



ESWOCHY

The Role of Social Workers in Psychosocial Development of Children in Residential Care in Latvia and Slovakia

Lina Deribe Shiferaw

Erasmus Mundus Master's Programme in Social Work with Children and Youth

Supervisor: Dr. Ilze Trapenciene
Riga Stradins University, Department of welfare and social work

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Abstract

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Author: Lina Deribe Shiferaw

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Children in institutional care face many challenges that can impact their psychosocial development, which refers to the interaction between psychological and social factors that influence a child's growth and adaptation. This research explored social workers' role in fostering children's psychosocial growth in residential care.

By applying psychosocial development theory, this study identified various services to promote children's psychosocial well-being in residential care. It also utilized attachment theory to examine the role of social workers in the emotional and social development of children in residential care in Latvia and Slovakia. The research employed a qualitative approach, conducting online interviews that allowed for in-depth exploration of the social workers' experiences and perspectives. These interviews were then analyzed using thematic analysis to identify recurring themes and patterns in the data. The study selected nine participants through purposive sampling, including five social workers from Slovakia and four from Latvia.

The findings revealed that the children in residential care, both in Slovakia and Latvia, received different social services. The services include social support services (organizing quality time with children, organizing group activities, assigning responsibilities, and communication skills), emotional and behavioral support services (facilitating connections with biological parents and relatives, documenting child profiles, offering counseling sessions, and implementing art therapy), educational support services (tutorials, special needs education, and talent recognition,) and medical care service. Social workers' involvement in social, emotional, and behavioral support is high. Social workers also play different roles in providing services that enhance children's psychosocial development. Social workers are advocates, facilitators, coordinators, and need assessors in residential care, demonstrating their dedication and adaptability. However, the social workers encountered challenges such as limited resources (funding), complicated children's cases, and work-related stress. The study showed a slight difference in challenges faced by social workers. The social workers face a high workload due to a shortage of professionals in Slovakia, whereas, in Latvia, the salary for social workers is inadequate, which makes social workers work in more than two places.

Finally, the research found that the services that are provided to enhance independent living are rare, and the caregiver-child attachment also gets little attention. Moreover, there are some indicators of institutional features in residential care. Some facilities have hired nurses, and playgrounds are also included within the care facility, which is accessible only to children who have lost parental care. These findings highlight the critical need for greater awareness of the implementation of deinstitutionalization and the need to strengthen caregiver-child attachment.

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List of Abbreviation

IDP- Individual development plan

INGO- International Non-Government Organization

ILTCC- Institutions for long-term social care and social rehabilitation of children.

NGO- Non-Government Organization

OVC- Orphan and vulnerable children

UK- United Kingdom

UN- United Nation

UNICEF- United Nations Children's Fund

WHO- World Health Organization

INTRODUCTION

Background of the Study

The prevalence of children who have lost parental care is a significant humanitarian concern that demands coordinated efforts from governments, organizations, and individuals to provide essential support and care for these vulnerable children. Millions of children globally face the challenges of growing up without parental care (UNICEF, 2024). According to available data, there are over 153 million children who lost parental care worldwide, with almost 10,000 children losing parental care each day (UNICEF, 2023). Estimates indicate that of the children who lost parental care, approximately 15.1 million out of 61 million in Asia, 52 million in Africa, 10 million in Latin America, and 7.3 million in Eastern Europe and Central Asia have lost one or both parents (UNICEF, 2020). The transfer of children to residential care varies by country. According to the report, about 500,000 children in Europe and Central Asia live in institutional care settings (UNICEF, 2021). Reports indicate that 6,500 children in Latvia lack parental care (Latvia Social Welfare, 2020). Similarly, 4938 children who lost parental care were placed in child and family homes until the end of 2023 in Slovakia (Ministry of Labor, Social Affairs and Family of the Slovak Republic, 2024.).

The number of abandoned and neglected children around the globe is steadily increasing due to both natural and artificial circumstances (Desmond et al., 2020). The impact of this crisis is profound, with a large percentage of children facing poverty, hunger, disease, exploitation, and violence, which can severely hinder their chances of survival and development (Pillay, 2016). The factors that influence children vary from region to region. Various factors, including migration, economic reasons, social dynamics, and child abuse, influence the prevalence of children who lost parental care in Europe (UNICEF, 2024). Thus, residential care is often used as an alternative care option for children who have experienced abuse, neglect, or other forms of family disruption to protect and promote their well-being (Giraldi et al., 2022)

Residential care facilities provide a supportive environment and essential services for needy children (Aldgate, 1978). The services provided in residential care facilities encompass a broad spectrum, including psychosocial support, healthcare, education, and daily living assistance (UNICEF, 2024). A study on the effectiveness of psychosocial services offered at a residential care home in the Philippines highlighted the importance of such services in preparing residents for life aftercare (Roche et al., 2021). These services address residents' emotional, psychological, and social needs, promoting their well-being and successful transition to independent living or alternative care arrangements (Lukšík & Hargašová, 2018a). While residential care is meant to protect

and promote the well-being of children in danger, it exposes them to multiple risks, including abusive experiences by peers and staff. Eventually, it fuels the circle of abuse (Timmerman & Schreuder, 2014).

Furthermore, Research has shown that children in residential care experience a range of developmental challenges, including emotional and behavioral problems, attachment difficulties, and academic struggles (Kessler & Trapenciere, 2024). The impact of residential care on children's development is influenced by various factors, including the quality of care, the length of stay, and the child's individual needs and experiences before placement (Kessler, 2022). However, social workers are essential in promoting the well-being and development of children in the care system (Chmelka et al., 2011). They provide psychosocial support, coordinate services, and advocate for the children's best interests under their care. Therefore, this study focused on psychosocial support services offered to children in residential care and the role of social workers in the psychosocial development of children in Latvia and Slovakia.

Statement of the Problem

Residential care is one of the alternative care for children who lost parental care (UNICEF, 2024). In residential care, children are expected to receive different types of support that enhance their holistic development (UNICEF, 2021). As the UNICEF guidelines indicate, residential care services are expected to encompass various services. Such as social, psychological, medical, and educational support (UNICEF, 2021). To enhance its effectiveness, multi-disciplinary professionals provide these services (Willumsen & Hallberg, 2003). Though there are different services, still children face so many difficulties. The study reveals that children who live in residential care experience attachment problems with caregivers or other professionals (Garcia Quiroga et al., 2017). There are reports about children in residential care who experience neglect and abuse by care providers (Timmerman & Schreuder, 2014). This situation increases the risk of mental health problems among children in residential care (D'Arqom et al., 2023). The children who live in residential care have more mental health-related problems than children who are living at home environment (Evans et al., 2017). Many factors contribute to this issue, with the primary reason being their separation from their biological parents, which significantly increases their risk of mental health problems. The studies show that children who separate from their biological parents have a strong desire to reunite with their family and also be in contact with them (Vallušová et al., 2022). However, some parents, because of their behavior and mental health situation are not able to come and contact their children. This situation creates a lot of stress and hopelessness for children. The study conducted on suicidal ideation shows that the risk of suicide is much higher among orphan children than among their peers (González-García et al., 2023).

Moreover, children in residential care have social skills problems. The study conducted on care leaver youths showed that youths from residential care have problems with communication skills and social interaction (Campos et al., 2019). Studies indicate that a lack of social skill training can increase the risk of social problems among children (González-García et al., 2017a). Besides, the child-caregiver relationship and child-to-child relationship are also factors that decrease the social and communication skills of the children (McLean et al., 2013). This situation affects the children's later behavior. The study also indicates that children with low self-confidence are higher among children who lost parental care than their peers (Campos et al., 2019). This problem also leads to other related problems. the children became more influenced by peer pressure which is one of the significant factors for the risk of drug use among children who lost parental care (Khamis, 2015). The studies revealed drug abuse rate is higher among children who live in residential care. This problem affects the social and psychological wellness of the children (McCrystal et al., 2008).

Additionally, children who lost parental care experience emotional and psychological abuse in residential care (Kessler, 2022). As the study indicates, the children experience abuse by caregivers and other professionals. They were rejected, and care workers violated some of their rights (Moore et al., 2017). As the studies show, the children also experienced sexual abuse by care professionals, but because of the sensitivity of the issue, it is scarce to find the perpetrator (Euser et al., 2013). Besides, the children also experience abuse by other children living in residential care (Kessler, 2022). The study conducted on orphaned and abused youth showed that children are at high risk of pregnancy and drug abuse behavior in residential care (Meghdadpour et al., 2012).

Eric Ericson's theory on psychosocial development explains that children form their social and psychological identity at an early age (Y. Gross, 2020). The problems the children experience at an early age affect later behavior (Munley, 1975a). In the process of psychosocial development, the role of significant others is crucial. The interaction of the children with their environment forms their behavior (Christiansen & Palkovitz, 1998a). For the children who lost parental care, their psychosocial development depends on the interaction of the care workers and professionals. Thus, social workers have a significant role in the psychosocial development of children.

The role of social workers in the psychosocial development of children in residential care is crucial. Residential care settings are expected to provide sufficient resources and services to address the multifaceted needs of children, including their psychosocial well-being (UNICEF, 2021). However, the quality of relationships between residential care staff and children is a significant factor in the psychosocial development of children in residential care (Costa et al., 2022). Moreover, social competence, which includes the ability to build positive and healthy interpersonal relationships and the development of a clear self-identity, is a crucial element in the

psychosocial development of children (Leloux-Opmeer et al., 2018). Therefore, social workers play a vital role in promoting social competence and providing the necessary support to enhance the psychosocial well-being of children in residential care. Thus, this study attempted to explore the role of social workers in residential care and the support provided for the psychosocial well-being of children in residential care in Latvia and Slovakia.

The Research Aims and Objective

This research aims to explore psychosocial services provided by social workers to children in residential care and their contribution to the psychosocial development of children. The psychosocial development depends on the connection of children with significant others. In the case of residential care, social workers play a vital role in the psychosocial development of the children. Thus, the study attempts to figure out the role of social workers in the holistic development of children and the challenges faced by social workers.

General objective

The general objective of this study is to explore the role of social workers in the psychosocial development of children in residential care.

Specific Objective

1. Identify psychosocial support services provided to children in residential care
2. To understand the role of social workers in residential care
3. Explore the challenge of social workers in residential care

Research Question

There are three questions to stay focused on the research objective. The following research questions are addressed:

1. What type of psychosocial support services are provided to children in residential care?
2. What approaches do social workers use for the psychosocial development of children in residential care?
3. What are the challenges faced by social workers in providing effective care for children in residential homes?

Operational Definition

- **Children in residential care:** - a child is defined as person below age 18 (UNICEF, 2022) and lives in residential care.
- **Residential care/Institutional care** refers to long-term care provided in a group setting outside of a family environment, where children live and receive a wide range of comprehensive support and supervision from professional caregivers, who can include both paid employees and volunteers. Residential care facilities are designed to meet the residents' physical, emotional, social, and educational needs. Government entities, private organizations, civil society, or faith-based groups may operate these facilities.¹Residential care is under different names in various countries. In Latvia, it is referred to as long-term care or out-of-family care², while in Slovakia, it is called a center for children and families.³
- **Psychosocial development:** - Psychosocial development involves the progression and maturation of an individual's psychological and social capabilities. It includes enhancing cognitive skills, emotional regulation, social competencies, identity formation, and the capacity to build and sustain relationships (Erikson, 1963).
- **Psychosocial support services:** - local or external support provided that aims to promote or protect the psychosocial well-being of individuals or groups of persons (UNICEF, 2022)

¹ UNICEF (2021) *children in alternative care*, retrieved from <https://www.unicef.org/eca/definitions>

² Republic of Latvia Cabinet Regulation No. 857 (2005) “Regulations Regarding Social Guarantees for an Orphan and a Child Left without Parental Care who is in Out-of-Family Care as well as After the Termination of Out-of-Family Care”

³ Ministry of Labour, Social Affairs and Family of the Slovak Republic in (2024) Annual report on the provision of care and upbringing to children in the center for children and families, retrieved from https://www.upsvr.gov.sk/statistiky/rocne-vykazy-mpsyr-sr/rocne-vykazy-v05-mpsyr-sr-o-poskytovani-starostlivosti-a-vychovy-detom-v-detskom-domove-a-v-detskom-domove-pre-maloletych-bez-sprievodu-za-roky-2008-2023.html?page_id=107264

CHAPTER ONE: SERVICES IN RESIDENTIAL CARE FOR PSYCHOSOCIAL DEVELOPMENT OF CHILDREN CARE AND THE ROLE OF SOCIAL WORKERS

This chapter aims to develop and support an understanding of the proposed study through a comprehensive review of relevant prior studies. Within the study's objectives, this chapter offers a detailed and critical evaluation of existing research in the proposed study area.

1.1. Residential Care

Residential care for children, a form of out-of-home care, is provided to children who cannot live with their biological families. Children reside in group homes, orphanages, shelters, or other residential facilities in this setting, receiving accommodation, supervision, and support from trained caregivers or staff members (UNICEF, 2020). This care, which meets their fundamental needs such as food, shelter, clothing, education, and healthcare, is a temporary and last resort option. It is used when children cannot remain with their families due to reasons such as abuse, neglect, abandonment, or family instability (Petrowski et al., 2022). However, the key message is that residential care is not a permanent solution. Instead, our efforts should be passionately focused on family-based care, whenever possible, to ensure children's well-being and healthy development (Riley & Lupafya, 2011).

1.1.1. Situation of Residential Care in Latvia

In 2005, regulations⁴ were adopted regarding long-term care for children. The social rehabilitation of children without parental care was called out-of-home care, which was purposely designed to eliminate institutional features. Depending on the institution's structure, these facilities typically organize children into age and development-based groups, generally ranging from four to six, seven to fourteen, and fifteen to seventeen years old. A key priority in these arrangements is keeping siblings together, often placing younger siblings with older ones, which creates diverse age dynamics within the groups and fosters a sense of familial security. Additionally, the layout of these orphanages is thoughtfully planned to provide for the different needs and preferences of the children living there (Kessler, 2022).

⁴ Republic of Latvia Cabinet Regulation No. 857 (2005) "Regulations Regarding Social Guarantees for an Orphan and a Child Left without Parental Care who is in Out-of-Family Care as well as After the Termination of Out-of-Family Care"

Classifications of Children in Care

According to Latvian child right protection law legislation of (1998 Act²) and regulation 1999 as cited on Trapenciere (2014), children in care classified⁵

- 1) Biological orphan - a child whose parents have died or have been declared dead in accordance with the procedures laid down in law;
- 2) Social orphan - a child left without parental care - a child whose parents are not known, are missing, or due to a long-term illness, are not able to exercise protection, or whose parents have had the custody rights discontinued or removed;

Statistics from the Latvian Central Statistical Bureau, 2024

The statistics provided by the Latvian Central Statistical Bureau (2024) offer insights into the population of children in care over the past decade based on age group stay in care service.

Table 1: Number of children in long-term social care in Latvia

The following table describes the number of children in long-term and rehabilitation institutions by the length of stay in the institution at the end of the year (duration of stay, age, and period)

	2017	2018	2019	2020	2021	2022	2023
17 years and less	1 037	794	621	568	514	527	518
0–3 years	81	24	14	16	18	15	10
4–12 years	440	335	223	197	185	199	217
13–17 years	516	435	384	355	311	313	291

Source: Central Statistical Bureau, 2024,

*Children in institutions by Custody court

Table 1 shows a notable prevalence of children aged 4-12 and 13-17 in Long-term social care homes. This trend is attributed to the efforts of the child welfare system to place infants and younger children in long-term care. After 2015, when the Deinstitutionalization policy started in the EU, the tendency to develop foster families started, and the number of children decreased from 516 to 291.

⁵ Trapenciere, I. (2014). Social orphanhood in Latvia. SHS Web of Conferences, 10, 00047.
<https://doi.org/10.1051/shsconf/20141000047>

Table 2: Long-term social care institutions in Latvia

The table shows the number of long-term social care centers in Latvia for the last few decades.

Year	Number of long-term care centers
2010	17
2018	29
2020	21

(Latvian Ministry of Welfare: 2020)

Table 2 presents data from the Ministry of Welfare's 2020 report, indicating the existence of twenty-one orphanages. In Latvia, after 2015, when the DI policy started in the EU, the tendency to develop foster families started and the number of institutions decreased from 29 to 21.

1.1.2. Situation of Residential Care in Slovakia

Orphanages in the Slovak Republic serve as institutions mainly served with providing a substitute environment for children who, for various reasons, cannot be raised within their biological families (Ivanova & Bogdanov, 2013). Recognizing the family as the fundamental unit of society and its crucial role in a child's life, orphanages in Slovakia must adopt an integrative approach, tailoring their care to each child's needs. This approach is not a solitary effort but a collaborative one involving the child, the orphanage staff, and other relevant institutions (Vallušová et al., 2022). When a child enters orphanage care, they undergo a challenging period marked by feelings of separation, fear, sadness, and hopelessness. Acknowledging the disruption of existing relationship bonds, often fraught with negative emotions, and creating new bonds conducive to successful integration into society and preparation for adulthood is imperative. Collaboration with other institutions is essential to assess and, if feasible, repair the relationships that failed in the child's original environment, facilitating their return to familiar familial settings (Lukšík & Hargašová, 2018b).

The Family Act, also known as Law no. 36/2005⁶, plays a significant role in the operation of orphanages in the Slovak Republic. It outlines that child care in these institutions typically follows a residential model until the child reaches the age of majority, which is 18 years. However, the Act also recognizes the challenges of transitioning to independent living and societal integration in adulthood. It allows individuals to request to

⁶ Family Act - Zákon 36/2005 Z.z., o rodine. (2005). Retrieved from: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2005/36/>

remain in the orphanage beyond this age, subject to specific legal conditions, with extensions granted until age 25. This legislative provision is a testament to the government's understanding of the unique needs of these children. Children are admitted to orphanages through a final court decision, either due to court-ordered inpatient care, imposition of an educational measure, or through interim relief granted by the court by relevant legislation.

Statistics from the Ministry of Labor, Social Affairs and Family of the Slovak Republic, 2024

The statistics provided by the Ministry of Labor, social, and Family Affairs offer insights into the population of children in child and family centers and the number of residential care facilities till December 2023.

Table 3 The number of children in the Children and Family Center

The following table illustrates the number of children transferred to residential care by the decision of the court and centers give long-term care in Slovakia

Number of children	Number of child and family center
4938	100

(Ministry of Labor, Social Affairs and Family of the Slovak Republic, 2024)

1.2. Factors for influencing children to the residential care system

Different factors force the children to move into residential care. Economic Hardship is one of the primary factors that lead children to residential care (Riley & Lupafya, 2011). Poverty can severely limit parents' ability to provide for their children's basic needs, including food, shelter, education, and healthcare (Sebsibe et al., 2014). Sometimes, parents may feel they have no choice but to place their children in residential care where they can access better care and opportunities (Jamison et al., 2012).

Another factor, the death or severe illness of one or both parents, can also result in children being moved to residential care (Frauenberger et al., 2012). Moreover, Conflict, war, natural disasters, and other emergencies can displace families, leaving children without parental care (UNICEF, 2024). In these challenging circumstances, residential care may play a vital role in providing temporary shelter and care for vulnerable children until they can be reunited with their families or placed in alternative care arrangements (Vohra et al., 2014). However, it is vital to ensure that orphanages are equipped to meet the unique needs of children affected by emergencies and to prioritize family reunification and community-based care whenever feasible.

The factors that lead children to orphanages are complex and multifaceted, often stemming from broader social, economic, and systemic issues (Vallušová et al., 2022). Addressing these factors requires a holistic approach focusing on strengthening families, promoting economic stability, providing access to essential services, and prioritizing children's rights and well-being (Ivanova & Bogdanov, 2013). By understanding the root causes of children's placement in residential care and implementing targeted interventions, a supportive environment can be created where every child grows up in a loving and supportive family environment.

1.3. Problems faced by children in residential care

Children in residential care settings encounter various issues that impact their holistic development (Vohra et al., 2014). These problems can be broadly classified into social, psychological, educational, and physical challenges, each significantly affecting a child's overall well-being and growth.

1.3.1. Social problems

Children who live in residential care face numerous social challenges, including inadequate health care, insufficient educational support, lack of sports equipment, and food shortages, all influenced by economic constraints (Aldgate, 1978). Orphaned and vulnerable children encounter several obstacles in school, such as absenteeism, inadequate physical infrastructure, instability, and psychological trauma (Frauenberger et al., 2012). Studies conducted on the Impact of institutionalization of children on their well-being showed that children struggle with resource shortages and lack of parental attachment. They suggested that caregivers or teachers must be more emotionally available to these children, as their social lives suffer without this emotional support (Garcia Quiroga et al., 2017).

Additionally, research in Latvia shows that young children who leave institutional care often face difficulties forming connections and attachments within the broader community, a situation linked to their early experiences (Kessler, 2022). Children who experience early trauma are more likely to develop social problems and emotional difficulties in their interactions with others. Therefore, social development is crucial for the overall development of these children.

1.3.2. Psychological /emotional problems

Children who lost parental care face numerous challenges, including segregation, stigma, physical punishment, and a lack of attachment and affection in residential areas (Mukushi et al., 2019). The study conducted in Dar es Salaam revealed that these children were often subjected to physical punishment by caregivers and experienced discrimination, stigmatization, bullying, and isolation. Stigmatization is particularly problematic, as stigmatized orphans may internalize negative perceptions about themselves, exacerbating their distress.

(Hermenau et al., 2015). Awareness of stigmatization can increase the severity of their unpleasant experiences and sadness.

Studies highlighted that support for institutionalized orphans was insufficient, failing to meet their social and psychological needs due to a lack of affection, attention, social networks, and security. This deficiency led to mental health issues like depression (Mukushi et al., 2019). According to UNICEF (2020), many psychological disorders in institutionalized orphans stem from a poor institutional climate and caregivers' ineffectiveness in addressing the children's psychological needs. Studies also found that children in institutions lacked personal care, attention, affection, and motivation and often faced neglect, harsh discipline, mistreatment, and abuse, even in well-resourced facilities.

Children who lost both parents experienced emotional grief over their parents' deaths, particularly when institutionalized at a young age. As they grow older, these children often struggle with the realization that their caregivers are not their biological parents and seek to understand their true family history (Shekhawat & Gopalan, 2023) as the studies revealed identified critical psychological issues such as lack of affection, attention, and a sense of alienation from society, stressing the need for prompt intervention to address these concerns. They noted that orphans, those who have lost their parents, are at greater risk of psychological problems (González-García et al., 2017).

Studies reported that orphans are more likely to have low self-esteem due to a lack of social and psychological support and the loss of parental care. Self-esteem factors include good supervision, counseling, physical safety, mutual love, and peer fellowship (D'Arqom et al., 2023). Besides, it explored the links between depression and trauma, identifying evidence that therapeutic interventions can help those suffering from traumatic grief. Their research supports the effectiveness of treatment in alleviating the psychological distress experienced by those who have endured traumatic losses.

1.3.3. Behavioral problems

Behavioral challenges in children living in residential care settings can be complex and multifaceted, often stemming from a combination of past traumatic experiences, current environmental factors, and individual psychological responses. These challenges can manifest in various ways, impacting the child's ability to function effectively within the care environment and beyond (Sebsibe et al., 2014).

Children in residential care might display aggressive behaviors, which can include physical violence, verbal outbursts, or destructive actions. This aggression often arises from a history of abuse, neglect, or witnessing violence, leading to a deep-rooted response to perceived threats or frustrations. These behaviors can create a

hostile environment within the care setting, affecting both the child displaying the behavior and their peers (González-García et al., 2017b).

Moreover, some children exhibit oppositional disobedient behavior, characterized by persistent patterns of angry and irritable moods, argumentative and defiant behavior towards authority figures, and vindictiveness. This can allow children to exert control in an environment where they may feel powerless. In contrast to outwardly aggressive behaviors, some children may withdraw from social interactions, isolating themselves from peers and caregivers. This can stem from a lack of trust, fear of rejection, or internalizing past trauma. Such withdrawal can hinder the development of social skills and peer relationships (Khamis, 2015).

Children in residential care often have difficulty managing their emotions (Campos et al., 2019). They may experience intense emotional outbursts, have difficulty calming down, or struggle with mood swings. This emotional dysregulation can interfere with daily functioning and relationships with others. In more severe cases, children may develop conduct disorders characterized by a repetitive and persistent pattern of behavior that violates societal norms and the rights of others (Campos et al., 2019). This can include behaviors like theft, lying, absenteeism, and serious rule violations. These behavioral challenges can significantly impact a child's development, educational progress, and social integration (Attar-Schwartz, 2008).

1.4. Psychosocial services provide to children in residential care

Psychosocial services provided to children in residential care encompass a comprehensive range of support aimed at addressing their emotional, social, and psychological needs. Counseling is one of the services that help children overcome past traumas, manage emotional difficulties, and develop healthy coping mechanisms (Tucker et al., 2019).

Moreover, the children also receive support that helps address and modify behavioral issues. This service promotes positive behaviors and reduces disruptive actions through consistent reinforcement and activities. Techniques might include behavior modification plans, which involve setting clear expectations and providing rewards for positive behaviors and consequences for negative behaviors, as well as positive reinforcement strategies, which focus on praising and rewarding desired behaviors to encourage repetition. Social modeling is also used to encourage desired behaviors (Galvin et al., 2022).

In residential care, the children receive comprehensive educational support that assists with academic challenges through tutoring and access to special education services. This ensures that children remain engaged with schoolwork, achieve academic milestones, and receive individualized learning plans tailored to their educational needs (Gallagher, 2004). Furthermore, the social service focuses on helping children develop essential social skills. These include effective communication, empathy, and relationship-building. Social skills

training often involves role-playing, group activities, and social stories to help children learn and practice appropriate social interactions (Sebsibe et al., 2014).

Children are also encouraged to engage in co-curricular activities. These activities might include sports, arts and crafts, and outdoor adventures, all of which contribute to children's overall well-being, helping them develop new skills and enjoy positive experiences. Moreover, the Life Skills service also provides children in residential care with practical skills necessary for daily living and future independence. The service covers various skills, including financial literacy, cooking, personal hygiene, time management, and vocational training, preparing children for adulthood and independent living (Goparaj & Sharma, 2008).

These psychosocial services persevere to establish a supportive environment that brings healing, growth, and development to children in residential care. These services help children build resilience, improve their emotional and social functioning, and prepare them for a healthier, more stable future.

1.5. Caregiver child attachment

Care professionals ensure young individuals' rights and holistic welfare (Dagan & Sagi-Schwartz, 2021). Establishing trustworthy and meaningful relationships is not just a task but a significant attempt to provide a secure foundation for young people to express themselves (Goldberg et al., 2009). Professionals should foster such relationships in residential care settings to cultivate secure attachments and promote healthy development (J. T. Gross et al., 2017). These relationships serve as a protective factor, creating a sense of safety and confidence in young people, which helps reduce potential risks within this trusting relational context, young individuals develop essential problem-solving skills that support their adaptive development (Smith et al., 2017) Trusted adults in care protect young people by dedicating time and effort to building close, meaningful connections, being accessible, and providing a platform to voice their concerns (Moore et al., 2018).

1.6. Challenges of social workers

Additionally, social workers in residential care centers play an essential role in offering assistance to vulnerable children, aiding in the reduction of possible hazards for those who have experienced trauma, abuse, neglect, or other adverse life circumstances. However, their work is not without its challenges (Loue, 2013).

One of the main difficulties social workers encounter in orphanages and residential care settings is the complex nature of case management. Each child has unique needs, backgrounds, and circumstances, requiring individualized attention and support. Social workers must navigate the details of coordinating care, collaborating with multiple stakeholders, and addressing legal and ethical considerations (Aldgate, 1978)

Working with children who have experienced trauma can take a significant emotional toll on social workers. Witnessing the pain and suffering of these children, coupled with the challenges of advocating for their needs

in often under-resourced environments, can lead to burnout, compassion fatigue, and secondary trauma. Social workers need to prioritize self-care and seek support to mitigate the impact of vicarious trauma (D'Arqom et al., 2023).

Orphanages and residential care facilities often need more resources, including limited funding, staffing shortages, and insufficient access to specialized services and interventions. Social workers must navigate these constraints while striving to meet the diverse needs of the children under their care. This requires creativity, resourcefulness, and advocacy for increased resources and support (Frauenberger et al., 2012). High staff turnover rates in orphanages and residential care facilities present a notable challenge for social workers. Continuous turnover disrupts the continuity of care, establishing trusting relationships with children, and adds to organizational instability. Social workers must address the difficulties of forming and sustaining a cohesive, competent team in the face of staff turnover (Szlamka et al., 2022).

Social workers in residential care must manage intricate legal and ethical issues. They need to ensure compliance with child protection laws, maintain confidentiality, obtain consent for services, and make challenging decisions regarding placement and durability. Balancing the child's rights and best interests with legal requirements demands careful thought and ethical judgment (Khamis, 2015).

Planning for children's transition from orphanages and residential care to permanent placements or independent living presents considerable challenges for social workers. This process demands careful coordination, thorough preparation, and sustained support to ensure a smooth transition and continuous care. Social workers must tackle any obstacles to a successful transition and advocate for the necessary resources and support to help children flourish in their new settings. (Williams et al., 2010).

Social workers in orphanages and residential care face countless challenges, from navigating complex case management to addressing resource constraints and promoting cultural sensitivity. Policymakers, organizations, and society must recognize and address these challenges for the success of social workers in their critical work (Frauenberger et al., 2012)

CHAPTER TWO: THEORETICAL FRAMEWORK OF THE ROLE OF SOCIAL WORKERS IN THE PSYCHOSOCIAL DEVELOPMENT OF CHILDREN

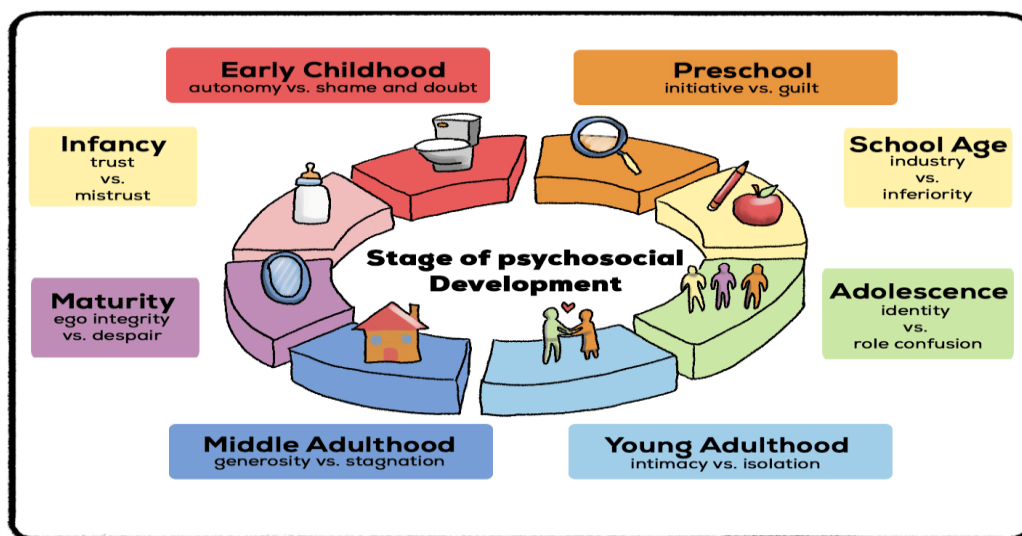
Theory can play a variety of roles in the qualitative research approach. For example, it can act as a framework for presenting findings, give a rationale or factual basis for the methodological approach, or provide a relative background or understanding of the information processing and analysis techniques. This research examines

three primary theoretical facets: psychosocial development theory and attachment theory; these theoretical frameworks define the direction of the study and offer suggestions for organizing the information acquired during the inquiry.

2.1. Erik Erikson's Psychosocial Development Theory

Erikson's theory of psychosocial development proposed that personality develops in a predetermined order through eight stages of psychosocial development, from infancy to adulthood (Erikson, 1963). During each stage, the person can experience a psychosocial crisis that could negatively affect personality development (Christiansen & Palkovitz, 1998b). There are eight stages of psychosocial development. The following picture will illustrate the psychosocial development stages of human beings.

Figure 1: Illustration of psychosocial development stages



Source: Google⁷

Each stage of psychosocial development has its developmental achievement. A failure to attain the developmental goal at each stage will affect the personality development of a person, which later affects the child's psychosocial well-being (Y. Gross, 2020). Even though there are eight stages of human development,

⁷ Practical Psychology. (2020, March). Erikson's Stages of Psychosocial Development. Retrieved from <https://practicalpie.com/eriksons-stages-of-development/>.

the five stages of psychosocial development were focused in the study because of the focus of the study. The study focuses on children in residential ages 0-18.

Stage 1: Trust vs. Mistrust (Infancy, 0-1 year):

Erik Erikson's first stage of psychosocial development, Trust vs. Mistrust, occurs from birth to approximately 18 months. During this stage, infants learn to trust their caregivers to meet their needs. Successful navigation of this stage results in a sense of trust and security, while failure can lead to mistrust and insecurity. Infants develop trust when caregivers consistently meet their food, comfort, and affection needs (Christiansen & Palkovitz, 1998b). Trust forms the foundation for future stages of development, enabling children to feel safe and secure in their environment. They also develop trust and are more likely to form healthy, secure relationships in the future, exhibiting confidence and resilience. However, infants may develop mistrust if caregivers are inconsistent, neglectful, or abusive. This mistrust can manifest as anxiety, fear, and suspicion, impacting the child's ability to form healthy relationships later in life (Munley, 1975a).

Children in residential care are often separated from their biological parents due to various reasons such as abuse, neglect, or family dysfunction (Geurts et al., 2012). This separation can disrupt the initial development of trust. Moreover, frequent changes in caregivers and staff turnover in residential settings can hinder the formation of stable, trusting relationships (Asarnow et al., 1996). Besides, many children entering residential care have experienced trauma, making it more challenging for them to develop trust with new caregivers (González-García et al., 2017b). Therefore, caregivers need to be emotionally available and responsive to the children's needs. This includes attentiveness, listening to them, reassuring them, spending quality one-on-one time, and engaging in activities that promote secure attachments (Lukšík & Hargašová, 2018b). Furthermore, Engagement with Biological Parents and reunification will be critical in creating a more stable and trusting environment (Ivanova & Bogdanov, 2013).

Stage 2: Autonomy vs. Shame and Doubt (Early Childhood, 1-3 years):

Erik Erikson's second stage of psychosocial development, which he called 'Autonomy vs. Shame and Doubt', is a crucial period in early childhood, typically between the ages of 1 and 3. In this stage, children start to develop a sense of personal control and independence (Y. Gross, 2020). Autonomy means doing things independently, like choosing what to wear or eat. 'Shame and Doubt' refers to the negative feelings that can arise if children are overly controlled or criticized (Syed & McLean, 2017). Successfully navigating this stage means children develop a sense of independence and confidence in their abilities. Children who build autonomy are likelier to have higher self-esteem, resilience, and confidence to face challenges. If children are excessively

restricted, criticized, or denied the chance to make choices, they might develop feelings of shame and doubt regarding their abilities and self-worth. This stage is not taken lightly; it forms the foundation for a child's future development. Children build autonomy when encouraged to explore, make choices, and practice self-control(Munley, 1975a).

The role of caregivers is not just important; it is crucial in promoting autonomy in children, particularly those in residential care (Garcia Quiroga et al., 2017). These children often have limited opportunities to make choices and assert their independence, which can hinder the development of autonomy. Residential care's structured and sometimes restrictive nature can further inhibit the exploration and experimentation necessary for autonomy(Lukšik & Hargašová, 2018a). Many children in these settings have experienced environments where their attempts at independence were discouraged or met with adverse reactions.

Thus, the caregiver's role is crucial. The caregiver must provide children with age-appropriate choices in their daily activities, such as selecting their clothes, choosing snacks, or deciding what games to play, to rebuild their autonomy. Encouraging and supporting the development of self-care skills, like dressing, feeding, and potty training, can also foster a sense of independence(Williams et al., 2010). Patience and understanding of mistakes, offering guidance and support rather than criticism, are vital to avoiding promoting shame and doubt. Caregivers must also ensure they are responsive to the children's needs, offering encouragement and support as they try new things. They also need to develop trusting relationships between caregivers and children, where children feel safe to express their needs and desires(Roche et al., 2021).

Stage 3: Initiative vs. Guilt (Preschool, 3-6 years):

Erik Erikson's third stage of psychosocial development, Initiative vs. Guilt, is a crucial period that occurs during the preschool years, from about 3 to 6 years old. This stage is critical as it sets the foundation for the rest of the child's life. Children assert control and power over their environment in this stage through directing play and other social interactions. Successfully navigating the Initiative vs. Guilt stage helps children develop a sense of initiative, leading to confidence in their ability to plan and execute activities. Besides, Children who develop initiative are more likely to take on leadership roles and approach tasks actively and purposefully. However, children who are overly criticized or controlled or whose efforts at initiative are met with disapproval may develop guilt about their desires and actions, leading to a lack of self-initiative (Erickson, 1963).

Residential care settings often have structured schedules and rules, which can be challenging for children to navigate and take the initiative (Kesler, 2022). Many children in residential care have experienced trauma or neglect, which can significantly impact their confidence and willingness to take initiative (González-García et

al., 2017b). Therefore, involving children in planning activities and daily routines is crucial, giving them a sense of control and leadership. Besides, providing opportunities for children to make choices about their activities, meals, and other aspects of daily life increases their confidence. Moreover, praising children for taking initiative and making decisions, reinforcing their confidence, and providing constructive feedback rather than criticism helps them learn from their experiences without guilt (Frimpong Manso, 2012).

Stage 4: Industry vs. Inferiority (School Age, 6-11 years):

As Erik Erikson proposed, the fourth stage of psychosocial development is a crucial period in a child's life. Known as Industry vs. Inferiority, it typically occurs between the ages of 6 and 11. During this stage, children are driven to develop a sense of competence and achievement through their abilities and accomplishments. Successfully navigating this stage involves encouragement to work hard, complete tasks, and achieve goals, which fosters a sense of industry and pride in their abilities. Conversely, if children face discouragement, criticism, or repeated failures without support, they may develop feelings of inferiority and doubt their abilities and values (Erickson, 1963).

In residential care settings, children may need more individual attention to foster a sense of competence. Many of these children have experienced trauma or instability, impacting their confidence and academic performance (McLean et al., 2013). However, providing consistent and specialized educational support for children with diverse needs can significantly boost their self-esteem. To combat feelings of inferiority, providing access to tutoring and homework support is essential for academic success (Vohra et al., 2014). Recognizing and celebrating academic and personal achievements, no matter how small helps build confidence and a sense of industry. Additionally, encouraging participation in extracurricular activities such as sports, arts, and clubs can help children develop new skills and interests, further enhancing their competence (Gallagher, 2004).

Stage 5: Identity vs. Role Confusion (Adolescence, 12-18 years):

Understanding the concept of Role Confusion is crucial for professionals working with adolescents. This stage, occurring during adolescence, typically between the ages of 12 and 18, is a time when adolescents work on developing a strong sense of personal identity and direction. Successfully navigating this stage involves exploring different roles, beliefs, and goals to form a coherent self-identity. When adolescents are supported in their exploration and receive validation, they are more likely to develop a strong sense of self and direction (Y. Gross, 2020). Conversely, if they face excessive pressure, lack of support, or conflicting expectations, they

may experience role confusion, leading to uncertainty about their identity and future. This knowledge can guide your interactions and interventions with adolescents in residential care settings (Erikson, 1963).

Children in residential care encounter distinct obstacles that can profoundly influence their developmental phase. Compared to their peers living with families, these children have limited autonomy, hindering their exploration of different roles and identities (Meghdadpour et al., 2012). Additionally, they often experience frequent transitions between placements or caregivers, leading to instability and difficulty forming lasting relationships. This instability can contribute to confusion about their identity and roles. Furthermore, the lack of role models or opportunities to engage in activities that foster identity development is another significant challenge they face (Munley, 1975a).

2.2. John Bowlby's Theory of Attachment

Bowlby's attachment theory explains that the bond between children and their caregivers greatly influences the development of trust and confidence, which are crucial for building relationships with others (Bowlby, 1960). Children begin to form attachments early in life, exhibiting behaviors such as crying, clinging, or touching their caregivers to signal their need for connection. Children can develop two primary forms of attachment. The first is secure attachment, where children feel safe and confident in their caregivers' presence. Caregivers who provide love and affection help children develop trust and self-confidence. These securely attached children are more likely to develop better social skills, self-confidence, and emotional regulation, leading to more vital interpersonal relationship skills later in life (Holmes & Holmes, 2014).

On the other hand, children may also experience weak attachment to their parents, negatively affecting their social and emotional development (J. T. Gross et al., 2017). Those who lack secure attachment with caregivers tend to show lower social competence and emotional regulation abilities, which impacts their personality and development over time (Goldberg et al., 2009). Children living in residential care often face experiences that lead to loss of attachment with their caregivers (Smith et al., 2017). For example, children who have experienced abuse or neglect by their biological parents may develop avoidant or ambivalent attachment styles, affecting their relationships with care workers and peers in residential care (Bowlby, 1960). To address the adverse past experiences of these children, fostering strong attachments between them and their caregivers is crucial (Morison et al., 2020).

Children with attachment problems are at higher risk for developing psychosocial problems later in life. Studies have shown that children with attachment issues often face social and emotional challenges as they grow older (Richard Bowlby, 2018). Therefore, building strong connections between social workers, caregivers, and children is essential to effectively address and mitigate the psychosocial problems due to attachment problems.

CHAPTER THREE: - METHODOLOGY

This chapter examines the study methods used to investigate the role of social workers in the psychosocial development of children in Latvia and Slovakia. Moreover, the chapter provides an overview of the procedures used to carry out this study, including how participants were selected, methodological approaches, research design, research area, tools for data collecting, analytical procedures, and techniques. In addition to these, it has also covered the study's limitations and ethical considerations.

3.1. Research approach and research design

In this study, the qualitative research approach has been applied to address the research objectives. The study's focus is to understand what role social workers play in the psychosocial development of children in residential care. To fully comprehend the roles of social workers in residential care, it is crucial to explore the psychosocial services provided to children at different levels. Therefore, the qualitative research method is perfect for understanding the role and experience of social workers in the psychosocial development of children in residential care. This type of reasoning should typically be related to qualitative research, also known as inductive reasoning. Additionally, there is a preference to recognize feelings and emotions in qualitative research to comprehend the role of social workers. Qualitative research is one type of systematic empirical analysis into interpretation. This context refers to "planned, ordered, and public" research that is "empirical" and "systematic". Research based on real-world experience is relevant to social work experts supporting children in residential care. Besides that, using precise social workers' experience, qualitative research enables the researcher to thoroughly analyze the role of social workers in residential care and the challenges they face.

Research designs illustrate the nature of the inquiry and the appropriate conceptual framework for the study (Bryman, 2012). In this study, a qualitative research approach has been adopted to investigate the services provided to children to enhance their psychosocial development and the roles of social workers in the psychosocial development of children in residential care. Since this research is more exploratory, the author has been able to attain a deeper insight into the services provided to children in residential care and the challenges social workers face. Additionally, Creswell (2014) noted that exploratory qualitative research findings use verbs like "explore," "understand," or "discover" that the author used in the research questions and begin with research questions like "explore". As a result, the exploratory research approach allowed this study to explore the services provided to enhance the psychosocial development of children and the role of social workers in residential care in Latvia and Slovakia.

3.2. Sampling and participant selection

This research applied a purposive sampling method to select the participants. This method was most appropriate because the research intended to explore the role of social workers in the psychosocial development of children in residential care. According to Bryman (2012), purposive sampling allows researchers to choose participants by the study's aim and relevance to the research questions. Therefore, purposive sampling helped me select participants who represented social workers working in residential care in Latvia and Slovakia. The researcher also selected social workers based on experience in residential care services. This helped the author specify the participants according to this research goal and objectives.

Study Area Selection

According to Creswell (2014), qualitative research is done where the research subjects experience the challenge being addressed. Since this research is about the role of social workers in the psychosocial development of children in residential care, the author selected Latvia and Slovakia as study areas because of her personal experience in the area. The author has worked as a social worker in Ethiopia despite having a background in psychology and volunteered in residential care in Latvia. This experience and background in psychology inspired her to focus on the role of social workers in the psychosocial development of children in residential care. Moreover, in comparison to Ethiopia, the child welfare system is more advanced in Europe, where governments work to transfer residential care services to a more family-like environment (UNICEF, 2020). Furthermore, the child welfare system is more advanced in Europe, where governments work to transfer residential care services to a more family-like environment (UNICEF, 2020). For decades, the government has attempted to change care services to a more family-like environment in Slovakia. (Hargašová, Lucia, 2019). In Latvia, the government has also been working on reducing institutional features in residential care for years. Therefore, this new experience attracted the author's attention to exploring social workers' roles and challenges while delivering services to children in Latvia and Slovakia.

Study population and sample size

This study investigated the services provided to children to enhance the psychosocial development of children in residential care. At the same time, this research also explored the role of social workers in the psychosocial development of children in residential care in Latvia and Slovakia. Therefore, the social workers who work in residential care were selected as study populations or participants in this research. In this study, the social workers were selected based on years of experience in residential care and educational qualifications. The study involved a total of 10 social workers, four from Latvia and five from Slovakia respectively. In this case, social workers who have been working in residential care for more than two years have been selected for study.

A pilot survey was conducted before the main data collection process and changes were made to the instrument following the pilot study. Because of the data saturation, the author conducted three interviews for a pilot study. the main data was collected from 9 social workers working in residential care in Latvia and Slovakia.

The author invited about 18 social workers (10 from Latvia, and, 8 from Slovakia), but only collected data from 9 social workers, which means a total of five social workers from Slovakia and four social workers from Latvia who were willing to share their experiences about the psychosocial development of children in residential care. It was also observed that after four interviews the information was repeated, therefore, because of the data saturation the author decided to conduct four interviews with a group of social workers in Latvia and five interviews with a group of social workers in Slovakia.

Demographic information of the participants

In this research, 9 Social workers who have been working in residential care for more than two years were selected, and the goal was to know in detail about the role of social workers in the psychosocial development of children in residential care. There were four participants from Latvia and five from Slovakia. The table below lists the participants' demographic data. The participants' names are excluded here and other information is left as it was during data collection to protect their confidentiality.

Table 4: Demographic information of participants

The following table explains the demographic information of the participants, including age, educational background, country job title, year of experience, and number of children under responsibility mentioned below.

No.	Age	Education	Country	Job title	Experience	No. of flat/ social worker	Number of children under-responsibility
1.	40	in social work	Slovakia	MA	14	1	5
2.	50	Social work	Slovakia	BA	30	2	10
3.	29	Social work	Slovakia	BA	6	1	5
4.	35	Social work	Slovakia	BA	10	1	6

5.	38	Social worker	Latvia	BA	10	2	10
6.	48	Social worker	Latvia	BA	15	1	4
7.	35	Social worker	Latvia	BA	10	1	6
8.	28	Social worker	Latvia	MA	4	1	5
9.	30	Social worker	Slovakia	MA	7	1	5

Source: Author (study data)

3.3. Data collection and data analysis

The methods and tools used for data gathering, as well as data processing and analysis, are covered in this section.

Data collection methods

The researcher contacted or emailed the participants for the first time after obtaining their contact information to briefly explain the project and extend an invitation to participate in this research. Following their confirmation of participation, the researcher sent a follow-up email to determine the time and method of the interview based on the participants' preferences. Due to the language barrier, connecting with an interpreter during the interview was necessary.

Semi-structured interview process

The data was collected through semi-structured interviews, which helped get detailed information about the role of social workers in the psychosocial development of children and the psychosocial services provided in care centers in Latvia and Slovakia. An interview guide was created using the research questions and objectives

that help the researcher during the interview process and ensure they do not miss any crucial questions. Nonetheless, three participants were not willing to participate in the interviews rather they preferred to write down their answers and email them to the researcher.

A semi-structured interview assists this study in understanding the participants' personal and emotional problems and their ideas, sentiments, and views regarding their experiences with the topic. Instead of using predetermined restricted questions, semi-structured and open-ended inquiries allowed participants to acquire their opinions.

On average, each participant was interviewed for 40 minutes. Since the research field was in Slovakia and Latvia, the interview language was Slovak, Latvian, and English for the Social workers, and there was an interpreter to translate the languages. The questions were translated into the participants' preferred languages for those who wanted to write their answers. All interviews were recorded with the participant's consent. Along with the record, the researcher also made some backup notes.

Procedure for taking an interview

At the convenience of the participants, the researcher conducted six interviews via Zoom and three interviews in written format (participants who did not agree to do face-to-face or online interviews). These interviews were all recorded with the participant's consent. The researcher was able to watch the participants' facial expressions through video conversations or online interviews while they discussed their challenges, roles, and support systems. The written interviews were effectively explained, making it simple for the researcher to visualize the situation from the participant's point of view. The researcher also further spoke with the participants if the answer was not clear enough.

Data analysis

Creswell (2013) asserts that the preparation and organization of the data represent data analysis in qualitative research. According to Bryman (2012), data analysis is organizing and understanding the data. In this research, thematic analysis is used to manage and analyze the data. Research on the role of social workers and psychosocial support for children in residential care has found that thematic analysis is a useful technique for analyzing qualitative data in a variety of contexts.

Additionally, the researcher outlined the event and the participants' descriptions, which are crucial for this investigation and related to the research questions, as well as the study's goal, which is to narrow down the theme. One of the major components is to code each transcript by assigning keywords next to the

lines/sentences. This helps in manually recognizing different themes. The information is then extracted from each transcript under relevant themes and categorized into new files based on different interviews. The analysis is done by breaking down the themes into various sub-themes.

Ethical considerations

Participants in this study were properly informed about the study's objectives, methods, advantages, and concerns, as well as their rights, the researcher's role in the study, and how the information would be used. They were also made aware of their ability to refuse to participate in the study and the fact that their participation was voluntary. In addition, participants received a comprehensive permission form outlining their rights as participants. Since the interviews were conducted via Zoom, informed consent was obtained from each participant regarding their participation and preferred method of participation. Furthermore, maintaining participant confidentiality is essential to protect them from harm and give them the freedom to express their experiences. Participants in this study were given the assurance that their answers would be kept confidential, and their anonymity was maintained the entire time. To protect their rights and avoid harm, the identities of the participants were all excluded from this study. The researcher and participants built a respectable and trustworthy relationship. The interviews were recorded with the participant's consent to reduce the possibility of information being misinterpreted and double-checked. In this situation, to protect anonymity, all the recorded interviews and their transcripts were stored in a safe and secure folder on the author's computer and were only used during the research's intended purpose.

Quality assurance of the study

The procedure of gathering data is crucial to the validity of the research. Additionally, Lincoln and Guba (1985) use particular terms to determine the "trustworthiness" of a qualitative study, including integrity, honesty, transferability, trustworthiness, and confirmability for evaluation, quality assessment, reliability, and rationality.

The data used in this study were gathered by ethically acknowledged principles, making the findings reliable. Moreover, this study collected data from the social workers working in residential care in Latvia and Slovakia through semi-structured interviews using standards and probing questions to see the role of social workers in residential care. Furthermore, the findings and analyses of the study were validated by earlier literature and the theoretical framework. The study is authentic since it interprets and explores experiences from the perspective of social workers. The statement of the problem, theoretical approach, research methodology, and all other relevant processes were all well stated in the research. Finally, the study assures reliability as the gathered

information or finding was not influenced by the researcher's personal beliefs because this study on the role of social workers in the psychosocial development of children who are working in residential care in Latvia and Slovakia was a completely new perspective for the researcher where research ethics, independence, and integrity were strictly maintained.

Limitations of the Study

Although it has adequately addressed some evident difficulties experienced during the research process, the researcher would point out a few of the difficulties that seem to have constrained this study as part of being reflective and to advise future researchers on what could be done better.

The language barrier, a significant challenge, limited the research. The survey would have been less challenging if the researcher and the participants had been able to communicate in the same language during the interviews. Despite the presence of an interpreter hired to fill this gap, there were instances where social references were lost in translation. If the researcher had conducted the interviews herself, she could have guided them toward other perspectives, potentially producing more profound insights. The interviews were conducted in Slovak and Latvian; their translation into English may have influenced the change of some meanings that might be best expressed in the original language. Eventually, a specific study timeline may be mentioned as a constraint. The study's limitations will expand the possibilities for additional research in this area and reduce the knowledge gap.

CHAPTER FOUR: SERVICES IN RESIDENTIAL CARE IN LATVIA AND SLOVAKIA

The findings of the study, which were obtained from the field through interviews, are presented in this chapter. It mainly explains the result of the study on the services provided to children in residential care in Slovakia and Latvia.

Professionals employed in residential care

As the result indicates, the professionals who work in residential care in Latvia and Slovakia have some differences. The following chart will show the List of residential care professionals.

Figure 2 Professionals employed in residential care in Latvia

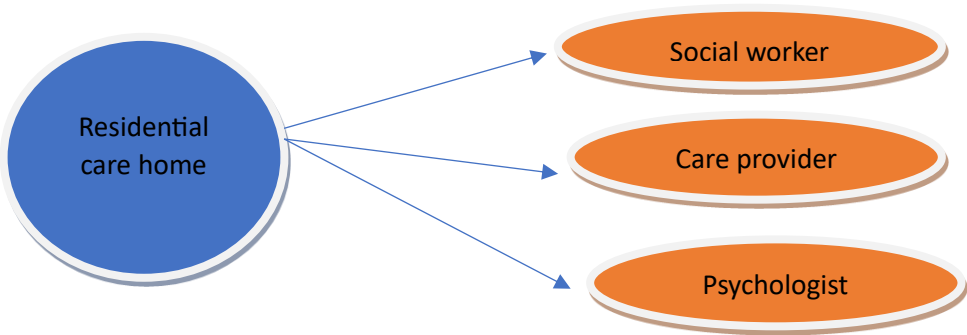
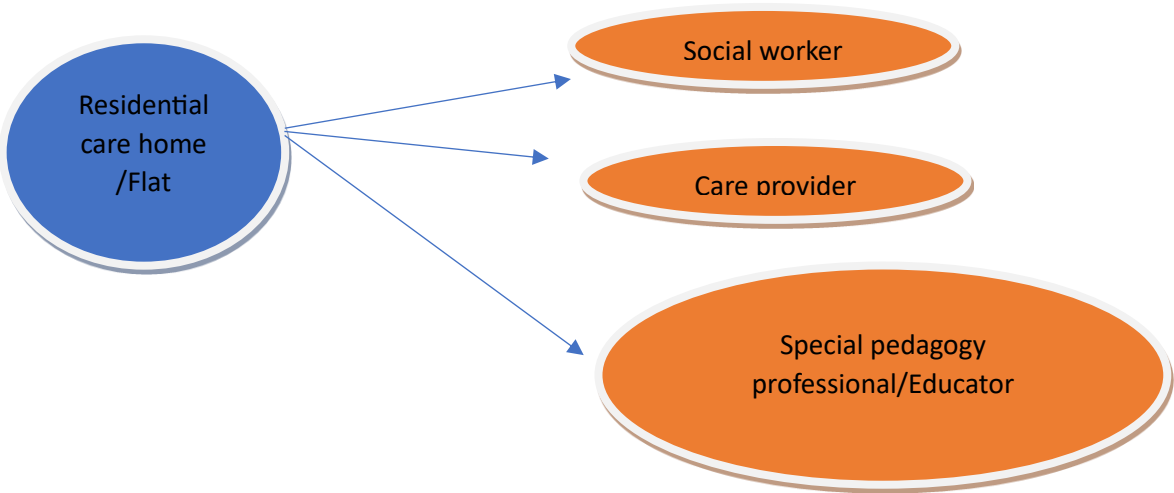


Figure 3: Professionals employed in residential care in Slovakia

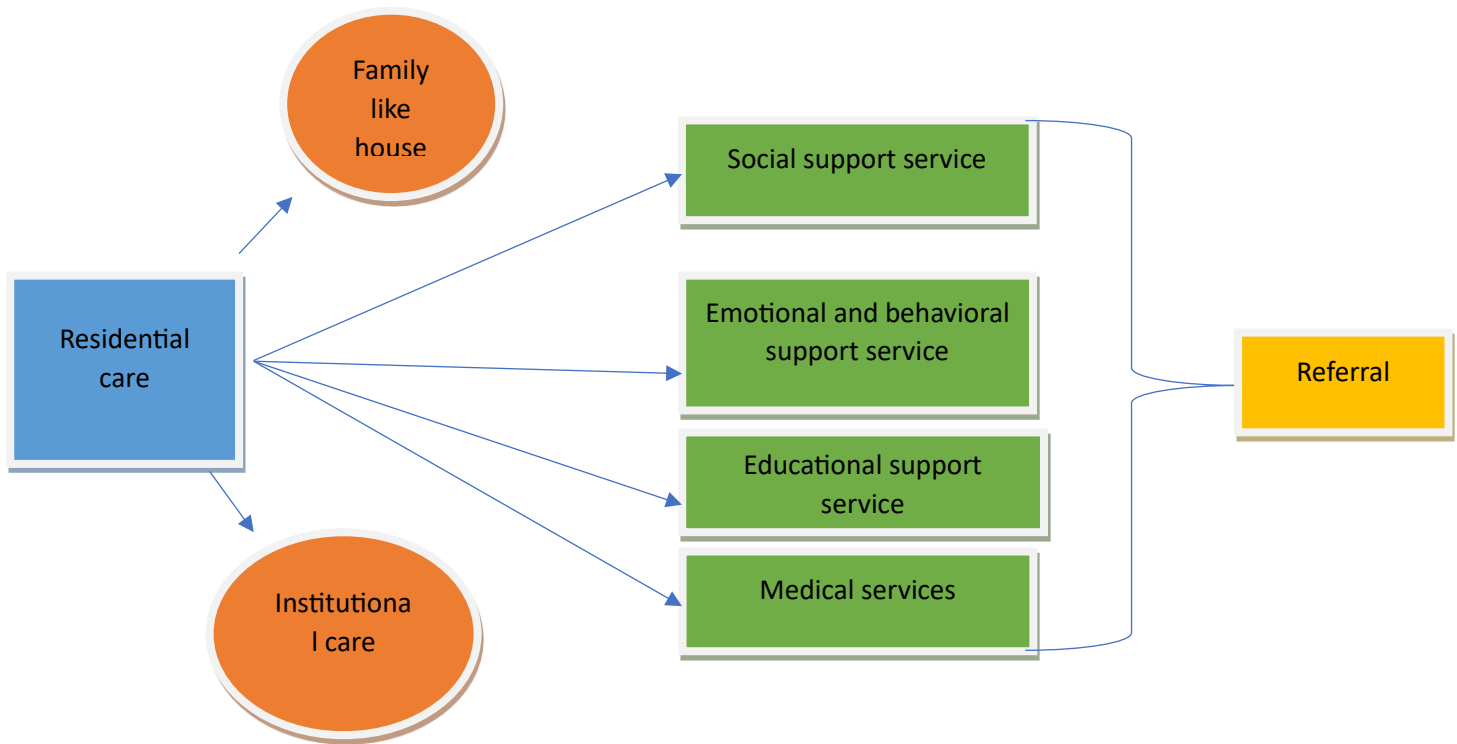


Source: Study Data

The services provided in Residential care

both Latvia and Slovakia, residential care programs provide four key services: social support, emotional and behavioral support, educational support, and medical support. The figure below depicts the flow chart of these services.

Figure 4: service flow chart both in Latvia and Slovakia



Source: the study data

4.1. Social support services

The study revealed that children in residential care services receive different forms of social support that enhance their communication and social interaction skills. However, organizing quality time with children, organizing art and drama activities, delegating tasks to the children, and interpersonal relationships will be discussed as the main social services provided to children to enhance communication and social interaction skills among children in residential care in Latvia and Slovakia.

4.1.1. Quality time with children

The children in residential care receive quality time from care professionals. during quality time meetings children will discuss their daily routine and the challenges they face while interacting with others. Moreover, children also learn how to express their feelings and understand others through discussion time. This method

also helps the children enhance their communication and social interaction skills. Besides that, the children meet monthly with a social worker on different discussion points. Children mostly suggest discussion points, but social workers sometimes suggest some based on their observations.

“I organize meetings with children based on their request. It helps me to identify their challenge while they communicate with others. One month ago, I had a meeting with one of the young children about the challenge he faced in school. During the discussion, I was able to see the difficulties the child had in terms of forming good interactions with others. Then after the discussion, I arranged another meeting and was able to help him more to acquire more skills on good communication skills.” (social worker: SK)

Meanwhile, quality time service is provided by pedagogy professionals in Slovakia. The meeting with social workers was organized at the request of the children.

“The pedagogy professionals organize a meeting with children. Children also like the meetings. They are in close contact with them. However, in some situations, I also organize meetings with children based on their requests (Social worker: SK).

In support of this, another study on Caregiver involvement in infant peer interactions revealed that children's interaction and connection with significant others are essential to developing social skills and acquiring a new skill that helps them communicate with others (Williams et al., 2010). Moreover, quality time with social workers helps them know the children better and win their trust. Contrary to this, the study conducted in SOS Village Ethiopia shows that the children have quality time with their caregivers. There is one mother per family house. The mother stays with the children all over the year. This increases the emotional connection between the mother and children (Takele & Kotecho, 2020). As the study indicates, the attachment of social workers to children is weak due to the number of children in residential care. Approximately 140 children live in SOS village, and there are fifties family houses with ten children each (Liranso & Zewude, 2021). Due to this, social workers are not able to provide quality time for children. This situation affects the intervention plan designed by social workers, which is more general and is not focused on the specific needs of the children (Goparaj & Sharma, 2008); thus, quality time meeting with social workers will be essential to identify the children's communication and social skill gap and to design effective intervention plans based on their needs.

4.1.2. Organizing group activities

Organizing activities is one of the methods used to teach children to develop prosocial behavior. The result showed that children were allowed to draw different kinds of pictures in a group and asked to explain to children to share the same room with them. This activity is liked most by children whose age is below 12.

However, older children prefer to write sentences and explain their understanding to others. This activity is very important for children to develop self-expression skills and also to break social phobia.

“The children are very interested in drawing activities. I used this method with many children. I can say that I have found it very helpful. It helped them to express their understanding and also helped them to know how to respond to the question that comes from other children who attend their explanation.” (social worker: SK)

Furthermore, social workers facilitate cooking activities with children from different homes inside residential care. These activities are particularly favored by young children, who eagerly participate. Collaborating with care providers, social workers organize and oversee these activities, where children are encouraged to invite others to join. Through these sessions, children not only learn cooking skills but also develop crucial social abilities such as initiating conversations, forming friendships, and sustaining them. Remarkable improvements in social interaction skills have been observed among the children who engage in these activities

“Cooking activity is a very important activity for children. Last year I had one experience. There was one child he is 15. He had a problem interacting with others. He has a body image problem. because of that, I was not interested in participating in social activities. Most of the time when other visitors come, he spends a long time in his room till they leave. Nevertheless, last year, volunteers worked there for the summer. They were preparing different cooking activities related to their culture. This activity attracts this young child to interact with others and make friends with volunteers.” (social worker: SK)

Eric Ericson's psychosocial theory explains that children aged 6 to 11 searches for industriousness or feelings of self-worth (Erickson, 1963). The inability to attain this causes them to develop feelings of inferiority in their later life, which will affect the social and emotional wellness of the person. (Y. Gross, 2020). The children in residential care are also more at risk of a lack of self-worthlessness because of family rejection, social isolation, and weak attachment to the caregiver (McLean et al., 2013). Engagement of the children in different activities and winning computation increases self-worthiness. Moreover, one study shows that art or play is essential for early childhood communication skills and self-expression ability. Moreover, it explains that working early to enhance communication skills is essential (Jamison et al., 2012). It will help the children solve social interaction problems and resist bullying, which is common among school-age children (Khamis, 2015). Similarly, the study conducted in SOS children's village in Ghana revealed that the children are encouraged to participate in art and music clubs to make friends and enhance their self-expression skills. besides the children also learn sharing behavior while they are learning with the other children(Frimpong Manso, 2012). Thus, increasing the involvement of children in group activities is very important to enhance self-worthlessness and

self-expression skills. However, art and drama facilities are inside the residential care, reducing children's access to integrate into the outside community (Yimer, 2022).

4.1.3. Assigning responsibility

In residential care both in Latvia and Slovakia, the children are assigned activities and responsibilities to do household chores. For instance, cleaning their room, washing their clothes, gardening, and supporting the younger children. This activity helps the children develop life skills, confidence, and self-esteem, directly influencing their social interaction. moreover, the children also learn prosocial behavior while they are working on the assigned tasks.

“I assign different tasks to children. For instance, I give responsibility to older children to support their younger children. Most of the time, older people are not interested in this activity, but I always encourage them to do it.” (social worker: LV)

In support of this, studies showed that children with good personal skills have high confidence and self-esteem. They quickly make friends in new settings and boldly interact with others (Guerrero et al., 2016). In addition, the study on care leaver youth showed that children with personal skill gaps are more shy in sharing a room and making friends when they start independent life (Kessler, 2022). the study conducted in Ethiopia showed that the children in residential care are assigned few roles while in the family house. Due to this, they do not acquire skills that will help them to lead independent lives. For that reason, many of them have been exposed to different problems when they leave the care system (Takele & Kotecho, 2020b). Therefore, assigning responsibilities helps the child with tasks and reduces feelings of inferiority. Besides, the caregiver and social workers' appreciation and acknowledgment of changes in the child's life will enhance the child's psychosocial well-being.

4.1.4. Communication skills

The study revealed that children receive different services that help them enhance communication and interpersonal skills. The social workers organize activities, such as family events, which help children invite their friends to join them in activities.

“I organize activities that can help them to connect with other children. Last week, we had time with children from other children's homes. They spent time with us. The children enjoyed the event the most” (Social worker: SK).

Moreover, children prefer to build strong relationships with other children in institutional care. To break this barrier, social workers organize different activities with children, such as informal discussions and taking children to public places where all children participate.

“Last year I was working with one child focusing on enhancing communication skills. He was struggling to make friends outside the community. He prefers to spend time with children from the village. I organized personal time with the child, which helped me change his perspective in making friends outside the community” (Social worker: SK).

The study revealed that children who have difficulty expressing themselves are forced by young children to form friendships with them in a care setting. Because of the difficulty, they are bullied by others. Thus, social workers need to be very alert and see the children's peer relationships in their care homes.

“Peer relationship is one of the challenges for me. Children with some communication problems are victims of bullying by younger children. because of the fear that the children are involved in a poor peer relationship. I have encountered this type of case so many times. I suggest social workers to be alert on the issue.” (Social worker: LV).

Besides, the findings showed that children who live in family-like houses have good interpersonal skills with children outside residential care. the children can get easy access to public places and also spend time with non-orphan children in their residence area. This setting creates a good opportunity for children to enhance their intrapersonal

“I have experience both in institutional care and family-like home care services. I have been working with children in a family-like home for the last two years. it is better than institutional care. the children have many friends from the non-orphan children. there is a playground near the flat. children go there and freely play with other children.” (social worker: SK)

In support of this, Eric Erickson's psychosocial theory showed that children at the stage of initiative vs. Guilt stage, if they are able to master initiative, would develop confidence in their abilities and become more open to interpersonal relationships (Erickson, 1963). Their attachment to parents or caregivers has a significant role. Children who fail to acquire necessary communication skills at an early age will be affected in their later behavior. Lack of self-confidence and self-esteem is one of the indicators of interpersonal communication skill deficiency mostly related to early life experience (Y. Gross, 2020). Similar to this the children in residential care have difficulty forming interpersonal relationships. The main reason for the lack of interpersonal skills is the institutional feature of the care system (Liranso & Zewude, 2021).

4.2. Emotional and behavioral supports

Emotional support is one of the services children receive in residential care. the services are provided in Slovakia and Latvia. this support is very important to develop the children's ability to identify and understand emotion, develop empathy, enhance their self-worth, and solve identity confusion. Thus, Caregiver-child

connection, Child profile documentation, counseling, and Art therapy will be discussed as the main emotional support services provided to enhance emotional awareness of children in residential care in Latvia and Slovakia.

4.2.1. Caregiver-child connection

The connection between child and caregiver is one of the crucial elements to enhance emotional development among children. the results show that both in Slovakia and Latvia residential care services the social workers work to maintain the relationship between biological parents with children living in the care system. The parents are invited to special occasions that are specific to the child and also in group events for instance family day organized by a social worker in the children's home

“Every week give a call to the biological parents of the family. As much as possible I tried to connect more than half of the children with their biological families” (social worker: LV)

However, some parents are not willing to visit their children. this situation upset the children. besides some of the biological parents have mental health-related problems. Because of this, the children cannot connect with their parents.

“I have worked in a social worker position for many years. I have faced so many challenges in terms of connecting children with biological parents. Some parents are willing to come and spend time with their children but others are not. I always call them two or three times a week to motivate them to do at least one visit for their children. unfortunately, most of my trials were not successful. But I am still working on it “(Social worker: SK)

Therefore, to solve this problem, social workers use different methods to connect the children. For instance, hanging out with the children, showing them affection and empathy

“I like spending time with the children, going with them to the football field and playing different kinds of games. Most of the time when, their biological parent does not come to visit them. They become angry, and some female children look at the door behind them and cry. Thus, I try my best to fill this gap by hanging out with them and showing love and affection.” (Social Worker: LV).

The study revealed that the children spent more time with pedagogy professionals in Slovakia.

“There are four pedagogy professionals. They work in shifts. The children have close contact with them. They hang out and also play with them. Pedagogy professionals act like parents for the. as a social worker I also have a connection but it is always by request.” (social worker: SK)

However, the study showed that the social workers from family homes spent more time with children. they play different sports games and also organize get together, hiking and bicycle riding computation

“Every summer, I plan to go biking and do different sports activities with the children. It helps me create a strong connection with them. Sometimes, they treat me as their friend. Most of them are open from me.” (Social worker: SK)

In support of this, Eric Ericson's theory of psychosocial development explains that caregiver-child attachment helps children to develop trust, which directly contributes to their later interpersonal relationships. (Y. Gross, 2020). Moreover, according to Bowlby's theory of attachment, Children who have secure attachments will develop trust in their environment, which can help them build healthy relationships with the people around them (Holmes & Holmes, 2014). In support of this, the study concerning Ethiopia one caregiver and child attachment shows that the attachment of the children with a caregiver has a significant relationship with the mental health of children (Yimer & Tilwani, 2024) However, the current study has shown little attention given to the children who already had insecure attachments before they moved to residential care. the services are focused on building connections between children and their biological parents. Moreover, the attachment to care providers and children gets little attention in Latvia and Slovakia. The care providers spend most of their time in residential care. As the studies indicate children who experience neglect and emotional detachment from care providers have a high probability of developing risky behaviors (González-García et al., 2017a). Furthermore, emotional detachment is also another reason that leads teenagers to be involved in antisocial behavior (Briggs et al., 2012). Therefore, the attachment between care providers and children needs attention.

4.2.2. Child profile documentation

the record-keeping of children's profiles is essential to solving the identity confusion that occurs at the onset of poverty. The social workers help the children to have access to their documents to solve confusion about their identity

“Documentation of child profile is very important to support the children in identifying who they are. Sometimes, children come to my office and ask for some personal information. Young children are especially interested in seeing some of their documents” (social worker: SK).

When children are transferred to residential care, the social workers collect all the necessary documents. the documents are educational records, birth certificates, court-related documents, health records, and other necessary documents regarding the case of the child. These documents are important to keep the identity of the child. the social workers receive this document from biological parents, state social workers, and school and

health centers. This helps the social worker prepare efficient plans for the services provided to the children and also ensures the services are provided for children.

“When children move to residential care, the first formal activity we do with state social workers is receiving all the necessary documents explaining the children's identity. Because it is crucial for a child. besides it helps the social worker to know the situation of the children and also to consider points for need assessment meetings” (social worker: LV)

According to psychosocial development theory, the children at the beginning of puberty have a question of who they are. The inability to answer the question led the children to identify Crices (Munley, 1975b). Record keeping of children's profiles is very essential to children's identity development. In support of this, the study conducted on orphan children shows that the children who lost both parents have more identity confusion than those who experienced the loss of one parent(Riley & Lupafya, 2011) Moreover, the studies conducted in Ethiopia show children abandoned by their biological parents moved to residential care. Those children will not have any recorded documents (Liranso & Zewude, 2021). Besides, children who do not have any record of their biological families and their personal information may create identity confusion and are also at risk of mental health problems. Therefore, the documentation of children's profiles will contribute to solving identity confusion among young children.

4.2.3. Organizing need assessment

The needs assessment process is a significant undertaking in residential care once a child relocates to the center. Social workers play a pivotal role in coordinating this assessment. In Slovakia, the assessment involves pedagogical professionals, psychologists, and social workers. Conversely, in Latvia, social workers, psychologists, and care providers collaborate to identify the children's needs.

Upon the children's arrival, a meeting is convened involving the child, their biological family or relatives, residential staff (including social workers, educators, and psychologists), state social workers and the director of the residential care program. During this discussion, the child and biological parents are briefed on the rules and regulations of the residential care facility. Additionally, parents receive information on the family visitation policy, which is aligned with the residential care policy and court reports.

“When children come to the center, we organize meetings and discuss the overall situation of the child and rules about our care service ”(social worker: SK)

Subsequently, the children are introduced to their flatmates and other staff members. Additionally, the social worker familiarizes them with the facility's compound, including the playground and other designated areas, ensuring they understand how to navigate and stay safe within the premises

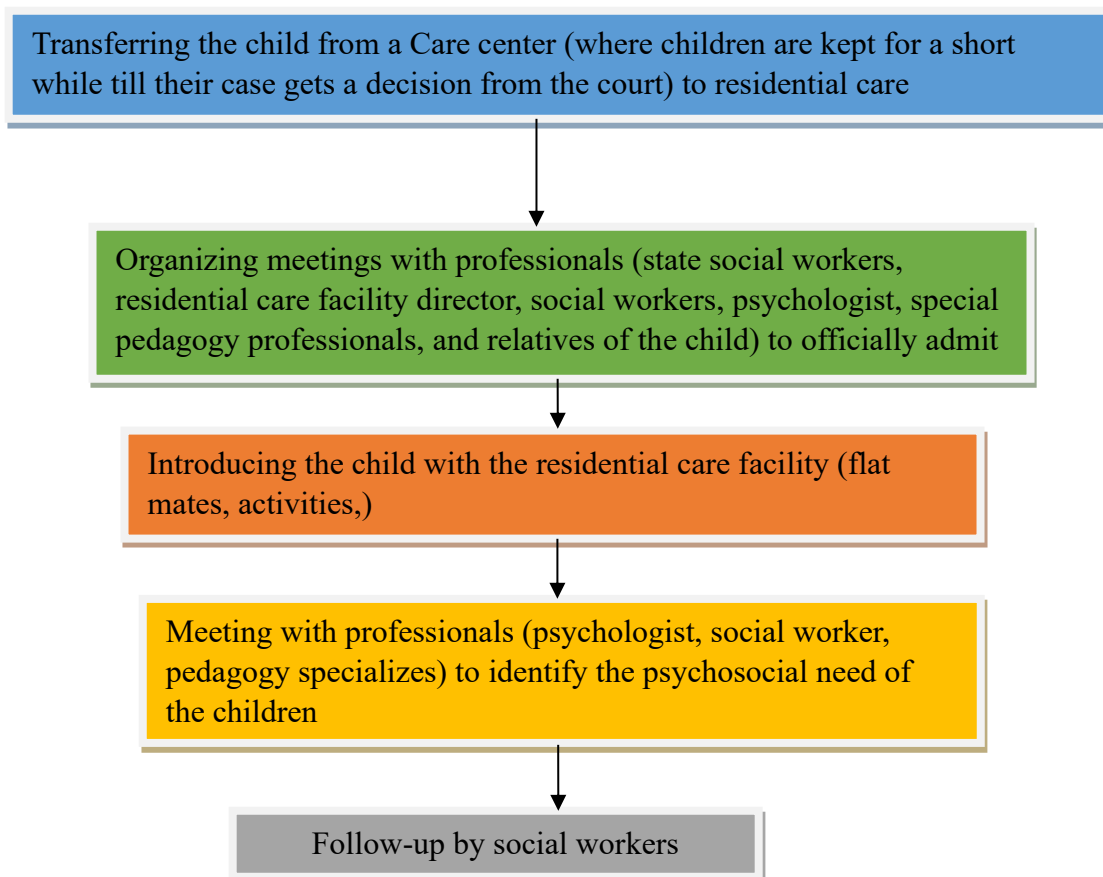
“Our institution is big. There is a place covered by long trees sometimes children go and hid in them. It is hard for the newcomer. Thus, during the first day of the tour, I would like to show them that place to help them be cautious.” (social worker: LV)

Following this, the social worker schedules a needs assessment meeting with staff members. Additionally, the social worker ensures that all required documents for the assessment are prepared. The meeting is attended by the social worker, educator/pedagogy professional, and psychologist. During the assessment, the psychosocial needs of the children are identified, and each professional takes on their respective responsibilities.

“Need assessment is one of the major activities. The multidisciplinary team meets together to assess the immediate needs of the children. It takes a long time. Sometimes it required us more than one meeting (social worker: SK)

The diagram below illustrates the flowchart for conducting a needs assessment of children in residential care in Latvia and Slovakia.

Figure 5: Need assessment services in residential care in Latvia and Slovakia



Source: study data

Furthermore, social workers regularly monitor the progress of the needs assessment. Every month, the team reconvenes to assess the service's progress, aiding social workers in monitoring the comprehensive development of the children.

Additionally, social workers offer supportive supervision for other professionals, ensuring they receive encouragement and maintain their mental well-being, especially after encountering emotionally challenging situations

“After need assessment, I organize meetings once a week to discuss the progress of the child. Sometimes we do the meeting twice a week but it depends on the case.” (social worker: LV)

Therefore, the need assessment process is the crucial role social workers play in nurturing the psychosocial development of children. Through this process, social workers precisely identify each child's diverse needs, encompassing emotional, behavioral, educational, and medical aspects. This comprehensive understanding enables social workers to devise tailored intervention plans that address the children's holistic development comprehensively. Finally, effective need assessment empowers social workers to advocate for children's well-being, guiding them toward positive growth and resilience.

4.2.4. Counseling

The children who live in residential care in Latvia and Slovakia receive counseling services from a psychologist. There are assigned psychologists for child homes. The psychologists work two days in week. the children who have emotional or behavioral problems will receive the services.

“Counseling is mainly delivered by psychologists. When children moved to residential care always need assessment. Based on that the children who need emotional support refer to a psychologist” (social worker: LV)

Sometimes, when a psychologist identifies emotional distress in children, they may prescribe certain interventions or activities aimed at reducing that distress. In such instances, social workers or care workers may participate in facilitating these activities. This collaboration allows for a comprehensive approach to supporting the children's emotional well-being, integrating therapeutic interventions with practical support and care

“There is one child with emotional problems and ADHD in the flat where I work. The child was in hospital for three months. Now he is discharged from the hospital and lives under the supervision of a psychologist. There are some activities that the psychologist told us to do with the child to help him increase his attention and understand his emotions. The care provider is working in collaboration with a psychologist to help the child recover from emotional problems.” (social worker: LV)

Moreover, the children who show behavioral or emotional difficulties at school or in the house will also receive counseling services. There is a monthly meeting with all professionals in the flat. It creates an excellent opportunity to assess the emotional and behavioral well-being of the children. Based on the assessment the

psychologist prepares appropriate interventions to the children and also the progress of other children who are receiving the service will be reported during the meeting

“The role of psychologists is immense in the emotional wellness of the children. The psychologists collect information about the child during the meeting and organize appropriate intervention plan” (social worker: SK)

Furthermore, children with different traumatic experiences and abuses have repeated records of emotional or behavioral problems. the traumatic experiences they had influenced their emotional and behavioral development. Some of them are involved in risky behaviors like drug use, teenage pregnancy, and suicide ideation. This situation intervened more and required the involvement of social workers and other care professionals

“I have one child in my flat. He was sexually abused by his relatives. He arrived at the center when he was 8 years old. He started using drugs at his 10. he also experienced abuse by children from the institution. He had repeated records from school and also, he is in conflict with others who share the same flat with him. he is taking counseling but still, there is a problem. he is one of the children who need serious attention.” (social worker: LV)

In support of this, the study conducted on the psychosocial service of orphans and vulnerable children at orphanages in Gondar Town, North West Ethiopia, showed that addressing psychological problems is important to enhance the psychosocial development of children. One of the ways to solve psychological/ emotional problems is counseling. Using appropriate techniques and intervention plans to address the emotional trauma of the children is crucial for the holistic development of the children (Sebsibe et al., 2014). However, there is a shortage of counselors in residential care in Ethiopia, with one counselor assigned to one children's village (more than a hundred children). This makes the quality in question (Shiferaw et al., 2018). Moreover, children who have traumatized experiences are more exposed to severe mental health health-related problems unless they receive appropriate counseling support (Tucker et al., 2019). Thus, the counseling section is essential to maintaining emotional well-being among children in residential care.

4.2.5. Art therapy

Art therapy is a significant component of residential care services in both Latvia and Slovakia. However, in Latvia, social workers take on a more active role in facilitating art therapy sessions. Collaborating with psychologists, social workers implement various activities aimed at fostering emotional literacy and enhancing children's sense of self-worth. One such activity utilized by social workers is emotion mapping. Through this intervention, children are guided to identify and articulate their emotions, gaining a deeper understanding of

their emotional landscape. Emotion mapping provides a valuable outlet for children to express their feelings constructively, promoting emotional well-being and healthy emotional expression

“The children do emotional activities during their camping. Mostly during summer. The children use different kinds of drawing, shapes, and colors to express their feelings, and at the end, they present their feelings to others who play the game with them.” (social worker: LV)

Furthermore, social workers employ another technique known as the mask creation activity. Through this activity, children are encouraged to express their emotional experiences by decorating blank masks. This process enables social workers to gain insight into the emotional states of the children, facilitating tailored interventions and activities. By observing the children's responses, social workers can effectively address their emotional needs and provide further support as necessary

“Every Christmas Eve, I prepare blank masks and give them to the children so they can draw what they feel. I remember last Christmas; I was playing mask making activity one of the children drew something more emotional. It helped me to get her feeling. This is one of the methods I use to increase my emotional attachment to children” (social worker: LV)

Additionally, understanding the emotions of others is one of the major tasks social workers do in relation to children. One of the activities they use to help the children increase their emotional literacy is Sculpting with clay. This activity involves both the emotions and thoughts of the children. Furthermore, it helps raise children's awareness about their and others' emotions.

“We have a place in our flat where we put the sculpting made from clay. The children like to craft it. It helps me to know how the children understand the feelings of other people. Most of the time they craft their pet and they display their emotion on it.” (social worker, SK)

In support of this, the studies show that Art therapy is crucial for the development of social and emotional competencies. The children can artistically explain their identity (McDonald et al., 2019). Thus, Art therapy intervention plays an essential role in nurturing emotional literacy and fostering social competence in children. By engaging in artistic expression within a therapeutic context, children are provided with a safe and supportive environment to explore and articulate their emotions. Through various art activities, they can learn to identify, label, and understand their feelings, thus enhancing their emotional intelligence.

Moreover, art therapy encourages interpersonal interaction and communication, allowing children to express themselves creatively while also learning to collaborate and interact with others. Participating in group art activities promotes social skills such as cooperation, empathy, and effective communication. These experiences

help children develop the ability to navigate social situations, build relationships, and interact positively with their peers and caregivers.

4.3. Educational supports

In addition to other psychosocial support services, children in residential care also receive educational support. However, the providers of this support differ between Latvia and Slovakia. In Latvia, social workers provide educational support services.

“After school, if the children have a home task or any question regarding school, I will support them.” (social worker: LV)

In Slovakia, social workers and pedagogy professionals provide some educational support. The pedagogy professionals are dedicated to understanding the unique learning needs of each child and providing tailored educational interventions and support services. They work closely with teachers, parents, and other specialists to develop individualized education plans that address the specific challenges and strengths of each child

“The pedagogy professionals support children in their education. For instance, they help them in their home tasks and also in English subjects” (social worker: SK)

Indifferent to this, studies conducted in SOS Children Village revealed that education to children is provided by educators who are responsible only for educational support. Moreover, one educator was assigned to all children in the SOS village (Aisha Kanwal and Faiz Ullah, 2024).

Children in residential care in Latvia and Slovakia receive various forms of educational support tailored to their needs. This includes tutorials, special needs education, talent identification, and follow-up services

4.3.1. Tutorial supports

one of the sources children in residential care receive is a tutorial session. Which is very important for enhancing academic achievement. the services provided to children in one base or small group. The service in Latvia provided by social workers

“I am responsible for the educational needs of the children after school always I ask the children if they need help in their studies and prepare tutorial classes” (social worker: LV)

Whereas in Slovakia the service provided by pedagogy professionals

“The educational support is fully provided by pedagogy professionals. They prepare the tutorial session.” (Social worker: SK)

Moreover, the study revealed that the children receive after-school educational support. The service includes checking their textbook, helping with home tasks, and giving educational support based on their needs. These services are provided by pedagogy professionals in Slovakia and by social workers in Latvia

“After school, I supervise the study session of the children. I also check if they have home tasks. This helps them to develop an understanding of the course that they have learned” (social worker: LV)

Supporting this statement, research indicates that tutorials play a significant role in enhancing children's academic achievement (Zheng et al., 2020). Tutorials provide children with the opportunity to gain a comprehensive understanding of their studies by offering personalized instruction tailored to their individual learning needs. Through targeted guidance and explanation, tutors help children grasp complex concepts and overcome learning barriers, ultimately bolstering their academic performance.

Moreover, Follow-up services play a crucial role in strengthening children's academic success. However, while these services are provided to children in both countries, there are differences in terms of who delivers the services. In Latvia, follow-up services are administered by social workers. These services involve tracking the academic progress of the children, identifying areas of improvement, and implementing strategies to address any challenges they may encounter.

“I do follow up on their academic progress. I also to the teachers about their situation in school. Sometimes it is not easy” (Social worker: LV)

In contrast, academic record tracing is conducted by pedagogy professionals in Slovakia.

“The pedagogy professionals are more responsible for the educational achievement of the children. They have direct contact with school teachers” (social worker: SK)

Similarly, educators in residential care in Ethiopia conduct tutorial support and academic progress tracking. (Liranso & Zewude, 2021)

4.3.2. Special Needs education

Another essential service provided in residential care facilities is special needs education, which aims to support children with diverse learning needs. The children receive assistance tailored to their specific educational needs. School teachers, along with pedagogy professionals specializing in special education, play a pivotal role in delivering this support

“Most of the time the children with special needs receive support from pedagogy professionals or school teachers. But there are also special needs educators but it is based on the needs of the children” (social workers: LV)

Besides, the children with severe mental health-related problems live in family-like houses separately both in Latvia and Slovakia.

“I am working with children with special needs. It is a new project we moved here 4 years ago. There are three children in the flat. It is a more family-like house. It is integrated with the community. it is different from institutional care” (social worker: LV)

In Slovakia also

“There is one center where children with special needs live. Most of the children have severe special needs that need different support” (social worker: SK)

Moreover, Special needs education encompasses a range of interventions designed to address the unique challenges and abilities of each child. Teachers, social workers, and occupational therapists collaborate to develop an Individual development plan (IDP) that outlines strategies to facilitate the child's learning and academic progress. These plans include specialized teaching methods, assistive technologies, and additional support services

“There are different professionals who work together with the children. We have occupational therapists currently working with social workers and school teachers. The children get much support from all the professionals. They are using different assistive technologies because some of the children have severe mental health problems” (social workers: LV)

Indifferent to this, the study conducted in developing countries on children who lost parental care shows that the special education provided to children in residential care is very low. Some children might not get professional support (Tefera & Refu, 2019). The study indicates that the number of children and financial capacity is a problem in addressing the unique needs of the children in residential care (Chmelka et al., 2011). Moreover, the lack of accessible resources is the biggest problem for children with special needs in developing countries (Vohra et al., 2014). Many of the children faced so many difficulties because of lack of support. For instance social isolation, bullying, stigma, and emotional trauma (Frauenberger et al., 2012). Therefore, providing special needs support contributes to the overall well-being of children in residential care by promoting their social integration, emotional regulation, and sense of belonging. By addressing their unique needs and fostering a supportive and inclusive community, residential care facilities can create opportunities for children with special needs to participate fully in educational, recreational, and social activities, which enhance their psychosocial development and overall quality of life.

4.3.3. Talent identification

Social workers within residential care facilities are involved in identifying the talents of the children, which are nurtured through various clubs and activities available on-site. Among these activities is the Music and Dancing Club, where professional trainers offer instruction in dance and drama. This engagement not only fosters the development of communication and emotional skills but also enhances the artistic abilities of the children.

“There are children who participate in the dancing club. I found it very helpful. They make friends there. I am also interested in going and spending time there. Sometimes when they feel angry, they prefer to go for training to vent their anger” (social worker: SK)

Moreover, the children use dancing and singing to socialize with others. When the volunteers come, they prepare events and show their dancing skills.

“Last summer there were volunteers. The children were interested in show their dancing skills. Even though they do not speak English, the children used their dancing as a means to start communication” (social worker: LV)

Contrary to this, other studies argue that volunteer tourism in residential care has a negative effect on the psychosocial wellness of children (Ursin & Skålevik, 2018).

The finding also revealed that the children's participation in school dancing events can help them to identify their interests.

“Last month, one of the children participated in the school dance competition and got the third rank. It was a great achievement. It motivated her to invest more of her effort in her dancing ability” (social worker: SK)

Furthermore, children in residential care are encouraged to participate in various extracurricular activities, which play a vital role in their holistic development. Engaging in these activities offers numerous benefits beyond academic learning. Firstly, participation in extracurricular activities provides children with opportunities to develop their social interaction skills. Through collaborative projects, team sports, or group performances, children learn how to communicate effectively, cooperate with others, and build meaningful relationships with peers and mentors

“The children participate in different activities. For instance, football, skating, volleyball, and basketball. It helps them to discipline their self. This helped them to make friends. Their friend from another flat always comes to go with them for sports activities.” (social worker: LV)

Besides, extracurricular activities serve as a platform for children to practice and enhance their emotion regulation skills. Whether it is expressing themselves through physical activity, children learn to manage their emotions in constructive ways. They develop resilience, self-control, and coping strategies, which are essential for navigating life's challenges and building healthy relationships.

“There is a football playground inside the residential care. Children also have a couch that comes to help them. Last week one of the children was playing football with his friends. He got angry with one of the players. he was acting very aggressively. The couch disciplined him. but finally, he understood his mistake and asked for forgiveness from his friend” (social worker SK)

Moreover, the study revealed that residential care has facilities for extracurricular activities only for children from residential care, such as playgrounds.

“There is a football playground inside the residential care. Children also have a couch who came to help the children.” (social worker: LV)

“All child homes have playgrounds where children play” (social worker: SK)

Additionally, research has indicated that extracurricular activities significantly foster children's social and emotional development. They not only improve children's logical reasoning skills but also contribute to enhancing their physical endurance (Pomohaci & Sopa, 2017). Therefore, extracurricular activities contribute to children's development by addressing their social, emotional, and physical needs. By providing opportunities for participation in a diverse range of activities, residential care facilities can create environments where children can thrive and reach their full potential.

4.4. Medical care

Children in residential care have access to comprehensive medical services. Once they transition to residential care, all medical expenses incurred by the children are covered by the government. This ensures that the children receive the necessary medical attention and treatments without financial burden

“The first day when children move to residential care I collect the child's medical records. All information will be communicated with health facility work with our organization (social worker: LV)

Moreover, the medical service is provided outside of residential care.

“All the children will go to the hospital with the caregiver. We are doing this to create a family-like environment. Sometimes I also accompany the care provider to the hospital. Last week there was one child with a severe

mental health problem. the case was out of the capacity of the care worker I went to an institution to help her and to accompany the child to hospital” (social worker: LV)

Nevertheless, some residential care facilities have assigned nurses in Latvia and Slovakia.

“There are some children who need medical care. Thus, there are nurses in our facility.” (Social worker: SK)

CHAPTER FIVE: THE ROLE OF SOCIAL WORKERS IN THE PSYCHOSOCIAL DEVELOPMENT OF CHILDREN

This chapter presents the findings of the study, which were gathered from interviews conducted in the field. Themes are utilized to analyze the data based on the study's objectives and research questions. Primarily, this chapter explains the results of the study concerning the role of social workers in the psychosocial development of children in residential care in Slovakia and Latvia. Specifically, it clarifies social workers' advocacy, networking, coordination, mediation, facilitation, and needs assessment roles in residential care.

5.1. Advocacy

Social workers from both Slovakia and Latvia play an advocacy role in addressing the psychosocial needs of children. They evaluate the services provided to ensure that children receive their rights. To facilitate this, social workers organize monthly meetings with all professionals involved in the child's care

“I organize a meeting with professionals in my flat. it helps to get information on the progress of the children. Sometimes, the children's rights might be neglected thus, meeting discussions helps me to ensure the service provision to children according to their needs” (social worker: LV)

In addition to this, the social worker from Slovakia mentioned

“There is a different meeting that I participate in on behalf of the children. I always try to reflect the rights of the children. Two years ago, we had a meeting with state social workers about a child who needed to unite with his family. we discussed with state social workers and the family got a chance to reunite” (a social worker: SK)

Additionally, social workers ensure that services are provided according to the needs of the children, who may not be able to advocate for themselves. Hence, social workers advocate for the rights of children by ensuring that they receive appropriate services tailored to their needs.

“Last summer, I experienced a very annoying thing in the flat where I work. One of the care professionals ignored one child During family time and another meeting. I felt that the caregiver was excluding the child

because of his conduct problem. I saw this repeatedly. I tried to approach the case worker and tried to solve the problem. I tried to explain how important is attachment for children” (social worker : LV)

Moreover, advocating for children's rights is not always straightforward; it can sometimes lead to conflicts with other professionals. These professionals may feel criticized or judged by the advocacy efforts. Therefore, social workers must demonstrate boldness and courage in taking these steps.

“A week ago, we discussed the services provided for the children with special needs. The group was only focusing on tasks. They ignored the emotional well-being of the child. I interrupted the meeting and spoke on the right of the child, who was feeling more stressed. This situation made others uncomfortable. But, I believe I am always there to be the side of the children “(social worker: SK).

Research studies demonstrate that social workers empower children to assert their rights and articulate their needs effectively. By advocating on behalf of the children, social workers provide them with a voice and a platform to express themselves (Szlamka et al., 2022). Thus, the advocacy role of a social worker is crucial in ensuring that children in residential care receive all the necessary services to develop and master psychosocial skills. This involves actively advocating for the children's needs and rights, both within the residential care facility and in the broader community. Social workers need to work tirelessly to ensure that children have access to a wide range of services, including education, healthcare, therapy, recreational activities, and support networks

5.2. Networking

Networking is another crucial aspect of social work aimed at meeting the psychosocial needs of children. As services within institutional care may be limited, social workers collaborate with various stakeholders to enhance the support provided to the children. For instance, they forge partnerships with hospitals to improve the medical care available to the children. By establishing close relationships with hospitals that work with residential institutions, social workers ensure continuous coordination and access to necessary medical services.

“There is hospital work with our organization. I am responsible for maintaining their network. Children can go to this hospital at any time to get the service. it is very helpful full work networking to reduce institutional features of care system “ (social worker: LV)

Furthermore, social workers collaborate closely with schools, actively participating in the school's parent community. This involvement enables social workers to track the progress of the children and assess how well the curriculum meets their individual needs.

“I am a member of the parent committee in school. I receive all the feedback academic situation of the children. In the time of difficulties, I also get messages from the school about the child's situation. It helps me to identify the strength and development area of the child in terms of academic, social or emotional development area” (social worker: SK)

Additionally, social workers collaborate with various community centers, such as youth centers, to organize recreational activities for children. For example, they arrange camping events in community centers during the summer and coordinate sports activities in youth centers. These activities provide opportunities for children to improve their communication and social skills. Particularly in youth centers, children have the chance to interact with non-orphan peers, fostering social integration and diversity.

“We work in collaboration with youth centers. I found it helpful to children. Last summer we went there many times the children made many friends there. Even they maintained that friendship after summer. I saw some of the children communicating through social media. It was an exciting moment that the children increased good connection’ (Social worker :SK)

Despite some promising steps made toward deinstitutionalization, there remains a notable lack of awareness among social workers regarding the characteristics and implications of institutional care settings. While efforts have been made to transition towards community-based care models, social workers may still lack sufficient understanding of the unique challenges and dynamics associated with institutional environments

“Last summer we organized an event. It was like camping. Only children from residential care participated. The children were happy” (social worker: SK)

Moreover, institutional care facilities in both Latvia and Slovakia have playgrounds where children play exclusively within the institution. This arrangement impacts the psychosocial development of the children, fostering social isolation among them.

“There is a playground inside the residential care institution. They are also professionals who help them in all sports activities. Every time they want, they can play the. However, the place is open only for children from residential care” (social worker:LV).

In addition, research indicates that keeping children in residential settings without integrating them into the community can harm their social and emotional well-being (Petrowski et al., 2022). additionally, the institutional nature of residential care services can contribute to emotional and social challenges in the lives of children. The studies revealed that institutional settings' structural characteristics and routines, such as limited individualized attention, strict schedules, and a lack of continuity in caregiving relationships, affect children's

well-being (Nayar-Akhtar, 2018). Therefore, enhancing social workers' understanding of deinstitutionalization and the effects of institutional features on children's psychosocial development will positively impact the children's overall development. Also, social workers must engage in collaboration with relevant organizations and stakeholders to facilitate the integration of orphan children into the community by opening access to care facilities for other children.

5.3. Coordinating

Social workers play a central role in residential care settings, primarily focusing on coordination. Within these environments, various professionals contribute to the psychosocial development of children. Social workers ensure the continuous delivery of these services by coordinating the efforts of different professionals. In residential care, educators, caregivers, psychologists, and specialized pedagogical professionals offer distinct services tailored to the needs of children. Therefore, social workers facilitate collaboration among these diverse professionals, forming a multidisciplinary team dedicated to enhancing the support provided to the children.

“I organize formal and informal meetings with all professionals who work in the flat. We discussed the service and how to provide it effectively. If there is a request for additional support from inside or outside sources, it is my responsibility to communicate and secure the support” (social worker: LV)

“We activities together. though our role is different, our cooperation will bring change to the child's psychosocial development.” (social worker: SK)

Additionally, social workers collaborate with others in the behavioral modification process within residential care settings. Given that children in such environments are vulnerable to various behavioral and emotional challenges—such as drug addiction, abuse, and suicidal ideation—social workers play a crucial role in intervening in such cases. They work alongside other staff members to address these issues effectively. Furthermore, social workers take on a coordination role to ensure the delivery of comprehensive and effective services to the children

“With children's behavioral or emotional problems, we work closely. Nevertheless, as a social worker, I coordinate activities. That means I arrange meetings; I keep a record on the progress of the child and also search for additional support if it is out of the capacity of the professionals who work in the care center” (social worker : SK)

Moreover, social workers facilitate the coordination of activities between children and volunteers in residential care settings. Volunteers typically contribute for a short duration, and during this time, social workers oversee the coordination of activities while also assisting volunteers in forming meaningful connections with the children. This involvement of volunteers in the program is vital for boosting the social interaction skills of the

children. Therefore, social workers play a key role in enhancing these connections by coordinating various activities

“There are volunteers who work with us. The children are very happy to spend time with them. Sometimes, they ask when the next visit will be for the social worker. They prepare events that help the children to express their self” (social worker: LV)

The services provided to children in residential care vary in nature. Thus, coordinating professionals can significantly enhance the effectiveness and efficiency of these services. Therefore, the coordination role of social workers ensures that children receive appropriate support tailored to their needs. It also enables other professionals to maximize their efforts in addressing the needs of children in residential care.

5.4. Mediating

Another crucial role fulfilled by social workers in nurturing the psychosocial development of children in residential care is mediation. Social workers act as mediators between children residing in the same facility. Within the center, children may become engaged in various disagreements and conflicts, sometimes resulting in aggressive behavior. In these instances, social workers intervene as mediators, guiding the children toward resolving their conflicts in more respectful and constructive ways. Additionally, through this mediation process, children learn valuable skills such as expressing their emotions appropriately, understanding the emotions of others, and mastering conflict resolution techniques.

“Conflict between children is a usual thing. I come across many times. Always I use the opportunity to teach the children good skills like solving disagreement in health manner and also how to respond for others during disagreement” (social workers :SK)

“The children are involved in disagreement. It is natural. However, the way we solve the problem is very important. Last week, the children were fighting on the ball. I used that opportunity to teach them sharing and caring to others” (social worker: LV)

Additionally, social workers fulfill a mediation role between children and care providers. Given that care providers spend significant time with children, conflicts can arise, often stemming from behavioral issues. Social workers intervene in such situations to facilitate problem-solving and resolution for both parties. This interaction also provides an opportunity for children to learn appropriate ways to interact with others. Moreover, conflicts may occur between children and care providers due to maltreatment from the caregiver's side. In such instances, social workers take proactive steps to address the situation, advocating for changes and providing support to help care providers modify their behavior towards the children

“In our flat, all of the children are children with special needs. They want special attention. But sometimes care provider give low attention to children and children start to feel emotional stress. Then I took immediate measures and discussed with care provider.” (social worker: SK))

Furthermore, social workers play a mediating role in the interactions between professionals working in residential care settings. Due to workload or misunderstandings, conflicts may arise between care providers, educators, and psychologists. Social workers take on the responsibility of resolving these conflicts. The discord among staff members not only impacts the quality of service provided to children but also detrimentally affects the mental well-being of the staff. To address these issues, social workers actively engage with all staff members in problem-solving efforts.

“Sometimes there is disagreement between psychologist and care provider. Last week, the psychologist assigned some activities to one of the children who had been attending counseling for weeks. the care worker also needs to participate in the activity, but because of a lack of understanding, the care provider did not do the assigned task with the child. This situation creates disagreement between car workers and psychologists. Then tried to solve the problem “(social worker : LV)

The mediation role of social workers is crucial for fostering positive behaviors such as sharing, understanding others' emotions, conflict resolution, open communication, and tolerance. Through their interventions, social workers create environments that encourage collaboration, empathy, and constructive dialogue, ultimately leading to stronger social bonds and a more harmonious community.

CHAPTER SIX: THE CHALLENGES OF SOCIAL WORKERS IN RESIDENTIAL CARE

This section discusses the outcomes of the research derived from field interviews. Themes are employed to examine the data to ensure it is in alignment with the study's goals and research inquiries. Essentially, this chapter explores the findings regarding the difficulties social workers encounter in Slovakia and Latvia residential care settings. It mainly explains various aspects, including the condition of the children, challenges related to placements, resource constraints, salary limitations, and low supervision, all of which emerge as significant challenges faced by social workers in residential care across both countries.

6.1. Conditions of the Child

The findings revealed that one of the primary challenges facing social workers in Slovakia and Latvia revolves around the welfare of children. Many children are placed in residential care for a variety of reasons, including instances of child abuse, financial difficulties within families, health issues, and parental behavioral problems.

This relocation often results in significant trauma for the children, affecting their emotional well-being. In response, social workers are devising various strategies to address and alleviate the trauma experienced by these children. However, the situation often deteriorates within residential care, placing an additional emotional burden on social workers. They may feel inadequate in fully assisting the children, leading to heightened stress levels and eventual burnout

“I have been working in residential care for 15 years. I meet many children from different backgrounds. I remember 3 years ago one child moved to residential care at my flat. she was sexually abused by her stepfather. She was 10 years girl. Her pain was severed. She made good progress after she moved to the residential care program. However, she showed signs of depression and anxiety. In that circumstance, I felt that I was not helping her. This is one of my challenges” (social worker: SK)

Additionally, the children are grappling with various behavioral issues, including drug addiction, which presents a significant challenge. There are instances where even young children return home under the influence of alcohol, exacerbating the situation for social workers. The concern worsens as these younger children can carelessly become role models for their peers, potentially spreading negative behaviors. This expansion is deeply troubling for social workers as they strive to address such concerns effectively.

“There is one child in my flat, and he is 14 years old. He uses drugs. Last week he came home dunking alcohol. he was completely drunk. There are other boys younger than him. I fear that they will imitate his behavior. This is one of my challenges” (social worker: LV)

Furthermore, another difficult challenge for social workers is the occurrence of sexual abuse among children by their peers within residential care facilities. Complicating matters, many of these children are unwilling to disclose such incidents. Despite their silence, the impact of these experiences often manifests in their behavior and appearance, leading to engagement in inappropriate sexual activities. Some children form intimate relationships with fellow residents, further entangling them in such behaviors. Addressing these situations poses a significant challenge for social workers, who often find it difficult to intervene effectively

“One of the children from my flat has a boyfriend from the flat next to us. Sometimes he came and spent time with her in the flat with her. Sometimes I struggle what to do” (social worker: LV)

Moreover, another challenge faced by social workers is the occurrence of suicidal ideation and attempts among children under their care. These attempts stem from various factors such as relationship breakups, emotional stress, and challenging family situations. Such occurrences significantly complicate the work of social workers, adding to their emotional burden and making their tasks more daunting.

“Last year there was one child he has a past traumatic experience. he tried to commit two times. It was hard for me. It has emotionally hurt me. I felt that I was not helping him.” (social worker: SK)

Studies revealed the prevalence of drug addiction (Meghdadpour et al., 2012), emotional problem (Dorsey et al., 2015) and suicide attempt (Evans et al., 2017) is higher among residential care children. This situation also amplifies the emotional strain on social workers who are closely involved with these children, consequently heightening the risk of burnout. Therefore, it is imperative to prioritize the emotional well-being of social workers for the optimal psychosocial development of the children they serve.

6.2. Placement problem

The issue of placement is specifically highlighted as a challenge by social workers in Slovakia. Following the relocation of children to residential care, social workers engage in efforts such as reunification and the search for foster or adoptive families, all aimed at promoting the children's well-being. While some children successfully find foster families that offer care and support, others encounter challenges adapting to their new environments and returning to residential care. Regrettably, this transition exacerbates behavioral issues among the children, leading to the onset of more severe behavioral problems.

“There was one child who got a foster family. he was happy at first but when he moved there, he could not adjust to the foster families. He moved back to residential care. The situation affects the child emotionally and causes him to engage in self-distractive behaviors.” (social worker: SK)

Furthermore, some children attempt to escape from residential care and return, posing an additional challenge for social workers. As a result of these actions, the children may exhibit increased aggression and resistance toward adhering to the rules and regulations of the care system. Hence, social workers must pay serious attention to the placement of these children into other alternative care facilities.

6.3. Limited resources

Resource constraints pose a significant hurdle for social workers, especially when addressing the needs of children grappling with severe mental health issues or those with special needs. In such cases, professionals may not be readily accessible in the area, impacting service delivery and ultimately hindering the holistic development of children. Social workers strive to establish vital connections to ensure timely access to the required services.

“There are children with cerebral palsy. they need occupational therapies. It is not possible to find an occupational therapist any time we need. Sometimes we need to wait for more than a week, this is a challenge for me.” (Social worker: LV)

Hence, resolving this issue necessitates the engagement of the government and other relevant stakeholders to enhance resource accessibility.

6.4. Remuneration adequacy to the work volume

The salary gap poses a significant challenge for social workers in Latvia, where compensation levels are notably low. Consequently, many social workers find themselves compelled to take on additional employment to sustain themselves financially. This often means sharing responsibilities across two different workplaces simultaneously. This dual employment not only places a considerable strain on the social workers themselves but also has potential ramifications for the quality and availability of social services provided to the community

“I have a family. I have to fulfill their need. The salary that I have is not enough. Thus, I work in two different places.” (social worker:LV)

Furthermore, social workers face heavy workloads intensified by their shortage in the profession. Due to low salaries, many professionals are unwilling to seek employment within residential care organizations. Consequently, existing social workers bear heavier caseloads, leading to heightened emotional fatigue.

“I worked here for the last 15 years. I have much experience. When we come to workload, it is very difficult sometimes I am also frustrated” (social worker: LV)

Similar to this, social workers in Slovakia encounter similar challenges with workload. Some find themselves tasked with overseeing two residential care homes, resulting in a larger number of children under their care. This surge in responsibilities not only escalates their workload but also intensifies emotional strain over time

“Under my supervision, there are two residential care homes. The number of children is 10. I am responsible for all of them. It is really hard sometimes; I take work to my home. During summer it will be a tough time.” (social worker: SK)

Hence, the financial constraints emerge as a significant contributor to the mounting workload experienced by social workers. This pressing issue demands the attention of relevant authorities and governing bodies to address its adverse effects on the effectiveness of services within residential care facilities. By acknowledging and remedying the financial challenges faced by social workers, it becomes possible to bolster the overall efficacy and quality of care provided in these settings

6.5. Low supervision

Supervision assists as a crucial tool for mitigating emotional burdens and improving the efficacy of service delivery for social workers. In both Latvia and Slovakia, social workers undergo supervision twice annually, supplemented

occasionally by state social workers' visits to assess the children's overall well-being. Nevertheless, the frequency of supervision remains insufficient, largely due to the emotional strain and workload inherent in social work positions.

“There are few supervisions. I believe it is helpful to discuss with someone to get emotional relief. But mostly I maintain a good relationship with my colleagues. I found it very helpful” (social worker: SK)

I want to have more supervision. It is essential, especially if someone worked for many years, I believe it is essential to have more supervision support. Otherwise, it increases burnout rate.” (social worker: LV)

Hence, in order to tackle the countless challenges confronting social workers, it becomes imperative to strategize and implement more comprehensive and supportive supervision mechanisms within their working environments. Such supervision serves as a vital support system, offering guidance, feedback, and resources to address various obstacles effectively. Moreover, by fostering a culture of supportive supervision, the overall effectiveness and efficiency of the services provided by social workers are significantly amplified. This approach not only strengthens the morale and well-being of the professionals but also enhances their capacity to meet the diverse needs of the children.

CONCLUSIONS

The objective of the master's thesis was to investigate the contribution of social workers to the psychosocial development of children in residential care facilities in Latvia and Slovakia. The author analyzes the services offered in residential care settings to strengthen the psychosocial development of children, and the challenges encountered by social workers working in residential care in both countries.

The author analyzed key services that aimed to enhance the psychosocial development of children in residential care facilities in Latvia and Slovakia, including social support, emotional and behavioral support, educational support, and medical care. Social support includes quality time with children, group activities, assigning responsibilities, and communication skills, which help social workers to understand the social challenges of the children and also improve the social interaction skills of children. Group activities promote self-expression, empathy, and sharing, while life skills development enhances self-confidence, self-esteem, and empathy. Interpersonal relationships enhancing services include opening the home for visits and attitude changes toward other communities. These services support the children in developing autonomy and positive self-image. The Social Service delivery differs, with social workers managing all services in Latvia and special pedagogy professionals handling quality time in Slovakia.

Furthermore, emotional support is an essential service provided to children in residential care facilities in both Latvia and Slovakia. This support encompasses various interventions, including facilitating connections with biological parents and relatives, documenting child profiles, offering counseling sessions, and implementing

art therapy. Additionally, the study revealed that the record-keeping of essential documents contributes to identity development and enlightens intervention planning for social workers. Besides, counseling services contribute to children's emotional well-being. The service is primarily facilitated by psychologists. Nevertheless, in complex cases including addiction, child abuse, or suicidal tendencies, social workers collaborate closely with psychology. Furthermore, there is minimal focus on the attachment between children and caregivers.

The additional social support service offered to children in residential care encompasses educational assistance. In Latvia, these services are administered by social workers, while in Slovakia, a combination of social workers and special pedagogy professionals oversee various activities. These services aim to strengthen academic performance and nurture special abilities through tutorials, special needs education, talent recognition, and ongoing monitoring. In Latvia, tutorials are conducted by social workers, while in Slovakia, pedagogy professionals handle this aspect. This educational support significantly contributes to improving academic achievement. This support not only addresses academic needs but also fosters social and psychological growth among children with special needs who reside in separate residential care facilities.

Children also benefit from talent identification programs, such as engaging in various clubs, such as art and drama, as well as extracurricular activities. These activities facilitate skill development, including self-control, coping strategies, teamwork, relationship building, and communication skills. Furthermore, social workers in Latvia and pedagogy professionals in Slovakia administer ongoing follow-up on academic progress. However, the study revealed that some institutional features still exist in residential care. Additionally, the results show that some residential care facilities do not employ nurses in residential care; instead, children receive medical assistance through referral systems. However, some facilities do hire nurses.

In residential care settings in Latvia and Slovakia, social workers play crucial roles in children's psychological development through advocacy, networking, coordination, and mediation. They advocate for children's rights and ensure their needs are met, organize professional meetings for comprehensive care, and form networks with healthcare facilities, schools, and community centers to enhance community integration and social skills. This collaborative approach benefits the children and helps reduce institutional characteristics in care settings.

Social workers also coordinate activities and programs to meet children's needs effectively. They work within a multidisciplinary team to harmonize efforts and optimize service provision, coordinating interactions between children and volunteers to foster meaningful connections. Mediation is also crucial, as social workers guide children in developing psychosocial skills and resolving conflicts, enhancing emotional expression,

empathy, and conflict-resolution abilities. Needs assessments involve collaboration among social workers, psychologists, and other care providers, starting with an initial meeting to identify psychosocial needs. Each professional addresses specific needs, while social workers facilitate follow-up meetings to monitor progress and adjust plans as necessary.

The social worker encountered numerous challenges while working with children in residential care facilities in Latvia and Slovakia. These challenges included the children's individual conditions, placement issues, limited resources, low salaries, and inadequate supervision. Many of the children arrived at residential care with various traumatic experiences, exacerbating the burden on social workers. Additionally, some children struggled with addiction, setting poor examples for younger children and even engaging in suicidal ideation and self-harm, further straining the emotional well-being of social workers.

Furthermore, placement failures presented significant challenges for social workers. Children faced adjustment difficulties when transitioning to foster families. They sometimes returned to residential care, which led to escalated risk behaviors such as running away from care, substance abuse, and behavioral problems. Furthermore, Limited resources are another challenge for social workers, particularly in securing specialized professionals for children with specific needs. In Latvia, social workers also grappled with inadequate salaries, forcing some to take on multiple roles and increasing their workload. Similarly, in Slovakia, the scarcity of professionals in the field contributed to heavy workloads and emotional fatigue among social workers, exacerbated by minimal supportive supervision.

Implication and Recommendation

A comprehensive set of recommendations can be implemented to enhance the involvement of social workers in fostering the psychosocial development of children in residential care facilities in Latvia and Slovakia. This includes arranging training sessions aimed at strengthening the bond between children and caregivers, particularly addressing the needs of children who have experienced neglect and abuse, leading to issues of mistrust. Additionally, residential care facilities should undergo refresher training on the principles of deinstitutionalization and its practical application. Social workers should also develop activities promoting daily independence among children, thereby addressing the shame associated with institutionalization. Furthermore, efforts should be made to integrate residential care facilities with neighboring communities, such as allowing non-orphan children access playgrounds.

Moreover, social workers should devise tailored plans to boost self-confidence and self-worth in children grappling with inferiority complexes due to past traumatic experiences. Intensive preventive programs on

addiction, suicidal ideation, and inappropriate sexual practices should be developed, including increased interaction and sharing of success stories with children. Establishing emotional bonds between children and caregivers is crucial for their psychosocial development, thus, training and activities should be organized to strengthen caregiver-child attachment. This involves raising awareness among care workers about the significance of such attachments in children's holistic development and recovery from trauma.

Recommendations for residential care facilities include enhancing supervision activities for social workers to alleviate emotional stress and receive constructive feedback. Managers should arrange stress-coping and management training for social workers, and recreational activities within facilities should be promoted to foster healthy staff relationships and reduce work-related stress. In Slovakia, particular attention should be given to the transition of children from residential care to foster care facilities. Additionally, addressing the salary concerns of social workers in Latvia is vital to reducing workload and improving service delivery efficiency.

In the study of social work with children and youth, this study underlines psychosocial development components, services, and the roles of social workers while highlighting the developmental challenges children face in residential care. By applying the findings of this study, social workers can enhance the psychosocial well-being of children in residential care and facilitate their integration into broader communities.

Future research scope

Further exploration in this specific domain could delve into the efficacy of the service in fostering the psychosocial development of children, assessing the mental well-being of children experiencing placement disruptions, and evaluating the provision of services for children with unique needs within residential care settings. This research will contribute insights into the psychosocial advancement of children in residential care, the efficacy of services, the hurdles social workers face, and the integration of these children into the broader community.

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ANNEXES

Annex 1. Non-plagiarism declaration

Submitted to the Erasmus Mundus Master's Programme in Social Work with Children and Youth:

- Has not been submitted to any other institute, university, or college
- Contains proper references and citations for other scholarly work
- Contains proper citations and references from prior scholarly work
- Includes a comprehensive list of all citations in the references section

I am aware that any violation of this code of conduct is considered an attempt to plagiarize and will result in a failing grade in the program.

Date: 20/05/2024

Signature: *Lina Deribe Shiferaw*

Name (in block letters): LINA DERIBE SHIFERAW

Annex 2: Guideline for the interview with residential care social workers in Latvia and Slovakia

Main question	Probing Question
Please Introduce yourself and tell me about yourself	➤ You're age, marital status, and educational background. ➤ where do you work ➤ your position, how long you have been working, ➤ Where is the location of social workers' offices? How far it is from the flat? ➤ How many family houses/flats are under your supervision? ➤ How many children live in one family like a home or flat? ➤ How many care providers are assigned to one flat or family-like home? Can you mention their position? ➤ What is the qualification and experience of care providers?
Can you tell me about the services provided to children in residential care?	✓ social skill development, ✓ emotional intelligence, ✓ self-esteem, ✓ behavioral functioning, ✓ mental health, ✓ academic achievement,

What are the challenges in providing psychosocial services?	✓ physical health, and ✓ independence lifestyle ✓ provides the service ✓ how do you cooperate with others to address the needs of the children?
Please tell me how to do your access the psychosocial needs of the children. Can you tell me how you intervene in the situation of a child after need assessment?	✓ what do you do when a child first comes to the services? ✓ Who is responsible for need assessment ✓ How do ensure that the child gets all the necessary services ✓ What do you do to address the belongingness needs of the children?
Please tell me all the problems that you faced as a social worker in residential care.	✓ In terms of children's behavior ✓ Complex case ✓ Work-related stress and how do you cope with it? ✓ Do you get any support for personal and professional development?

Annex 3: Guideline for the interview with residential care social workers in Latvia and Slovakia (Slovak Version)

No.	Hlavná otázka	Podotázky
1.	Prosím, predstavte sa a povedzte mi o sebe	➤ Aký je Váš vek, rodinný stav a vzdelanie?
		➤ Kde pracujete?
		➤ Aká je vaša pracovná pozícia a ako dlho pracujete?
		➤ Koľko rodinných domov/bytov spravujete, máte pod dohľadom?
		➤ Koľko detí žije v jednom pobyt. zariadení (dome alebo byte)?
		➤ Koľko poskytovateľov starostlivosti je priradených k jednému bytu alebo rodinnému domu? Môžete spomenúť ich pozíciu?
		➤ Aké sú kvalifikácie a skúsenosti poskytovateľov starostlivosti?
2.	Môžete mi povedať o službách poskytovaných deťom v rezidenčnej starostlivosti?	✓ rozvoj sociálnych zručností (služby na rozvoj komunikačných zručností, kooperatívnych zručností, empatie a rešpektu k rozmanitosti) a akú úlohu v ňom zastávajú?
		✓ rozvoj emočných zručností (služby na rozvoj rozoznávania emócií, regulácie a zvládania emócií) a akú úlohu v ňom zastávajú?
		✓ služby na rozvoj sebaúcty, sebadôvery a sebaaprijatia a akú úlohu v ňom máte vy?

		✓ správanie (služby na rozvoj nezávislosti a sebestačnosti, ochoty pomáhať, schopnosti riešiť problémy, riešenia konfliktov a rozhodovania sa) a akú úlohu v ňom máte?
		✓ uševné zdravie a akú úlohu v ňom máte vy?
		✓ zlepšenie akademických výsledkov a akú úlohu v ňom máte vy?
		✓ fyzické zdravie a akú úlohu tu zohrávate?
		✓ ako spolupracujete s ostatnými zamestnancami v rodinnom dome alebo byte pri riešení potrieb detí? Akú máte úlohu?
3.	Vedeli by ste mi povedať, ako hodnotíte psychosociálne potreby detí?	✓ Môžete vysvetliť, čo robíte, keď dieťa prvýkrát príde do pobytového zariadenia?
		✓ Kto je zodpovedný za posúdenie potrieb?
		✓ Ako zabezpečíte, aby malo dieťa zabezpečené všetky potreby?
		✓ Čo robíte, aby ste riešili potrebu spolupatričnosti detí?
	Povedzte mi, prosím, všetky problémy, ktorým ste čelili ako sociálny pracovník v rezidenčnej starostlivosti.	✓ Z hľadiska správania detí
		✓ Zložité prípady
		✓ Pracovný stres - ako ho zvládáte?
		✓ Dostávate nejakú podporu pre osobný a profesionálny rozvoj?
		✓ Ďalšie výzvy

Annex 3: Guideline for the interview with residential care social workers in Latvia and Slovakia (Latvian version)

No.	Galvenais jautājums	Izpētes jautājums
1.	Lūdzu, iepazīstieties ar sevi un pastāstiet par sevi	➤ Jūsu vecums, ģimenes stāvoklis un izglītība
		➤ kur tu strādā?
		➤ Kāds ir jūsu amats un cik ilgi jūs strādājat?
		➤ Cik ģimenes māju/dzīvokļu ir jūsu pārraudzībā?
		➤ Cik bērnu dzīvo vienā ģimenē, piemēram, mājā vai dzīvoklī?
		➤ Cik aprūpes sniedzēju ir norīkoti vienā dzīvoklī vai ģimenes mājā? Vai varat minēt viņu nostāju?
		➤ Kāda ir aprūpes sniedzēju kvalifikācija un pieredze?
2.	Vai varat pastāstīt par pakalpojumiem, kas tiek sniegti aprūpes iestādē esošajiem bērniem?	✓ sociālo prasmju attīstība (pakalpojumi komunikācijas prasmju, sadarbības prasmju, empātijas un cieņas pret dažādību attīstībai) un kāda loma tev ir?
		✓ emocionālo prasmju attīstība (pakalpojumi emociju atpazīšanas, emociju regulēšanas un mehānismu pārvarēšanas attīstīšanai) un kāda loma tev ir?

		✓ pakalpojumi pašcieņas, pašapziņas un sevis pieņemšanas attīstīšanai un kāda loma tev ir?
		✓ uzvedības funkcionēšana (pakalpojumi neatkarības un pašaprūpes prasmju, palīdzības uzvedības, problēmu risināšanas, konfliktu risināšanas un lēmumu pieņemšanas prasmju attīstīšanai) un kāda loma tev ir?
		✓ garīgo veselību, un kāda loma tev ir?
		✓ mācību sasniegumu uzlabošana un kāda loma tev ir?
		✓ fiziskā veselība un kāda loma tev ir?
		✓ kā jūs sadarbojaties ar citiem darbiniekiem ģimenei līdzīgā mājā vai dzīvoklī, lai apmierinātu bērnu vajadzības? un kāda loma tev ir?
3.	Lūdzu izstāsti, kā tu rīkojies, lai apmierinātu bērnu psihosociālās vajadzības?	✓ Vai varat paskaidrot, ko jūs darāt, kad bērns pirmo reizi ierodas dievkalpojumos?
		✓ vai jūs piedalāties vajadzību novērtēšanā? kāda ir tava atbildība?
		✓ Kā nodrošināt, lai bērns saņemtu visus nepieciešamos pakalpojumus?
		✓ Ko jūs darāt, lai apmierinātu bērnu piederības vajadzības?
	Pastāstiet, lūdzu, ar kādām problēmām saskārāties kā	✓ Bērnu uzvedības ziņā
		✓ Sarežģītā gadījuma ziņā

	sociālais darbinieks aprūpes iestādē	✓ Kā jūs izturat ar darbu saistīto stresu?
		✓ Vai jūs saņemat atbalstu personīgajai un profesionālajai izaugsmei?
		✓ Citi izaicinājumi

Annex 4: Informed consent

Dear Sir/ Madam,

You are invited to participate in Erasmus Mundus Joint Master Dissertation research under the Institution named Catholic University in Ruzomberok and Riga Stradinas University in Riga about the role of social workers in the psychosocial development of children in residential care in Latvia and Slovakia. You would be asked some questions related to your experience in providing services for child development in residential care, your role as a social worker, and the challenges you faced while working with children in residential care. The information provided below will present you with a basic understanding of this research study and your role and responsibilities as a participant. Please take the time to carefully review this paper, and do not hesitate to ask if you have any concerns regarding this study. Please sign at the end of the document in accordance with the instructions after confirming your participation.

Research Objectives: The primary objective of this study is to explore the services provided in residential care to enhance the psychosocial well-being of children, the role of social workers, and the challenges faced by social workers while they are working for the psychosocial development of children in residential care in Latvia and Slovakia.

Research Goal: This research is a part of the master's program, and the Erasmus Mundus Scholarship fully funds the master's degree. Therefore, the general purpose of the study is educational, along with the contribution as a future research reference and policy reference. The study's findings may be used for national and international publications and conferences as well as other valuable avenues available.

Research Procedure: Once you decide to participate in this study, you will be expected to participate in an in-depth interview. Interviews will be held at your convenience through video calls (online platforms) or face-to-face (in person). The interview will be recorded with your consent to ensure no information is missed. However, you have the right to request the recording to stop at any time if you feel uncomfortable. The researcher will translate the data from its native language (Latvian and slovakian) to English before transcribing it in its original language and saving it in a password-protected file. You would also receive the transcription to verify its accuracy.

Risks and Benefits to Participation: There is no recognized risk associated with participating in this study, but you have the freedom to refuse to answer any questions that make you uncomfortable or stop taking part immediately. There will be no monetary or material compensation for taking part in the study.

Confidentiality: In this research, the respondents' identities will be anonymous to protect the participants from any harm. At the same time, the respondents and the researcher will use a pseudonym instead of an original name. No one would listen to your response unless you give them permission, and all the information and electronic data would be placed in a secure location.

Voluntary Participation and Withdrawal: Your participation is voluntary, which means you are able to leave the consent and withdraw from the research anytime if you change your mind.

Further Contact and Questions: The project's researcher is Lina Deribe Shiferaw (Email: lishiferaw@stud.mruni.eu). You can reach me at this email if you have further questions about this research. The name of the supervisor of the research is Ilze Trapenciere (Email: ilze.trapenciere@lza.lv). You can also contact her if you have any additional queries regarding this study.

Statement of Consent:

I have read the information on this consent paper correctly, and I believe I understand the study.

So, here, I, Participant's Name _____ / Signature _____ give my consent to be a participant in the study. Date _____.

Researcher's name _____ / Signature _____, Date _____