with each other but totality affects the part more than the part affects the totality.; The system is described as a set of elements connected with each other by certain relationship, integrity, unity. The theories of systems and social systems are useful in practical social activity because they specify the methods how it is possible to abstract connections and relationships of different beings: individuals, families, small groups, agencies, communities and societies (Vaičekauskaitė, 2009). With reference to attitudes of system theories, it is possible to realize how important is the help not only for the child with disability but for all his family because the condition of the patients are in (social, psychological) directly effects the life of the child.

The theory of empowerment. Historically empowerment was created from theories of motivation. Generally empowerment is described as a process of personal growth and development where the main factors are characteristics of certain individuals: expectations, approach, values, perceptions and relationship with environment (Baranauskienė, 2014). The empowerment changes person's approach, that is to say, instead of the clinical approach there is a try to perceive and operate wellness and convalescence, instead of deficit and limitations – competence and conceptions of strength. With reference to philosophical attitudes of theories of Systems and Empowerment the following is emphasized in the research: importance of the family as the closest system for a child with disability; influence of the current status of the family in the child's life; importance of assistance for the family; family as social microsystem can influence the bigger systems; importance of availability of necessary information for the family; importance of acknowledgment the uniqueness of the family; importance of accent of positive self-evaluation of the family; importance of seeking maximum independence of the family; importance of stimulation for participation of the family (on individual, sectional, communal and political levels); importance of training of critical consciousness.

To perform the research the method of qualitative investigation was used, which is based on paradigms of constructivism theory. *The main attitudes of constructivism theory* (Prakapas, Butvilas, 2011):

- The reality as a link of meanings is cognizable not such as itself but as survived, experienced and known(constructed) in our imagination on the basis of physiological, psychological and social cultural conditions.
- On the basis of the scientific language of this theory objects as well have to be constructed according to everyday language and its practical object-oriented usage.

Half structured method of personal interview was used to perform the research when necessary and possible questions were pre-planned. Half structured procedure of interview and questions were structured (otherwise known as standardized) only partly. It means that problems of the item which were supposed to be discussed in the interview, were foreseen but it was not attached to the order of questions or the words to be said, also additional questions were given. This method was chosen seeking more free communication with the respondent, also to get detailed, systematized data (Tidikis, 2003, Rupšienė, 2007). Having the agreement of the respondent the whole interview was recorded and then transcribed in written form. The instrument of the research (questionnaire) was made according to the partial operationalization of studied phenomenon (Ruškus, Mažeikienė, Naujanienė, Motiečienė, Dvarionas, 2013; Tuncay, Erbay, 2008; Ruškus, Mažeikis, 2007; Grigaitienė, 2004; Johnson, 2003; Freirie, 2000; Chamberlin, 1997, p. 44-46; Thorlakson, Muray, 1996. See addition Nr.2).

In order to differentiate questions for applying them for different groups of respondents (families, social workers) there were prepared two questionnaires: one for families growing children with disability, the other – for social workers, who work with such families. There were separated out diagnostical ranges: individual, sectional, communal and political levels of empowerment and constitutive elements.

The received data (text) were processed by method of content analysis. According to Tidikis (2003), in most common meaning content analysis is a technique allowing to come to reliable conclusions after having objectively and systemically studied the features of the text. On the base of Tidikis (2003) methodology, when analysing transcribed text there were distinguished certain units, the frequency of their usage was counted, there were examined connections of the elements of the text with each other and with the whole amount of information. Also in order to validate the data of research the method of expert's evaluation was used (Tidikis, 2003); it is when the received primal categorizations were given to review and assess to 4 experts – a psychologist and three social workers. Education of experts: university

education, two of them have master`s degree, the experience of work with families ranges between 3 and 6 years. After the evaluation of experts categories and the names of the tables were marginally adjusted.

When performing the research these ethical principals were followed: goodwill, confidentiality, anonymity, honesty. Before starting the questioning of the respondents it was introduced that all information received will be used only for research purposes, the names will be changed, the identity of investigated persons will not be disclosed to the other persons.

2.2. Sample of the research

The sample of qualitative research was formed by selection of purposive convenient and snowball method as it was not easy to find people wishing eagerly to participate in the research. There were questioned three families which are in the situation of disability. Two mothers are growing children with the autism disability, one mother – with the development disorder after the hydrocephalus. There were questioned 3 social workers operating with the families which grow the children with disability; two workers from Šiauliai and Radviliškis infancy rehabilitation services, other two working in children`s day occupation centers in Šiauliai (view table 1).

table 1

Demographical characterization of families and workers

Demographical characterization of families	
Size of the sample	n=3
Sex	female(100%)
Average age	30 years
Education	2 respondents have high education, 1 has basic education
Geographical spread	All three respondents live in Šiauliai city
Demographical characterization of social workers	
Size of the sample	n=3
Sex	female(100%)
Average age	35 years
Average working experience	4 years
Education	two respondents have higher non-university education, one - higher university education and one has master`s degree
Distribution of working status	all four are social workers
Geographical spread	there were questioned two workers from Šiauliai, one from Radvilškis town

2.3. Manifestation of empowering social services families expressing their opinion

2.3.1. Manifestation of empowering social services at the individual level

It was aimed to find out the context of families raising children with disabilities, their experiences after becoming aware of the child's disability in the first interview question. (*How were you informed about the child's disability?*) As announcement about the child's disability is an initial information, which family gets and how it will be said, depends the further family actions. Not the situation is very important that you can not change at all, but the attitude to the current situation. According to Ruškus (2002), stress is caused not by the event (disability) itself, but the prominence of the fact. That is why the attitude is very important, which can be formed from the beginning of becoming aware of child's disability.

Table 2

Methods of announcing about child's disability and family experiences after that

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Methods of announcing about child's disability	Information about child's disability is presented clearly and understandably	3	[...]General Practitioner informed us, translated into our human language, explained, what was written in the documents,[...](2)
	Insensitive doctors' announcement about the disability	3	[...]he can be educated here, but now he won't make any progress. "(3;)it was blurted out, I felt like I was hit to the wall[...](3)
	Announcing information about disability's acceptability in the confidential environment	2	[...]Doctor found a really nice remote place and called me to the side [...] (1)[...]Partly I liked it, that it wasn't announced in public, it was in the private space, it was found a place only for me and a doctor"(1)
Psychological difficulties after the information of the child's disability	Shock experience	4	[...] obviously, I have to understand everything myself [...],when I found out that your child really has some serious problems,[...](1) ;,...I was unaware of the situation, but I only needed some time to understand, to face up with the fact, then I came to myself after such shock ..."(1)
	Experiencing mourning stages	3	[...]rejection, negation,, all these... all these stages [...](3); [...] oh like someone took away the world from me [...](3); [...] the only fact is good that somehow they passed very quickly [...] (3)
	Man's emotional experiences of the child's disability	2	[...] but mine one is very sensitive to such kind of things, because he is a man, he is his offspring, his son and he himself are in some way different from others.(2); And of course, it was extremely difficult, very hard for him psychologically,[...] (2);

*Texts are the informants' statements coded numbers: families' (1, 2, 3) and social workers' (1, 2, 3)

The category „Methods of announcing about child's disability reveals how families get the

information about their children's disability. This is presented for families clearly and understandably, when the conclusions are given doctors explain, "translate" into understandable language for families. Subcategory „Insensitive doctors' announcement about the disability“ shows that specialists are insensitive while announcing families about child's disability. Families face accusations „*where have you been?*“ (3), negative forecasts about the child's future „*he can be educated here, but now he won't make any progress.*“ (3), the most insensitive phrase said by doctors „*it was blurted out, I felt like I was hit to the wall*“ [...] (3). It shows the family experienced emotions at that time, feeling that it is communicated with the „wall“, not with the alive person.

Category „Psychological difficulties after the information of the child's disability“ reveals families' experiences, when they are still in the shock „*I was unaware of the situation, but I only needed some time to understand, to face up with the fact then I came to myself after such shock...*“ (1), mourning stages „*[...]rejection, negation,, all these... all these stages [...]*“ (3), mourning is well illustrated by a statement „*[...]oh like someone took away the world from me [...]*“ (3), when the family describes their current status as the world's loss, this shows that they really experienced hard times, when their earlier formed world is falling down (dreams, aims and etc.). Sutton (1999) distinguishes mourning stages: initial shock and feeling of unreality (it lasts from few days till few weeks); anxiety, worry, reflection of event, in order to understand what happened phase; disorganization and despair (accompanying feeling that it does not worth living anymore); beginning of the recovery (adaptation, reconciliation after appropriate support). It is also revealed in this category, that one member of the family sometimes have to carry the double emotional load dealing with his/her negative emotions and helping his/her other half to cope with this situation „*[...]but mine one is very sensitive to such kind of things, because he is a man, he is his offspring, his son and he himself are in some way different from others*“ (2); „*And of course, it was extremely difficult, very hard for him psychologically,[...]*“ (2).

Other group of questions were given to find out what social services were provided for the families in the beginning when they heard about the child's disability and identify empowering their features: On purpose to find out what social services were provided to the family at the very beginning, when they become aware of child's disability and identify their empowering features, the research's participants were asked a question: *What kind of support was provided at the beginning when you found out about the child's disability?*

Family Support Methods / forms

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Formal support	The lack of formal support	9	<i>It was not provided, it was not provided any help.(2); „Nothing.....“(1); No help...just diagnosis and that is all.(3);„No, no... not provided,[...], no help to families which faced with children's disorders was not provided“(1)</i>
	The medical information of the child's disability	6	<i>I can evaluate really very high, not only doctor but also head of department was asking a lot of questions, he was talking with me and the other doctor asked:“Is it everything clear for you?(1); [...], but straightly, concretely it was not said, it was... only general practitioner told me(2)</i>
	Services provided by special educational institutions	4	<i>speech therapy kindergarten.(2); „there children are nursed, treated and provided by medical assistance and rehabilitation and... get everything what they need“(1)</i>
	Financial assistance from the state / Receiving Benefits	3	<i>„[...] from the fact that we receive social payments from Social Welfare“(1); Yes only minimal financial support.(3)</i>
Informal support	Relatives' support	2	<i>[...] well if I received the support here before [...]it is good the our godmother lives in Šiauliai, she usually comes and helps me in lots of ways, she said: maybe you have to go to the city, so she will stay with my child.(1)</i>
	Obtaining information from other people	2	<i>[...]We certified the disability as one of kindergarten teacher recommended[...] (2); [...]or through acquaintances or close people, [...]only when they heard something they told to us right away [...](2)</i>

Analyzing answers to the questions there were set two qualitative categories: „formal and informal support“, which reflect what support families received at the very beginning of knowing of child's disability. As it can be seen in the category „informal support“ by the frequency of statements there was parted the lack of formal support subcategory. All interviewed families stated that they did not get any appropriate support „No help at all....no“; „It was not provided, it was not provided any hel“(2), they also said that family is left alone to cope with the situation themselves „ Nothing...No help...just diagnosis and that is all“(3;), „No, no... not provided,[...],“(1), these statements claim that families do not receive any support when they found out about child's disability. However, it is noteworthy and paradoxically that in the same category there was named other formal family support subcategories: „the medical information of the child's disability“, „services provided by spec. educational institutions“, „financial assistance“, „pedagogical psychological services support“ which turned out in the further conversation. Analyzing why families asked about the support, at first answered „no help at all“ they did not receive, it can be assumed that they understand support in a different way than what

they get from the family provided services. There are revealed formal kinds of support in the subcategories too: basic information about child's disability obtained from doctors, information is very significant to the family because understanding the real situation, possessing information on support resources enable parents to become equal partners with specialists providing the support for the child (Butkevičienė, Majerienė, Harrison, 2006); as well as special assistance to child-friendly educational institutions which give the family more opportunities to participate in public life while professionals take care of the child; financial support, family get child's disability benefits, which are very important for the child's special needs. Yet, as it can be seen from the most statements' frequency in the subcategory, families did not name it as a kind of support for them. It can be that families at the time services are provided think that they belong to the obvious services.

Also it is noted that in the process of family support is not mentioned any social workers who will provide family support. In the informal support category there was revealed two kinds of informal support: „relatives support“ and „obtaining information from other people“. Relatives's support is very necessary when mother needs to handle various matters and at that time is needed a person who takes care after the child „[...]well if I received the support here before [...]it is good the our godmother lives in Šiauliai, she usually comes and helps me in lots of ways, she said: maybe you have to go to the city, so she will stay with my child“(1).

Other informal support which are provided to families is information from other people: acquaintances, close people, child development specialists. As it shows, close people can be very useful and helpful in such way the family will get more opportunities.

To conclude, it can be stated that families get formal support in which the biggest part takes the obtaining medical information of the child's disability and services provided by special educational institutions and informal support when the support is received from the close people. However, according to the frequency of statements mainly families claim that they did not receive any support. Based on the obtained information it can be assumed that families understand differently the kinds of support and provided support to them.

By this question it was aimed to find out what limits, what prevents families to empower themselves, to feel valuable, areas where it is needed to pay more attention while providing services, participants of the research had to answer the question: *What problems do you face?*

Table 4

Problems which families are facing

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Lack of family	Families are left alone with	4	<i>And you have to deal with it yourself (3); It was...</i>

support	their problems		<i>this is your problem and it is up to you how you manage to cope with it (2);</i>
	Lack of rest	3	<i>[...]only that initially it was difficult, sleepless nights ...“(1); ,...In fact, I had to look very intensively. It's very tiring. (1)</i>
	Family's lack of necessary information	2	<i>Information has to find themselves [...] (3) we found out from somewhere that pampers are offset for children under three years.(3)</i>
Problems of self-realization	There is no possibilities to work	13	<i>[...] that I have such a child I can't work, [...] (1); The employer looks negatively at people... especially mothers raising children alone, what is more, with disability(1)</i>
	The loss of their identity in order to help a child	3	<i>[...]you have just to forget yourself if you want to reach something, yes you should really forget yourself(3); [...]I had to refuse a lot of things and.... we lived to the rhythm of child,[...](3)</i>
Financial difficulties	Given benefits limit the family	2	<i>„only live for what you get...social benefits of child's disability and everything else...“(1) „... due to it marital status suffers, as you get less incomes,...“(1); [...] money is that if you live alone and raise a child alone it is very difficult, the money from the country is not enough(1)</i>
	Experiencing financial difficulties because of child's disability	2	<i>[...]This is influenced by the fact that we hardly meet ends(1); „... what prevents us to move further; to look for job myself and work successfully is bronchial asthma..“(1);</i>
Psychological problems	Negation of disability's problem	6	<i>[...]when parents deny that it is something wrong with a child then it is the biggest problem,[...](2); [...]because when father does not admit the fact, he can't help for his child.(2)</i>
	Uncertainty about the future status	3	<i>„...constantly inhalers constantly, well...yes you don't know how...really will be in the future.“(1)</i>
Service inaccessibility problems	Lack of opportunities to meet the special needs of the child and family because of financial shortages	5	<i>[...]this I can't afford, because it is too expensive; [...] (1); At the moment this pleasure is too expensive for us(2)</i>
	Access to special education institution problem	4	<i>Here we tried to get into a speech therapy kindergarten, but the rows are big, all places are full[...] (1); [...]I was surprised that I was asked to bring the child, after a week they called and said there wasn't any free place for us, we failed „face control“ [...] (3)</i>
	Information access issues	4	<i>[...]not all the time you get proper information which is really necessary for a person who doesn't know anything about the problem.(1) ;If you don't know anything and if you forget to ask, so... you won't receive any information at all [...] (1)</i>
	Lack of free services	2	<i>We would like to get free., we have been waiting for two years but we are still waiting(1)</i>
	Fighting for child belonging services	2	<i>[...]but very often, only the most persistent mother who go to the end, they receive, [...] [...]but it happens I don't know...only one mother received free services from the whole city of Šiauliai(3); And with the help is like that, you go everywhere and have to</i>

			<i>fight for yourself [...] (3)</i>
	The lack of procedures for a child	2	<i>„[...]when we began attending the rehabilitation located in clinic [...] we got only half an hour of each procedure(1); [...]even the masseuse herself said that...it is too less, not enough time...(1)</i>
Child developmental problems	Absence of possibilities for to develop a child a comprehensive school	2	<i>[...]It is very nicely written in laws about integration that there is this and that, but in reality it is impossible to get it [...] (2); [...]How to get the teacher's assistant, because it is impossible there is not enough money(3)</i>
	Flexibility in educational institutions issue	2	<i>[...],for us it was always a tragedy, because there aren't any possibilities to bring anything tot he kondergarten, you can't bring your food [...] (3); [...]I can't even talk about communication, if you couldn't adapt tot he system, it's your problem.(3)</i>
	General education institutions are not prepared to accept children with disabilities	2	<i>Most of our institutions are not ready to take in such children,[...] (3); [...]those education services are how to say...pitiful [...]there is no real document how to develop them[...] (3)</i>

There were set six qualitative categories which reflect the problems that families are facing. In the first category there was revealed the lack of family support, mostly by the frequency of statements it was emphasized the loneliness of the families when they are left alone to cope with their problems, this makes particularly difficult their situation which is really complicated and challenging as their situation. As it has been noted earlier, families after becoming aware of child's disability experience shock, confusion, negative emotions, that is why at that moment it becomes especially necessary support from others, important understanding that you are not alone. In this situation it is very important social work support function, because support connected with the desire to help, the desire to understand the family situation, to encourage, to assure them (Holis, 1972). It is also strongly emphasized the tiredness, which is experienced by families all the time as they have to look after their babies, as often children who have a disability require twice more intensive care than a normal child without any disability. According to Ruškus (2002) a lot of families take care of the child twenty-four hours a day and so for many years, such condition makes you very exhausted not only physically, but also psychologically. Families also distinguish the lack of information, they complain that very often they have to look for information themselves „ *Information has to find themselves [...] we found out from somewhere that pampers are offset for children under three years*“ (3). On the basis of these statements it can be understood if you are not interested personally yourself, information will not be provided. In the second category there was revealed parents' self realization problems. In this category there was parted the *absence of working possibility* by the frequency of statements. There were identified various reasons: the improper attitude of employers to mothers with children, especially if a child has got a disability, these children are

often sick, mothers have to go on a sick leave, such employees are not needed for the employer, it is also noted that there is no possibility to work as there is a lack of child care facilities after school. Then mother can't work full time. The mother identified a fact as a crucial need, if I had someone who takes care of my child till the end of working day, I would feel better and I could realize myself „[...]if someone will give him food and take care of him with various activities,,it will be super I will be able to work and realize myself“(2). Mother's words are related to the saying „coming back again into the life“ and a possibility to work. At the moment she can not do this because of her child's constant health disorders. According to this statement, it can be understood situation of disability, it is very often the loss of one of the family's contribution to the overall family's budget because one of the family's member has to take care of the child, as a result, they can experience stress and frustration (Ustilaitė, Kuginytė-Arlauskienė, Cvetkova, 2011). In the category of self realization it was also revealed „the problem of loss of self identity. Families state that they give all their attention to the child in order to help him and they do not have enough time for themselves, it was stated that they have to refuse a lot of things and live to the rhythm of the child. It is full concentration and identification with the child's life as well as „self forgetting“, the lack of time to feel sorry for yourself. All this shows that families lose their identity, renounce their desires, expectations. According to Chamberlin (1997), one of the empowering elements is to make the possibility to have your wishes, expectations. Therefore, based on these families' statements, it can be assumed that families which lost their identities lack of potency. In the third category there was revealed *financial difficulties*, when the families state they are constrained living "only on benefits" which is not enough to meet the child's special needs and families as well. The mother also claims that low family's incomes are influenced on child's disability, she feels tied, because of the child's disability she can not work and has to get the different incomes than the country provides her.

It should be noted, that the material conditions are as a mean of promoting social participation, because the material conditions are given to activate social participation (Ruškus, Mažeikis, 2007). Therefore, the lack of finances in the family reduces the opportunities for participation. In the fourth category it was revealed *psychological problems* which are experienced in the family. By the frequency of statements, it was marked out „the negation of child's disability“ „[...]when parents deny that it is something wrong with a child then it is the biggest problem,[...]"(2); „[...]at last the child was little and you expect all the time,[...]that he will start to speak, he will begin to understand [...]"(2). Negotiation of disability is one of the initial stages of mourning, which experience families after becoming aware of child's disability (Ruškus, 2002). And being at this stage for some time can especially hurt the child, because of the parents' attitude, there is not provided the proper support for children in time. We must add

that in this category was revealed „uncertainty about the future status“, that is a feeling of insecurity, instability about your and your child's future. As child's health is very vulnerable, mother never knows what to expect from today, she can't even plan the future. Taking into consideration the family experienced psychological problems and thinking about family empowerment, psychological support, which such families should receive, plays a very important part.

In the fifth category of problems it was revealed *service inaccessibility category*, at first, by the frequency of statements, there was emphasized service inaccessibility for a child and his family because of financial shortages. As additional services for a child and a family are too expensive. Mothers name the lack of possibilities to buy a specific food for a child, to hire a teacher and so on, only because they do not have enough money. As it was mentioned before, this is related to the restriction of family's income, as there are no possibilities to work. Families are forced to live only on benefits because there aren't any possibilities to work, which it is not enough to meet the child and family's specific needs. In the category of service inaccessibility it was cleared up „information inaccessibility“. Becoming aware of a child's disability is a family problem because mothers have to know everything themselves „[...]not all the time you get proper information which is really necessary for a person who doesn't know anything about the problem[...]“(1), this burdens the situation more and it becomes more complicated „ [...]and your brains must work just as a robot, because you have to remember everything what was said, you have to ask what actions you must take“(1). As mentioned in the theoretical part, the obtaining of required information is one of individual empowerment ways when it is formed an appropriate approach to the situation, expected actions and etc. (Ruškus, 2001;2002,; Ališauskienė, 2005, Butkevičienė, Majerienė, Harrison, 2006). As well, families highlight: „lack of free services“, it is especially important to such families, as it was mentioned earlier have financial difficulties; the lack of procedures for a child, because their quantity is too small to achieve the desired result; mothers also mention „fighting for child belonging services“, to get the service they have, they say: „to fight“, „to struggle“. At first, all mothers said and proved the statements, all their statements matched that they have to fight in order to receive the proper support. In the sixth category of problems there was revealed „child developmental problems in the general education school“. Mothers state that it is very nicely said about integration in law documents, but a child who has a disability there are no conditions to attend the general education institution. Schools are not able financially to have a teacher assistants and other professionals who can work additionally with a disabled child. That is why families' children with a disability must learn only in specialized educational institutions. That way they can experience an isolation, discrimination, they feel exclusively because of the child's disability.

Child's education plays an important part in family's life because it depends on how independent the child will be, the quality of family's life and so on.

In summary, analyzing family problems there were revealed six categories of problems: lack of family support, family's self-realization, financial difficulties, psychological, services inaccessibility and child's development. Based on the results it can be seen that families which raise a child with a disability face problems in almost all spheres of life. During this reveals areas where families are really weak and to which should be paid more attention in order to empower families which have disabled children.

In order to find out what families need for bigger possibilities, the research's participants had to answer into the question: *what do you think what kind of help do you need in order to expand your possibilities?*

Table 5

Services offering greater possibilities

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Family support needs	Need of child care	7	<i>[...]they should receive help from the country, the country should give someone, because you need to go to the shop and pay taxes[...];(1)[...] and yet all kinds of basic things, you need to have a bath, you can't have a bath, I don't know what will happen at that time, I can count times when I only can take a bath,[...](1)</i>
	Need of miscellaneous information	6	<i>„Otherwise, all information is very necessary“; „But you know what to do further.... What actions you should take, then you ask, talk with doctors[...], there should be organized some activities for mothers [...]They can gather all types of doctors [...] they will tell how mother should behave, what[...]belongs to families(1)</i>
	Need of early intervention for the child and family	6	<i>[...]maybe he would be quite different, maybe it would be completely...easier; [...]if the support was provided to him at the age of two or three, or four, [...](2); [...] as the development center is needed at the very beginning, as you don't understand what's wrong with your children[...](2)</i>
	The need of special services for children	4	<i>„...to tell you the truth it should belong to you, we have been waiting for two years, but there is no sanatorium for us...“(1)</i>
Family support needs	Need of psychological support	4	<i>[...]Well, mainly the psychological support for parents, how to behave with a child,[...] (2); [...]with other families, I would like psychological support, because for some mothers it takes too much time to reconcile and they are wasting very precious time[...](3)</i>
	The need of working possibility	4	<i>You really need a better paid job, that person could work with his hands and earn for himself(1);at the moment it will certainly be useful form of earning money if I have a chance to work independently(1)</i>
	The need of professional advice	3	<i>[...]It is needed a person who will give advice to parents, the whole family[...](2); „...it is sometimes necessary doctors'consultation...“(1)</i>

	The need of support from others	3	„One man in the field is not a warrior – two are better. Maybe she knows something more than you. As it is said, when two people meet, they talk a lot, he knows a lot of facts and you know what you need and you can exchange information(1); [...]it is really very difficult if there is no any support from others.(1)
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Analyzing what support families really need, that they have more possibilities, there were set two kinds of services' categories for family and family support needs. As can be seen from the family's support category it was revealed the importance of assistance in a child care, it is very significant support of assistance in a child care for families because of few reasons, firstly, on the need to deal with serious matters: „[...]they should receive help from the country, the country should give someone, because you need to go to the shop and pay taxes[...]“(1); the need to ensure his/her hygiene „[...] and yet all kinds of basic things, you need to have a bath, you can't have a bath, I don't know what will happen at that time, I can count times when I only can take a bath, [...]“(1); the need of intensive child care resulting that you can't leave a child alone even for a minute „[...]because you were afraid to leave a child alone, maybe he will suffocate, maybe it will happen something to him, [...]“(1); the need of families' respite „[...]it will be very good especially for those families to run away from everything... a lot of people don't have where to leave children. [...]“(1). Thus, based on the following statements it can be perceived the importance of a child care for a family, because not all families have relatives, close people who could help and it is very difficult for a family, they have to deal with various matters, to ensure his/her hygiene, to have a rest and a chance to respite too. The subcategory of the Demand of miscellaneous information reveals that families want to get all kinds of information „Otherwise, all information is very necessary“(1); because then families have a possibility to plan further actions „What actions you should take, then you ask, talk with doctors „[...]“(1); there is expressed the need of common activities for mothers where specialists provide information on various issues about child's disability and what support, benefits belong to families[...] there should be organized some activities for mothers [...]They can gather all types of doctors [...] they would tell how mother should behave, what[...]belongs to families(1). It was also expressed the idea about the need of information where such families can spend their free time with their children „[...]At first, it is particularly necessary information and generally if there any places in the town where their children can spend time[...]there are institutions which even don't accept such children.(2), there was also mentioned the need of more detailed information „it is needed more detailed information, yes for sure, [...] What is needed, what can you do, who can help, where you can find special educator to work additionally if he/she is needed [...]“(2). It was also revealed the need of early intervention for parents and a child, this is proved in the subcategory

„The need of early intervention for the child and family“, there is emphasized the importance of early intervention to ensure that the child would have less damage, it is also associated with higher child opportunities, that there would not be too late to solve problems „[...]maybe he would be quite different, maybe it would be completely...easier; [...]if the support was provided to him at the age of two or three, or four[...]“ (2); „ With autistic people are so, the earlier you start working with them, the earlier you will be able to stand him/her on their feet. Of course, a lot of mothers: „he/she will grow up“[...]“ (3); the need of early support is distinguished when you don't understand what is happening, it is needed that someone will explain“ [...]as the development center is needed at the very beginning, as you don't understand what's wrong with your children[...]“ (2); „[...]Only then it was necessary this support, now we learnt ourselves, we are acquainted with our child now [...]“ (2); „we don't need it anymore, the support was needed when we faced the problem and at the beginning we didn't know anything, what a thing it is [...]“ (2); it is emphasized the early assistance of child's care when the child are not taken into any educational institutions because of his/her age, but „ [...]because children are accepted only from two years old to special educational centre and all other kindergatens[...]And a disability sometimes reveals itself from the infancy, [...]where can you leave such babies?“ (1). On the basis of these statements, it is shown clearly, that families especially emphasize the support of the very beginning when they become aware of child's disability, many of them do not need help later, as families become stronger and know how to help themselves, they know everything they need. In this category, there was also revealed „the need of special services for children“ because many families do not receive some kinds of important services, for example, it was especially emphasized the need of the sanatorium for a child: „...to tell you the truth it should belong to you, we have been waiting for two years, but there is no sanatorium for us...“ (1); the need of special free services „[...]paid services are available everywhere [...]And those procedure where, let's say, it's worth to go and free, it is not“ (3). The family is relevant to free services as it was mentioned earlier they experience financial shortages. In the second „family support“ category it was revealed the importance of family support, that families have greater possibilities. In particular, it was emphasized the importance of psychological support to families which is very actual for parents to get used with the fact that they have got a child with disability „[...]Well, mainly the psychological support for parents, how to behave with a child, [...]“ (2); „support for reconciliation with the child's disability: [...]with other families, I would like psychological support, because for some mothers it takes too much time to reconcile and they are wasting very precious time[...]“ (3); „[...]and draw parents' attention to certain thing sand somehow parents must be encouraged to accept the situation and help the child as soon as possible [...]“ (2); it is also expressed the priority's importance of psychological support „ [...]here I don't talk about

that...psychologist is not in the last place [...]“(3). It was also revealed the need of professional advice, „[...] it is needed a person who will give advice to parents, the whole family[...]“(2); the importance of advice is related to the family’s support when the professional can help the family to look at the situation from the positive side „[...] someone must talk that it isn’t the end of the world, that is, that everything changes“ (2); the need of working possibility and special services for a child. The ability to work in a family is linked to a better atmosphere. Next in the category is shown „the need of support from others, when it is expressed the need of support that the family would not feel alone with her problems „because when you are alone among four walls only[...] Maybe she knows something more than you“(1); „One man in the field is not a warrior – two are better [...]that really is“(1).

This saying „one man in the field is not a warrior“ also reflect the real family’s situation, that they have to fight for their existence, to be ready to war. The support from others is also understandable as information exchange when family knows everything what it needs, and other side can give the necessary information which is impossible to do if you are alone „As it is said, when two people meet, they talk a lot, he knows a lot of facts and you know what you need and you can exchange information; because when you are alone among four walls only.[...]; lack of support from others is named as a difficulty „ [...]it is really very difficult if there is no any support from others“(1). And the last formed need in this category is „the need of working possibility“ when families link their higher expectations with the creation of working conditions „You really need a better paid job, that person could work with his hands and earn for himself“(1), the possibility to work is also related to a better atmosphere, as you can be proud that you can earn money yourself, not live only on benefits „[...]while working a person feels much better,[...]“(1); „[...]I think that when a person get salary despite the fact that it is very miserable, still higher salary would be better, but the person feels important, valuable [...]“(1), in other words possibility to work is related to higher self-esteem.

Summing up the results of the families’ opinions what they really need that their possibilities would expand, there were formed two categories of needs „family’s support“ and „family’s assistance“ where it is revealed the basic needs, and if they will be solved, families possibilities would expand: the need of child’s care, the need of obtaining miscellaneous information, the need of early intervention for the child and family, the need of special services for a child, the need of psychological support, consultations, support from others and the need of working possibility. All these mentioned needs which spheres are still weak and families need help, where it must be paid greater attention to seek for the empowerment of families with disabled children. In this context it is important that the necessary support would be provided for a family in time.

2.3.2. Manifestation of empowering social services at the sectional level

To find out how families are involved in mutual groups, it is provided opportunities for a family and expression of empowering services at the sectional level, these questions were raised to research's participants: *What do you know about the mutual support group where meet the same fate of the families raising children with disabilities? What is your opinion about mutual support groups? What activities are there done?*

Table 6

The importance of mutual support groups to empower the families and problems of joining into the group

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Group activity	Sharing problems	5	<i>We do not attend, but we communicate[...] (2); [...] discuss [...] of course, clearly we talk ... about children. [...] (3); [...] and then we talk [...] One does not do such thing, another can't do other things, the third does this and that [...] (3)</i>
	Possessing group in social networks	2	<i>On Facebook, there it is a closed group, (2); We have also our group in Facebook [...] (3)</i>
Advantages of being in a group	Sharing various, different, innovative methodologies, devices	7	<i>[...] because mothers and how much they found out from various resources and if we add everything to one pile that even the specialist sometimes doesn't know such facts [...] (2); [...] they share ... devices are shared too, all kind of information, vitamins, supplement, information about vaccinations, absolutely everything is shared who can, that extracts as much as possible, [...] (2)</i>
	Mutual assistance	6	<i>[...] we gather at so call coffee drinking breaks, which is the best mutual assistance. [...] (2); It helped for me a lot (2); [...] this is some kind of support for a child without any additional economic costs. (2)</i>
	Obtaining information	4	<i>The advantage, first of all, it is information, that is the most important. (2); [...], because when you obtain it, you can select what it is suitable for you, what it is unsuitable according to your own child's needs. [...] (2); there are things which you never find out being alone (2)</i>
	Paying attention to herself/himself	2	<i>On the other hand you are forced to name your feelings, your dreams which are usually forgotten [...] (3); [...] I learnt to be more selfish, that I also need something [...] (3)</i>
Problems joining into groups	Psychological problems	4	<i>[...] if mother doesn't want to accept, but that child is for sure, 100 percent, very complicated [...] (3); You can't accept, you start to reject your child, you are ashamed of him/her, you hide and close in your shell and what is left from</i>

			you [...] (3)
	Families' listlessness	3	<i>Not all mothers are so active, there are some who don't want to join [...] (2); We are trying to join mothers who want but mostly there are such who are hiding [...] (3);</i> <i>There are families which have to encourage which have to be pulled...look, there that is going on, oh please come...[3]</i>

Analyzing families' participation in the group and activities which they are engaged there were distinguished three qualitative categories: group activity, advantages of being in a group, problems joining into groups. It can be noted that one of three interviewed mothers hasn't known anything about existing mutual assistance groups „*No I don't know anything about it and I have never attended such grou*“(1). While others are active members of mutual assistance group, one of the mother was even an initiator of such group. So, in the category of group activities it was revealed what were primarily the principal activities, it was emphasized sharing problems in the group as well, which forms the basis of mutual assistance group „*We do not attend, but we communicate [...]*“, there is discussed the child's problems during group activities, „*[...]discuss[...]*“; „*[...]of course,clearly we talk ...about children.[...]*“(3); „*[...]and then we talk[...]*One does not do such thing, another can't do other things, the third does this and that [...]“(3); there is also shared serious crisis situations „*[...]who can come, one meets and you“ say: „I feel very terribly, because my child regresses[...]*“(2); there is solved difficult situations together as well „*[...]then everyone starts thinking how they can help to that child,[...]*“(2). Further in the category by the frequency of statements it was noted that the group not only gather together, but they also have group in social networks, there they can also share various different information, participate in the discussions. It is a modern tool which can reach a larger circle of people, it is also available for families which do not have the possibility to attend such group, because there is not such group in the town or they do not have a person who takes care of the child and so on. So, in this category the main, most important activity is clearly reflected, it is families communication with each other. In the category of advantages of being in a group it was mostly distinguished sharing various, different, innovative methodologies, devices. Mothers being in mutual assistance group receive wide range of benefits, because they can share their experience, tried methods and various information „*[...]because mothers and how much they found out from various resources and if we add everything to one pile that even the specialist sometimes doesn't know such facts[...]*“(2); „*As there are plenty of methodologies, not only that ABA[...]*“(2); „*they share...devices are shared too, all kind of information, vitamins, supplement, information about vaccinations, absolutely everything is shared who can, that extracts as much as possible,[...]*“(2). As an advantage it was revealed obtaining miscellaneous information in the

group „*The advantage, first of all, it is information, that is the most important*“(2), families obtaining information link to choices taking into account the needs of the child „*[...],because when you obtain it, you can select what it is suitable for you, what it is unsuitable according to your own child's needs[...]*“(2), it should also be noted the novelty of information „*[...]plus you receive the latest information about some of the newest researches, about some seminars related to that topic [...]*“(2); there is emphasized the importance of the group because it is impossible to find out many things if you do not participate in the activities „*there are things which you never find out being alone*(2)“, so it shows that being in a group provides greater options of information accessibility. The other category by the frequency of statements is mutual assistance. Mothers talked about the help to each other when they meet together „*[...]we gather at so call coffee dinking breaks, which is the best mutual assistance.[...]*“(2); „*It helped for me a lot*“(2). Mothers of the same fate meet in the informal environment and identify themselves that it is the best mutual assistance, they also claim that such meetings help them a lot. The respondent identified that communication with families of the same fate provide psychological support because they are experiencing the same things going through another family and stronger families can help for the weaker ones. As an advantage it was also emphasized paying attention to herself/himself being in the group when you can turn back to yourself, to your identity „*On the other hand you are forced to name your feelings, your dreams which are usually forgotten [...]*“(3); „*[...]I learnt to be more selfish, that I also need something [...]*“(3). In the category of families' problems it was mentioned about the loss of families' identity, so in the group of mutual assistance there is given a possibility again look at yourself as a personality. Chamberlin (1997), talking about empowerment features mentions possession of wishes and expectations that families looking back at themselves and resumption of identity promote the empowerment of family. In the third category there were revealed problems which do not allow other families to join into the group. At first, it was emphasized psychological problems which disturb other families to join the group when parents do not accept the fact of the child's disability „*[...]if mother doesn't want to accept, but that child is for sure, 100 percent, very complicated[...]*(2);*[...]this means, firstly, it is necessary to work with mother, only then with a child[...]*(2)“ denial of the child's disability is associated with the child's rejection, shame and family reticence „*you can't accept, you start to reject your child, you are ashamed of him/her, you hide and close in your shell and what is left from you [...]*3“ The other problem which does not allow families to join in the group it is families' listlessness, not all families are active, there are such families which do not want to join in the group even they are encouraged „*Not all mothers are so active, there are some who don't want to join [...]*“(3); „*There are families which have to encourage which have to be pulled...look, there that is going on, oh please come...[3]*“.

The obtained data reveals that there are many inactive families which need support and empower them social service.

So analyzing familie’s empowering at the sectional level there were revealed three subcategories where group activities, advantages of being in a group, problems joining into groups are reflected. At this level mostly revealed empowering features which where analyzed in the theoretical part. In the group families receive proper information, share various, different, innovative methodologies, ways how to help the child, there it can also be fulfilled the need of communication, paying attention to yourself, there the families receive miscellaneous support, they can feel strnger with more strength than being alone with their problems, closed in a narrow family circle and so on.

2.3.3. Manifestation of empowering social services at the communal level

In order to find out the expression of families’ empowerment in communal level, research’s participants were asked a question: *What public’s attitude do you face with that you have a child with a disability?*

Table 7

Public’s attidute to families’ raising disabled children

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Lack of information about disability in society	Not knowing how to behave	6	<i>Some peopke don’t undestand, what it is[...] (2); some heard for the first time: “Oh, there are such things in the world; There is also that I get angry on the people, because when the child starts to hysterics as other peole bother him/her [...] and they often don’t understand how to react. [...] (2)</i>
	Intolerance of a different child	5	<i>We were kicked out[...] we went out from the concerts[...] (3); In reality our society is such that a child would sit quietly, he/she couldn’t say a word, he/she should behave like an adult (3)</i>
	People’s reactions by age	4	<i>So people... can be devided by age (2); [...] older people are not indifferent, they react, [...] [...] (2); Especially elderly people; [...] people of our age usually don’t react at all (3)</i>
	Possitive child’s with slightly disabled features acceptance	2	<i>„Everyone said about my child, how beautiful child is and everything... when you look at him, it is not visible (1); [...] I think neighbours even don’t know that we raise such disabled children, [...] because he looks normal externally, behaves himself normally now, [...] (2)</i>
	Child’s acceptance among peers	2	<i>[...] but he wants to be friends with them, there it is the most painful thing [...] (2); The worst reaction is usually among children, [...] they don’t understand what is wrong with that child and they don’t accept him/her; [...] (2)</i>
	Specialists’ attitude to families like a statistical	2	<i>And here you come: „when will you have to come here? Ok, come in then. As with the statistical unit</i>

	unit		[...](2);[...]and some employees are really ham-fisted as it is said who had done everything for their own benefit, and further you can do what you want and the more you do what you want [...](1)
Families' approach to public reactions	The ability to ignore the public's reaction	6	„[...]or I am simply of those people who do not pay attention“(2);[...] when someone starts commenting something I absolutely don't react to that person,[...](2); [...]we are a few, probably the ones who don't care about image, the most important for us is our children.(3)
	Struggling for yourself and your family	3	[...]we are not such kind of family which can be pushed or somehow hurt(2); we have already learnt during that time to fight for ourselves and our child(2); and you try to say for that adult:“ don't bother my child, just go your way, where you wanted to go“(2)

Analyzing familie's empowerment in communal level there were set two qualitative categories. While analyzing public's attitude there was revealed the lack of information about disability which shows as misunderstanding what it is „Some people don't understand, what it is;“(2), because of the lack of information about disability comes out the misunderstanding how to behave with the child in the event of a crisis in a public place „There is also that I get angry on the people, because when the child starts to hysterics as other people bother him/her [...]and they often don't understand how to react.[...] We need to educate people on that matter, they just don't understand,“(2); it was emphasized the need of society's education about "different" children „, „I think that we need to educate the public about issues of different children[...]“(2); it was also emphasized the importance of parent's education, because of their treatment with their children begins other people's attitude, that there are „different“ children „, [...]parents themselves are afraid of different people and they don't allow their children to approach to different ones“(3). Therefore, in such situations it is very significant the need of society's education that there will be developed the right approach to a man with a disability.

Further in the category there is revealed „intolerance of a different child in the society“, that it is related to the before mentioned lack of information about disability in the society, when ignorance is interlaced with intolerance of „different“ child's behaviour in the society. Different child's behavior is not tolerated in cultural institution „We were kicked out[...]we went out from the concerts.“(3). It is also faced such approach that a child's behaviour should not distract other people, he/she has to behave like an adult „[...] „In reality our society is such that a child would sit quietly, he/she couldn't say a word, he/she should behave like an adult.“(3) Thus, according to the received data, actually a family raising a child with a disability is forced to close at home and do not go anywhere with your child, such society's behavior has pushed the family to the isolation and it does not lead to family's empowerment. There was also revealed the

unacceptance of a child with a disability among peers, it can also be related to the lack of information about the disability in the society, because children take over the example of behavior from adults, from the prevailing attitudes in the society. It can also be seen in the table, public's reactions are usually divided by age, older people are not indifferent, but they usually do not understand such families when the child starts to hysterics as other people bother him/her and explain how you must bring up a child, while younger people absolutely do not pay attention at all. Public's attitudes also reflect professionals' approach working with families raising children with disabilities when you meet some experts that think your family is one more statistical unit rather than living creatures experiencing their difficult individual situations „ *And here you come: „when will you have to come here? Ok, come in then. As with the statistical unit [...] (1)“* It is also noted staff's insincerity, "inhuman" behavior of families while doing their work „[...]and some employees are really ham-fisted as it is said who had done everything for their own benefit, and further you can do what you want and the more you do what you want [...]“(1). In the other category there is shown the families' approach to public reactions. Families react in two ways: they do not pay attention „ *when someone starts commenting something I absolutely don't react to that person [...] (1)“* directed attention to the child distancing themselves from public's reactions „[...]we are a few, probably the ones who don't care about image, the most important for us is our children.“(3), the approach is that public's reaction depend from the family, themselves how they behave in the society „ *In fact I can tell that everything depends only from you yourself, [...] (2)“*; „ *[...]if you don't pay attention to other people's attitude and behave with the child in the way everywhere, everything will be all right [...]“(2)*; „*if you go outside and think: “ Oh, what do they think of me, oh what will be, [...] and then the problems start [...]“(2)*. Thus, based on the obtained data it can be understood that that families make efforts to protect themselves and their family from negative emotions through the ability to distance themselves, to live as well as all people. The other way of families' approach to public reactions is family's struggling, it can be seen as the defensive reaction of families „ *[...]we are not such kind of family which can be pushed or somehow hurt“(2)*; „*we have already learnt during that time to fight for ourselves and our child“(2)*. The word „struggle“ shows families's defensive reaction, they are ready to fight, to protect their child. It also indicates that family need to use additional energy when their situation is really complicated.

Thus, according to the obtained data it can be seen that families experience discomfort due to the lack of information about disability in the society, as well as intolerance of a different child's behaviour in public places, because of misunderstanding. This public's behaviour discourages families the opportunity to integrate into the community's life, not to feel exceptional because they have got a „different“ child. During this, it is revealed community

where families live importance of the proper attitude to the disability, that it would become the empowering tool which helps family to feel normally in the society, to participate in the community's life.

Table 8

Families initiative organized activities and achieved results

Category	Subcategory	Number of claims	Example of proving claims (unedited language)
Education of public and families which are in disability's situation	Public education	3	<i>[...]thanks to our work they find out and these seminars are invited[...];(3) We are now preparing for the day of commemoration of autism, to short films and simulation material, what it is to be an autistic.(3); [...]and we did the same conference, parents... and parents themselves and teachers read reports...[...](3)</i>
	Information dissemination and among families	2	<i>When everything is already in the past, it is not difficult to me to share experiences that you don't need to fight head.(3)[...] and very much mothers share on the Internet, simply they just give recommendations who? where? how? family's support,[...](2)</i>
Achieved results of families' personal initiative	Initiating changes	5	<i>[...]Because of Development Centre they set fire,they even went to the president, reached what they want, that she will come and see what is happening there(3). Yes[...].now when it is established „Organization of Rain children“ now everything started to move forward[...](2)</i>
	Personal information search	2	<i>It was good for me, that I myself read a lot and I understood a lot myself and we started to behave like that at home[...](3);; [...]here it is ours...nobody gives us anything...what we can here, what we are able, so much we find out ourselves [...](2)</i>

The analysis of the data identified two categories which present organized activities of families' initiative, achieved results. In the first category it was revealed the education of society and families which are in the disability's situation because of families' initiative. Public education goes through the organization of various conferences, workshops about the disability „[...]thanks to our work they find out and these seminars are invited[...]"(3); „We are now preparing for the day of commemoration of autism, to short films and simulation material, what it is to be an autistic(3)“; families also share willingly information online with others, families which experience the same situations „ [...]and very much mothers share on the Internet, simply they just give recommendations who? where? how? family's support,[...]"(2). Families which have passed various situations and gained a lot of experience share willingly all known information „When everything is already in the past, it is not difficult to me to share experiences that you don't need to fight head“(3); „[...]and very much mothers share on the Internet, simply

they just give recommendations who? where? how? family's support, [...]“(3).

In other category it was revealed „*achieved results of families' personal initiative*“. Achieved results of families' personal initiative it can be seen through the initiation of changes when families are not only able to take care of themselves, but also have impact on the society reaching changes in their own and other families' sake which are in the situation of disability. Families' initiative was achieved changes in the development centre, it was initiated the group of mutual assistance, the demand of child's support. Also personal families' initiative is reflected in the self-search information when families can not receive this service from the country, they take the job themselves.

So in this category it can be identified empowering family's features: this is the the ability to find information independently, the ability to initiate changes in social services, to educate the society about the topic of disability. These are families which do not close themselves, they do not separate from the society, but they go further, fight, seek for their rights. For families are given cash benefits and it is provided child's rehabilitation, special education services. However, as families expressed that many needs are still unanswered and a spectrum of provided empowering services is still very narrow. In this research there occurred such families which had the internal resources to go fight and to initiate changes too, for the welfare to other families of the same fate, however, as it was mentioned earlier, that there are inactive and closed families which are really needed these oriented to a family empowering services: accessibility of all necessary information, possibility of being in a group, possibility to solve with a family various different questions, possibility to have his /her desires, expectations (possession of self-identity). It is important to note that none of the families did not mention social worker's provided services by a family, who should be a manager of each situation, this who works with a family and seeks to give them what is needed for all family's normal functioning. If the family is in crisis situation when they are unable to change anything, it becomes very important individual family's empowerment level, when someone works personally with a family, after that, family can go over to other empowering levels, only empowered family can initiate changes and at communal and political levels as well.

According to the research, it can be assumed that there are families which without receiving social services are able to mobilize their forces and do everything that they will help for their child and family, but it is important to take into account too that there are such families for which support is especially necessary and without it they will be separated, feel inferior, lose their identity, dependent on the state's maintenance and likewise.

After an analysis of families' statements, it can be assumed that the most effective tool of families' empowerment at the moment is the group of mutual assistance where they receive

everything what the country's social services fail to provide. However, there is other problem, that not all families know about such groups, other ones do not want to join because of psychological or other problems.

2.4. Resolution of empowering social services, the approach of social workers who work with families raising disabled children

2.4.1. Manifestation of empowering social services at the individual level

To find out what kind of social services are provided to families raising children with disability, research's participants were asked the following questions: *What services do families raising children with disability need? What services do you provide to families raising children with disability?*

Table 9

Services for families and their peculiarities

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
General services	social Availability of various information to the family	8	<i>[...] we only ... we inform them, how many and what services they can get from us...(2); For compensatory method...[...](2); Most often it happens... that such information, such services belong to you(2)</i>
	Mediation services	4	<i>with pedagogical, psychological services with...kindergartens(2);[...]if it is not something clear for parents about privileges or other things, then I try to find information(3)</i>
Other services	Specialists provide benevolent help	4	<i>[...]last spring we organized to one of very difficult our child, we organized the charity evening too,[...](3); We support ourselves, these things are very often, that...give coupons, buy tickets to come and return(3)</i>
	Training of parenthood skills	3	<i>[...]We have the development of skills or not, we try to develop the competencies of paternity,[...](3); [...]simple things, I return to these: „When did you have a bath for a child?, When did you give a meal? What did you give for a meal?“(3);[...] in most cases it happens happens mother's training, development of skills, [...](3)</i>

There were set two qualitative categories of general and other services which show what social services are provided to families. In the category of general social services there were revealed families' information and mediation services. The content of the information consists of the services, compensatory method, privileges, benefits which belong to families, there is provided information about child's disability, law matters. One social worker suggested the specifics of information's provision for the families, whose intellectual abilities are very poor, then they are trying to explain to a family in the understandable way and give more written

information „ *there are such things, when...it is not nice to say, mothers intellectual abilities are such poor, that they don't understand, I often provide written information*“ (3); „*I print leaflets, then talk about what we are doing, explain our duties, what do we seek for*“ (3). Provision of information is very important to help to empower the family, so professionals need to help actively parents to get the right information and support, especially in the initial phase when parents find out about the situation and they are shocked (Ališauskienė, 2005). It is very often in these situations families can hardly take their own decisions. Decision-taking should not take place in vacuum so it is very important that enough information would be provided to a person and thanks to it, he/she would be able to weigh the consequences of different choices (Chamberlin, 1997). Hence, obtaining of competent information empowers families to take serious decisions.

How it can be seen in the following table in the category of services there is distinguished mediation services „ *[...]if it is not something clear for parents about privileges or other things, then I try to find information* (2); „ *it is mine, simply, this function of mediation, this... remains: well, know a psychologist, [...]*“ (3); „*[...]as mediators,[...]*“ (2). Mediation service is very important especially in the early period of child's disability's setting when families experience the crisis.

In the category of other services it was revealed „ *provision of benevolent help to families*“ and „*training of parenthood skills*“. Provision of benevolent help is reflected by the initiative of employees to organize charity events to support very serious cases, also buying tickets that families can afford to come to the institution and receive all services belonging to them, professionals come into small towns' dispensaries too that services would be available to families living very far. And all these services and organized events are of the benevolent personnel's will, at their own expenses. This shows a sincere approach to their work, they are not limited only to their duties, what they are required to do. It is also provided „*services of training of parenthood skills*“, these services are provided on demand, if there is a lack of parenthood skills. It was mentioned that they have to explain elementary things related to child's care to a family.

The analysis of the services provided by social workers to families raising children with disability there was revealed the specifics of provided services for a family.

Table 10

Particularity of provided social services to families

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Individual support for family	Setting of family's expectations, needs, problems	8	<i>We have been asking all the time, what are expectations, what worries mostly, what mood they came in (3); [...], and you try to put everything in places, yeah, nevertheless, maybe it is not a child's problem, maybe mother's, maybe divorce process is</i>

			<i>going and well why a child doesn't obey now, does he?(3)</i>
	The emphasis on strengths	6	<i>[...]taking into account the strengths [...] (3) [...]communicate absolutely about everything and just don't emphasize those things that how bad is for you, simply don't show sympathy(1);[...] just to distract attention from their problem [...] (1)</i>
	Provided support taking into account the stages of crisis survival	4	<i>[...]well because...watching in what stage there the person is [...] (3); [...] it is not enough for me to fill up plans and fulfil them...we are in a crisis and we are all together in this crisis and everything and all other children and evrybody...closed doors...we have got this child and we have got this family[...] (3)</i>
	Individual social work with a family	4	<i>I with the mother tends to work individually [...] (3); [...]When you are talking with the mother, just every time when she comes, when she visits, waiting for the procedures, you are talking, „What are you doing?, How were you?“ and so on(3)</i>
	Awareness development	3	<i>Certainly, the provision of information, you are trying to ask all the time, „do you understand?, What are we going to do now?“ (3); One of our providing support tool is parents's training, each professional does it (3)</i>
Family support	Human relationship with family	7	<i>[...]The input is really big and it is needed constantanly, this is not enough“I will fill in the protocol“ there are a lot of human qualities[...] (3); You have to give yourself very much [...] (3); [...]you have to interact naturally and normally with these people[...] (1)</i>
	Support relationship with the family	3	<i>[...]after four years, that mother comes, we invite her from time to time, she is still coming[...] (3); [...]we get along with these children before they leave, there are mothers with who links very strong relations, we even show joy in the street, naturally these ties remain, whose, what ties, who comes[...] (3)</i>
	Establishment the close contact with the family	3	<i>[...] we are trying to be like a family, [...] (3); And get acquainted: certainly, we would like to give at least two hours for the first introduction but in reality it lasts 30-40 minutes so...we are crying all together, we are learning to gain more the strengths and positivity, [...] (3)</i>
	Importance of becoming a part of the family	2	<i>[...]somehow the mother must be tamed(3); [...]they live during day and night and you can approach intensively to a family, you live together with them at that moment and the results are much better, [...] (3)</i>

There were revealed two qualitative categories: individual support for family and family support which demonstrate a specifics of provided social services to a family. In the first category of individual support for a family there was revealed a clarification of individual family's expectations, needs, problems „We have been asking all the time, what are expectations, what worries mostly, what mood they came in“ (3); „ [...]This is most often we were asked, what do you expect very much, [...]“ (3); this can be seen through it that families are involved in the process of providing support, that they are not only passive recipients of services, but also and

participants. Increasing social participation of families raising children with disability in the systems of social services and social welfare presume their increasing activity (Ruškus and others, 2013). Also in this subcategory, it can be seen what efforts are made to find out the situation of individual family and its specifics. Ališauskienė (2005) emphasis on the importance of families' psycho-social situation as family is considered as participant of a process to help families raising disabled children, professionals must understand not only the child's developmental peculiarities, but also *static and dynamic processes of a family*. Then in the process of providing support to a family it becomes important cognition of the individual family. While providing support to families it was also emphasized family's strengths: *All the time the strengths are emphasized, because what a child is unable to do we can see very clearly*; The emphasis of strengths is one of empowering factors. (Lord, Hutchison, 1993). Empowerment is related to the person's self-confidence that he/she is able to do something, this leads to the ability to manage his/her life (Chamberlin, 1997). Emphasis on strengths protects from the dictation of negative labels (Saleebey 2002). Social work with the family oriented to strengths makes good conditions for family's empowerment.

In this category it is also revealed provision of family's support considering the stages of mourning and empathies „[...]well because...watching in what stage there the person is [...]“ (3); „whether it's the shock stage and he needs now and here to be calmed[...]“ (3); the support is provided here and now putting all work's plans aside, the priority is given to individual family's empathies at that moment „[...]it is not enough for me to fill up plans and fulfil them...we are in a crisis and we are all together in this crisis and everything and all other children and everybody...closed doors...we have got this child and we have got this family [...]“ (3), it also shows the individual access to the family considering its own personal experiences. It becomes important because families are not similar and they can differently experience disability's awareness stages. (Ruškus, 2002). In what stage of experiencing crisis family is, it depends the specifics of support and methods. So, while identifying and taking into account the experiencing stages of family's crisis, social worker can help to go through them, prevent the risk of stuck at some stage as well.

In the subcategory of individual social work with the family it was revealed the provision of priority individual work with family „I with the mother tends to work individually, [...]“ (3); there are applied informal forms of communication „[...]When you are talking with the mother, just every time when she comes, when she visits, waiting for the procedures, you are talking, „What are you doing?, How were you?“ and so on“ (3); „[...] just in the corridor, my rehabilitation is happening in the corridor, [...]“ (3).

All this shoes a social worker's creativity seeking to find contact with a family. Individual

work with a family becomes important for family empowerment at individual level. It should be noted that not all social workers work individually with a family „ *„we are sending to a psychologist, then she communicates more with parents“* (2); *„[...] mainly worked the psychologist(2)“*; *specialists and others work individually, but in reality we should work more with them* (2). According to these respondent's statements it can be understood that social worker working in the institution does not work with a family individually, this is done by other specialists. However, as it was mentioned before he/she should work. In this case, it can be assumed that the institution does not understand, value the importance of social work. It is important to mention that there were interviewed two social workers from the same type of institution but from different towns, however, the position the other social worker from the different town is quite the opposite. There unlike before mentioned institution, social worker works individually with a family a lot, so this should be understood that under the current conditions a social worker is available to work individually with family. One of the reasons can be that the institution does not evaluate properly social services for a family, bringing other services as more important only as work with asocial families, children at school or foster home.

According to Petrauskienė (2011), the social worker's professional role is characterized that he/she is linked to social and other authorities or social partners, different disciplines or activities' specialists and it is exposed by standards of conduct, cultural cooperation and approach to social work of those institutions and professionals. Therefore, a social worker's work with a family can be influenced by the institution where he/she works teams' provisions, evaluation of social work in the providing service process.

In other category of support relationship with the family there was revealed supporting relations among family and social worker. The social worker spoke about human qualities working with family that it is not enough to fill in the protocol *„[...]The input is really big and it is needed constantly, this is not enough“* *I will fill in the protocol“* there are a lot of human qualities [...]“(3), this is a job with alive people who come with their own individual problems and experiences, there the worker also mentioned about sensitive, empathetic relation to a family when the mother's emotional state is considered simply by observing mother's body language *„You just see when a little bit shiver, a little bit eyes tremble, lips shudder, then hmm... then we'll try to find out in other way what it is wrong, [...]“(3)*, noticing particularly difficult mother's emotions, considering that the social worker choose other ways, choose other more accessible methods how to find out what is necessary. This sensitive, understanding human relation allows to make proper contact with the family where the family can tell their problems, also in this atmosphere there can start cooperative relationships, families can experience the sense of support

during the difficult period. Families express the need of the human relationship from professionals.

Also in the category the supporting relation of social worker shows the subcategory where it is revealed the relationship with the family support „ [...]after four years, that mother comes, we invite her from time to time, she is still coming[...]“(3); „[...]we get along with these children before they leave, there are mothers with who links very strong relations, we even show joy in the street, naturally these ties remain, whose, what ties, who comes [...]“(3). The following statements illustrate perfectly informal social worker's relation to the family, this is not only implementation of work, he/she becomes part of these families when you take care of their needs, problems what they live. This is not only „statistic unit“ as expressed one of the interviewed mothers who is raising a child with disability that in some institutions is interact with the family as with the "statistical unit“. And there is the lack of humanity, sincerity from employees.

Further in this category it will be reported about the establishment the close contact with the family. This statement tells a lot „ [...]we are trying to be like a family, [...]“(3); a family is close people with whom a person can feel himself/herself. So, this is the atmosphere, context where the benevolent conditions are provided to work with family. There is also mentioned the importance of becoming part of a family, because it requires much time, every family has boundaries which is quite difficult to go through. You have to gain this reliance that family let the social worker closer, this is well illustrated by the statement: [...]Somehow the mother must be tamed [...] (3).

In this category it was exposed the importance of supporting relation which should be working with families raising children with disability. According to Kreiviniene (2007), a feeling of support is created expressing supported behaviour and distinguishes one of the supporting behavioral factors: love and intimacy – serious conversations, worry, provision of small services, sharing secrets, physical closeness and so on.

In order to find out, how family participate in the process of support, the research's participants were asked a question: *How is a family involved in the process of support provision?*

Table 11

Families' participation

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Family involvement in children's education, helping a child	Family involvement in the child's educational process	5	<i>Family's input is one of the biggest in a child's educational process(3); [...]without parents we won't achieve anything.[...](3)</i>
	Family involvement in the	4	<i>[...]they help to dress up, take off their child(1); all</i>

	process of helping a child		<i>the time we want that at least mother see how it is possible to work with a child, that maybe something will stay longer, [...]because that rehabilitation is such, it doesn't finish when you close the door, the most part we demonstrate, next it depends on you how you and your child will work and live, [...](3)</i>
Family involvement in problems decision	Family participation in the formulation of common goals	6	<i>[...]during the first consultation we determine what are your expectations and what are our goal [...](3); we seek, there are our goals and there are parents' goals(3)</i>
	Parents as members of multidisciplinary team	4	<i>As we talk about multidisciplinary team, one of team's members are parents,[...](3); [...] we only discuss with a family(3)</i>
	To provide the right to decide the family itself	4	<i>[...]Next time we just inform, then you have to decide yourself(2);[...] we don't say and we don't how, we only provide information and you let parents to choose themselves(2)</i>

There were set two qualitative categories: „family involvement in children's education“ and „family participation in the problem solving process“ which reflect the priority of parent's participation and providing help to a child and in the problems' solving process.

Participation in the process of child's help, parents are distinguished as important partners in the child's development „,Family's input is one of the biggest in a child's educational process“(3); „ [...]Without parents we won't achieve anything, [...](3)“, because they are the people with whom the child spends most of the time. Parents' opinion is very important in the child's educational process, we consult with parents and take common decisions „ [...]we always communicate with parents during children's birthday parties, we organize the morning of hostess, we buy products together,[...]“; „[...] we discuss the group's activities with parents, do they agree or disagree with activities“.

In other category „family participation in the problem solving process“ it was revealed families' participation taking decisions, formulation of goals and families' recognition as multidisciplinary team members. This means that parents are full-fledged participants in the process that it is discussed with them a range of issues.

Provision the right to decide the family itself when the last word must be said by a family is one of the empowering factors (Chamberlin, 1997), as the initiative is transferred to family. It is not just a passive recipient of services, but also an active participant. Lord, Hutchison's (1993) study shows that participation itself implies empowerment because involvement into social activities and groups helps to develop valuable social roles, communication skills, to create your own contribution to the common good.

Based on the results it can be seen that families participate in the process of providing support to a family.

2.4.2. Manifestation of empowering social services at the individual and communal levels

In order to find out expression of families' empowering at the sectional level, research's participants were given these following questions: *What is your opinion about mutual assistance groups? What influence can sectional families' meetings have to families' empowerment?*

Table 12

Empowering factors of mutual assistance group

Category	Subcategory	Number of claims	Examples of proving claims (unedited language)
Benefits of Mutual Assistance Group	Achievements of Mutual Assistance Group	4	<i>[...] mothers of autistic children unite, because they don't have other choice(1 [...])And when the mother sees: „I am not alone“ [...](2);[...], they function all in one [...];the mothers themselves gather in clubs, they speak at home there.(1) Well, they... where one learns about better service immediately they call to one another(2)</i>
		2	<i>[...] there in the municipality they assembled and won if only that group would open here(1);); they meet and go to fight all together here. (1)</i>
Involment methods into mutual assistance groups	Mediation of social worker and NGO involving into mutual assistance groups	2	<i>To say we often turn to the following such Hope organizations, where the strength, what we can't do ourselves,[...](3); [...] Sometimes happens that not only inform that is when you don't make a pressure, but just call [...]I go myself there and show[...](3)</i>
	Gradual involment into the group (family's position/posture	1	<i>That observation is very detailed, it has lasted about for a year that observation until finally she went there(3)</i>

While talking about mutual assistance groups, social workers emphasized the importance and benefit of these groups. Getting in a group is a very important empowering way, as in a group a person can develop a critical awareness, as well as give each other mutual assistance (Sadan, 2004). It also revealed the advantages of mutual assistance groups from the social workers' point of view: uniting mothers of the same fate, seeking for changes together, getting support, sharing information.

There was also revealed ways how families are involved in the mutual assistance groups: directing families to suitable groups „ *To say we often turn to the following such Hope organizations, where the strength, what we can't do ourselves,[...]*“(3), not only directing but also mediating (calling, going together) „ *[...] Sometimes happens that not only inform that is when you don't make a pressure, but just call [...]I go myself there and show[...]*“(3) ;also

gradual involvement into the group „ *That observation is very detailed, it has lasted about for a year that observation until finally she went there*“(3).

In order to find out factors of empowering families at the communal level, research's participants were asked: What public education campaigns will you carry related to the topic of disability?

There were revealed the following methods while talking about society's education about the disability: public education on a social network, participation in city's events, during the institution's presentation of activities for medics, conferences'organization of cooperation between institutions.

Thus, it can be seen that public education is going in the acceptable manner of modern information age when information is disseminated through social networks, also the society is educated during participation in city's events then people can see the advantages and skills of children with disabilities, and not only to consider, that fortune hurt them, they are unable to do anything. Social worker provides the introduction of medical institutions with their institution's work, as it was mentioned earlier they are these people to whom first contact family, so at least medics will be aware of families' services to which they send families, also they can inform families properly.

In summary, data obtained from the analysis of social workers it was revealed these following empowering factors: at the individual level provision of various different information to a family, family's involvement in the process of providing support, the priority of the individual work with a family, family's support; at the sectional level families are encouraged to join into the group; at the communal level there are organized public education campaigns, while giving information not only to families, but also to professionals working with those families.

Conclusions:

1. The analysis of scientific literature disclosed the expression of empowering social services on individual, sectional, communal levels. The empowering services on individual level include: providing necessary information, encouragement of families for participation (delegation of tasks, stimulation for taking responsibility, participation of the client in planning, taking decisions, management), acceptance the uniqueness of the family (possibility to have own wishes, expectations), creating the positive image of the family (discovery of potencies, restoring/acquisition of abilities). On sectional level they include: involvement and participation of the family in a group. On communal level they include: education of society on a topic of people with disability (dissemination of information about people with disability in the society, creating the positive image of people with disability); creation of accessibility to the social economical resources.

2. The analysis of Lithuanian and Ukrainian documents disclosed the similarities and differences of social services in Lithuania and Ukraine. *Differences:* in Lithuania otherwise than in Ukraine the social services are structurally more revealed, in Ukraine social services are regulated more generally. Also differ the types of services: in Lithuania they are divided into common and special; but in Ukraine – social-domestic, psychological, social-pedagogical, social-economical, services of employment, of information presentation and others; in Ukraine differently than in Lithuania such services are ascribed as social: psychological assistance, social-pedagogical services, social-medical services, services of employment; also in Ukraine there are divided forms of provision of social services: material aid and social attendance, which does not exist in the law of Social services of Lithuania. In Ukraine more than in Lithuania greater attention is paid to informational services when information is provided not only to the person or family being in complicated situation but also attention is given to the spread of objective information about services for the society. As well in Ukraine otherwise than in Lithuania occur terms which are not in use any more in Lithuania, with reference to that it can be considered that medical model of social work is followed when providing social services. *Similarities:* similar spectrum of services, principles which are followed when providing services.

3. The results of research disclosed the expression of social services for families growing children with disability:

- On assessment of families having children with disability: on individual level families get only information about disability of the child and educational institutions belonging for them from the doctors but the rest necessary information families have to find themselves, it is not provided without initiative of families. On sectional level families participate in groups of

mutual assistance and there get everything what specialists can not provide: the latest information, mutual assistance, support, spare time for themselves, share of tested methods. On communal level families face the incomprehension of society, intolerance of behavior of different child, also unavailability of services: possibility to meet the special needs of the child because of financial lack, problem of access special educational institutions, lack of procedures for child and free services.

- On assessment of social workers providing assistance for which families grow children with disability: on individual level families get information about concessions and subsidies belonging for them, families participate in: analyzing of the problem, raising targets, taking decisions, process of education of the child, providing assistance for the child, also there was revealed individual work with the family in order to find out needs and problems of the family, the emphasis of the strong sides and support. On sectional level there was revealed direction of families to groups of mutual support, mediation to get there and the help to belong together. On communal level there was revealed education of society regarding disability: through taking part in the events of the city, social nets, conferences organized.

4. There were disclosed the most relevant features of the empowerment of families: assistance in care of the child, availability of information, early assistance for the child and family, supporting relationship from specialists, formation of conditions to work. In those spheres families lack potencies the most.

Recommendations

Accomplished analysis of scientific literature and disclosed experiences, assessments of families growing disabled children and social workers acting with such families allow to formulate recommendations, on basis of which families growing children with disability would be provided with empowering social services:

For institutions providing social services is recommended: from the beginning of finding out about the disability of the child to appoint social worker to the family for individual work with the family; to create conditions for availability of information for all families by organizing informational meetings with various specialists (medics, social workers, psychologists) when all necessary information is given, the needs are found out. That would relieve and help the families to save time which is lacking, also would be possibility for not active families to get all necessary information; to pay greater attention to the families who are not active, lack potencies in various fields of life by organizing complex assistance according to their individual needs; for social workers to keep humanly empathetic relationship with the family, so the family could experience supporting attitude from the specialist; to educate the society regarding disability theme, by organizing various actions, on mass media, social nets and similarly. To form tolerant attitudes in the point of differently behaving or differently looking person by creating conditions for such persons and their families to participate in community life; to provide families with information about groups of mutual support and to help the families to join them; to create as many possibilities for the family to solve its problems, by taking part in the process of assistance, not only getting the signature for agreement before providing services but making decisions together with the family.

For formers of social policy is recommended: to create conditions for self-realization of families: possibility to work, to get help for the care of a child when the child is not attending any educational institution so the other members of the family could arrange the absolutely necessary affairs; to provide families with sufficient financial assistance which could meet child`s special needs in order the poor situation of the family not to push it into isolation, in order that provided support could give more possibilities for the family to take part in the life of society.

For high schools is recommended: to perform investigations oriented towards families in situation of disability seeking to reveal the quality of services provided and their adequacy to the needs of families/clients.

References

1. Ališauskienė, S. (2005). *Ankstyvoji intervencija vaikystėje*. Monografija. Šiauliai: VšĮ Šiaulių universiteto leidykla.
2. Adams, R. (1996). *Social Work and Empowerment*. London: Macmillan.
3. Balčiūnaitė, R. (2003). Protinės negalios asmenų artimųjų (brolių ir seserų) tapatumo problemos socializacijos procese. *Socialiniai neįgalumo aspektai: žmogui reikia žmogaus* (p. 72 – 81). Kaunas: Vytauto Didžiojo universitetas.
4. Baranauskienė, I. (2014). *Teorijos ir praktikos sąsajos jungtinės II pakopos socialinio darbo studijų programos mokslinės tiriamosios praktikos procese*. Mokomoji knyga. Vilnius: BMK leidykla.
5. Butkevičienė, R., Majerienė, N., Harrison, D. (2006). Šeimos auginančios vaikus, turinčius.
6. Chamberlin, J. (1997). A working definition of empowerment. *Psychiatric rehabilitation journal*. 20 (4). P.4.
7. Cochran, M. (1986). The parental empowerment process: Building on family strengths. In J. Harris (Ed.), *Child psychology in action: Linking research and practice* (p.12-33). Brookline, MA: Croon Helm Publishers.
8. Cruikshank, B. (1994). The will to empower. *Socialist Review*, 23 (4): 29–55.
9. Czuba, C. E. (1999). Empowerment: Wat is it? *Exstention journal*. 37 (5). <http://www.joe.org/joe/1999october/comm1.php> (previewed 2014-10).
10. Donaldson, L. P. (2004). Toward Validating the Therapeutic Benefits of Empowerment-Oriented Social Action Groups. *Social Work with Groups*, 27 (2/3): 159-175.
11. Edler-Woodward, J. (2002). Social Work and Disabled People: From Crafting to Sustaining Citizens. Paper given at a day conference. Scottish Community. Development Centre, UK http://socin.mruni.eu/wp-content/uploads/2012/12/D_2012-12-26.pdf#page=131. (previewed 2014-11)
12. Freire, P. (2000). *Kritinės sąmonės ugdymas*. Vilnius: Tyto alba.
13. Geležinienė, R. (2011). Elgesio ir emocijų sutrikimų turinčio mokinio įgalinimas skatinant dalyvavimą ugdymo procese. *Specialusis ugdymas*. 1 (24).
14. Gvaldaitė, L. (2009). Įgalinimas socialiniame darbe. Vilniaus universitetas.
15. Jasiūnienė, D. (2012). Įgalinančios socialinių paslaugų organizacijos konstravimas. (Nepublikuotas magistro darbas, Vytauto didžiojo universitetas, 2012).
16. Johansson, I. -M., Sewpaul, V., Horverak, S., Schjelderup, L., Omre, C., Bórnholdt, L. (2008). Innovations in Social Welfare Empowerment and globalisation in a Nordic social work education context. *International Journal of Social Welfare*, 17: 260–268.

17. Johnson, C. (2003). Socialinio darbo praktika. Bendrasis požiūris. (p. 277-278). Vilnius: Specialiosios psichologijos laboratorija.
18. Hollis, F. (1972). Casework: a Psychosocial Therapy . New York: Random House.
19. Hur, M. H. (2006). Empowerment in Terms of Theoretical Perspectives: Exploring a Typology of the Process and Components Across Disciplines. *Journal of Community Psychology*, 34 (5): 523–540.
20. Kafemanienė, I. (2006). *Negalės ir socialinės gerovės tyrimų metodologiniai aspektai*. Šiauliai: Šiaulių universiteto leidykla.
21. Kreivinienė, B. (2011). Socialinio darbuotojo reprezentavimas valstybinėje paramos sistemoje: šeimų, esančių sunkios negalės situacijoje, subjektyvi nuomonė. *Specialusis ugdymas*. 1(24). 31-41.
22. Kreivinienė, B. (2007). Šeimos, auginančio neįgalų vaiką, gyvenimo kokybės palaikymas socialiniame tinkle. *Specialusis ugdymas*. 1(16), 105-115.
23. Kreisberg, S. (1992). Transforming power: domination, empowerment and education. (p.57) Albany: State University of New York Press.
24. Lord, J. Hutchison, P. (1993). The Process of Empowerment: Implications for theory and Practice. *Canadian Journal of Community Mental Health*, 12(1), 5-22.
25. LR Socialinių paslaugų katalogas. Žin., 2006, Nr. 43-1570.
26. LR Socialinių paslaugų įstatymas. Žin., 2006, Nr. 17-589.
27. Motiečienė, R. (2012). Įgalinančių socialinių paslaugų konceptualizavimas socialinio darbo su šeima praktikoje. *Socialinis darbas*. 10 (2), 19.
28. Petrauskienė, A. (2011). Interdisciplininis bendradarbiavimas socialinio darbo praktikoje. *Socialinis darbas*. 10(1).
29. Rupšienė, L. (2007). *Kokybinio tyrimo duomenų rinkimo metodologija*. Klaipėda: Klaipėdos universiteto leidykla.
30. Ruškus, J. (2002). *Negalės fenomenas. Monografija*. Šiauliai: ŠU
31. Ruškus, J. (2001). *Negalės psichosociologija*. Šiauliai: ŠU
32. Ruškus, J. Mažeikienė, N. Naujanienė, R. Motiečienė, R. Dvarionas, D. (2013). Įgalinimo samprata socialinių paslaugų kontekste. *Socialinis darbas*. 12 (2), 9-43.
33. Ruškus, J. Mažeikis, G. (2007). *Neįgalumas ir socialinis dalyvavimas*. Šiauliai: ŠU.
34. Rympo, Ž. 2012. Šeimų, auginančių vaikus su negalia, psichosocialinė situacija. *Societal Innovations for Global Growth*, 1(1), 849-864.
35. Sadan, E. (2004). Empowerment and Community Planning: Theory and Practice of People-Focused Social Solutions . [http:// www.mpow.org](http://www.mpow.org) (previewed 2014-09)

36. Saleebey, D. (2002). *The Strengths Perspective in Social Work Practice* (3rd ed.). University of Kansas, NY: Allyn & Bacon.
37. Semėnienė, M. (2009). Neįgaliųjų vaikų ir jų šeimų įgalinimo veiksniai Švenčionių rajone. Nepublikuotas magistro baigiamasis darbas. Šiauliai.
38. Sutton C. (1999). *Socialinis darbas, bendruomenės veikla ir psichologija*. Vilnius: VU Specialiosios psichologijos katedra.
39. Thorlakson, A.J.H., Murray, R.P. (1996). An Empirical Study of Empowerment in the Workplace. *Group & Organisation Management*, 1, 21, 67-83.
40. Tidikis, R. (2003). *Socialinių mokslų tyrimų metodologija*. Vilnius: Lietuvos teisės universitetas.
41. Tuncay, T., Erbay, E. (2008). Primary Objective of Social Work: Social Justice from Rhetoric to Practice Through Empowerment. *Socialinisdarbas*, 7 (3): 87–95
42. Ustilaitė, S. Cvetkova, L. (2011). Šeimų, auginančių neįgalius vaikus, pozityvi patirtis. *Pedagogika*. 102, 135-142.
43. Ustilaitė, S., Kuginytė-Arlauskienė, I. Cvetkova, L. (2011). Šeimų auginančių neįgalius vaikus, vidinio ir socialinio gyvenimo pokyčiai. *Socialinis darbas*. 10(1), 20-26.
44. Vaičekauskaitė, R. (2012). Šeimos, auginančio neįgalų vaiką, socialinio palaikymo poreikiai.
45. Vaičekauskaitė, R., Kreiviniene, B. (2011). Šeimos, auginančios vaikus su negalia, socialiniai edukaciniai poreikiai po delfinų terapijos. *Visuomenės sveikata*. 21(7), 27-32.
46. О социальных услугах. Ведомости Верховной Рады Украины (ВВР), 2003, N 45, ст.358.

Magistro darbo santrauka

Darbe atlikta *teorinė* įgalinančių socialinių paslaugų individualiame, grupiniame, bendruomeniniame lygmenyse *analizė*.

Iškelti šie *probleminiai klausimai*: kokius įgalinančių paslaugų aspektus aktualizuoja šeimos, auginančios vaikus turinčius negalią? Kaip pasireiškia įgalinančios socialinės paslaugos teikiant pagalbą šeimoms, auginančioms vaikus, turinčius negalią individualiame, grupiniame, bendruomeniniame lygmenyse iš skirtingų perspektyvų (šeimų ir socialinių darbuotojų)?

Interviu *apklausos metodu* buvo atliktas tyrimas, kurio tikslas – atskleisti įgalinančių socialinių paslaugų raišką skirtinguose lygmenyse teikiant pagalbą šeimoms, auginančioms vaikus, turinčius negalią. Atlikta kokybinė turinio content analizė, išsiaiškintos svarbiausios kategorijos.

Tyrimo dalyvavo 3 šeimos auginančios vaikus, turinčius negalią ir 3 socialiniai darbuotojai dirbantys su tokiomis šeimomis. *Empirinėje* dalyje nagrinėjamos socialinės paslaugos, kurias gauna šeimos, įgalinančių socialinių paslaugų raiška įvairiuose lygmenyse (individualiame, grupiniame ir bendruomeniniame) šeimų ir socialinių darbuotojų vertinimu.

Svarbiausios empirinio tyrimo išvados:

- Tyrimo rezultatai atskleidė socialinių paslaugų raišką, teikiant pagalbą šeimoms auginančioms vaikus, turinčius negalią: Šeimų auginančių vaikus turinčius negalią vertinimu: Individualiame lygmenyje, šeimos gauna tik informacija apie vaiko negalią ir jiems priklausančia ugdymo įstaigas iš medikų, daugiau visą reikiamą informaciją turi susirasti pačios. Grupiniame lygmenyje dvi iš trijų apklaustų šeimų dalyvauja savitarpio pagalbos grupėse ir ten gauna visko ko joms negali suteikti specialistai: naujausią informaciją, savitarpio pagalbą, palaikymą, laiko sau skyrimą, pasidalinimą išbandytais metodais. Bendruomeniniame lygmenyje šeimos susiduria su visuomenės nesupratimu, kitokio vaiko elgesio netoleravimu, taip pat paslaugų neprieinamumu: galimybės tenkinti specialius vaiko poreikius dėl finansų trūkumo, patekimo į spec. ugdymo įstaigas problema, procedūrų vaikui ir nemokamų paslaugų stoka.

- Socialinių darbuotojų dirbančių su šeimomis, kurios augina vaikus turinčius negalią vertinimu: *individualiame lygmenyje*, šeimos gauna informacija apie joms priklausančias paslaugas lengvatas, pašalpas, šeimos dalyvauja: problemos analizavime, tikslų išsikėlime, sprendimų priėmimo, vaiko ugdymo procese, pagalbos vaikui teikime, taip pat atsiskleidė individualus darbas su šeima siekiant išsiaiškinti šeimos poreikius problemas, taip pat stipriųjų pusių akcentavimas, šeimos palaikymas. *Grupiniame lygmenyje* atsiskleidė šeimų nukreipimas į savitarpio pagalbos grupes, tarpininkavimą ten patenkant, tai pat pagalbą ten pritampant. *Bendruomeniniame lygmenyje* atsiskleidė visuomenės švietimas negalės tema: per dalyvavimą miesto renginiuose, socialinius tinklus, organizuojamas konferencijas.

- Atsiskleidė šeimų aktualiausios įgalinimo savybės: pagalba vaiko priežiūroje, informacijos prieinamumas, ankstyva pagalba vaikui ir šeimai, palaikantis santykis iš specialistų, sąlygų dirbti sudarymas.

APPENDICES