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SOCIAL WORK WITH CHILDREN AND YOUTH

**COMPETENCES OF SOCIAL WORKERS THAT ENABLE STRENGTHENING THE  
MENTAL RESILIENCE OF CHILDREN LIVING IN CARE HOMES**

**Master's Thesis**

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## GLOSSARY

**Resilience** – one's ability to overcome any environmental, developmental, and economic challenges in the face of adversity (Stein, 2019).

**Adversity** – term to define any events that are either life-threatening, abusive, violent, or neglectful, which hinders one's ability to function normally and development (Lukšík, 2018).

**Child maltreatment** – physical, sexual, emotional, or psychological attacks against the minor, which in accordance with neglect, create progressively compromised conditions for all areas of developmental domains in one's life (Meng et al., 2018; Katisi, Jefferies, Dikolobe, Moeti, Brisson, & Ungar, 2019).

**Attachment** – inner connectedness that is lasting for sense of security, and is formed between humans (Zaccagnino, Cussino, Preziosa, Veglia, & Carassa, 2014).

**Residential care** – institutional care (setting), established by the government of the country; they operate on a rotating work schedule and assume the comprehensive care of children's physiological and psychological needs (Lukšík, 2018).

**Competence** – one's ability to complete the job and commitments that come with it. It integrates three main areas: knowledge, values, and skills into practical work.

**Professional resilience** – ability to thrive in the context of work despite inherent mental challenges (Newell, 2020).

**Compassion fatigue** – constant reduction of emotional energy when dealing with pain of other humans (Newell, 2020).

**Compassion satisfaction** – term of professional practice during which social workers and other related field specialists feel in content with their professional choice (Newell, 2020).

**Psychological burnout syndrome** – a state of body and soul, which causes depression, hinders care taking abilities, emotional self-regulation and make work and personal life enmeshed. (Newell, 2020).

## INTRODUCTION

**The relevance of the topic.** According to Ministry of Social Security and Labor of the Republic of Lithuania, social work is a term to define professional activity initiated by social workers and their assistants. It is directed towards people's interpersonal connections, and the improvement of individuals' environmental conditions (2006). It aims to strengthen the receivers of services and is strongly linked with providing help to communities for adjustment for outside changes more easily. Additionally, social workers put efforts into sustainability, adaptability, and integration of people into society. In this field of work, practitioners promote social changes in society and provide an opportunity for people themselves to act in solving their problems, enhancing their own responsibility for the decisions they make, without infringing their sense of dignity (Government Bulletin A1-92, 2006). Looking at this description from a theoretical point of view, the receivers of social services could be any person or organization of the society, however, in this master's study only social work related to children living in residential care institutions, will be analyzed. The present study aims to understand the pathways of risks and protective factors of children who face adversity in residential setting and competencies of social workers that enable the strengthening of child's mental resilience, which corresponds with research problem of this scientific inquiry.

With this study, the researcher hopes to bring an updated practical insight about internal process of resilience and improvement of social worker's methodology when at work with children in residential care homes. Meaning that children living in care, from a wider point of view are one of the most vulnerable groups of society, which need some distinct attention, as adversity experienced in childhood has major implications in one's future life and development of personality (Ashmitha, & Annalakshmi, 2020). This becomes extremely relevant in the context of Lithuania, because Lithuania currently undergoes and is in the process of reforming institutional settings for children. Residential care homes in Lithuania are being reorganized into smaller entities, and thus are being called community homes, which is yet another environmental stressor in child's life to get adjusted to.

**The novelty of the topic.** Even though there are quite a few studies done on resilience in various institutional settings, the need for child's resilience studies continuously grows (Nasvytienė, Lazdauskas & Leonavičienė, 2012). It is worth noticing that such study is essential and is novel due to the very same thing: the reform of residential care homes is only taking place now and study like that during the time of change will probably be of the first ones to be done. Such grandiose change requires positive adaptability by both parties: the children and the social workers, need to find a way to accept and learn to live in new setting (Nasvytienė, Lazdauskas & Leonavičienė, 2012). Another important aspect is that in modern society, there is a prominent

negative viewpoint on both residential care workers and the receivers of services: not only in Lithuania, but widespread around the world, these people are marginalized. The reason might be stemming from the fact that very few people know that children living in institutions receive much better physical and social care than 50 years ago: children are taught social skills, have mandatory medical check-ups, receive psychological help, and their overall well-being is taken into consideration (McKenzie, 1999, Nasvytienė, Lazdauskas & Leonavičienė, 2012). Likewise, social workers are employed only if they had received education or training, as now it is under legal requirements for employment (Gvaldaitė & Šimkonytė, 2016).

**The need for further research.** Even though resilience has been researched empirically, one still cannot fully understand why some residents do better than others, even when faced with similar struggles. On the one hand, both quantitative and qualitative studies revealed several individual characteristics (high self-efficacy beliefs, goal setting, hard work) and situational factors (the relationship with caregivers, years of placement) that were dominant in exerting resilient mechanisms for residents in care. Yet most investigations are focused on foster homes, which are different from institutional settings in Eastern Europe and with reorganization in process, the view of social work with traumatized children is ever changing.

Since institutionalized children were and still are considered a vulnerable population, in-depth examinations are hard to do (Kroupina, Toemen, Aidjanov, Georgieff, Hearst, Himes, Johnson, Syzdykova & Sharmanov, 2015). To the best of current knowledge, little to no research on resilience has been done on Eastern European populations of residents; therefore, building a culturally sensitive understanding on resilience of this group falls in scarcity (Ramdhonee-Dowlot, Balloo & Essau, 2021). There is a growing need to update the knowledge base of institutionalized life in Baltic countries (Lithuania, Latvia, Estonia).

Unlike before, nowadays organization makes sure social workers receive psychological support, and work collaboratively for providing the best social services possible so traumatized children can recover from pain and brokenness (Nasvytienė, Lazdauskas & Leonavičienė, 2012). However, the lack of studies conducted on this specific topic may be contributing to the unfavorable picture of the residents, workers, and community homes (McKenzie, 1999; Nasvytienė, Lazdauskas & Leonavičienė, 2012). Therefore, the only way to start curing the chronic illness of stigma is shedding some positive light on the institutional care, social worker's competences and maybe proposing some practical suggestions on how to build resilience within children whose comprehensive care is assumed by the government. Also, there is a need to strengthen the wish to be socially mature in residential care children rather than solely be focusing on the adverse effects in personality that institutional care may have left due to its imperfections

**Research problem.** Since social workers appear to be authority figures for children living in care it is essential that they act in a way that children can learn from. One study previously done on children's pathway to resilience showed that the presence of social support is essential for enhancement of psychosocial well-being of the children who are going through the life without parents due to parental incarceration (Ashmitha, & Annalakshmi, 2020). Being true to the fact, social workers could be considered as support system for children living in care as they are the main caregivers, however, generalizations of conclusions to everybody are to be avoided because contexts vary among individuals and different settings; the focus is on understanding social worker's experience to strengthen resilience for children who had been traumatized in the past (Nasvytienė, Lazdauskas & Leonavičienė, 2012).

Having these facts in mind the following two research question arise:

1. What are the competencies that social workers implement when at work with children in care to strengthen the development of construct of resilience within the residents?
2. What are social worker's abilities that contribute to the preservation of their professional resilience at work with traumatized children?

**The object of the study:** competences of social workers that enable strengthening the mental resilience of children living in care homes.

**The goal of this study** is to reveal social worker's competencies that aid in strengthening the mental resilience of children living in care homes based on their experience.

The researcher intends to analyze the goal via **three major objectives**:

1. Empirical analysis of resilience development in children, in connection with social support received from caregivers
2. Identification of the competencies of social workers, which they mindfully or unintentionally use to work with children who are facing adversity daily.
3. Analysis of the competencies in terms of effectiveness, and a description of their implementation in connection to encouragement of resilience
4. Drawing practical inferences from the study and suggesting them for wider population, for practitioners, who work directly with children in care.

These answered questions will help to understand the two-way communication between the children and social workers. Encouraging children to be resilient is of course, important, but it is nonetheless necessary for the social workers to strive for advancement as well: for broadening their horizons, being conscious and mindful about which factors are meaningful in raising confident, how they become self-sufficient despite the encountered trauma (Pearce, 2011).



**Methodology of the study**

This study was made using qualitative method research design. For the analysis of empirical findings – phenomenological approach was chosen, which focused on social worker's experience while working with children in residential care, and data was collected using semi-structured interviews. The gathered data then was studied by employing the principles of thematic analysis.

## **THE BACKGROUND OF RESILIENCE STUDIES AND SOCIAL WORK**

### **1.Introduction to resilience phenomenon as response to adversity**

Unpredictability of things is the most stable attribute of life. For the most people inability to foresee the outcomes of events drowns them in feelings of uncertainty which in turn causes stress. Stress is to be fought against, however if it becomes chronic due to environmental factors, such as a child being placed at residential care institution, this child becomes exposed to the conditions of adversity (Purswani et al, 2020). When such events take place, children are to adapt in the new context of life and develop resilient behaviors for them to be able to succeed (Singh, 2016). It is a matter of social workers that are the main caregivers of children living in care then to observe the demonstration and patterns of such actions. Since this is a continuous process for both parties, caregivers need to implement specific methods to foster resilience in children and show their competence.

At the heart of this literature review lies the curiosity to overview the scientific body of previously conducted research on the topic of resilience in institutionalized children and social workers' impact in promotion of this personality trait in them. Secondly, there is a need of an updated knowledgebase for the society to understand the complexity of the construct of resilience working within children, living specifically in institutional care and rationalize how important the job of social workers is in terms of raising children who are exposed to adverse childhood experiences.

#### *1.1 Historical roots of resilience in maltreated children*

We can often hear a sonorous saying that children play a huge role in the evolvement of society because they are the future of the world. While this may be true and sound quite idealistic, the reality is much different. Internationally child maltreatment has always been and continues to be one of the most prevalent issues in the list of social problems (Meng et al., 2018). Meng et al. (2018) suggest that each year millions of children are either abused, neglected, or both by their parents or primary care givers. Various authors agree in unison that child maltreatment is conceptualized as physical, sexual, emotional, or psychological attacks against the minor, which in accordance with neglect, create progressively compromised conditions for all areas of developmental domains in one's life (Meng et al., 2018; Katisi, Jefferies, Dikolobe, Moeti, Brisson, & Ungar, 2019). One domain which is extremely important for successful path to adulthood is one's ability adapt to stressful situations (Meng et al., 2018). It is rather concerning when thinking about children because failure to adapt pose powerful danger for psychopathology (Meng et al., 2018). There is a common belief among scientists that adversity faced during childhood has a direct negative impact on developmental curve that remains throughout the lifespan (Meng et al., 2018; Katisi et al., 2019; Worku et al. 2018).

According to academic article on child welfare, this idea of gloomy trajectory scaring for lifetime caught the attention of psychologists and psychiatrists because it proved itself untrue in various instances: some children despite malevolent conditions not only were able to maintain functioning at a normal level but even flourish in life (Meng et al., 2018). At this point resilience studies come in handy, since they emerged well over three decades ago in the realm of developmental psychopathology and attempted to explain this unexpected pattern of behavior (Rutter, 2012).

Before we begin delving into further investigations of resilience, we need to explain two major definitions that are going to be used across this thesis: resilience and adversity. The concept of resilience is best defined as one's ability to overcome any environmental, developmental, and economic challenges in the face of adversity (Stein, 2019). Complementary, according to Lukšik, adversity is the term to define any events that are either life-threatening, abusive, violent, or neglectful (2018).

Linking the two concepts back to the historical explorations of resilience it is important to say that unexpected signs of success despite pain experienced when observing the children, was exactly what caught the attention of researchers in the past. It would conform with the law of nature that as children are hurt and traumatized at various stages of development, when growing up they struggle in numerous domains of life, and show signs of failing to adapt, however, as discussed before that was not necessarily the case for all the children under observation (Meng et al., 2018; Rutter, 2012). Specifically, scientists were interested in digging into factors contributing to prosperity after painful, traumatic experiences (Flynn, Dudding, Barber, 2006). Researchers began looking at children at risk first (Flynn, Dudding, Barber, 2006). They studied children whose parents were mentally ill, who were growing up in the context of poverty, family violence, war, and many other adversities (Flynn, Dudding, Barber, 2006).

In summarizing the main ideas from the passages above it is important to highlight that maltreatment against children has always been in the top of the societal problems, however, when some of these children had been studied, they demonstrated unimaginable inner strength to bounce back from painful experiences and function well. This ability is now known as resilience and in spite of it being studied across various contexts, researchers still pose a question what are the factors that contribute to the development of resilient traits in children who succeed even when living in residential care (which, as mentioned before, is considered to be adverse living condition) and what impact does a primary care give make in empowering them to become self-sufficient adults later in life.

### *1.2 Conceptualizing resilience phenomenon into categorical domains by Brooks*

What studies on children revealed was eye-opening because it seemed like resilience can hardly be put in a framework, as it has many facets. There is a worry that conceptualizing it may lead to falsely simplifying its effects within a child. Simplification of it would mean there is a definitive answer to what resilience is, and to current knowledge, it has not yet been explained well-enough. That is why, according to Brooks, resilience studies not only investigate the internal elements within the personality that children use to deal with traumatic experiences, but also examine the intrinsic and extrinsic mechanisms of an individual that serve as protective factors to consolidate the inner resources within children which they already have. There is quite a discussion what workers in care can do to make them even more resilient (1994). When reviewing the findings of various researchers, in American journal of orthopsychiatry, Robert Brooks has outlined a few interrelated domains that have an impact on existence of resilience (1991). For better understanding, he put them into categories: internal mechanisms within the child, family influence, and a wider social background (1991).

First of all, internal mechanisms refer to intrinsic resources, such as inborn temperament of child (Brooks, 1991). That is to say that, by observation, when a baby shows signs of happy temperament from infancy, it usually serves as a protective factor for him (Brooks, 1991). This observation of children at risk has been extensively studied across time by various authors much later and findings are consistent with the conclusions made earlier: children who are of easy/engaging temperament are much less sensitive to environmental hazards: they are much more likely to engage in effective and active handling of problems than those who have difficult temperaments (Brooks, 1994; Martinez, Anne Bogat, Von Eye, & Levendosky, 2009). More importantly, not only they are more flexible in adapting to stressors outside their range of management, they also find it easier to control the negative feelings of anger and sorrow (Martinez, Anne Bogat, Von Eye, & Levendosky, 2009). It was most likely that children with an easy temperament approached significant, stressful situations with a positive outlook that “everything eventually works out for the better” (Werner & Johnson, 1999). According to theorists of personality Thomas and Chess (1977) children of an easy temperament quickly adapt to new situations, they are in a good mood for most of the time and that makes them more likely to approach novelty with a positive attitude. Clearly, one’s genes, optimistic personality and easy temperament may play a key role in children’s belief that every challenge is an opportunity for growth, but the explanation is not yet complete. Small children demonstrate resilient actions, but are unable to express their feelings or thoughts, therefore the inner world remains hidden for the eyes of the adults, or only seen partially from the outward behaviors.

The missing piece of the puzzle is social linkage. We do not know why some children choose to overcome adversity and demonstrate resilience, whereas others do not even though they live in the same environmental conditions.

Furthermore, another intrinsic trait that serves as protective and promoting factor to resilience, is high intelligence (Martinez, Anne Bogat, Von Eye, & Levendosky, 2009). As a matter of fact, systematic reviews on children's thinking abilities in the face of trauma show that better cognitive capacity is strongly linked with ability to positively adapt to extremely stressful conditions (Martinez, Anne Bogat, Von Eye, & Levendosky, 2009; Mohamed, & Thomas, 2017). For example, in a study of Palestinian refugee children, who have experienced home displacement due to forced migration from their homeland, associations with posttraumatic stress disorder were apparent (Mohamed, & Thomas, 2017). However, children who received education and focused on school setting for academic achievement despite tough circumstances, were more flexible at maintaining stable emotional responses (Mohamed, & Thomas, 2017). Not only did they control better their emotional state in the events of devastating nature, but also were also more likely to persevere through adversity and even blossom during the whole process of it (Mohamed, & Thomas, 2017). Truly, an inference from these findings can be made that, the higher capabilities to be academically successful, the stronger the traits of resilience, as children shift their attention from trauma to achievement.

Werner & Johnson (1999) suggested that better intellectual capacity could be one of the protective mechanisms against developing behavioral problems for children growing up in unfavorable settings (Werner & Johnson, 1999). Since humans are sometimes referred to as "choice machines", being able to make an informed, rational decision explained why people with stronger intellectual inclination benefit from their capacity to make reasonable decision. Better intellectual aptitude helped children who face adversity alter their cognition (Werner & Johnson, 1999; Hernstein & Murray, 1994). Interestingly, more intellectual children showed a tendency to rebel against the norms that they were facing at the time and later view it as a character-building experience (Masten, 2001).

Because the construct of resilience is multidimensional and works in the context child is living in, it is being continuously studied in many various areas and still it is challenging to account for all variables and explain how it works fully (Mohamed, & Thomas, 2017; Martinez, Anne Bogat, Von Eye, & Levendosky, 2009). When referring to resilience as to multidimensional construct, Mohamed, & Thomas also describe it as one's unique set of accumulated skills to adjust to traumas at certain times and at different degrees (2017). For example, it is hard to explain why in 22 different studies carried out by Bronstein and Montgomery (2011), they found that in spite of extraordinary pain due to loss of family and home, a big number of refugee children seemed to

show aspects of resilience, while others coming from alike settings, did not overcome those same experiences and started internalizing their problems (Mohamed, & Thomas, 2017; Martinez, Anne Bogat, Von Eye, & Levendosky, 2009). Only if investigated further the factors that empower some refugee children to flourish, social workers or care givers working with them, would be better equipped to create efficient interventions that promote success (Mohamed & Thomas, 2017).

Similarly, it would be wrong to compare the resilience factors experienced by refugee children to those who have lost parents, because of, for example, adult alcoholism; the family influence in these contexts differ greatly. Mohamed, & Thomas (2017) argues that types of resilience differ depending on circumstances, hence it is curious to delve into experiences of children in care and social workers impact on the formation of resilience, as a separate, distinctive group of society.

Thirdly, author said external support system acts as a resilience-related quality as well (Brooks, 2001). For example, bonding with a friend establishes a strong sense of trust; having had someone to reinforce one's self-efficacy and self-esteem are common representations of external support (Masten, 2001). Ultimately, receiving confirmation that one was competent enough to deal with adverse life events, being involved in a community that encourages autonomy and yet lends a helping hand when needed—these acts of kindness that come from outside from a wider social context, significantly contributes to the processes of developing resilience for children living in disadvantaged settings (Masten, 2001).

It can be said that there is a great number of ways a child can be maltreated and then, it here is to say, that there is even greater number of ways resilience can be demonstrated; processes that take place within the human being to cope with those stressors are many and hardly distinguishable as they work in interrelated collection (Meng et al., 2018). Furthermore, according to Mohamed & Thomas the loss of a family and home is the type of adversity that it considered to be one of the most difficult to “bounce back to normalcy” from (2017).

Due to that fact, it is essential to overview the scientific body of research on children with lost parental care and home: there is still a missing gap to fill in terms of understanding why some children can persevere through this trauma, and others, unfortunately start internalizing their pain which has a major effect on further development in the future (Mohamed & Thomas, 2017).

In summarizing it is important to emphasize the essential thoughts from the scientific body of research done before. Even though Brooks has attempted to conceptualize resilience and put factors associated with resilience into categorical domains, contexts that cause the adversity differ greatly, and can hardly be accounted for. They also should not be universalized. That is why in this study we are focusing on the primary cause of lost parental care only. All stories, of course, are case-specific but with this study the aim and hope are to be able to answer the question what

the role of social workers in is helping children to develop a resilient mindset and how caregivers can empower their residents to use their strengths for better achievement.

### *1.3 Important findings of resiliency in children's homes in Europe*

Discussion above already yielded a conclusion that resilience has many forms and ways to be experienced. As contexts differ, so do feelings: they are not universal, nor universally felt for every individual. Houston (2010) highlights that if children get into public care or child protection system, as a rule they are living in the conditions of significant emotional distress. On the one hand, significant findings have contributed to the understanding of phenomenon of resilience in the face of emotional/physical suffering, on the other hand, there are still missing gaps to fill in terms of social worker's role while raising children of such sort. For example, there is scarce information about how to foster success in the children who have lost parental care and due to that became residents of governmental residential care institutions (Houston, 2010).

The institutional care (setting) refers to the residential facilities, established by the government of the country; they operate on a rotating work schedule and assume the comprehensive care of children's physiological and psychological needs (Lukšík, 2018). In other words, this a special placement for children who were taken out of their families due to the belief that living at home with parents will be pathological to their development. These pathologies involve substance abuse, domestic violence, extreme poverty, broken relationships, and family support system that is not existing (Lukšík, 2018).

There is a controversial debate whether residential care is the best option for the children who live in ill-equipped environment in which there is no one to assure their needs will be met. While living in the institution guarantees a roof above one's head and social services if needed, which is not only beneficial, but rather a must, it cannot ensure that children will be protected from and against the context of adversity (Lukšík, 2018). To the contrary, not only does the transition to the new living place creates more stress for the individual, but also expose him to the context of extreme peer pressure, possible violence amongst the residents, psychological and emotional abuse, and unjust treatment (Lukšík, 2018).

Surely enough, the negative effects of residential care are just one side of the coin. The other side of the research findings suggest that workers in residential facilities do their best in providing children and youth with the most necessary psychological assistance and social welfare (Kendrick, 2012). Social workers teach children to care for themselves, cope with environmental stressors in the way that is not self-destructive. Children learn new behavioral skills to deal with bullying, accept their painful experiences, and control emotions via closed group meetings with specialists that are available for the residents (Lukšík, 2018).

As a matter of fact, a scientific proof exists, stating that the growth of resilience can differ

tremendously based on the structure (type) of institution (Lukšík, 2018). It matters most how facilities allow the growth and promotion of various actions of residents who start showing resilient behaviors. When workers notice resiliency what do they usually do: do they allocate individual time and offer social support, do they try to establish reciprocal interactions, etc? These are the questions that with studying resilience academics strive to answer.

Literature analysis has shown that researchers should not jump to conclusions or generalize about institutional settings saying solely that residential care alone is a traumatizing experience for children, who are the service users in this case. While it is true that public care placement is not ideal solution for lost home, and parental love and relationship cannot be substituted completely, it is nonetheless fair to say, that nowadays professionals working in care are oriented towards the emotional well-being of a child. Lastly, institutional structure/system is organized in such a way that is concerned with satisfaction of needs for shelter and food, but also seeks to use methodical tools for teaching independence and empowerment of child's inborn resilient traits.

#### *1.4 Attachment theory twists in development of resilience*

One answer that researchers were able to give to the readers while studying children who lost parental care, is that attachment style plays a huge role in the formation of resiliency. By theoretical definition, attachment is explained as inner connectedness that is lasting for sense of security, and is formed between humans (Zaccagnino, Cussino, Preziosa, Veglia, & Carassa, 2014). The development of attachment relationships is known as one of the fundamental elements in developing adaptation to negative life events (Bowlby, 1988). As a matter of fact, Bowlby (1988) identified ability to adapt as a key element that facilitates faster recovery from adversity. The truth is though, that children at high risk (i.e., living in orphanages) are deprived of means to securely attach to their caregivers. In Italy, Lionetti, Pastore & Barone (2015) report that out of 399 Italian children (ages 0-3) from institutionalized settings, only 18% had shown secure attachment patterns (2015). The rest 28% showed signs of insecure attachment style and 54% of the population showed signs of disorganized/cannot classify pattern of attachment (Lionetti, Pastore & Barone, 2015). These numbers indicated that more than a half of children who faced malevolent life conditions before the age of 3 lacked the basis for attachment, which is an important factor in the road for healthy emotional development and thus were less likely to psychologically adapt to negative events.

Another group of researchers in Ukraine examined the reasons why early attachment relationships were so rarely formed, given the fact that children's physiological needs are satisfied (Bakermans-Kranenburg, Steele, Zeanah, Muhamedrahimov & others, 2011). Even though satisfaction of physiological needs was not all what was required for the development of attachment relationships, there was a person who took care of infant's needs. In institutions



children are provided with adequate care; there is always an adult who takes care of them (Bakermans-Kranenburg, et al., 2011). However, that appeared to not be enough for a secure attachment to be built. From a Ukrainian study researcher found the underlying cause of the problem. A high turnover rate, rotating shifts and a small number of caregivers affected the development of personal relationships (Bakermans-Kranenburg et al., 2011). How could emotional needs of children be attended to if one caregiver had up to twelve infants to take care of? Undoubtedly, that is hard to do and that is why caregivers limited their attention to just feeding, bathing, changing, and cleaning the rooms (Bakermans-Kranenburg, et al., 2011). Undoubtedly, the fact that orphanages were short-handed in terms of available workers to take care of a big number of residents caused impossibility of formation of healthy attachment between children and care givers.

Some previous findings from studies on attachments revealed that greater caregiver sensitivity to children lead to inhibited indiscriminate behaviour and less secure-base distortions in children living in orphanages (Oliveira, Fearon, Belsky, Fachada & Soares, 2015). In other words, closer caregiver-child relationships decreased the occurrence of disorganized attachment (Oliveira, Fearon, Belsky, Fachada & Soares, 2015). Another group of researchers who co-examined the same Ukrainian orphans described above noticed that when caregivers provided care—or performed their duties, so to speak—they did it in a business-like manner (Oliveira, Fearon, Belsky, Fachada & Soares, 2015; Van Ijzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, & Juffer, 2011). They showed little sensitivity, warmth, or responsiveness to children's individual emotional needs (Van Ijzendoorn, Palacios, Sonuga-Barke, Gunnar & others, 2011). Had the workers received more training and were taught the importance of social interaction, maybe the quality of the residential care could have been enhanced (Van Ijzendoorn et al, 2011).

The inference can be made that even though children living in institutional care live in good material conditions, it undoubtedly cannot compensate the need for warmth and love-based communication which is so essential for the smooth transition of development from one stage to the next.

Overall, the highlight of these scientific findings explored above is that secure attachment to a professional or primary care giver was found to play a significant role in the formation of inner strength: children were more likely to psychologically adapt to negative events and develop healthier emotionally. All of which just goes to emphasize repeatedly, that care givers' genuine wish to have a relationship with the child in residential care is the ground stone in the path of moving forward in spite of adverse life traumas. At this point, however, we are still unable to

answer the question why some children naturally cling to some social workers, and others refuse to even respond to care giver's efforts to connect with them.

### *1.5 The imperfections of Lithuanian residential care facilities structure*

Ever since researchers found that the secure attachment relationships are determinant of children's overall state of body and mind, the topic was chosen to study among residential care inhabitants in the country of Lithuania as well. Lithuanian experts explored the importance of attachment relationships for children residing in public care. Their conclusions about the formative relationships between children and care givers are rather drastic: as Šimkonytė and Gvildaitė point out, the environment that child needs, cannot be the institution, as its' structure does not resemble and does not come even close to being family-like and home-feeling friendly (2016). As it has been already established earlier for the education of a child and development of healthy emotional state, secure attachment to a caregiver is a must (Zbarauskaitė, 2012). However, according to a few Lithuanian professionals, the conditions in the Lithuanian institutions are such, that formation of secure bond is rather impossible: it can be up to 5, and sometimes even more than that, different care givers, who constantly change based on a rotating work schedule day and night; needless to say, that workers' big turnover rate, is a common phenomenon in the institutional care setting (Zbarauskaitė, 2012; Gvildaitė & Šimkonytė, 2016). The establishment of meaningful and secure connection usually takes place during the first year of placement into residential care, and with continual switch of workers, that is, unfortunately, very hard to do. Institutional care provided for children, sadly, is marked with the comparable negative attributes in Lithuania as well and children experience similar challenges: limited reciprocal interactions and inability to securely attach to their caregivers.

In a Lithuanian methodological measure addressed to professionals working with children in residential care, authors continuously address the necessity for stable and emotionally satisfying relationships from as early as possible (Šeimos santykių institutas, 2009). According to Bowlby's theory of attachment, secure connection to the mother, or in the case of public care residents – to the primary care giver, serves a two-way function: when a child is small satisfied need for attachment assures the basic physical needs will be met, while later, as the child gets older, it strives for psychological needs to be addressed (the formation of stable emotional contact and relationship is the ground stone for development) (Šeimos santykių institutas, 2009). As specialists from the Family Relationship Institute say, strong sense of attachment to a care giver not only provides a child with better emotional state, but also guarantees more rapid cognitive function and ability to battle unfavorable life circumstances which children at loss face daily (2009). The more caregiver is approachable and available from the early stages of development, the more likely it is that a child will evolve into having stable inner organization, stronger means to adapt, and

integration into the world capabilities (Šeimos santykių institutas, 2009). As it turns out, if these needs are not met, the child in care experiences the fear of rejection and often thinks he/she is not lovable, worthless, which in turn will cause him/her to have troubled relationships with other people as well (Gvaldaitė, & Šimkonytė, 2016).

Overall, fear of rejection and anxiety are commonly understood as danger signs that the child starts to show, and this is when he/she starts seeking for comfort, for security base, for an adult whom with to attach and feel safe around (Zbarauskaitė, 2010). It is the job of a social worker, practitioner, or primary care giver to observe those signs and extend the help a child is desperately looking for.

To sum up, conclusions from Lithuanian experts are rather drastic. From just reading up the opinions about Lithuanian residential care facilities, the analysis seen may look quite dark, supposedly it is impossible for children to securely attach to their care givers due to large number worker turnover rate. The main idea is that structural problems inhibit even maintaining stable relationships between workers and children that were already formed. However, whether this negative view has a strong ground base for such conclusions nowadays when reorganization of residential care institutions is already in the process, one should go and investigate further. The news about structural imperfections of residential care facilities may be outdated, and that alone already increases the academic interest and curiosity to see what has changed in the recent years and what social workers improved in their everyday lives at work to strengthen the ties with their residents. Essentially, resilience seems to begin from that one meaningful relationship with an adult.

Finally, it is a two-way street: professionals need to have knowledge and particular skills how to establish that connection as traumatized children may show opposite signs of what they seek; they can demand to be comforted at the expense of others.

## **2. Reform of institutional care into community homes as new practice**

Ever since it was found out that institutionalization of children into childcare system means yet another trauma for them, experts raised a question of how to improve life conditions for service receivers. Conclusions had been made that while living in a closed, stationary territory of children homes, residents feel always watched and controlled by the workers, and isolated from society (Gvaldaitė & Šimkonytė, 2016). This feeling is stigmatizing and does not resemble family environment whatsoever. This is one of the main reasons why Gvaldaitė & Šimkonytė bluntly state that institution was never enough to compensate for the lost family, and it cannot be even compared to it (2016). Essentially, institution cannot be home for children.

Snieškienė ir Tamutienė (2014) made an analysis which aimed at examining the efficiency of different placements for children. They looked at children who were placed in foster families

and those who were sent to community homes. The study revealed that familial needs are responded better through life with professional care givers, in comparison to efforts put by social workers in other type of placement: either institution or community homes. Children reported more positive outlook on life, environment. They also view their relationships with adults, as more stable, more satisfying, and experience less socialization problems in school. On the other hand, children living in governmental care only spoke about better material conditions in comparison to original homes, and still felt quite confused about their socialization, stability of relationships as workers take shifts, and ability to bond with someone specific.

Such strong negative viewpoint on institution lead to an understanding that the structure of how work and life is organized in there, has to be reformed in such a way that would help satisfy children's needs for safety and warmth, establishment of connection to one significant adult. Residential community homes into which institutions for children are now being reorganized, move into right direction towards addressing previously mentioned issues. Currently according to new laws for community homes, in one family, who is no longer living in the stationary closed territory but rather in the apartments located in town, up to 8 children could be accepted, and 3-5 child care workers assume comprehensive responsibility for them as part of their working agreement. Workers continue to change as their shift ends, yet the workload is smaller because the number of children in the group is also less (Gvaldaitė & Šimkonytė, 2016). However, if one employs a critical evaluation of such organization, with wanting to improve conditions for children, another issue creates itself as a result. Yes, children live in town, in smaller groups, called families, but quite big change of workers remains an issue, and workers who participated in previously done studies, report that now they sometimes feel alone and lonely in their workplace, as they are no longer surrounded by coworkers and colleagues performing the same tasks, who face similar challenges (Gvaldaitė & Šimkonytė, 2016).

According to experts' opinion, transition from institutions to community homes is a gradual process that will take years to fully be implemented and perfected so both the workers and service receivers feel comfortable, and the needs of both parties can be provided for. It should not be rushed by the authorities and everyone's requests should be taken into consideration individually (Buster, 2012). One could ask why individually? The answer is simple, no family is the same, therefore if one seeks to give children freedom and workers be creative in raising self-sufficient adults, authenticity must be allowed in deciding what rules work for each case, and what special needs should be accounted for.

### *2.1 Social workers mental readiness for the reform of children homes*

However, this process of deinstitutionalization has been very beneficial in filtering through professional's motivation and readiness to work in this field with children. In general, Gvaldaitė

& Šimkonytė, say that their narrative interviews with 7 social workers from their study revealed a positive picture about reform, as to state, that workers believe in positive changes that reform brings to the children, however the motivation to stay employed in their workplace varied. Based on the very basic requirements that reform carries within itself, there is a necessity for professional education for people to enter the job: workers that directly engage in child raising must have an academic degree related to social work (either social work or social work pedagogy). That supposedly ensures that people coming to work in this field, come prepared at least theoretically, if not practically, for the challenges that this job has (Socialinis pranešimas, 2014). Whether that is true, only time will tell, since reform has not yet been studied enough as to being relatively new in the country, and it takes years to see actual implications in practice, of such requirement.

On the other hand, social workers mention that transition from institutional care to community homes firstly happens on governmental level; ever changing laws ensuring children's safety means the decision to remove children from home is made too late (Gvaldaitė & Šimkonytė, 2016). Before the reform, if there was threat to child's well-being, he could be taken from home faster, because in institutional care the allowed number of residents was bigger. The process of transfer was taking shorter, according to them. Since only up to 8 children can live in a "family" now, community homes need less workers, and groups are smaller. It is both good, and not so much. Authorities take longer time to find the right conditions without breaching the laws, while children remain in families and suffer. In other words, children needing governmental care still outnumber the staff hired for community homes, and the irreversible damage is done for the minors due to prolonged waiting to take appropriate action (Gvaldaitė & Šimkonytė, 2016). Vitkauskas (2010) and Poviliūnas (2014), who both examined the well-being politic aspect of children's security, say that there is a need to promote deinstitutionalization processes, so every stage of care would be individualized, and decisions made would be in line with concrete needs of the child, interests, situations, and circumstances. Bobinienė and Voitechovič (2012) explained how children's institutionalization prevention and intervention measures could be improved. According to them, it is not enough to solely reorganize homes, and it will not bring the results everyone hopes for; neither the number of children who need social care will decrease, if on practical level, social risk families will not be inspected more intensively, and effectively.

Social workers working in care claim that they need more support in community homes from specialists who have expertise to deal with deeply traumatized teenagers because they are not magicians and really cannot do miracles in "fixing" residents behaviors in couple of years before they become adults (Gvaldaitė & Šimkonytė, 2016). They believed that if reform was better thought of, and more concerned about practicality but not formality, maybe some of the children could be saved from ongoing domestic violence, sexual abuse, and neglect sooner. Consequently,

social workers would be getting children that are younger in age, or at least not adolescents, who already saw way too much and no longer trust any adults in their lives.

Finally, experts are concerned that reform had been in process of implementation but not well thought through on all dimensions politically, and steps were not critically inspected to make sure the whole system is ready for change and will be functioning best. That leads to suffering of children, and social workers on many levels; they are not prepared to deal with such deep traumatization of their residents if they stay in malevolent conditions for way too long (Gvaldaite & Šimkonytė, 2016).

In summarizing the pain points of Lithuanian authors, it seems the intentions for reorganization from institutional care to community homes has been good, and guidelines for change were provided in advance, but the lack of focus to things that really matter, had not been inspected enough. Such are the processes of children's removal from home on time, preparation of social workers to receive adolescents of deep traumatization, finding financial resources for hiring enough staff and paying adequate salaries, if had not been forgotten, they were overburdened with bureaucratic procedures that take longer than it is sometimes wished or needed for the child to avoid permanent damage.

That is of course, not to say that reorganization is inefficient and downsides outweigh the benefits that children receive as part of being community home residents, but from the viewpoint of experts, the transition was rushed, and changes happened at surface-level on political end, practically leaving social workers to feel left out to manage difficulties with children of disturbing past alone.

## *2.2 General theoretical definitions of social worker's competencies in childcare*

This is where a competent social worker becomes the essential key to child's development because it matters most whether specialists are qualified and educated enough to know how to build that attachment relationship from which bouncing back from traumatic events usually begins and sets path for road to resilience. Competence of a social worker is explained as one's ability to complete the job and commitments that come with it. It encompasses both educational and empirical requirements: one must demonstrate an ability to meet job objectives; all of which is reached while holding values and professional, ethical code in mind, so social work goals can be achieved (Gudžlinskienė & Norvaišaitė, 2010). Furthermore, what makes one competent, is knowledge acquired through continued learning, abilities that workers possess, certain outlook on the world and value judgements (Gudžlinskienė & Norvaišaitė, 2010). All of which is marked by far most important aspect – experience gained through related practice work in the field (Gudžlinskienė & Norvaišaitė, 2010).

Even though there are many descriptions and definitions of competence, the one that matters to this thesis, has to do with integrating three main areas: knowledge, values, and skills into practical every-day life with children in residential care (O'Hagan, 1997). Truly it seems that residential care social worker must demonstrate more than a range of skills or that any competence definition can encompass. As K. O'Hagan points out, social worker in residential childcare must interactively provide residents with care, hug for comfort, and control of situation simultaneously (1997). Needless to say it is difficult to put heart-based connections into words, K. O'Hagan (1997) suggests that there are 6 areas of social workers objectives that shed light into broadening understanding of competence as such : 1) effective communication and commitment, 2) emotional encouragement and granting of possibilities, 3) assessment and planning of goals, 4) intervention when needed and supply of possible services for the resident, 5) work in organization based on ethics and in the framework of its' rules and, 6) provision of education so professional competence can always be updated with newest knowledge (as cited in Gudžlinskienė & Norvaišaitė, 2010).

In summarizing the main thoughts from K.O'Hagans definition, in the context of raising a child, the idea of practitioner's competence, also known as effectiveness in reaching related goals, has great fascination, or sound appealing, but the concept goes beyond the surface of words: it is much deeper than completed set of tasks that define success related to competence. All of work related to children must be driven out of genuine care and love because raising a human being is more complex than preparing a product for sale.

### *2.3 The viewpoint on competence in context of Lithuanian childcare*

Lithuanian psychologist Zbarauskaitė, who is an author of methodological tool for specialists of children and teenagers in care, points out that the key competence of workers is to show that they are available both physically and emotionally and respond to the needs of child (2016). It is the most important one, as it is the core of how mutual trust relationship is being formed from the very beginning of child's life; just like it would be crucial for mothers and biological children, so it is for children and social workers in residential care. When secure attachment and trust between the worker and a child is built, that is when he or she starts seeking for the exploration of the surrounding environment. It is when the child begins feeling safe enough to get out of his/her shell and wants to understand the changes of his, so to speak "new life" after being placed in care (Zbarauskaite, 2010). The ways specialists approach the children differ depending on various circumstances, including the age of the resident, however, the focal point is to try putting in as much efforts as possible for the creation of environment, in which relationships based on trust and genuine care would be possible. That is of course, not to say, that attempts to form that connection of trust, must come solely from the residential care worker, but, according to Bowlby's theory and conclusions, child's natural means to attach to a care giver, are expressed

through the needs that children cannot satisfy themselves, and hence they need to be taken care of by an adult (Zbarauskaitė, 2010).

The problem here is, however, is that children living in care in often cases, have never had anyone to respond consistently to their call for help when they were growing up, and they have developed mistrust towards adults and overall anxiety consequently (Zbarauskaitė, 2010). As Zbarauskaitė explains, children with traumatic childhood experiences, do not believe that social care providers are the source for help and do not think that social workers care enough to be there for them whenever the crisis hit (2010). Additionally, close ties to adults, they associate with fear and danger because that is all they saw in the past (Zbarauskaitė, 2010).

This is a rather sad reality, that can be seen from the research done on children in care. The good news is though, that competent social workers, who have practical skills to show that they are available whenever the child needs, can teach an individual a different pattern - not all adults are unworthy of trust, some of them genuinely mean good for the child and are resourceful. The competence of social workers to be readily available is crucial, indeed, but even more so it is essential for the workers to be mindful of those various traumatic experiences when at work with children and react appropriately to the child's seemingly contradictory behavior: teenagers may say they can take better care of themselves; children may ask for continuous attention and be angry that you are showing it (Zbarauskaitė, 2010). Therefore, social workers must really be deeply educated on childhood trauma and know that such reactions and aspects of behavior are typical for children with insecure, ambivalent, disorganized attachment styles.

Grudulaitė argues that another important competence of social workers that needs to be implemented when at work with children is authority used in a every day professional practice (2016). Social workers learn what it means to be theoretically authoritative during professional practice, however, how to be ethically authoritative in practice, depends on worker's qualifications and knowledge, Švedaitė-Sakalauskė et al says (2014). Experts say that care connections are often embarked by dependency (Grudulaitė, 2016). Meaning, that a child frequently depends on given orders and decisions made by him or social workers. Truly, authority is a complex phenomenon to be described, yet social work specialists operate on power relationship because a stronger person must meet the needs of the child and most importantly, ground the choices and actions on trust (Grudulaitė, 2016). That just goes to say that it is a slippery slope how to exercise that power in appropriate manner that would keep child's sense of self-dignity and trust in-tact.

Grudulaitė also offers beneficial insights in explaining why professional authority is strongly linked to competence of social workers working in care for minors: mainly, it is because when raising children, the goal is to help them become self-sufficient adults in the future, and teach them to be independent; hence exercised power must be considerate, offering constant support,



personal growth opportunities, understanding the wishes and needs of children and teenagers, and do it all with respect to their freedom of choice and valuing their opinion (2016). It might sound as self-explanatory type of description, but it's a rather hard task to do because children with childhood traumas are used to obeying due to fear of possible abuse, and not because they believe the influential person wants best for them (Grudulaitė, 2016). Of course, if there is no trust between the child and social worker, power relationship, or authoritative requests seem like controlling actions, unreasonable demands and a child may become rebellious, angry, or defensive (Banks, 2006).

In essence, as soon as authority is established and a child starts viewing the social worker as trustworthy adult, the challenge of maintaining that relationship needs to be addressed (Grudulaitė, 2016). It takes many more personality traits to remain being that respected and reliable individual for children, having in mind how crisis situations, formal duties and obligations of professionals (that minors in residential care may not be able to understand) sometimes distort the view and gets conflicted in the minds of children and teenagers (Grudulaitė, 2016). In other words, it takes so much time to form a relationship that is based on mutual trust with healthy authoritative boundaries, and it is so easy to lose that influential power relationship that both parties worked so hard on establishing (Švedaitė-Sakalauskė et al., 2014).

This chapter really summarizes the essence of relationship formation competence of social workers, but not only that. It is not enough to establish connection alone, it is equally important to maintain and deepen that connection because adults have duties that they have to execute, remain professional but also portray love and unconditional acceptance in spite of contradictory behaviors that traumatized children show towards their caregivers and put their patience at test.

Interesting study was made related to expectations raised for social works. In Lithuanian study, perceptions of children in relation to authority figures, that are social workers, whom they meet at the day care center, were investigated. According to interviewees ages 9-12, most important is what they refer to as positive relationship with them and everyone around, as well as demonstration effective communication skills (Grudulaitė, 2016). Social workers are seen as exemplary figures that children want to model and whom they want to be acknowledged by. By contrast, they reported, that specialists they view as friendly but not a friend, because workers need to be strict when children do not listen. However, it is important to highlight those children expected social workers to be people of integrity and follow the same values and teachings they require from them, both in the day care center, and outside the borders of it (Grudulaitė, 2016). Respondents noted, that if they observed social workers treating other people badly, they would no longer trust nor respect him/her (Grudulaitė, 2016).

This is a good illustration of how children hold their teachers to a high standard and how quickly that authority relationship could be lost if social worker would be seen wronging others. In conclusion it can be said that in a sense social worker must always feel like they are “at work”, even when they are not in their workplace, because one can never know when a child in care can interpret wrongly their actions. This just goes to highlight what a great responsibility specialist carries on their shoulders, knowingly or unknowingly, but practitioners are in many cases, authority figures that children in care, follow.

## **THE ANALYSIS OF SOCIAL WORKER'S COMPETENCIES**

Phenomenological analysis is the qualitative approach that is used for this research. The reason why this qualitative inquiry was chosen, is because phenomenological analyses attempt at explaining how the concept was experienced rather than why (Creswell, 2007). According to Creswell (2007) phenomenological study focuses on describing the meaning for individuals and their lived experiences. It also expands the understanding of a particular phenomenon or a concept (Creswell, 2007). Since the research goal of this study is to explore competencies of social workers that help children form a resilient mindset: what methods applied encourage the growth of this personality trait, this type of approach fits best for the data analysis.

Also, researchers conducting this type of study hope to find what unifies all participants as they experience the same phenomenon (Creswell, 2007). In this case, the aim is to discover competencies of social workers that are at play when trying to teach residential care children important life lessons related to resilient mind formation.

Because this research particularly focuses on two very clear subjects, which are resilience and social workers' competencies, semi structured interviews were used. As Drever (1995) points out for this type of interviews the general structure of them is decided upon in advance, but it leaves some flexibility to the researcher in terms of how to lead the conversation. It also gives freedom to the speaker to some degree to talk about the experience in a less strict manner, decide how much to say, and how to express their feelings (Drever, 1995). When talking about someone's lived experience it is important to allow persons to convey their message in a way that they feel is the most appropriate for them. Yet researchers need to be careful: it is crucial to shape the conversation accordingly as drifting away from the main theme of the analysis is easy and the focal point can be simply lost in the chaos of irrelevant information (Drever, 1995). If conversation goes off-topic drastically, that creates difficulties for the researcher, as interviews need to be transcribed, and unnecessary information creates piles and piles of data that becomes hard to distinguish as whether it is important and relevant, or shall it be included as contributing to the understanding of phenomenon at examination.

### **1. Research setting and participants**

The study was conducted distantly, using Zoom platform. Face-to-face contacting was impossible due to COVID-19 regulations present in the country. Five female social workers who are officially employed by SOS children village, located in Vilnius were sent a consent form and signed it upon the agreement to participate in a study. Every participant and the interviewer met online once in the ZOOM platform, depending on participants availability. Their answers were recorded using a portable audio recording device. Given that the aim of the research was to find what are the most effective competencies that social workers implement when at work with

children in care to strengthen the development of construct of resilience within residents, the interview questions (see Appendix 2) focused on their experience while raising traumatized children, as well as practical examples of methods they apply to support and strengthen residents in the face of adversity.

## **2. Data Collection**

For this study the data was collected using semi-structured interviews with five female volunteers. Upon agreement, the participants signed the voluntary consent form, in which the goal of the study was explained, and their confidentiality was ensured (see *appendix 1* for consent form example). The interviews were conducted on five different days and took place via distance, using ZOOM app. The average duration of the interview for all participants was around fifty minutes. Before the study, they were informed that their answers will be kept confidential and are to be destroyed after thesis is defended. Additionally, participants were explained that the interview was being recorded using an audio-recording device and the responses obtained were only used for educational purposes with no identifiable information. To ensure the collection of data related to the given aim, six open-ended questions (see *appendix 2*) corresponding to the research question of what are the most effective competencies that social workers implement when at work with children in care and what they mindfully do to enable strengthening of mental resilience within residents, were asked. It is important to highlight that because the participants' English language proficiency levels varied greatly (from elementary to advanced), all interviews were conducted in Lithuanian, which is their mother-tongue. This ensured their ability to express themselves explicitly, clearly, and precisely. Even though the interview transcripts will be presented in Lithuanian, in case of citation, translations into English were made.

## **3. Data analysis**

Interviewing research participants is one of the most often used methods for qualitative research (Drever, 1995). Additionally, semi-structured interviews are not the best choice for the large numbered analytical works, but it serves perfectly for the studies that are smaller in size (Drever, 1995). For this Analyst Moustakas (1994) provided guidelines on how to execute this research best and how to do a thematic analysis (1994). Based on these guidelines, researchers gather data so they can answer to his research problem questions. Later, when the data is there, they go over the information repeatedly with intention to locate emerging themes, topics, subtopics, general patterns that later categorize those into cohesive findings (Moustakas, 1994). As suggested, first, the inquirer collected the data from people who are employed as social workers and raise children in residential care. Then, the researcher made interview transcriptions of every informant and highlighted significant statements, words/quotes or sentences that contributed to the understanding of how social workers used their competencies (in case of this study, she looked at

what competencies help shape resilient mindset for children in care) (Creswell, 2007). Once this was done, horizontalization process began (Moustakas, 1994). The researcher developed clusters of meaning from those significant statements and composed them into topics (Creswell, 2007).

The composed topics then were used to create a textural description of what the participants experienced (Creswell, 2007). Those topics also helped to develop a structural description, which attempted to account for context or setting influences on how these competencies and abilities related to the development of resilience within children living in care (Creswell, 2007; Moustakas 1994). Both layers of interpretation were combined to see a final account of “the meanings and essences of those qualifications” for individuals of the study (Moustakas, 1994). All textural-structural descriptions of individuals were then synthesized so that composite textural-structural description competencies and abilities of social workers could be developed and presented as findings that answer the research problem question that was initially thought of before the data was even collected (Moustakas, 1994). 5 topics emerged as general competencies, and abilities that compose those competencies were explained in more detail further on.

#### **4. Inclusion criteria, data storage and bracketing effect**

The researcher has completed her internship in SOS children village and invited the participants personally to take part in her study. Because the connection to some of the social workers was informal, they were more willing to accept the offer. The criteria for inclusion were just two: to be officially employed as social worker at this organization and have no less than 2 years of experience.

As mentioned earlier, in phenomenological studies, one of the major challenges for the researcher is suspending his/her personal understanding and interpretation of the experience from the actual text of participants (Creswell, 2007). In other words, it was crucial to implement measures so the researcher could bracket out from her personal view (Creswell, 2007). To enhance the bracketing effect these steps were followed: avoiding of leading questions, not talking about researcher’s personal experience nor beliefs, recording their answers, member checking (clarifying with participants to understand what they meant better), investigator triangulation (talking to researcher’s advisor to make sure they both saw the same rising theme), not talking about the concept of resilience or competencies before the interview (Creswell, 2007).

This section will report the length of the interview of every participant. Then, textural-structural description of social worker’s competences that strengthen the construct of resilience within children living in care will be provided. For more accessible readability, the topics of the description will be given appropriate subthemes and later explained in more detail.

## 5. Interview length

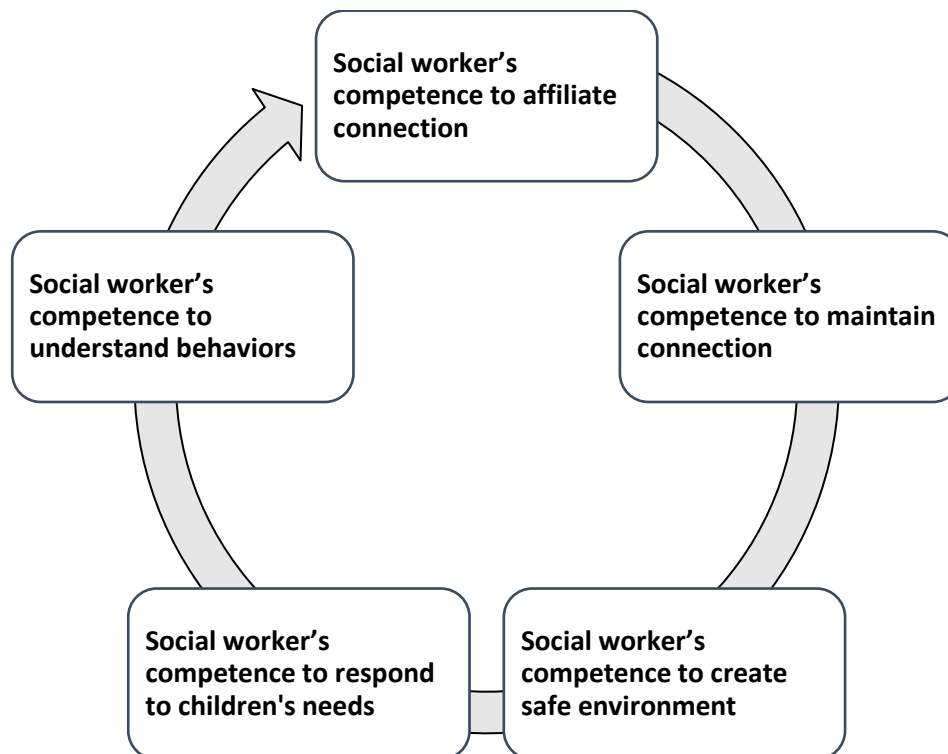
An overall interview duration is presented in Table 1 (pseudo-names were given for every participant). It is important to note, that the interview length on average was approximately 50 minutes. One participant was very laconic; thus, the interview was much shorter. This is especially obvious with participant 'Ema', who gave a less detailed account in comparison to others. Although it may seem that her interview is hardly suitable for a phenomenological analysis where in-depth interviews are preferred, the researcher decided to retain the information and analyze it because most of her thoughts and feelings regarding the competences of social workers that are used daily for strengthening resilience in children of residential care home were found to largely resemble the answers of other participants.

Name	Interview time (min/sec)
Ineta	55'37
Jūratė	48'27
Kotryna	57'08
Ema	31'51
Gabrielė	59'28
Average length of interviews	50'30

*Table 1.* Interview Duration for Each Interviewee

## KEY COMPETENCIES AND ABILITIES OF CHILDCARE SOCIAL WORK

In the following chapter composite textural-structural description of social worker's competences (see *table 2*) that enable strengthening of mental resilience within children living residential care will be provided.



*Table 2.* Social worker's competencies that enable resilient pathways

This phenomenological study aimed at answering the main researched question what are the most effective competencies that social workers implement when at work with children in care to strengthen the development of construct of resilience within the residents. This question has been hidden behind the discussion with social workers that had happened in the form of semi-structured interviews. As it turns out, even though social workers in often cases cannot name skills they use, or rather hesitate to mindfully list competences they possess, the following topics and subtopics emerged as results of their shared accounts:

### **1. Social worker's competence to affiliate connection with a child**

According to all participants of this study, the most important aspect of social work with traumatized children is one's ability to affiliate connection. It is where resilience for both children and social workers begins. Children who live in residential care come from backgrounds that were largely marked by ill-equipped conditions: broken relationships with parents or guardians, poverty, parent-child violence, alcohol, and drug abuse in the presence of children, etc. All of which makes it very difficult for children to trust adults and other human beings even when they are removed from adverse contexts. All social workers that were interviewed for this research, agreed in unison,

that connection is the key to child's heart, and its crucial to be able to find means to connect individually. When speaking of resilience, it is a must to understand that connection to a primary care giver is a steppingstone from where it begins, a fork in the road to start life anew. According to Ineta: *"children with trauma come to residential care with their past and removal from dysfunctional home is done for the good of the children, but it does not automatically mean "better" for them, based on their reasoning of the situation."* Hence, they are not ready to trust social worker's sincerity towards them right away: *"you must communicate and understand how to affiliate that connection...you notice the child's mood is not good and you try talking personally to him, so he opens up and tells you what happened. But he remains silent. Thus, openness depends on the trust. For trust to be established, again you try talking and finding that individual interpersonal relationship with every child differently."*

Based on the accounts of social workers, one can see that affiliation of connection happens in a sequence of events; first you attempt to communicate, then you expect for openness and then, one may hope for trust relationship to be created, but it is almost never that the sequence of steps goes on smoothly from trial 1. Often, the establishment of trust-based relationship between a child and a social worker requires countless efforts of both sides. As children have trust issues with adults, when in conversation they may speak but hold their inner world closed away from social workers: *"You as a social worker invite for conversation, you try to come off gently and offer tea with possibly hearing them out why the day has been bad for him/her today, but they tend to close-up and say "nothing bad happened" (account of Gabrielė).* From this illustration one can see that the child has spoken with a social worker, he answered the question, but has not revealed anything concrete or specific that could help widen the doors for trustworthiness or genuine connection. This example again spots the essentiality of social workers' competence to find means to connect personally; even more so, it is central in the process of branching out mutual trust-based relationship from which resilient mindset starts forming.

Discussions with social workers during interviews brought to light five distinct ways of how that affiliation of connection can be started and their suggestions surfaced as subtopics of this competence:

### *1.1 Ability to connect through games*

Games are important part of children's lives because it is through game play that they can experience and understand the world better, social workers claim. It is also a process through which specialists attempt at figuring out children's inner world, thoughts, and feelings. It is not surprising why Kotryna and Jūratė spoke of their competence to base the connection with children via playing and shared how they found interactive method of game play to be beneficial in the formation of relationship. Kotryna describes: *"I am good in connecting with children through playfulness, we*



*play, and they laugh, and that opens space for conversation of what games they like and what they used to play at home, what this game reminds them of, and who they played that game with. They are in a good mood then and you see they don't feel restricted in their character on those times."* This illustrates how important it is to find the right time for conversation. Shall one say doors are wider for openness when children are in good spirits, as opposed to times when social workers try to approach a child upon seeing clear signs of unhappiness? Maybe. Yet again, as Ineta states: *"one child wants closure and the other may want to be left alone in times of sadness. It all depends."* From this example one can see the positive light of game play and see how complicated the nature of social work is, as decision for contact vary from one child to another.

Ultimately, practical instances of great variability within needs and behaviors demonstrated, point out that social workers must be attentive to details and read in between the lines of what children are sharing during the time of play.

Moreover, Jūratė complements the ideas of Kotryna by expanding usefulness of games not only for building relationship with children from scratch, but also for teaching meaningful life lessons: *"Later I understood that I establish connection best through games. What children like most is hide and seek. Because of the attention who will be found or spotted first. Or if they show up themselves, how much joy it brings for them to understand that I am more important now in some sense. We play board games and checkers, too. There were children who really expose themselves as being special: having exceptional logical abilities, that they love to win, and are talented. The problem is though, they don't know how to lose. Again, it is work, explaining so they can be at peace with it, so they would accept and understand that you need to be happy for the other person, yet they don't know how to do that. This is where I find open space for establishment of the connection, for truthful conversation."*

As noted by the interviewees, these illustrations described above truly broaden horizons in understanding of how interactive games can be used for multiple purposes: for gathering important information from children's past, for putting pieces together in completing a full picture of their experiences, recognizing talents, teaching relevant life lessons and finally extend opportunities for connection. That just goes to say that in seemingly non-important casual activities social workers already start instilling resilient mindset of their residents from early age, in a form of games.

### *1.2 Ability to connect through creative activities*

One participant reported being able to connect through non-formal, creative activities. According to her, she tries to affiliate connections with residents of residential care through being present during crafts. Ema says *"I think one of my strongest suites is that I'm creative. For example, with little girls we think of hand crafts and decorate our home together. We also draw with chalks or sticking in figures from playdough. Other social workers may be spending more*

*time doing the house chores, but I try to do more things with children: handcrafting, drawing, creating, making figures, statues. They usually draw homes, and families that are complete and full, and then you know that is what they dream of.*“ From this instance, a careful eye could detect one essential factor of these activities: that it is not as important what social worker does, what activities they choose for crafts, but to do it all together as a group. Spending time together is central in this process of connection. Furthermore, social worker’s ability to involve everyone in those activities plays a critical role. It concerns most for children not only to live in a home that is organized and clean, but also, to feel like qualitative time with them matters for the social worker. Much like in healthy families parents appoint family time for their children. They want to spend time together with care providers, and they wish not only to be solely engaged in suggested activities, but for social worker to be present and participating in them together. Identically, such time provides children a sense of belonging if not to a family, but at least to this residential care group. All things considered, their crafts or drawings may show a ray of their inner world, portray their dreams that they keep so secretly hidden sometimes.

### *1.3 Ability to connect through sincere conversations*

Interviewees continuously spoke of one and foremost focal aspect of their competence, which they named as finding means to connect with children through sincere and deep conversations. All of them agreed that it is the key to finding common ground with children and that it requires many efforts because traumatized children have difficulties not only to trust adults, but also stay emotionally stable. Kotryna illustrates that with such words: *„one day their mood is perfect, and the other they look like their world has collapsed.“* Because of such drastic mood swings, social workers often face a challenge of having a decent conversation: *„you come closer and gently ask why I see you moody and tearful today? And what they answer to you that it is not your business, or they immediately shut down as if what you noticed was wrong.“* Therefore, it is really a question of social worker’s competence how to approach a child, or a teenager, and invite for conversation, when they not only shut down emotionally but reject you with unpleasant words. As Ineta explains *„sometimes you really don’t know how to begin talking to a child but I feel it intuitively and follow my heart. It takes months sometimes before you reach a desired result or find a topic that a child feels comfortable speaking of. I don’t have a description to tell you how I do it usually, I just know that I have always succeeded in bringing the child closer. Not from the first try, but eventually, sooner or later – when he/she is in contact with me, that’s when then start telling me their story himself, no pushing.“*

These examples illustrate how social worker’s competences intertwine in their job daily and how they become effective in the context, not as separate entities, but rather as a set of abilities that bring about the wanted result. In other words, from these situations, researcher interprets that

not only ability to connect with children requires attention to details, and understanding when the timing is right, it also demonstrates how social workers sometimes need to use their intuition, be patient, and non-judgmental when child continuously rejects their efforts and use inappropriate language. This ability demonstrates that not only children are being taught resilience, but social workers must exercise their persistent kind behaviors, too.

#### *1.4 Ability to connect through unconditional love and acceptance*

As mentioned earlier, social worker's competences are used in a context as a set of skills and qualifications, however, all five participants made a distinction in making sure the researcher understands the importance of accepting children fully. What it means 'fully' in their words, one might ask? It is through showing children unconditional love, care and acceptance in spite of their actions. Children must feel that they are being accepted for who they are, not for what they do right or wrong. It means that social workers employ a humanistic perspective in their every day lives sometimes without consciously being aware of it and show complete support, appraisal for the good behavior, and understanding the bad, allowing children to be themselves and have all sorts of emotions. It is clearly expressed through the account of Jūratė: „*I try to transmit a message to them: I accept you the way you are. Don't be afraid to tell me what is wrong, because there is no child, nor adult that is perfect. We all are weak people, and when you lead into a discussion like that, you recognize that the child is slowly opening up, they watch you, and probably every little heart feels whether you are saying it sincerely, or not really.*” Gabrielė explains the same phenomenon as treating children with care and respect even when they misbehave: „*once the boy asked me if I sold him and if yes for how much. He said I do all sorts of things for you, I swear and I don't listen, I have spit to your face, shout and argue with you, how much would you sell me for? I said that there is no money that could buy you, really. I told him that in quantity that would be more than the whole globe. He was surprised: but there is nothing as big as the whole globe??? I explained: that it means I would not sell you... and that response left imprinted in his heart. And you put many of such prints in them, and that's how they grow up to be humans.*“

These situations clearly portray that unconditional love is central to raising traumatized children and once they feel deeply accepted, they might start trusting a little more than before. As naive as the conversation between the boy and the worker sounds, it left an important mark in his mind and heart. That realization that he is appreciated for who he is as an individual was surprising for him. Ultimately, the boy felt fondness that no matter what he does right or wrong, he is worthy of love. It can be interpreted, as the quality of social workers that children cherish the most. That being said, it is safe to claim that social workers' prints, or role, to be exact, in helping children employ resilient mechanisms in thinking, is bigger than words can describe.

### *1.5 Ability to connect through treating a child as equal to self*

Yet another important quality that surfaced as a subtheme from interviews with social workers, was one's ability to treat a child as equal to self. In other words, social worker must be able to view children as smart human beings, who are capable of reasoning. Firstly, treating them right would mean that you treat them the way you would want to be treated. Secondly, this notion would suggest that social workers, in fact, must hold children up to a high standard, trusting they can understand them even if children disobey and act impulsively. Ineta explains how important it is not only to speak to her residents that would exhibit respect yet also choice of stance matters: *"talking to children is very important. It might take you over hundred times but it is crucial that he would at least hear you once. If we can speak as two equal people, sitting in the same eye level, not from the top down, it is perfect...that top-down position really puts a lot of pressure, from that point of view you say without words: I'm on the top and stronger, you are down below and weaker, but it is not correct. You treat them as if they are equal to you, that is how you speak with them."*

However, it is not always easy to do because as Ineta explains further: *"children do not really look you in the eye right away. You can ask "look directly to my eyes but they turn away after couple of seconds. It takes time to gain their trust"* Social worker speaks of children not being able to maintain eye-contact due to lack of trust, but also *"traumatized children suffer from low self-esteem and by not looking at you, they feel hidden in a sense. Not seen, locked-up in their inner experiences. It also appears to be a sign of adaptation processes being at play. If they fear to look at you, it means adjustment to change has not yet happened for them."*

From Ema's and Ineta's reflections important piece of information gets disclosed: children suffer from low self-esteem and that is why it is not easy for them to be hold as equal. That is a controversial piece of the puzzle because even though children need to be treated as equals to self, they may not be quite ready for it due to their childhood traumas. Also, social workers must understand the roots of residents' fears and tie them up with adaptation processes that take place for years at times. Repeatedly, one can see that social work is complicated as it requires awareness of both intrinsic and extrinsic conditions. From the first glance it may seem that, naturally bouncing back from trauma (resilience) develops overtime. It shows as results of social workers' staying professional yet broadcasting unconditional love and acceptance, nevertheless.

## **2. Social worker's competence to maintain connection with a child**

Now that the theme of connection affiliation has been established as having a major role in building a resilient character of residential care children, it is no less significant to talk about another competence of social workers, maintaining that connection that once was created, to be specific. Social workers discussed about two things continuously: as much as it is essential to initiate the formation of special bond with traumatized children, it is equally important to keep that

connection strong even when it is put at test. Kotryna describes how she conceptualizes her residents' getting into mischiefs: *"It is not that the child wants to get revenge at you, or do things wrong on purpose, and now you fear what I can do to you. When they misbehave, they just want to test you how important they are to you. How much of their delinquency you can tolerate, and if you still accept them despite all those hurtful things, he/she does onto you – that is how you win them for good."* From this excerpt, one can suspect how emotionally challenging it can be for the social worker to put up with children acting out and how easy it would be to start feeling resentment towards them. On the contrary, Kotryna prioritizes maintaining the connection as central element. Not only this portrays her personal value of keeping connection as the nucleus of the relationship, but she also chooses to forgive, rationalize their inappropriate behavior, and win her children through boundless acceptance.

Social workers in unison agreed that there are more clues that help them redeem the relationship with children. These ideas that surfaced as subthemes, benefit practitioners in navigating what is the best course of action, when relationships are being tested with defiance.

#### *2.1 Ability to understand that children fight a constant inner battle*

Children in residential care *"are brought from a variety of malfunctioning homes and it takes time for them to adjust to a new environment, that is the complete opposite of what they are used to"* says Ema. They had learned maladaptive behaviors in their original home to help them survive, some habits that are disadvantageous, formed views about self that are deeply rooted in unexplainable guilt. It all comes as part of trauma, but Gabrielè shared what a teenage girl she is raising told her once after not coming back home on time that they agreed: *I want to behave better, but you don't understand, I can't be the good child you want me to be..I have to be with friends of bad reputation."* Social worker continues: *"from such conversations I understand that children of this kind are fighting some sort of inner battle"*, and to go even further, she tells: *"she told me many times that she would want to not smoke, not drink, and be compliant but she is not capable."* As this example demonstrates, one can suspect that inner fight really torments children from within, which may cause to choose friends of questionable reputation, and socializing in groups that participate in criminal conduct.

Another social worker, Kotryna in her story added that *"problems of behavior become more apparent in adolescence and if they come to institution during teenage years, it is very tough to alter their self-beliefs, shape them into being obedient, and transmit any kind of love message as they reject it as quickly as you show it to them."*

As far as these excerpts allow for interpretation, they imply that social workers' put efforts in understanding the causes of a never-ending battle that children experience and aim at changing their reasoning of self that is rooted in unexplainable guilt: *"they experience bullying at school*

*because they are being raised in institutional care, and somehow they believe that its their own fault”-says Ema. “We tell them that your parents are sick with illness called alcoholism, and illness is not to be blamed for it is to be treated and that is why you live here now”-Jūratė spoke of her experience. Children until certain age really are incapable of figuring out right cause-effect relationship, therefore „as egocentric as they are, they feel guilty for not being good enough, beautiful enough, smart enough and that is the reason for the neglect of their parents in their mind“- describes Ineta.*

It is the job of social workers day by day to treat them with respect and dignity in spite of their mischief and really be their backbones and support system. Instilling new, brighter beliefs of self, and down taking their guilt/shame off of their shoulders is just one way how they potentially build children’s character.

## *2.2 Ability to make sense of the context that children are coming from*

As mentioned earlier children become residents of institutional care since their original homes were ill equipped in providing for their basic needs. Social workers say that *“no children that they are raising currently are orphans. As a rule, they are in care because of parents’ excessive alcohol use, drug addictions, poverty, and abandonment”* (Jūratė’s account). Kotryna tells how she reads children’s attachment issues based on what she knows from the past of two little sisters: *“big sister has traumatized attachment, and she can come close to any person because from childhood she saw lots of people changing, men and women who used to drink together with her parents. The little sister does not really remember all those things and her attachment is secure, or at least more secure. When new person comes along, she will never run to him first.”* By just glancing at the differences of two girls, one can suspect that both girls demonstrate disorganized attachment style behaviors, but older sister is traumatized more as she can recall more from her memory of how she learned to behave in those groups of drinking people. The little one, Kotryna identifies as having secure attachment as she is not running to strangers right away. Might be true, might be not. We do not have enough information to decide whether the attachment is secure for the little one, or not entirely.

Attachment relationships are complicated however it helped Kotryna to rationalize why girl acts hesitant with her, with new people, schoolteachers, specialists, etc. That knowledge of the context truly helps social workers to maintain the bond with children even when *“residents push away for months.”*

There is an ongoing debate how attachment theory and resilience is interconnected, although from this study once can speculate that they are complementary to one another as they expand the notion of always keeping the bond between workers and children, no matter what.

### 2.3 Ability to help children manage their negative emotions

According to all participants of this study, maintaining relationships with biological parents or relatives are almost never positive experience for the children. Communication with biologically related persons often bring about extreme sadness, disappointment for children and stir up painful memories, emotions, or feelings. Only one social worker out of 5 had a success story to tell about a mother whose child Ineta was raising, and the lady managed to get back the custody of her son: *“I had a 2,5-year-old boy whose mom fought for him to be returned back and even though it took a year before final decision was made, she really proved herself of worthy.”*

All the rest of interviewees recalled how their residents ended up staying in institutional care permanently despite the beautiful promises of parents that they had been telling their children during visitations. As awful as it sounds, children wait for their parents to come visit and believe their *“I will come back to pick you for good”, “I will arrive to come see you”, “I will straighten up my life for you”* lies – say Kotryna, Gabrielė, Ineta, Jūratė and Ema. Not surprising, that children eventually feel deceived, disappointed and their hopes are shattered into pieces each time. In the events like these they indeed need comfort and shoulder to cry on, vent out their anger.

Ema describes an instance of a girl who is 18 years of age already but is still living care until she graduates from high-school: *“she has a big conflict with her mom. And when they do not communicate with each other for quite some time, her behavior is always very appropriate, she knows how to behave nicely, she is a very good girl. However, as soon as her mom finds her, either by a call, or text message, she seems exploding like a bomb. The wonderful thing is that she comes to me and says: “my mom called.””* Naturally from this excerpt one can see that this girl, who is more conscious of her surroundings, seeks for help herself. Given that a trust-based relationship between a worker and a child is established, she wants to tell what happened to her, why she feels like exploding. Ema helped the girl to self-regulate her whirlwind of anger driven emotions by leading a conversation that validated her feelings: *“you are like safety shore for her. You listen to her, and that alone already helps, you explain to her that one day she will have to make amends with her mom even if she doesn’t want to see her now. The tension subsidies and she is calmed down.”*

As social workers share their experience, one can see this unpleasant picture coming out of the shadow: residents are traumatized by the fact that they were removed from their homes and many other awful demeanors done to them by closest people who were supposed to protect them. Unfortunately, they carry on being hurt by those same people. It is the downside that is often left unspoken of. The role that biologically related persons play on children’s emotional stability is often gloomy. The uplifting idea from this picture, on the other hand, is that thankfully social workers are there to help children self-regulate, control their affect, and live through the

disappointment that relatives cause. It is indeed a difficult road of learning and navigating in the face of discomfort and uncertainty but meaningful in so many regards when talking about residential care leavers in the future.

### **3. Social worker's competence to create a safe environment for children to live**

Yet another theme emerged from the interviews from the social workers that requires to be explained in more detail. All five interviewees repeatedly spoke of the importance to ensure safety for children through family rules. As discussed before, residential care children come from backgrounds that were far from secure, clean, and stable, therefore transitioning to life in institution is very demanding for them, both mentally and physically. It requires children to have inner resources for adaptation but even if they do have enough capabilities for adjustment, they rebel first. Jūratė compares the process of adaptation *„for them it is like moving from Lithuania to Antarctica – the climate is different, the language is new, and the food is unfamiliar.”*

It is a vivid depiction of their possible challenges towards new home, but struggles can be categorized into following subtopics:

#### *3.1 Ability to create feeling of security through having specific family rules*

Like in every home, social workers agree on rules of the family, so life would be organized, clear and easy to follow not only for children, but for the workers that change in shifts. As interviewees described, those identified aspects of family life are stable and design stability for everyone involved. For example, there is a daily routine for children with allocated times, duties and responsibilities, time for entertainment and leisure. According to Kotryna, both workers and children try to be mindful of those because it is one of the best ways to construct sense of security for the children: *“there is still much of instability in their lives. For instance, workers change in shifts, and what would happen if rules were different with every coming practitioner? A mess. That consistency is very important for children, because even children themselves report feeling safer when they know what to expect, the more consistent we are regarding what we require of them, the more secure and steady they feel.”* Consistency, according to Kotryna, aids in creating secure environment for the children, and that is something that children themselves identify as crucial condition for emotional stability.

Another worker, Gabrielė shares a case that stress children out: *“let's say children know which aunt comes to work tomorrow because we hang the schedule on the wall. They feel calmer knowing who is coming the next day. But it happens, that aunt gets sick, and she does not come, and then they immediately ask, who is going to replace her as she is sick now. I see how that change of workers makes them worried.”* For clarification, children at SOS children village commonly call social workers by name, or “aunts” as this is a common practice. The workers are called “sos aunts” by colleagues and authorities, and just by names or simply “aunt+name” by



residents. This illustrates how seemingly casual event as workers' catching a cold already can be troublesome to some of the children, as they cannot handle uncertainty well. One can guess that uncertainty, instability, disbalance were constant "passengers" in the past for the traumatized children and now they subconsciously try to avoid it by asking who is coming to take care of them the following day; depending on the answer, they either feel calmer knowing everything is how it was initially planned, or more insecure if circumstances vary.

Sense of security is also developed over time and from social workers' perspective is shaped by external factors. Rules that everyone follow are necessary for ensuring consistency and balance for children, whereas daily routines and schedules – help them navigate throughout the day with purpose.

### *3.2 Ability to create feeling of security by keeping boundaries in-tact*

As discussion with social workers progressed, it became obvious that ability to keep boundaries to ensure for security for their residents shall be unfolded. As paradoxical as it may sound, children often try to test how far can they go with breaking the rules, and how much of their delinquent behavior social workers can handle. *"They are being manipulative and put one's patience at test"*- say workers. This subtheme is closely related to one discussed above, about workers being able to love them boundlessly even when they test temper and patience of employees.

Kotryna give facts how children in her family group usually try to manipulate their way out of boundaries and rules: *"children try to go around the rules, act one way with one aunt, and then differently with the other. The more pity I felt for them, the more they could manipulate me as I was a new worker, thinking, 'oh she's feeling sorry for us, so we can play that card on her. They expected that I will let them do more things as I felt sorry for their experiences. Being the sensitive personality that I am, and really take things deep in my heart, they would manipulate me in allowing to come back later from town or getting more candies."* From Kotryna's story manipulations of children can be clearly visible as they behave inversely with changing staff. Additionally, teenage residents are trying to bend the rules by asking to come home late despite knowing the agreement.

Ineta explains that keeping the same arrangements within the family even when the employees change is vital because stretching boundaries creates a gap between workers and children and leaves an open void for manipulations. Disagreements between children and employees have an opposite effect on setting up a warm, safe, and friendly atmosphere for children to live in.

### *3.3 Ability to communicate effectively with team members to control manipulations of children*

Now that manipulative behaviors of children arose as a common issue social workers face daily, one can begin thinking how to recognize and control them. Employees congruently point out that effective communication between colleagues is fundamental in this type of job. It is a skill of social workers that they exercise every time before change of shifts. Workers discuss particularities of days that passed, matters of residents' behaviors, consequences of bad actions, and what was deliberately forbidden for some individuals. Ema recalls: *you come to work and a child says: "other aunt told me that you allowed me to do this and that, so you are to give me permission too, right?"* From this example, it can be clearly seen that children try get what they want through manipulative discussions, hoping employees have not discussed their matters over permissions. Ema says: *"however, we learn quickly that collaborative rules and communication between team members is mandatory and strongly say no to them in such instances."*

Collaborative efforts and effective communication between team members aid in keeping boundaries present for all children equally, and even though children might get upset with workers for not getting what they request, it is equally essential to say "no" to them, so balance, organization and safety is maintained for the better life of residential care children.

## **4. Social worker's competence to respond to children's needs**

Social workers described the daily life and struggles they face related to the fact that children are many and of various ages, whereas social worker is just one for the whole group. The challenges described seemed to have roots in employee's ability to respond to needs of every resident:

### *4.1 Ability to appoint attention to every child*

Just like in normally functioning families, children need attention from their parents, so do residents in residential care. It matters most how social workers can respond to the need of individual quality time and attention for children as they grow in institutional care. Ineta acknowledges the fact that older children often receive less attention from workers because little ones demand them to satisfy their needs first: *"there were conflicts and older children would sometimes straight forwardly tell that they receive no attention from aunts, not as much as they would want it, right? This is common in our family. Why they don't they get it? Because we have two small children who always need us, and they receive most of our time, as others are teenagers."* Then they go to extremes with misbehaving and win attention still: *"they are beating each other, lie about one another, and shout loudly."* From this excerpt research glances into reality of family life and may recognize that children demand for attention and satisfaction of their

needs by doing whatever it takes, even if it means a conflict, “bad attention” is still attention that they so desperately seek for.

This illustrates a challenge that has roots deeply entrenched beneath the obvious: social workers are too few for groups of children that they are raising, and the fact that they are sometimes unable to navigate between the shortage of time and individual time to spend with older children is understandable. However, the problems they face stem also from the structural system imperfections of how family life is organized in residential care facilities; not only there is a shortage of employees, but also children’s age must be taken into consideration. If the age gap between children is too big (from toddlers to teenagers) the appointment of equal quality time is hardly possible.

#### *4.2 Ability to demonstrate physical affection for warmth and closure based on necessity individually*

As far as satisfaction of needs go, social workers must demonstrate exceptional understanding and attentiveness to every child’s behavioral cues, claim social workers. Jūratė explains that characters of residents are usually case-specific: *“one child wants warmth more, wants love and the other – does not. Some of them do not want to be held close. As you work you begin noticing that one can come and say: “may we hug each other?” I have a girl like that. On the contrary, there are few who really avoid contact and doesn’t require it from us. It does not mean that I don’t show them love differently, or that I pay no attention, no... but this is the question of realization, what child truly wants, and what experiences he/she hides inside.”*

Jūratė describes different needs and wants of children with instance of a girl who is not afraid of coming and asking for closure. However, she also adds that a few children in the family are reluctant in terms of accepting physical affection as demonstration of love; they would rather choose other forms of warmth as means to satisfy their need of care possibly resulting from previous hurtful experiences that they bring from home or other institutions. Little do we know what they might have been through but touching may feel as way too intimate. This is where social workers’ ability to be considerate of child’s needs becomes essential and indeed valuable.

#### *4.3 Ability to comfort the child after painful experiences*

Even though after admission to residential care children start a new life in the environment that is secure and their basic needs are provided for, painful experiences are still unavoidable. Social workers speak about many different situations which are hurtful for residential care children. First, they mention the stigmatized view of society that leaves them marginalized: *“children are bullied at school because they are living care. That is an often instance, sadly. It is not their fault, but they are blamed and bullied by their classmates usually”*-shares Ema. Admittedly, the reality is that in this modern world, where everyone speaks of equal opportunities

and conditions for everyone, bullying due to status is still evident. Ema delves deeper into her understanding of causes: *“classmates bully but where do they take the idea from that these children from residential care are somehow worse? I bet their wrongful thinking is instilled by their parents, or other relatives from home.”*

Jumping to conclusions of causal relationships what are the roots of bullying may not be accurate, but it seems that social workers find it a common problem. Children sometimes return home sad or angry without any discernible reason say employees. Jūratė and Kotryna both add that in often cases residents are left outside the social borders due to status of governmental care. That is the pain that is caused by the extrinsic factors but is felt painfully from within the reasons they are incapable of changing, nor it is their fault to be blame/bullied for. Social workers continuously shared how children seek comfort at such times: they seek for conversation that would explain why they are being bullied and employees then help them deal with pain; teaching how to stand up for themselves, additionally is a process through which children learn to be strong.

Another painful experience that children face is related to the disappointments that biological family members bring. Social workers seemed to have a unified negative examples of parents' visitation days because even if they keep the promise and arrive to see their children at the residential care, they still leave them doubtful why life in “normal” family is not possible. Ineta gives an illustration from experience: *“we have a boy whose mom works in Norway, and she returns to Lithuania not to spend time with her son, but to drink with her buddies. She agrees on the time for visitation and then forgets or comes under the influence bringing expensive gifts. When she swears, she will come tomorrow and does not even call to tell us she changed her mind, this boy cries with tears of crocodile. He asks us why she has money to buy pricey toys but does not have time to come see me? He is 12, he is beginning to understand how complicated life is and asks important, valid questions. We find words of encouragement, but it breaks my heart to see him this confused.”*

This story of 12-year-old boy depicts a very dramatic process of child's reasoning and confusion but also shows how social workers employ their sense of empathy to find words of encouragement. They provide comfort and explanations to questions that have no easy answers. Even though, Ineta never told how exactly she calms the boy down, but she pointed out that conversations aid in his sadness subsiding.

## **5. Social worker's competence to recognize the roots of specific behaviours related to adaptation processes**

During the interview it was clear for the researcher, social workers can reach best results with raising self-sufficient, resilient individuals through understanding how adaptation processes go within the child. From employees' perspective, understanding the elements of adaptation help

them reason and rationalize the behaviors of children and their resistance for change. From what they have told, three major abilities related to conceptualizing this adjustment period emerged as subtopics:

#### *5.1 Ability to consciously notice when successful adaptation has happened*

As part of explaining how connection between children and social workers is established, Jūratė was talking about the importance of having sincere conversations; according to her: *“deep discussions are reached when both speakers feel comfortable to be around one another.”* Body language suggests that a child feels relaxed enough to talk when he feels safe and understood. The question is though, how can social workers know that adaptation to new environment has happened and that a child is ready to be taught essential life skills? That is, not only to obey as subordinate, but also be the active agent in making decisions for his own life? Gabrielė explains: *“there are cues that show the child trusts you when he is able to speak with you and listen to what you have to say while looking you in the eye.”* Direct eye contact shows there is a trust relationship and adaptation has shifted into positive direction. *“When children are adjusting well, they maintain the eye contact even when argument or conversation is unpleasant.”* - adds Kotryna.

From these situations that social workers describe, one can highlight that one of the cues that successful adaptation has happened or is moving towards right direction is child feeling secure enough to withhold eye contact even in the face of disagreement. Ineta tells that when she notices these instances of child being able to defend their opinion and views, she knows that *“adjustment period is over and she can begin not only “shaping their behaviors so they act according to social norms, but begin forming personalities, characters and skills for independence, “molding” them into humans, so to speak.”*

#### *5.2 Ability to understand child's shown hostility directed towards rules of hygiene and order*

When interview has taken a road of explaining adaptation processes, social workers continued speaking of instances of resistance and hostility children show towards rules of hygiene and order. As expected, they say children do not show big interest nor wish to live in clean home, as those requests for order are foreign for them: *“upon arrival to institution, usually children have no idea of basic hygiene rituals, like changing underwear every day, or going to get shower before going to bed. How can they know it is normal if at home nobody taught them that? Suddenly we start demanding but for them it is like saying all you know of life is wrong”* - recall social workers. Of course, the hostility and anger they show when being taught sometimes call out quite big storms and conflicts, however employees say: *“we need to be sensitive to their experiences, and understand hostility is directed at us, residents blame us in every disagreement and call names,*

*but we realize outrage arises from difficulty to adjust, it is rather a challenging adaptation hostility demonstration but indeed understandable.”*

From these situations they are sharing, one thought that social workers disclose is worth highlighting. Children resist exercising basic rules of thumb related to hygiene because for maltreated and neglected children, it is a way of still holding onto something familiar. Lifestyle that they bring from home is subconsciously dear to them, and it reminds of home that they have lost. Ultimately, adaptation processes request of them to let go of wrong domestic habits, and accept new societal rules, which altogether changes their inner world and its an adjustment that social workers claim: *“can take up to 3-5 years and we shall not push it but rather patiently and consistently repeat why hygiene is important for health.”*

Above all, social workers demonstrate ability to understand and rationalize hostile behaviors and reluctance against learning hygiene as common and expected issue. Based on their views, refusing to accept new rules may be caused by wanting to preserve something from original home, from a family that children lost; they categorize such problems as related to adaptation processes that do not happen overnight, and hence employees shall remain patient and kind.

### *5.3 Ability to introduce children adapt to food varieties during adaptation period*

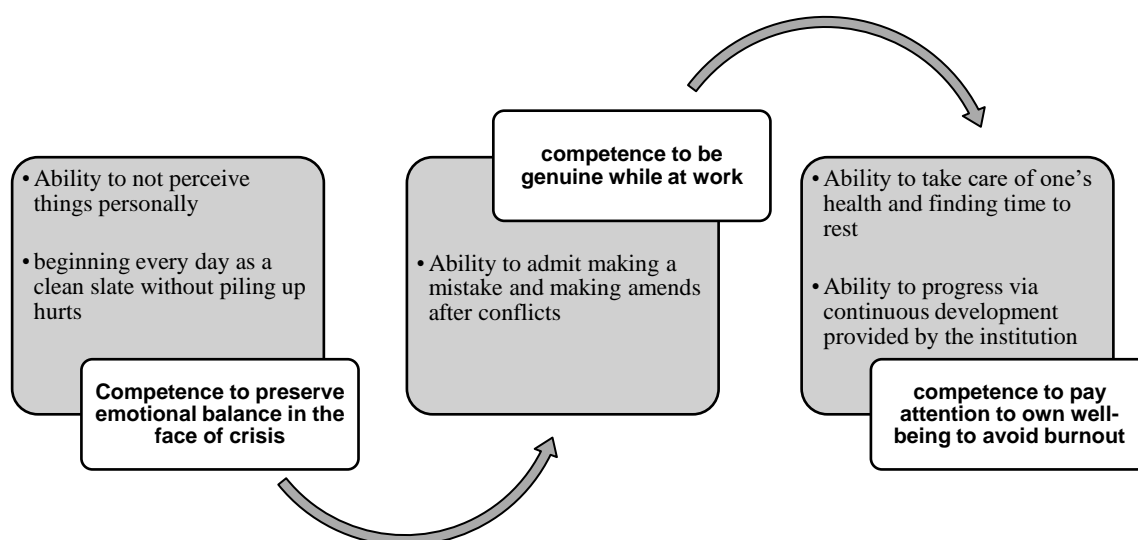
Another very important skill that surfaced as part of social workers' competence, is employees' ability to help children adapt to food that is nutritious for them. Children who come malnourished have difficulty accepting foods that would seem conventional for many. In residential care, children have a chance to eat well-balanced food that is both healthy and tasty, but their response to “tasty” might be far offbeat from regular conception: *“in many cases children during adaptation refuse to even try meals that are unknown for them, and you know we cook variety of foods for them: chicken breast, and pork and soups, and salad, porridges. However, residents do not find these meals all that amusing. At home they ate cheapest sausages even not boiled, potatoes, bread and noodles”*- Ema declares. From Ema's point of view, some of the children she raises in residential care family, indeed are struggling to accept food varieties because they have never tasted a cooked meat like pork or beef, salad with oil or sour cream, nor porridges with fruits or jams. For them these foods are foreign, and opposite to edible. Instead, they choose to eat what is familiar from home. It takes time to explain to children that offered food is good for them, and that stores are full of assortment of products they have not yet tried because their parents just did not have means to buy those for them. Jūratė explains that: *„when children start trying what we have prepared for them it is a good sign they are adjusting but it does not mean that they will be saying “thank you it was tasty.” More often children say that single tomato or boiled potato is the most delicious food for them.”*

According to Ema and Jūratė though, “*children get used to food quicker than to rules of hygiene and order*” but upon arrival to residential care first 6 months is indeed a challenge for both parties involved.

Social workers introduce to food varieties daily and truly put effort in making meals both tasty and nutritious, but it is a struggle as children have a different idea of what “tasty” dish looks like. Above all, adjustment period happens for both workers and children and it is vulnerable time for the whole group.

## ESSENTIAL SKILLS FOR PROTECTION OF PROFESSIONAL RESILIENCE

In this study, informants were asked to share their experience about work with children in residential care and what they do on purpose to raise resilient, self-sufficient individuals despite adversity residents face. The discussion was led so their skills, values and preconceived notions could be brought to light. On one hand, the themes that emerged and are described above indeed broadened horizons in conceptualizing which competences could be outlined as essential in entrenching the roots of resilient mindset and its' development within residents growing up in residential care; on the other hand, discussions with social workers revealed additional meaningful piece of information that undeniably raises awareness of peculiarities about this type of job. This part of results answers the second research question what social worker's abilities (see *table 3*) contribute to the preservation of their professional resilience at work with traumatized children.



*Table 2.* Competencies contributing to preservation of professional resilience

As it turns out, social workers' without consciously being aware of it, talked about their personal resilient traits as part of their competence. Little did they know that being resilient themselves is a must in this line of work. Employees continuously spoke about the preconceived notion they had about the job itself. Even before becoming officially employed, they understood that working with traumatized children requires one to have vast emotional resources. Admittedly, they agreed they are trying to be best versions of themselves and truly be the support system children need. However, they were also willing to lean into the discomfort that this job encompasses so much of: *"upon coming to work with children who are traumatized, you know you aren't going to work with papers, it is children you are dedicating yourself to, and not just children, but minors with enormous wounds."* It sounds that employees come mentally prepared to accept the fact that progress may not smooth, nor easy. Social workers spoke of what could be organized into the following theme and subthemes explained below:



## **1. Social worker's competence to preserve emotional balance in the face of crisis**

Since the definition of competence is best described through knowledge, skills, values, judgement, and attitudes that person possess to reach best results of the profession, it becomes clear, social workers throughout these interviews demonstrated their mental views about job specifics and pointed out mental preparation to face struggles as one of the most important factors in the list.

### *1.1 Ability to not perceive things personally*

Misunderstandings, conflicts, and hostile behaviors towards social workers is very common among residential care children, employees claim. It is not surprising, minors use inappropriate language when in a state of affect and call names, refuse to eat, and blame workers for every bad thing that happened to them. Social workers shared instances when they really tried to make food tasty for the residents, but instead of gratitude they would get an opposite reaction. Gabrielè recalls: *"once it was the end of the day, and I prepared dinner, one of the girls I raise stood up and shouted: "I won't eat, your food is disgusting."* It would be easy to get mad and feel hurt, but *"I calm myself down by not taking it personally, my food is good, she is just angry for some reason, and as difficult as it might be, I let go"*- explained the employee. Such instances when workers feel not appreciated for their efforts are rather common, but all workers agree that usually children lash out and say nasty words, they do not necessarily mean: *"The more personally you will take in their words, the more painful it is going to be, and then you get hurt easily and may respond angrily back to them, which is wrong. You must understand, these swear words are meant to express anger-driven emotions, but not targeted at you. They are just heated on that moment."*

### *1.2 Ability to begin every day as a clean slate without piling up hurts*

Social workers spoke of their capability to let go of negative emotions. Employees described a handful of instances during which their patience was examined because children bend the rules on purpose, manipulate, and scream inappropriate words. Additionally, they call them names without thinking straight. Since workers are humans too, it is natural that hearing a child say: "I hate you", or "you are the worst of all" have a heart-wrenching effect on the employees as well. Not only does it hurt, but it also sometimes makes them doubtful whether they really chose the right path: *"when they say: "I hate you", I return home and question myself whether I should not quit"* – Kotryna said. The ideas of quitting could be arising from feelings of hopelessness and the fact that workers feel little thankfulness for their efforts. However, it is just the first reaction to experienced pain. Later Kotryna spoke of her ability to shake those bad feelings off her by rationalizing children's words as stemming from traumas: *"they say it, yes... but they do not mean it, and actually it does not even mean that hatred is directed towards you, its to their parents*

*usually. So, I bounce back to normal in a few hours, and get back to my regular self.*” Kotryna’s example vividly depicts her ability to begin every day as new, without keeping pain inside. Rather she prefers validating her own feelings and explaining the roots of children outrage to help her deal with negativity. Social worker’s ability to self-reflect and controlling/managing unpleasant emotions are key factors that help them leave negativity behind, regain self-confidence, and optimism – all of which is needed so they can continue working with children and hope to raise individuals that have the same abilities; they teach residents to regulate the storms of their inner world, as well, through personal example.

## **2. Social worker’s competence to be genuine while at work**

As discussion with social workers progressed and they felt more open to share real life examples from daily routines with children. They spoke of sincerity, authenticity, genuineness, and vulnerability as components of competences they possess. Not only employees highlighted those as elements that compose their character, but indeed, as fundamental qualification for any accomplishment reached.

### *2.1 Ability to admit making a mistake and making amends after conflicts.*

Gabrielè shared a story that portrays a conflict and how her authentic methods served a heated conflict to be resolved: *„once I was really tired already, it was time to put children to bed, but one girl messed her room up by cutting papers into small pieces and scattered it all over the floor. I asked her to clean it all, and begin preparing for bed. She refused. I explained to her that it is night time, and she needs to gather all those pieces. She still refused. When she is angry she starts screaming in this high pitched voice. She screamed and I was unable to calm her down. She argued and we fought and just I felt so resentful towards her I took her drawing off the wall and torn it apart: „here you go I said, now we have even more mess in the room than before.” She started crying. Really crying and she ripped my drawing in half as well. Only then I realized what I did – I have torn apart a drawing of 5-year-old out of anger. I felt ashamed of what I did. Quickly ran downstairs and locked myself in the room. I cried just as much as the girl. I was blaming myself, could not understand how could I have done it? I gave into my anger so quickly. However, this situation needed fixing. I had to do something about it. Hence, I went returned to her, glued her drawing back together, and said: look, I fixed your drawing, I glued it, and there is no damage now. Now if you want, you can also plaster my drawing with glue or tape, but if you don’t want – it is ok. You can choose. She asked for my help to tape the ripped drawing, we hung the pictures back on the wall. I apologized; we cleaned the room together. The situation was fixed.*”

The conflict Gabrielè described truly shows that social workers are also imperfect humans, who make mistakes. It was wrong of her to rip apart girl’s drawing, and she did that in a state of affect, when anger was overflowing her mind like a wave she could not withstand. The resolution

though is that after she took some time off of the heated situation, she was strong enough to admit to the girl of her wrongdoing, make amends by taping the drawing back together, minimized the damage, and gave a girl a chance to do the same. From such conflict a girl shall learn an important lesson, that no situation is unfixable, there is always a way to make amends, and conscious efforts have power to restore a broken relationship. It is a great lesson for the social worker too, children learn by example, and if adult allows himself outrage, they would for sure repeat it in the same manner (i.e rip apart the drawing of the worker). Not that the social worker was unaware anger progression and where it leads, it definitely reminded Gabrielè to be mindful of her actions at all times, even when she feels exhausted.

Speaking of being tired, and having so much responsibility, dealing with conflicts and trying to keep life balanced, calls out for another distinction of social workers' thoughts that surfaced as a theme from interviews:

### **3. Social workers must pay attention to their own well-being to avoid burnout**

#### *3.1 Ability to take care of one's health and finding time to rest.*

When in discussion of challenges and crises social workers face, they would eventually return to the topic of relaxation. Employees mentioned the fact that this job is emotionally draining. Not only it requires you to always keep boundaries in-tact with children, but also *“hold personal and work lives separated”* – says Jūratė. Ema added that *“when you bring your personal problems to work, children start asking why are you sad / angry / unhappy today. Not only that. They think that you are moody because it was something they did.”* From what Ema tells, one can imply children attribute social worker's gloomy tendencies directly to it being their fault, even if they did nothing wrong. That is why it is important for the employees to come to work rested, feeling positive, hopeful, and ready to work. Of course, it is not an easy task to do, but maintaining that balance between work and relaxation is as important as the job itself. Chronic stress and exhaustion lead them to recurrent inability for self-regulation, like Gabrielè shared her story above. Ineta adds: *„there is a reason why school lesson only lasts for 45minutes and then there is a break. As a social worker you also need to find time to rest during the day; in between all that craziness and business stop for 15minutes, relax. A tired person is an angry person, and angry person is not suitable for traumatized children.”*

Burnout syndrome was mentioned several times by other social workers as well. However, they mentioned ideas of having hobbies, personal interests, time for leisure and recreation, faith to a higher power, as forms of avoiding mental and physical breakdowns: *“when I return from work, first, I sleep my tiredness off. Then I usually do what I like: read books, visit friends or relatives. In summertime I spend most of my leisure time outside. I also believe in God; therefore, I allocate an hour per day for spiritual growth, and prayer”*-Ineta shares. Kotryna says she keeps herself

busy with studying master's degree, and that also helps to disconnect from mental pressure experienced at work: *"I do have my own life you know, I have my own family, my husband, I am also a student of master's program, and having academic interests outside work environment aids me in refraining away mentally from problems faced at work. I know children are being taken care of by other employees now."*

All the excerpts from interviews shed light on the emphasis of maintaining healthy balance between work and personal life. According to social workers, one should not bring personal problems to work, as it affects how children perceive employee's gloomy moods: as it turns out, children often believe worker is moody because of their actions. They assume guilt that is not even related to the actual cause of worker's sadness. Likewise, employees should be able to leave work concerning matters aside from their homes, because inability to discern between the two leads to exhaustion. The road of mental and physical exhaustion is short and finishes in the mousetrap of burnout. Social workers must find ways to relax and unwind by having personal interests, enough time to rest, participate in recreational or academic activities that bring joy, and finally, dedicate some time for spiritual growth.

### *3.2 Ability to progress via continuous development provided by the institution*

Social workers mentioned that organization provides them with special training seminars, that help them understand children's delinquent behaviors, traumas, and newest academic findings on the topic of adversity, brain abnormalities, etc. They said that some of the theoretical knowledge they received inspired them to try harder, Ineta says: *"Rothenberg's seminar on attachment and therapy really felt like such a beautiful way to connect with children, that I truly wanted to go to work and try this method with my children. As far as the therapy go, my goals were reached, but some of the other methods suggested, were not as efficient because my children are very active and for them those measures were just a bad fit. In general, I feel so full of good energy after seminars."*

As can be seen from the excerpt above, social workers receive concrete teaching of theory and practice that helps them feel connected to the work they do. They also feel that some methods suggested can be put into practice, and that feels inspiring. There are two things that stand out for the researcher here: one – is that social workers feel uplifted and inspired after seminars, and second – is that they can make relevant conclusions for themselves, adapt teaching to their daily practices, choose what methods fits best to the children they raise, and progress together as a team.

Ability to progress, develop, and flourish together as a team is important for work with emotionally disturbed children, because only through trial-error practices, people grow. The highlight is this, social workers report trying to employ different methods for children of various temperaments, which shows that they are capable of being flexible, think outside the box, be

creative and wise. All these traits greatly contribute the competence of professional resilience, as they show that workers seek to personally evolve in their practices, adjust, and make significant inferences about what is the best course of action for the residents they raise.

## ROOTS OF RESILIENCE ARE PLANTED IN HUMANISM

This study expanded the knowledge base of how resilience is formed and developed in residential care children because of social workers' continuous efforts to raise them as strong individuals through day-to-day care. Specific abilities that were identified as most important ones for enabling resilient mindset within residents of SOS children community home were identified; findings made it possible to glance at the authentic nature of resilience construction namely for this population. Additionally, this research aided in exploring the perceived home dynamic from the perspective of social workers. As a matter of fact, asking social workers to tell their stories of successes and struggles as part of their job, opened doors for self-exploration, inspection of their own progress and gave chance to glance at their effect made to children which leads to development of resilient traits later in life. As Spencer (2015) pointed out, self-awareness is essential to building resilience as it helps one rise above any difficulty. The same author explained that when people identify their strengths and weaknesses, they are more likely to better adapt and use their knowledge of themselves to maintain a positive outlook. This was true for both sides: residents according to social workers through sincere and genuine conversations learn to cope with hardships; social workers from self-reflection with coworkers and personally grasp their imperfections so they can also overcome their difficulties related to work.

Moreover, this phenomenological research intended to understand the underlying principles of resilience mechanisms that children develop in care through shedding the light on how social workers use their abilities; it was the objective to identify those capabilities which are essential for raising strong individuals in residential care.

From the in-depth interviews five major topics emerged as description of competencies: 1. social worker's competence to affiliate connection with a child; 2. competence to maintain connection with a child; 3. competence to create a safe environment for children to live; 4. competence to respond to children's needs; 5. competence to recognize the roots of specific behaviors related to adaptation processes. From these topics, subtopics revealing specific abilities, judgments and preconceived notions that compose these competences, were also made apparent. Even though the debated abilities are many, several of them require to be delved into deeper.

### 1. Humanism theory encapsulated in formation of resilience

When talking about social workers' *competence to affiliate connection with a child*, it became obvious that bond is created through **employee's ability to unconditionally love and accept** children with all their flaws, traumas, and behavioral mischiefs. It was another way of social worker's transmitting a message to minors saying: "you are being valued for who you are, not for what you do right or wrong." This finding of social worker's ability is meaningful because it draws one's attention to placing no requirements for approval of children. Consequently, this

renders an idea that social work is a profession that has its very core embedded in the humanistic practice. Humanistic theory developed in 1950s explains best how positive fulfillment in social contacting fosters growth of individual potential (Proctor, Tweed & Morris, 2021). Carl Rogers believed that people learn to flourish in life only when they receive grace despite their imperfections, when there are no constraints put on wholehearted acceptance, when the very essence of one's being is not criticized (Rogers, 1959). He called that point of view towards the client as unconditional positive regard (Rogers, 1959). Rogerian psychologists also suggest, that in case the connection to a parent, caregiver, or therapist is conditional, limiting, or embodies controlling stance of actions, it leads to having negative self-beliefs which play a major role in overall well-being (Proctor, Tweed & Morris, 2021).

Malcolm Payne in his book *"Humanistic Social Work: Core Principles in Practice"* emphasizes the treatment of clients with unconditional positive regard as fundamental in this practice because people seeking social services or psychological consultation usually live under conditions of constant stress (2012). Likewise, children whose guardianship is given to government, without their conscious awareness, may strongly be impacted by same unfavorable stressors that make raising above difficulties a challenging task. Environmental factors such as poverty, neglect, maltreatment, removal from home cases have a rather conflicting effect on their overall feelings of self-worth, and confidence (Payne, 2012). The author suggests that social workers who inspect situations from a humanistic perspective should reinforce strengths of individuals which, in turn, help them discover or create positive self-image (Payne, 2012). From what was told in the interviews by SOS children village staff, an inclination can be made, children are raised in a way that demonstrates Rogerian attitude: social workers invest themselves in sincere and deep conversations through which unconditional love and acceptance is shown.

### *1.1 Shame and guilt feelings effects on intrapsychic development*

Additionally, caregivers work towards elimination of guilt feelings that children are so full of because of being left out; they allow residents to have all emotions when they fight their inner battles, but nevertheless, teach them retain positive outlook to life through personal example. Developmental psychologists define guilt as undesirable emotion that is rooted in inward cause of anxiety, worry and regret (Tani & Ponti, 2018). Even though usually these feelings should arise from real transgressions, for traumatized children it occurs as perceived wrongdoings for not being good enough for their parents (Tani & Ponti, 2018). In essence, the guilt feelings evolve from the unimaginable pain experienced in the past: they have lost their parents and now their guardianship is assumed by the government. When people feel guilty, they take responsibility for wronging others and causing them pain, however, in residential care, children perceive feelings of guilt, for not being lovable enough, good enough, smart enough, beautiful enough. All of which is are not

the actual reasons for becoming a resident in community homes. They were removed from their original family because of their parents' maltreatment. They may not understand the reasons behind the decision made for their well-being, because the smaller the age, the more ego-centric children are. In fact, they assume guilt of their loved ones (Tani & Ponti, 2018). Logical reasoning is only possible for older children, who are capable of comprehending cause-effect relationships (Tani & Ponti, 2018). Most of the time, even knowing the underlying causes for removal from home – is not enough, and shame still contributes to the creation of inward battles they experience. Adolescents want to be viewed as “normal,” points out Huston (2011). According to her, adolescents must not experience shame and guilt because of their underprivileged status (Houston, 2011). And yet they still do.

When talking about guilt feelings, it is important to note a contradictory nature of what was found in this study and in the studies of other researchers. It is commonly believed, that understanding the causal relationships between guilt and wrongdoing is positively associated with prosocial behavior and lower levels of aggressiveness, because it fosters self-reflection, avoidance of transgressions and growth of empathy (Tani & Ponti, 2018). However, marginalization due to status that children cannot change may be causing the opposite reactions in intrapsychic development (Tani & Ponti, 2018). The fact that emotionally disturbed children at younger age feel guilty for being left out, may contribute to the feelings of learned helplessness, and add up to their confusion of reality (Tani & Ponti, 2018). Such feelings of confusion stem from the fact that they are victims of their parents' inability to take care of them, but subconsciously, children assume the responsibility of adults as if there was something they could have done to prevent it. Authors claim that the opposite to reparative actions when guilt feelings have a positive effect on socially desirable acts, is the heightened levels of aggressiveness, being prone to impulsivity, maladaptive progression of internalizing conflicts related to self-awareness (Tani & Ponti, 2018). Such findings of guilt having a rather negative affect on child's psychosocial development seems to be more fitting to traumatized children, than that with appraising conclusions.

In essence, social workers play a major role in shaping children's resilient mindset as meaningful conversations function as type of perceived social support and repairs the wrong thoughts of shame and guilt. That is, bonding with social workers through discussion establishes a strong sense of trust; having someone to reinforce one's self-efficacy is common representation of external support (Payne, 2012). For clarification it is important to note, that self-efficacy is the term used to refer to one's ability to organize actions and carry them out for attainment of desired goals (Bandura, 1997). Children living in residential care, according to social workers, have their talents, goals, and aspirations, which begin to be apparent usually in teenage years, as they prepare for independent life outside the borders of institution (Prepare for leaving care, 2018).



### *1.2 Preservation of relationship through turning risk into opportunity*

Yet another essential piece of information about the theory of unconditional positive regard is this: while it puts emphasis on boundless welcoming of person with all his/her flaws and failings, it does not give permission nor endorsement for inappropriate behaviors (Smart, 2012). Social workers in this study spoke about mischiefs that residents get themselves into, and employees rationalized it as examination of their patience, as well as children's trials to stretch the boundaries. As much as that might be true, they also underlined the significance of maintaining the rules equal for everyone to avoid conflicts and spoke of consequences that children get for misbehaving. Even though social workers did not elaborate enough about punishment and aftermath for it to be categorized as a theme, they nevertheless concluded no tolerance to delinquent acts. Yet, again, staff returned to the theme of maintaining relationship stable for traumatized children: they report feeling no resentment towards children despite wrongdoings and invest themselves into rejection-free environment.

Max Smart by employing the views of humanistic paradigm created an intervention for delinquent youth, which was based on the idea of unconditional acceptance. According to him, social workers shall not focus on minimizing the problematic behaviors, but rather foster growth and welcoming of teenagers through turning risk into resilience (2012). He believed that turning problems into opportunities will be cornerstone for development of resilient traits, such as competence and self-esteem. For example, teenage boy who substitutes the need for belonging by involvement with gangs, and substance use to compensate for the loss of home and family, can be introduced to music after school activity. Smart suggests social workers be attentive to details, talents, and inborn tendencies of children, so they can channel one's frustration energy to something more positive, like playing a musical instrument in a band (2012).

Belonging is defined as individuals' having a sense of meaning, which is directly connected to being included with others (Smart, 2012). Via being a part of musical band, previously delinquent boy could satisfy the need for belonging, could be socially accepted in his cohort; ultimately, he would experience what it means to do something that brings joy and excitement and is within social norms. Maslow (1962) argues that sense of belonging and attachment to a caregiver go before any further needs, hence, it is not surprising that social workers are strongly advised to build a connection with children first, before they even begin any kind of teaching or interventions that lead to road of resilience.

Ultimately, SOS staff demonstrated how well they understand the need for security, attachment and belonging as all of them believed these things being the central cornerstone of successful work with traumatized children that eventually set residents on the path to resilient mindset. Life in residential care would be considered as conditions of adversity, however,

according to social workers children not only adjust and adapt to new life, with time one can notice how they bloom in character, nevertheless. Social workers also spoke about non-formal activities in community homes that they do together as group, or as a family, as they call it, so that children's negative energy would be transformed into something valuable like handcrafting. During non-formal interaction, residents' need for belonging is provided for, and they also enroll themselves in pursuit that is within social norms. For their crafts, children receive praise and acknowledgement. Ultimately, recognition and praise for efforts put are yet other factors that are associated with development of resilient pathways in the brain (Smart, 2012).

## **2. Preservation of emotional balance as means to teach resilience**

This phenomenological study aimed at identification of social worker's competencies that set traumatized children on the path to resilience, however interviews brought to light a piece of information that researcher was not initially looking for. As it turns out, social workers must be resilient themselves; otherwise - children will have no chance of seeing how it works within an individual. In other words, because residents carefully observe their caregivers and learn by example, employees must demonstrate the traits of resilience first in their day-to-day lives.

Inappropriate language, conflicting thoughts that show residents fight a constant inner battle, delinquent behaviors were mentioned by social workers as most common problems they face at SOS Children village. To most current knowledge, such pattern of conduct is typical for adolescents residing in residential care and may possibly be stemming from the history of traumatization happened before official transfer to community home (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021). Study made in Norway with teenagers of residential care concede with same problematic nature which heavily affects the establishment of healthy relationships not only with caregivers, but anyone encountered (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021). Adolescents' rivalry for attention with smaller children, uncontrollable anger outrages, hateful words directed towards specialists, lash out of aggressiveness, manipulations and disagreements can occur any day without specific reason. These problems embark social worker's daily routines for years during adaption period, social workers from employees claim. They say it is fundamental to not take things personally and do not allow oneself to get hurt, because that would hinder their ability to begin every day as new without resentment projected at the residents.

### *2.1 Social workers serve as control panels for self-regulation*

Studies show that staff encountering intense fights and behavioral expressions of trauma from teenagers must be capable of self-regulation in the face of such discomfort, because adolescents seek to be "regulated by others" (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021). Since they do not have a skill to maintain emotional balance after misfortunate events

themselves yet, they need to be comforted using inner resources of caring adults (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021). In a sense, Steinkopf & others found that social workers become those managers, or “control panels” of their emotions, and for that to be possible, staff must be capable of self-regulation themselves. This study also revealed that there are prerequisites for self-regulation, that social workers addressed: one’s ability to self-reflect and self-acceptance (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021). Both study from Norway and findings from this research coincide: self-reflection is necessary so social workers can vent out their disappointment, become aware of mistakes made and be ready to acknowledge their failings (like Kotryna shared story of girl’s drawing that she ripped apart). Another focal discovery is self-acceptance: being able to lean into the discomfort of admitting own imperfections, vulnerability and still maintaining the belief that one is worthy of respect (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021).

When describing the empire of emotions, one researcher of social work noted “even the highest-ranking specialists are not immune to pain”, and naturally it hurts when employees are scolded mentally (Brown, 2012). Ultimately, dr. Brown stated that if one embraces all pillars of emotional life, including the uncomfortable feelings of self-doubt, guilt, shame, vulnerability – humans, then are courageous enough to be authentic, seek connection, treat negative events as natural part of life. On the other hand, if social workers numb their pain, they might become resentful towards children. In that case, the concept of being genuine at work becomes far-fetched. The fear of mistakes, and inability to let go of events that happened at work blind their logic reasoning, make them doubtful about their competences in social work career path.

There is an ongoing debate about the framework of resilience and how theory of it explains coping mechanisms related to raising above the difficulties (Campbell & Bauer, 2021). The most recent body of research carries evidence that self-reflection, self-acceptance, and maintenance of emotional stability in the face of intense emotional and behavioral expressions, are personal characteristics strongly linked with resilience (Steinkopf, Nordanger, Halvorsen, Stige, & Milde, 2021).

This study did not answer the question whether employees came to work with inborn personal traits of resilience, or they developed those over time, but it showed that children learn by example they observe, and as far as that allows for interpretation, it seems staff of SOS children village demonstrate resilient coping mechanisms quite often. Finally, a conclusion can be made that one would be unable to strengthen resilient thinking pathways in others, if he himself would not possess those same skills associated with resilient mindset.

### **3. Maintaining work–life balance to avoid burnout syndrome**

Social workers all agreed in unison that work with traumatized children requires enormous emotional resources. It is the job with minors, whom you grow to love and care deeply for, and because of that it is impossible to not get emotionally involved. Emotional involvement means that employees become vulnerable to the stories they hear of residents' painful experiences, and children manipulate their feelings. Indeed, as much as it is important to show compassion and empathy to their life story that is embarked by so much suffering, social workers reported "growing up a skin" that limits how much that information affects them. Later, they spoke of their ways to unwind after work, because practicing professional self-care is as important as the job itself.

Studies show that chronic stress that accumulates over time heavily affects human services specialists, and they are at risk to succumbing to psychological burnout syndrome (Newell, 2020). As much as profession in child welfare is meaningful and rewarding in its' nature as one serves underprivileged, marginalized, and suffering individuals, it is nevertheless emotionally exhausting, demanding and, in many cases, underestimated (Newell, 2020). Because of the daily challenges social workers face while working with vulnerable population of traumatized children, they come across the phenomenon called "compassion fatigue", that is explained as constant reduction of emotional energy when dealing with pain of other humans (Newell, 2020). This phenomenon is not nearly being discussed about enough with students in universities, and when in professional context specialists encounter it – they may not recognize its' implications to overall well-being, as it has not been introduced to them before employment (Newell, 2020). Ignoring the effects of compassion fatigue leads to chronic accumulated stress that eventually may drown the individual into psychological burnout. Psychological burnout syndrome is best defined as a state of body and soul, which causes depression, hinder care taking abilities, emotional self-regulation and make work and personal life enmeshed, so much so it becomes implausible to see where job ends, and personal space begins (Newell, 2020).

#### *3.1 Professional resilience and self-care*

Newell suggests there is a lack of information and education on self-care in professional settings, and this may be the determinant of high rates of indirect traumatization of practitioners, that later expands into burnout (2020). According to this author, social workers, counselors, education authorities, mental health specialists, and other health-related professionals are people who exhibit prosperity within intrinsically stressful job conditions (Newell,2020). Such ability to thrive in the face of inherent mental challenges is called "professional resilience" (Newell. 2020). However, literature on this subject indicates that it is only possible if specialists mindfully choose to put stronger focus on their success, positive changes that happen in clients because of their efforts, rather than dwelling on adverse outcomes (Newell, 2020).

Moreover, Newell emphasizes self-care as fundamental construct that contributes to professionals' inner resources to recover from exposure of daily stress (2020). He claims that self-care in social work setting should be operationalized as mandatory practice that mitigate emotionally draining conditions. More importantly, organization through which practitioners are employed should ensure preventive measures from burnout in statutory documents. Self-care is best described through physical activities, health promoting trainings, quality time with coworkers that foster interpersonal communication and coping mechanisms, recreational programs, leisure with family and friends so personal life is not neglected, spiritual practices. All these enterprises were mentioned by interviewees of this study, but whether organization provides professional care for recreation was not elaborated enough to make any compelling conclusions.

As much as social work is emotionally consuming, studies made on professional resilience describes how it can be equally rewarding (Newell, 2020). Compassion satisfaction refers to the term of professional practice during which social workers and other related field specialists feel in content with their professional choice: when supporting and worthwhile connections with coworkers are established, when they can celebrate client's accomplishments, when they feel deeply rooted in service with meaning and purpose, when sense of gratitude is feedbacked from service receivers (Newell, 2020). Positive outlook to work despite difficulties, based on accounts of social workers from this study, is another way to deal with negative emotion outbursts. Finally, it is a cornerstone is the strategic thinking that fosters self-care (Newell, 2020).

Ultimately, it can be argued that mindful acts of self-care are considerable elements of exercising professional resilience, and it works as fork in the road to promote growth of positive adaptation. If human services work professionals are resilient themselves, they have higher potential to find traits of character strength within their clients and encourage to use the inner resources for quicker recovery from trauma.

## LIMITATIONS

Even though this study described what competencies social workers use to strengthen mental resilience in children who are raised in residential care, conclusions should not be generalized to the whole population of all residential care children, nor should it be said that findings that were brought to light are experienced the same for all social work professions. It is important to note that qualitative research designs are not generalizable in their natural sense, nor do they intend to be (Creswell, 2007). Qualitative researchers sometimes use the term “general applicability” which attempts to explain the reality of a phenomenon under investigation experienced by the subjects who take part in a study (Creswell, 2007). The results described in this study are authentic to the interviewees of this research, who are officially employed by SOS children village in Vilnius.

Usually, what interests qualitative researchers, is how similar or different is the experience of the same construct and what is the connection to the real world. In other words, the primary concern of qualitative inquiry is to explore and describe how come is that subjects share similar/different experiences of a particular phenomenon (in our case, investigation was made related to competencies of social workers at work with traumatized children that enable the formation and development of resilience within children) and how does this knowledge contribute to the understanding of social world and the profession better.

Quantitative researchers consider lack of generalizability as major criticism for non-experimental research, yet the major intention of qualitative methodology is depth and breadth, the complexity of lived human experience, rather than replication of the study (Creswell, 2007). Hence, quantitative researchers agree that a well-carried out qualitative study is significant in its own, since it brings a new perspective into a scientific world (Creswell, 2007).

Although this study brought a new perspective on social worker's competencies, professional practices, and resilience of children from residential care, the fact that researcher interviewed the total of 5 participants is also worth mentioning. Yet, such number of participants is enough for a phenomenological study. Creswell (2007) stated that one can begin a phenomenological study with having five participants. On the other hand, small number of participants limited the depth and breadth of reported competencies and identification of pathways that resilience is being taught through. 5 major topics with a list of abilities emerged as significant findings of this study, however a substantial piece of valuable information about social worker's struggles, resilient behaviors, and mindset did not repeat among interviewees, and thus, did not emerge as topics, or subtopics. For instance, social workers spoke about teaching adolescents' independence and making decisions, as well as taking responsibility for one's actions, but they did not elaborate enough about specific actions on how they do that, nor what does it have to with

resilience, and this piece of information was found irrelevant for this study, but not discounted as invaluable. It would be helpful to have more participants even from the same institution to see what effect this organization system has on the construction of resilience for their residents, resulting from social workers' qualifications of competence.

Lastly, one more factor that might have influenced what participants reported is the fact they knew the researcher before the study. As she was doing her internship as part of her education pursuit, she met the participants personally, and invited to be informants in this research. Before the study the researcher never told the goal of the study and did not introduce them to the concept of resilience, yet participants might have experienced social desirability bias and reported what the researcher wanted to hear. It is not to say that the findings are to be discounted because of that but interviewees may not have been honest about their experience because of such connection to the researcher. They could have sugar coated their imperfections or draw a picture with brighter colors about their professional practice with untruthful storytelling and there was no way to test that.

Finally, because the researcher knew interviewees personally, she might have been biased while analyzing the results. Again, triangulation steps and member-checking techniques were used yet it is likely that some degree of bias was still unavoidable.

## RECOMMENDATIONS

Even though this study brought a new perspective and updated knowledge about childcare social work in newly formed community homes, researcher would like to give out a few recommendations for interested parties, so horizons of this topic can be widened, and wisdom-led outcomes can be better applied.

*For SOS children village institution.* SOS organizations could be the pilot institution for such academic interest, and for that qualitative study which had greater number of participants would be needed. That would help overview the experience of both sides of the coin (children and workers); it would undoubtedly shed a brighter light on what is known of professional resilience that is manifested through social worker's competences and how children learn to be resilient by looking at their caregivers. Ultimately, the research could focus on studying social workers' abilities and lived experience in residential care, at SOS children's villages across the world so that special training programs and methodological guidelines on professional resilience could be created for human service professionals.

*For higher education further research.* It would be interesting to see what competencies would be brought to light in retrospect with traumatized children living in care, if the same study was done with social workers employed in other community homes. It would be beneficial to discover more abilities of social workers and truly see how findings of this study relate to the broader social work context. Additionally, that would allow spotting differences between the competencies, views, skills, and value judgments of other residential care social workers be identified. Ultimately, such knowledge would open doors for improvement of other governmental community homes in terms of raising self-sufficient adults.

It is still unknown whether professional resilience is characterized more with inborn personality traits or are developed over time practically, but it would be interesting to see what the connection between personal and professional resilience types is.

*For Ministry of Social Security and Labor.* Now that it was found the participants of this study demonstrated professional resilience as a response to chronic stress conditions, and through that their residents also learn to self-regulate their emotions, we can draw an inference: social workers are authorities for traumatized children, and it is through them that they eventually learn to overcome adversity. That is why it is crucial that organizations working with vulnerable populations get enough funding from the government so they can provide adequate self-care tools: for example, yearly rehabilitation visits, additional health-care insurance, that would cover expenses of both mental and physical exhaustion.



In retrospect, this message should be communicated for professionals, so they are mindful of their actions and importance of their role. It is equally significant, that they feel appreciated by the higher rank.

One recommendation would be to establish methodology programs after researchers conducted a significant number of quantitative studies that would focus on the predicting factors of resilience in institutionalized children and strengthen professional resilience to avoid burnout for caregivers in community homes.

*For social workers working in childcare.* Currently that it was found the participants of this study demonstrated professional resilience as a response to chronic stress conditions, and through that their residents also learn to self-regulate their emotions, we can draw inferences social workers are authorities for traumatized children and it is through them that they eventually learn to overcome adversity. This message should be communicated for professionals so they are mindful of their actions and importance of their role. We still do not know whether professional resilience is characterized more with inborn personality traits, or are developed over time practically, but what matters is that social workers get the message how valuable their work is. it would be interesting to see what the connection between personal and professional resilience types is.

One recommendation would be to establish methodology programs after researchers conducted a significant number of quantitative studies that would focus on the predicting factors of resilience in institutionalized children and strengthen professional resilience to avoid burnout for caregivers in community homes.

## CONCLUSIONS

1. Empirical analysis revealed that resilience is not a fixed trait that people are born with; it is rather a group of competencies which involve behaviors, thoughts, and feelings of self-worth. Moreover, resilience can also be learned and developed over time. As it turns out, social workers serving in the field of childcare are the main authority figures for residents in community homes. Not only they are caregivers from which minors learn, but they are also main agents in forming the trust-based relationship with children, from which the development of resilience begins. The literature found on the topic of resilience not coincidentally state that no intervention or change can be reached before meaningful and love-based bond is established between social worker and a traumatized child. Ultimately, it was found that childcare social work is planted in the roots of humanistic theory and demonstrated through unconditional positive regard in every-day practice. Lastly, when values of humanism correspond with the very essence of social worker's personal beliefs, best goals of connection and change in behavior can be reached.

2. This study was conclusive enough to answer the raised *research question* what are the social workers' competencies that professionals use in their daily practice to teach children blossom despite the exposure to trauma. Researcher was able to list five major competences that emerged as themes of this study:

- 1) social worker's competence to affiliate connection with a child;
- 2) social worker's competence to maintain connection with a child;
- 3) competence to understand the context children are coming from;
- 4) social worker's competence to create a safe environment for children to live in;
- 5) social worker's competence to recognize the roots of specific behaviors related to adaptation processes.

Analysis of the themes helped identify the specific abilities of those 5 broader competencies that social workers use without conscious realization sometimes. These include a catalogue of abilities, such as: abilities to establish connection through 5 different ways (that are described in detail throughout this thesis), abilities of emotion self-regulation in the face of crisis, abilities of maintaining relationship with children even when worker's patience is examined through fights and disobedience, abilities to read children's problematic behaviors and tying them up with adaptation processes happening within the child, abilities to create safe environment for children to reside in by keeping boundaries and rules in-tact. A catalogue of comprehensive abilities is meaningful because it shows how implementation of these abilities and skills help social workers navigate in the hard nature that this job encompasses.

*Second research question* was what are social worker's abilities that contribute to the preservation of their professional resilience at work with traumatized children. This study revealed

that this specific population of traumatized children living in care requires social workers to be mentally strong (professionally resilient) and prepared for emotional storms because social workers serve the function of “control panelists”; they help children deal with their negative experiences and anger breakouts by showing a personal example of adequate self-regulation when in disagreement with residents.

Two skills can be outlined as cornerstones of childcare social profession: *preservation of emotional balance* despite daily struggles at work and *ability to appropriately take care of one's mental and physiological health*. Having this in mind, the processes and mechanisms used to overcome chronic accumulated stress as part of emotionally draining work with children was analyzed. It revealed that the formation of resilient mindset within children is only possible because caregivers are resilient themselves. In other words, it is impossible to teach other people to use mechanisms of resilience, if the teacher himself does not possess those same qualifications.

3. The findings of this study can be used as basis for further research in developing resilience training programs for specialists working with traumatized children, who live under constant conditions of stress and discomfort. As this study shows, social workers, sometimes without consciously being aware of it, demonstrate their professional resilience and because children learn from example, their maintenance of emotional balance is crucial.

4. Furthermore, abilities that promote growth of resilient mindset are many, but they differ in importance for both parties. For children – the central competence of social workers is their ability to affiliate and maintain connection with their residents; for the social workers – focal point of all competencies they possess lies beneath the surface of adequate self-care to avoid psychological burnout syndrome. Finally, developing educational interventions that nourish resilience in children for whom it does not naturally appear is vital and wholesome support of social workers who work under exposure of suffering minors, is no less relevant.

## REFERENCES

- Ashmitha, P., & Annalakshmi, N. (2020). Understanding pathways to resilience among children of incarcerated parents. *Indian Journal of Positive Psychology*, 11(2), 75–87
- Brown, B. (2012). Gifts of imperfection, the: Hazelden Information & Educational Services.
- Bakermans-Kranenburg, M. J., Steele, H., Zeanah, C. H., Muhamedrahimov, R. J & others (2011). Attachment and Emotional Development in Institutional Care: Characteristics and Catch-Up. *Monographs of the Society for Research in Child Development*, 76(4), 62–91. <http://doi.org/10.1111/j.1540-5834.2011.00628.x>
- Banks, S. (2006). *Ethics and Values in Social Work*. Basingstoke: Palgrave Macmillan
- Brehm, S. S., & Brehm, J. W. (1981). *Psychological reactance: A theory of freedom and control*. New York: Academic Press.
- Brooks, R. B. (1994). Children at risk: Fostering resilience and hope. *American Journal of Orthopsychiatry*, 64(4), 545. <https://doi-org.skaitykla.mruni.eu/10.1037/h0079565>
- Bobinienė I., Voitechovič, T., 2012. Vaikų instutualizacijos prevencija ir intervencija: šeimos gerovės palaikymo komitetų veikla ir darbas su socialinės rizikos šeimomis. Vilnius: Gelbėkit vaikus.
- Campbell, C., & Bauer, S. (2021). Christian Faith and Resilience: Implications for Social Work Practice. *Social Work & Christianity*, 48(1), 28–51. <https://doi-org.skaitykla.mruni.eu/10.3403/SWC.V48I1.212>
- Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks: Sage Publications.
- Drever, E. (1995). *Using semi-structured interviews in small-scale research: A teachers guide*. Glasgow: Scottish Council for Research in Education.
- Flynn, R., Dudding, P., & Barber, J. (Eds.). (2006). *Promoting resilience in child welfare*. Ottawa, Ontario: University of Ottawa Press.
- Grudulaitė, L. (2016). The Perceptions of Children at a Children Day Care Centre about the Authority of a Social Worker. *Acta Paedagogica Vilnensia*, 36, 99–110. <https://doi-org.skaitykla.mruni.eu/10.15388/ActPaed.2016.36.10075>
- Gudžlinskienė, V., & Norvaišaitė, J. (2010). Socialinio Darbuotojo Kompetencijų Sampratų Analizė. *Social Education / Socialinis Ugdymas*, 11(22), 55–64.
- Gvaldaitė, L., & Šimkonytė, S. (2016). Vaikų globos namų deinstitucionalizacija Lietuvoje: ar „vežimas“ judės į priekį? Vilniaus Universitetas.

- Houston, S. (2010). Building resilience in a children's home: results from an action research project. *Child & Family Social Work*, 15(3), 357–368. <https://doi-org.skaitykla.mruni.eu/10.1111/j.1365-2206.2010.00684.x>
- Indrašienė, V., Pivorienė, J., Merfeldaitė, O., & Jegelevičienė, V. (2014). *Individual Counseling Guide*. Vilnius.
- Įsakymas dėl perėjimo nuo institucinės globos prie šeimoje ir bendruomenėje teikiamų paslaugų neįgaliesiems ir likusiems be tėvų globos vaikams 2014–2020 metų veiksmų plano patvirtinimo. [žiūrėta 2021 10 14]. Prieiga per internetą: <https://www.etar.lt/portal/lt/legalAct/c90d41f097de11e3bdd0a9c9ad8ce1b>
- Katizi, M., Jefferies, P., Dikolobe, O., Moeti, O., Brisson, J., & Ungar, M. (2019). Fostering Resilience in Children Who have been Orphaned: Preliminary Results from the Botswana Balekane EARTH Program. *Child & Youth Care Forum*, 48(4), 585–601. <https://doi-org.skaitykla.mruni.eu/10.1007/s10566-019-09497-6>
- Kroupina, M., Toemen, L., Aidjanov, M., Georgieff, M., Hearst, M., Himes, J., Johnson, D., Miller, B., Syzdykova, A., & Sharmanov, T. (2015). Predictors of Developmental Status in Young Children Living in Institutional Care in Kazakhstan. *Maternal & Child Health Journal*, 19(6), 1408–1416. <https://doi-org.skaitykla.mruni.eu/10.1007/s10995-014-1647-0>
- Kendrick, A. (2012). What research tells us about residential childcare. *Social work with children and families*, 287 - 303.
- Lietuvos Respublikos socialinės apsaugos ir darbo ministerija. (2006). Socialinių Darbuotojų ir Socialinių Darbuotojų Padėjėjų Kvalifikacinių Reikalavimų, Socialinių Darbuotojų ir Socialinių Darbuotojų Padėjėjų Profesinės Kvalifikacijos Kėlimo Tvarkos bei Socialinių Darbuotojų Atestacijos Tvarkos Aprašas. Valstybės žinios, Nr. 43-1569.
- Lukšik, I. (2018). Resilience of Young People in Residential Care. *Journal of Social Service Research*, 44(5), 714–729. <https://doi-org.skaitykla.mruni.eu/10.1080/01488376.2018.1479336>
- Martinez, T. C., Anne Bogat, G., Von Eye, A., & Levendosky, A. A. (2009). Resilience Among Children Exposed to Domestic Violence: The Role of Risk and Protective Factors. *Child Development*, 80(2), 562–577. <https://doi-org.skaitykla.mruni.eu/10.1111/j.1467-8624.2009.01279.x>
- Meng, X., Fleury, M.-J., Xiang, Y.-T., Li, M., D, A. C., & D'Arcy, C. (2018). Resilience and protective factors among people with a history of child maltreatment: a systematic review. *Social Psychiatry & Psychiatric Epidemiology*, 53(5), 453–475. <https://doi-org.skaitykla.mruni.eu/10.1007/s00127-018-1485-2>

- Mohamed, S., & Thomas, M. (2017). The Mental Health and Psychological Well-Being of Refugee Children and Young People: An Exploration of Risk, Resilience and Protective Factors. *Educational Psychology in Practice*, 33(3), 249–263.
- Nasvytienė, D., Lazdauskas, T., & Leonavičienė, T. (2012). Child's Resilience in Face of Maltreatment: A Meta-Analysis of Empirical Studies. *Psichologija / Psychology*, 46, 7–26. <https://doi-org.skaitykla.mruni.eu/10.15388/Psichol.2012.46.809>
- Newell, J. M. (2020). An Ecological Systems Framework for Professional Resilience in Social Work Practice. *Social Work*, 65(1), 65–73. <https://doi-org.skaitykla.mruni.eu/10.1093/sw/swz04>
- Pearce, C. (2011). *A Short Introduction to Promoting Resilience in Children*. Jessica Kingsley Publishers
- Proctor, C., Tweed, R. G., & Morris, D. B. (2021). Unconditional positive self-regard: The role of perceived parental conditional regard. *Humanistic Psychologist*, 49(3), 400–422. <https://doi-org.skaitykla.mruni.eu/10.1037/hum0000168>
- Poviliūnas, A. 2014. Investicijos į vaikus: padėkime išsivaduoti iš nepalankios socialinės padėties. Nacionalinių strategijų tyrimas. Vilniaus universitetas.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science: Vol. 3. Formulations of the person and the social context* (pp. 184 –256). New York, NY: McGraw-Hill
- Smart, M. (2012). Unconditional Space: Turning Risk into Resilience. *Reclaiming Children & Youth*, 21(1), 33–36.
- Socialinis pranešimas 2013–2014. Lietuvos Respublikos socialinės apsaugos ir darbo ministerija. Lietuvos Respublikos vaiko teisių apsaugos kontrolieriaus 2013 metų veiklos ataskaita, 2014.
- Steinkopf, H., Nordanger, D., Halvorsen, A., Stige, B., & Milde, A. M. (2021). Prerequisites for Maintaining Emotion Self-regulation in Social Work with Traumatized Adolescents: A Qualitative Study among Social Workers in A Norwegian Residential Care Unit. *Residential Treatment for Children & Youth*, 38(4), 346–361. <https://doi-org.skaitykla.mruni.eu/10.1080/0886571X.2020.1814937>
- Strijbosch, E., Stams, G. J., Wissink, I., van der Helm, P., & Roest, J. (2018). The Relation Between Children's Perceived Group Climate and Therapeutic Alliance with Their Mentor in Residential Care: A Prospective Study. *Residential Treatment for Children & Youth*, 35(4), 297–316. <https://doi-org.skaitykla.mruni.eu/10.1080/0886571X.2018.1455560>
- Vitkauskas, K. 2010. Vaiko globos organizavimo principų įgyvendinimas Lietuvoje, Viešojo politika ir administravimas, 31: 133–146.

## SANTRAUKA

Ramanauskienė, L. Socialinių darbuotojų kompetencijos, įgalinančios stiprinti globos namuose gyvenančių vaikų psichinį atsparumą. Socialinio darbo su vaikais ir jaunimu magistro baigiamasis darbas. Vadovė doc. dr. A. Petrauskienė. – Vilnius: Mykolo Romerio universitetas, Socialinių technologijų fakultetas, Edukologijos ir socialinio darbo institutas. 2021.

Socialiniai darbuotojai, dirbantys institucinę globą teikiančioje įstaigoje, t.y bendruomeniniuose vaikų globos namuose kasdien prisiima atsakomybę už vaikus. Jie netik stengiasi patenkinti fiziologinius vaikų poreikius, bet ir teikia emocinę, socialinę bei psichologinę paramą tiems, kuriuos augina. Būtent dėl to vaikams, patyrusiems traumas, socialiniais darbuotojais vaikai ima pasitikėti. Jie tampa pavyzdžiu, iš kurio vaikai mokinasi tiek buitinių gyvenimo įgūdžių, tiek ir emocijų valdymo metodų. Šio tyrimo tikslas – atskleisti kokios socialinių darbuotojų kompetencijos (žinios, gebėjimai, įgūdžiai) įgalina vaikuose psichologinio atsparumo stresui mąstymo būdus, ir pamatyti jų asmeninę patirtį dirbant su vaikais, patyrusiais netektis. Tyrimo uždaviniai: 1) Empiriškai išanalizuoti psichologinio atsparumo stresui apraiškas ryšyje su socialinių darbuotojų pastangomis. 2) Identifikuoti socialinių darbuotojų kompetencijas, kurias jie sąmoningai ar pasąmoningai naudoja kasdienybėje augindami likimo sutraumuotus vaikus, 3) Išryškinti kompetencijas, orientuotas į jų asmeninius bei profesinius gebėjimus, kurie stiprina vaikų gebėjimą įveikti gyvenimo sunkumus, atsitiesti po skaudžių patirčių, 4) Pateikti praktines rekomendacijas apie darbui su vaikais reikalingas kompetencijas, ir išryškinti darbuotojų sąmoningas pastangas auginti stresui atsparius vaikus socialinėje sferoje dirbantiems asmenims. Atliktas kokybinis interpretacinis tyrimas, turintis fenomenologinės strategijos bruožų. Siekiant atskleisti socialinių darbuotojų kompetencijas, kurios įgalina vaikuose psichologinio atsparumo stresui mąstymo būdus, pasirinktas kokybinis tyrimas naudojant pusiau struktūruotą interviu metodą. Gauti tyrimo duomenys buvo išanalizuoti taikant kokybinį temos analizės metodą. Tyrimo dalyvės yra penkios moterys, dirbančios SOS vaikų kaimo organizacijoje. Atliktas tyrimas atskleidė, jog vienos iš svarbiausių kompetencijų yra socialinių darbuotojų gebėjimas užmegzti ryšį su vaiku, gebėjimas palaikyti jau užmegztą santykį, gebėjimas sukurti saugią aplinką vaikams augti, taip pat atliepti vaikų poreikius, bei gebėjimas suvokti vaikų elgesį bei susieti jį su adaptaciniais procesais. Taip pat išryškėjo socialinių darbuotojų vertybinės nuostatos, sietinos su humanistiniu požiūriu bei įgūdžiais, būdingais profesiniui atsparumui palaikyti. Antras tyrimo klausimas padėjo atskleisti kompetencijas, kurios yra svarbios siekiant išsaugoti profesinį atsparumą: gebėjimas išsaugoti emocinę pusiausvyrą krizės metu, gebėjimas būti nuoširdžiu darbe, bei gebėjimas skirti dėmesio psichinei sveikatai, kad nebūtų pasiektas perdegimo sindromas. Išvados leido suprasti, kad socialiniams darbuotojams reikalinga emocinė pagalba iš specialistų (psichologų bei supervizorių), taip pat turi būti užtikrintos sąlygos reikiamam

poilsiai gauti; darbuotojai patys turi degti noru tobulėti, augti, bei būti lanksčiais, kad rastų tinkamas priemones pritaikyti naujai įgytas žinias bei siūlomus metodus kasdienėje praktikoje.



## SUMMARY

Ramanauskienė, L Competences of Social Workers that Enable Strengthening the Mental Resilience of Children Living in Care Homes. Final thesis of master's degree in Social Work with Children and Youth. Supervisor prof. doc. A. Petrauskienė. – Vilnius: University of Mykolas Romeris, Faculty of Social Science, Institute of Education and Social work, 2021.

Social workers working in organizations that provide care for minors in residential settings assume a wholesome responsibility for children. Not only do they work towards satisfaction of their physical needs, but also, become the most important persons in their lives. They become exemplary figures from whom children learn essential life skills. The goal of this study is to reveal social worker's competencies that aid in strengthening the mental resilience of children living in care homes based on their experience. The objectives of the study: 1) Empirical analysis of resilience development in connection with social support received from caregivers, 2) Identification of the competencies of social workers, which they mindfully or unintentionally use to work with children who are facing adversity daily, 3) Analysis of the competencies in terms of effectiveness, and a description of their implementation in connection to encouragement of resilience, 4) Drawing practical inferences from the study and suggesting them for wider population, for practitioners, who work directly with children in care. Qualitative phenomenological study was done. Since the intention was to reveal social worker's competencies that strengthen the mental resilience in residential care children, the choice was made to use qualitative study design and gather data through semi-structured interviews. Results were analyzed via employing the features of thematic analysis. Five female participants, who are employed at SOS children village, took part. The researcher was able to discover five major competencies and a catalogue of related abilities that showed resilient pathways are best formed through social worker's competence to affiliate and maintain connection with a child, providing safe place for children to live in, one's ability to satisfy children's needs, and understanding children's behavior by tying them up with adaptation processes. It also showed teaching of resilience is only possible because workers demonstrate skills of professional resilience themselves first. The conclusions lead to the realization that social worker's need non-formal assistance for finding ways to unwind, and avoid burnout, as well as emotional support from organization is crucial for helping professionals deal with daily struggles they face at work.