CARES

Care sector in Lithuania

National Report

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List of abbreviations

CARES	Caregivers Advancing Regulatory Environment and Skills
CLNR	Center for Not-for-profit Law (Centrul pentru Legislatie Nonprofit)
EU	European Union
HETFA	Hétfa Kutatóintézet Korlátolt Felelősségű Társaság
NGO	Non-Governmental organisation
WSI	Welfare Society Institute (Gerovės visuomenės institutas)

Executive Summary

The primary objective of this benchmark report is to identify and provide a concise overview of existing innovative training programs at the national level within the social care sector. Furthermore, this research report aims to identify good practice examples and develop a comprehensive mapping of innovative training programs in the social care field in Lithuania.

Cares Project

CARES - Caregivers Advancing Regulatory Environment and Skills proposes to enhance the well-being of employees working in the care sector by creating a supportive environment that values diversity and inclusion.

The project aims to promote the well-being and mental health of care sector workers, despite the challenges they face, such as shift work, physical fatigue, and job insecurity, especially prevalent in the informal care sector. The project focuses on addressing **two main challenges**:

- Integrating digital tools and sustainable practices to mitigate the impacts of climate change in the workplace.
- Prioritizing the well-being and mental health of care workers.

The specific objectives of the project are:

1. Empowering Caregivers: to empower both formal and informal caregivers by enhancing their skills, knowledge, and competencies.
2. Addressing Workforce Shortages and Burnout: to address the workforce shortages and burnout prevalent in the care sector.
3. Promoting Innovation: to promote innovation within the care sector by providing digital and green skills training as outlined in the European Care Strategy (2022-24).

CARES main results:

- increasing the skills and competencies of caregivers through micro-learning modules and assessments.
- share tips to reduce burnout by implementing strategies to support their well-being.
- integrate digital tools into the care sector to improve efficiency and communication.
- promote sustainable practices by implementing eco-friendly policies and practices in care facilities.

CARES project is divided in 4 work packages:

- WP1: Project Management (Coordinated by CLNR)
- WP2: Developing & Designing the Capacity Building Program & Online Platform (Coordinated by CLNR)
- WP3: Pilot Training, Mentoring, and Self-Learning Program (Coordinated by WSI)

- WP4: Dissemination Activities: From Action to Policy (Coordinated by HÉTFA)

National context

Social care sector in Lithuania

Lithuania's social services (care) sector is a comprehensive system designed to ensure social protection and improve the quality of life for various socially vulnerable groups. This system encompasses the activities of the state, municipalities, and non-governmental organizations, all focused on prevention, support, and social integration. Social care services in Lithuania are provided to various groups, including seniors, people with disabilities, families, childcare and maintenance services, crisis intervention, and support for adults who have experienced violence. The range of social care services varies from providing everyday assistance (self-care services, day centers, independent living homes) to institutions offering more intensive care and medical supervision.

The Law on Social Services (2006; 2025)[1] defines the types of social services provided in the Republic of Lithuania, the organizing of these services, conditions for providing and obtaining them, relations between the providers and recipients of social services, and the funding principles of the social services.

The Catalogue of Social Services[2] defines social services and their content according to distinct types of social services and categories of social service institutions. In the catalogue, the types of social services are identified and described based on their characteristics (definition, purpose, recipients, location of service delivery, duration/frequency of service provision, composition of the service, the services' professionals, and specific features of some services).

Social services are divided into general social services and specialized social services. General social services include:

- information provision;
- counselling;
- mediation and representation;
- meal organization;
- provision of essential clothing and footwear;
- transportation organization;
- sociocultural services;
- organization of personal hygiene and care services; and other general social services.

Special social care services include:

[1] The Law on Social Services (2006; 2025): available at: X-493 Lietuvos Respublikos socialinių paslaugų įstatymas
[2] The Catalogue of Social Services: available at: A1-93 Dėl Socialinių paslaugų katalogo patvirtinimo

- home help;
- development and support of social skills;
- accommodation in independent living homes;
- temporary overnight stays and intensive crisis intervention assistance. Special social care services also include: day social care
- short-term social care and
- long-term social care.

The provision of care services is decentralized in Lithuania. The main organizers of social care services provision are the local municipalities. Municipalities are responsible for ensuring that social services are available to residents in their territories by planning and organizing these services and controlling the quality of general social services and social care. Municipalities assess and analyze the social service needs of the population, and based on these needs, they forecast and determine the scale and types of social services to be provided, as well as evaluate and establish the funding requirements for these services.

Each year, municipalities develop and approve social services plans by the social services planning methodology approved by the Government of the Republic of Lithuania on November 15, 2006, by Resolution No. 1132 "On the Approval of the Social Services Planning Methodology.[3]"

According to 2023 data, more than 17,000 employees work in the social services sector in public institutions in Lithuania, with around 5,000 of them being social workers. Social services institutions have social workers, case managers, care coordinators, psychologists, social inclusion coordinators, individual care workers, and other professionals in the field.

TABLE 1. EMPLOYERS AND VOLUNTEERS IN SOCIAL SERVICES INSTITUTIONS (2020-2023)

	2020	**2021**	**2022**	**2023**
Employers				
State social services institutions	4307	4015	4238	4033
Municipalities social services institutions	11842	11984	12290	12989
NGO's, private and parishes social services institutions	5185	5896	6883	7518
Volunteers				
State social services institutions	51	49	44	34
Municipalities social services institutions	552	511	630	894
NGO's, private and parishes social services institutions	3003	3147	4888	5082

Sources: State data agency: Rodiklių duomenų bazė - Oficialiosios statistikos portalas

[3] Dėl Socialinių paslaugų planavimo metodikos patvirtinimo

Salaries of Social Care Workers in Lithuania

In recent years, the salaries of social workers in Lithuania have been steadily increasing. In 2024, the average net wage of social workers reached €1,294, reflecting a 50% increase since 2021.4

As of January 1, 2025, amendments to the Law on the Remuneration of Employees of Budgetary Institutions have resulted in an increase of 5–12% in the minimum salary coefficients for employees in the social services sector, depending on their qualification level:

- Level A specialists (higher university or non-university education) an increase of €53 per month.
- Level B specialists (higher education or vocational training) - €89 per month.
- Level C qualified workers - by €124 per month.

Additionally, under an order issued by the Minister of Social Security and Labour, the salary coefficient was increased by at least 0.1 of the base amounts (€178.54) for municipal social service institution managers, social workers, social inclusion coordinators, and other specialists. This salary increase affected approximately 2,500 employees.

Despite these increases, the salaries of social workers still lag behind the national average of 2225,1 (as of January 1st, 2025). In 2024, the average wage in the country was higher than that of social workers. Salary levels also depend on job position and qualification category. According to the Regulations on the Remuneration of Social Work Employees, the salary coefficient ranges as follows5:

- Social worker assistant: 7.74 – 16.7
- Junior social worker: 8.1 – 17.0
- Social worker: 8.5 – 17.4

Regional and Institutional Differences. Social worker salaries vary by region, institution type, and experience; according to data from *Manoalga.lt,* salaries for social welfare workers in Lithuania range from €801 to €2,252 net per month.

Social Care Recipients

The demand for social care is constantly increasing in Lithuania. This is determined by a changing population structure and experiencing a significant demographic shift characterized by an aging society—a common trend across many European nations. In recent decades, the government has seen a decline in birth rates alongside notable emigration, a declining population due to migration, and an increasing number of older people, resulting in a decreasing proportion of working-age individuals compared to retirees. Also, improvements

[4] Ministry of Social Security and Labour of the Republic of Lithuania
[5] The Seimas of the Republic of Lithuania

in healthcare and overall living standards have contributed to longer life spans, further accelerating the growth of the elderly population.

According to the prognosis provided by the OECD[6]In Lithuania, the share of the population aged 65 years and over is expected to grow from 20% in 2019 to 32% in 2050, faster than the average for OECD countries (17.6% in 2019 and 26.7% in 2050)[7].

According to the Eurostat[8] the old age dependency ratio has considerably increased in Lithuania during the last decade. The old-age dependency ratio was 28.6 in 2013 (in comparison to the EU-28 was 27%) and in 2021, has already reached 30.7[9](in comparison for the EU-27 was 32.5%). According to Eurostat prognosis for 2014-2049[10], the population will decrease, and the society will continue to age in Lithuania. It is forecasted that in 2050, only approximately 2 million people will live in Lithuania, of which more than 0.5 million (544.5 thousand), or 28.5 percent, will be older people. There are approximately 52 older people per 100 population aged 15-64. Life expectancy at birth in 2022 was 71.5 years for men and 80.3 years for women, respectively.

The population decline has significantly altered Lithuania's demographic structure. Between 2001 and 2021, the absolute number of births decreased from 31,185 to 23,330 (State Data Agency, 2023). In 2022, the median age of the country's population was 44.5 years (European Commission, 2023). During this period, Lithuanian society has aged rapidly; however, this process has affected metropolitan areas, suburbs, cities, and rural regions differently. The 2021 census results indicate significant variations in the demographic aging coefficient across Lithuanian municipalities.

Like in many countries worldwide, the number of elderly individuals in Lithuania is increasing, and their share in the population structure is growing. According to data from the Statistics Department, at the beginning of 2020, there were 555.9 thousand people aged 65 and older in the country, accounting for 19.9% of the total population. According to Eurostat projections, Lithuania's population will continue to decline between 2014 and 2049, and the aging process will persist. It is estimated that by early 2050, 31.5% of Lithuania’s population will be older people.

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[6] OECD (2022), Integrating Services for Older People in Lithuania, OECD Publishing, Paris, https://doi.org/10.1787/c74c44be-en.

[7] OECD (2022), Integrating Services for Older People in Lithuania, OECD Publishing, Paris, https://doi.org/10.1787/c74c44be-en.

[8] Old-age dependency ratio increases across EU regions - Products Eurostat News - Eurostat

[9] https://ec.europa.eu/eurostat/web/products-datasets/-/tps00198

[10] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Projected_population_by_broad_age_group,_EU-27,_1_January_2019-2100_(%25_of_total_population).png

This demographic change and rapid aging of society pose several challenges, becoming one of the country's most pressing challenges in ensuring the health and quality of life of elderly individuals. With a growing proportion of older adults, there is increased pressure on the pension system and social and healthcare services, necessitating more significant financial and structural support to ensure that elderly citizens receive adequate care.

The demand for social services is constantly rising, including the need for long-term care facilities, day centers, and home care services. When individuals cannot lead their whole lives due to poor health or difficulties in social integration, they increasingly require comprehensive (nursing and social) services that improve their well-being and that of their relatives.

Long-term social care service is provided to entirely dependent persons (children with disabilities, adults with disabilities, and older persons). Long-term care services are mainly offered by budgetary agencies or NGOs public agencies, which are directly financed from the municipality or state budgets. Individuals or families who care for their disabled or older relatives at home can apply for help from the municipality of their residence or an institution appointed by the city regarding social services for their relatives and themselves. Different types of services can be provided: information, counselling, mediation and representation, and in other cases: special services, for example, when it is necessary to go with a disabled person to health care or other institutions more safely, or organized transport, or for persons with a lack of income can be assistance with food, clothing, etc. is provided.

Long-term care services were provided to 21.2 thousand persons in their homes in 2021. 20.9 thousand persons received social services at the person homes. Most (81.3%) were elderly of retirement age, 13 % were persons of working age with disabilities, and 5.7 % were. - Children with disabilities. The number of persons of old-age pension age who received services at home increased by 4.6 % compared to 2020. In 2021, 309 persons of old-age pension age and/or with disabilities received aid money and took care of themselves, providing social services at home. Compared to 2020, the number of recipients of this benefit has increased by almost a third.

The number of long-term care facilities (especially small ones, 15-40 places) for the elderly has increased in the last few years. In 2021, their number increased by 3.6%, from 2017 - 14.4 % in 2021 at the end of the year, 37 care institutions for adults with disabilities and 143 care institutions for the elderly were operating in the country, with 5.8 and 6.8 thousand people living in them, respectively (6 and 6.3 thousand persons at the end of 2020). 428 adults with disabilities lived in 34 institutions of a new type - group living homes - or 14.7% more than in 2020. 608 residents lived in independent living homes for the elderly and adults with disabilities (at the end of 2021, there were 34 such institutions in the country).

Since 2019, personal healthcare institutions have been obliged to register people in the Information System for Pre-registration of Patients (ipr.esveikata.lt) for services paid by the

Compulsory Health Insurance Fund[11]. Lithuania also has a range of social services available to support children, individuals facing poverty, persons with disabilities, victims of violence, and those dealing with addictions. These services collectively aim to support vulnerable populations in Lithuania, ensuring access to necessary care, protection, and opportunities for integration into society.

Early childhood care

A comprehensive range of social services is available to support children, particularly those under three. These services encompass financial assistance, healthcare, early childhood education, and protective measures to ensure the well-being and development of young children. *Lithuania's Child Guarantee National Action Plan* emphasizes the importance of early childhood care, aiming to provide accessible and quality services to young children, particularly those under three years old. This plan focuses on reducing child poverty and ensuring that children receive necessary care and support from an early age[12].

Healthcare services for children. Lithuania provides universal healthcare coverage, ensuring all children, including those under three, access necessary medical services. Preventive healthcare measures, regular paediatric check-ups, and vaccinations are part of the national healthcare program to promote early detection and treatment of health issues. The Lithuanian government emphasizes the importance of early childhood education and care (ECEC). Efforts are directed towards providing care services, especially for families with risk factors, to ensure that children receive quality early education and a safe environment for development.

Protective Services. To safeguard children's rights and well-being, Lithuania has established the Children's Rights Ombudsman Institution, which focuses on improving legal protection and defending the interests of children. Additionally, the country has implemented the Barnahus model, a child-friendly, multidisciplinary approach to support child victims or witnesses of violence, ensuring they receive comprehensive care in a safe environment. Furthermore, Lithuania is actively transitioning from institutional care to community and family-based care for children, particularly those under three years old. The legislation now mandates that children under three are placed directly into professional foster care, reflecting the country's commitment to deinstitutionalization and promoting family-based care solutions.

Services for the poor and disabled. Monetary and social assistance for low-income families and individuals are entitled to financial aid, including social benefits and compensations for housing-related costs like heating and water expenses. These forms of support are means-tested to ensure they reach those in need.[13]

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[11] care-and-social-services-for-the-elderly.pdf

[12] https://eurochild.org/resource/lithuanias-child-guarantee-national-action-plan-an-overview/

[13] https://socmin.lrv.lt/en/activities/family-and-children/social-assistance-to-families-and-children/support-to-low-income-families-and-single-persons/

Social care services. A network of organizations provides personal care and assistance in daily living activities for persons with disabilities. As of 2017, 121 organizations offered such services, supporting approximately 3,300 individuals. Additionally, independent living homes accommodate persons with physical or intellectual disabilities, promoting autonomy and community integration.[14]

Social Services for victims of violence. Crisis centres offer shelter and comprehensive support to homeless individuals and victims of violence. Services include social and psychological support, employment counselling, skill-building, and healthcare access to restore independent living and facilitate reintegration into society.[15] **Specialized intervention services.** In cities like Vilnius, specialized services act as meeting points for children, victims of violence, and their families, providing targeted support and intervention.[16]

Services for individuals suffering from addictions. Addiction prevention programs targeting addiction prevention, especially among young people, are implemented to address substance abuse issues. These initiatives aim to educate and prevent the onset of addictions within the community[17]. Social services include assistance for individuals dealing with addictions and offering support mechanisms to help them overcome substance abuse challenges.

Policy framework on care in Lithuania

Social Inclusion Development Program (2021-2030) (*Socialinės sutelkties plėtros programa 2021-2030*). This program aims to improve the well-being of people with disabilities, the elderly, and other socially excluded groups. Social workers are key professionals in this initiative, providing support and services to these groups, helping them integrate into society, and enhancing their quality of life. The program aims to improve the quality and accessibility of social services and enhance the effectiveness of social assistance in family crises.

The Family Policy Strengthening Development Programme 2021–2030 (*šeimos politikos stiprinimo plėtros programa*) (approved in 2020) indicates projects under Measure No. 09-004-02-05-01 "Improving the Quality and Accessibility of Social Services, Enhancing the Effectiveness of Social Assistance in Family Crisis Situations," specifically:

- Activity 11: "Creation, Implementation, Application, Maintenance, and Supervision of Social Service Standards in the Capital Region"
- Activity 12: "Creation, Implementation, Application, Maintenance, and Supervision of Social Service Standards in the Central and Western Lithuania Region"

In response to demographic challenges, the Lithuanian government, in collaboration with local municipalities, is developing comprehensive policy frameworks and investing in social

[14] https://easpd.eu/fileadmin/user_upload/Factsheets/EASPD-Lithuania_fact_sheet.pdf
[15] https://borgenproject.org/homelessness-in-lithuania/
[16] https://esn-eu.org
[17] https://esn-eu.org

infrastructure. Efforts include the implementation of social care service planning methodologies, expanding facilities such as independent living homes, and enhancing home care services and day centres. The social services sector, which employs thousands of professionals, is actively working to build capacity to meet the increasing needs of an aging society.

Addressing the challenges of an aging population in Lithuania will require continuous adaptation and investment. Strengthening community-based care and support networks, leveraging technology to improve service delivery, and ensuring that the elderly enjoy a dignified, healthy, and socially integrated life are key priorities in shaping the future of social services in the country.

The issues of population aging and the measures to tackle these issues were reflected in the strategic policy documents, e.g. Government programs (18th Government Programme (2020), 19th Government Programme (2024)), The National Demography, Migration and Integration Policy Strategy" 2018-2030 (adopted in 2018), Demography, Migration and Integration Policy 2018–2030 Strategy Action Plan 2019-2021, Income Inequality Reduction 2021-2030 Programme, The Family Policy Strengthening Development Programme 2021–2030 etc.

The National Demography, Migration, and Integration Policy Strategy 2018-2030 (nacionalinė demografijos, migrations or integration strategija) provided measures related to the tackling of population aging problems, i.e., improving the quality of life of Lithuania's population, reducing *morbidity, mortality,* and inequality to increase life expectancy.

Training and Professional Development for Social Care Workers in Lithuania

To provide high-quality care services to the population, social care workers in Lithuania must hold a higher education qualification in social work and a degree in social sciences (professional bachelor, bachelor, or master's degree) or an equivalent higher education qualification. Alternatively, by December 31, 2014, they must have acquired social worker qualifications through social work studies or completed specialized training approved by the Minister of Social Security and Labour to prepare for practical social worker activities.

Higher Education and Vocational Training Providers

Social work can be studied at 15 higher education institutions (universities and colleges) across Lithuania. Annually, approximately 200 graduates complete social work studies in these institutions. Recognizing that social work is a profession of change, continuous professional development is essential for social workers to remain effective in their roles.

In addition to higher education, vocational training programs provide professional qualifications for social worker assistants (e.g., social worker assistants/technicians). These

training programs are offered by vocational training schools and include specific requirements:

1) A person must obtain a qualification in social worker assistance, mobile care work, or individual care work through a recognized professional training program.
2) Alternatively, individuals may complete 40 academic hours of introductory training (as required by the Minister of Social Security and Labour) and an additional 160 academic hours within 24 months of beginning work.

Training and Continuous Professional Development Requirements

Social workers must engage in ongoing professional training to enhance their skills, deepen their knowledge, and cultivate professional values. This includes:

1) 204 academic hours per year dedicated to professional development.
2) 16 academic hours per calendar year focused on structured training programs.
3) 8 academic hours per year allocated for professional supervision.
4) Participation in intervisions (peer reflection sessions) at least three times per calendar year to facilitate shared learning and professional growth.

In 2022, Lithuania established the Professional Competence Development Center for Social Service Sector Employees, which is responsible for:

1) Organizing and conducting training sessions for social workers and social care personnel.
2) Providing methodological assistance and developing innovative training methodologies for social service professionals.
3) Supporting the mentoring of new social service sector employees in their professional activities. The Department of Supervision of Social Services under the Ministry of Social Security and Labour (www.sppd.lt) oversees the supervision and evaluation of social service institutions and social care programs.

Training Programmes Addressing Burnout, Well-being, Mental Health, and Essential Skills

To support social workers in coping with work-related challenges, Lithuania has developed various training programmes focusing on burnout prevention, well-being, mental health, digital skills, sustainable skills, and soft skills. Key initiatives include:

Burnout Prevention and Mental Health Training

Several programs specifically target burnout prevention, stress management, and psychological resilience, including:

Burnout Prevention Program (Vilnius City Social Services Center): Focuses on stress management techniques, meditation, and psychological support to help social workers prevent burnout.

Manifestation of Professional Burnout in Social Work and Coping Strategies (Panevėžys Qualification Improvement Center): Provides professional psychological supervision groups, enabling social workers to share experiences and receive guidance.

Burnout Syndrome Prevention in Social Workers' Professional Activities (Social Innovation Studio): Offers interactive training with psychoanalytic approaches, active listening techniques, and group discussions to strengthen emotional resilience.

Managing Emotional Load in Social Work (Kolping College): Introduces Cognitive Behavioral Therapy (CBT) techniques to help social workers manage emotional tension in their professional and personal lives.

Digital Skills Training for Social Care Workers

Training programs integrate digital competencies into social work education to modernize the sector and improve service delivery. Programs such as:

- E-learning modules for social workers to develop digital literacy and case management software skills.
- Training on digital communication tools for remote counselling and online client support.

Sustainable Skills Development

Sustainability-focused training ensures social workers adopt eco-friendly practices and efficient resource management in social care services. These include:

Sustainable Social Work Practices workshops emphasizing green care initiatives and environmentally conscious service models.

Training on sustainable organizational practices in social service institutions.

Soft Skills Training for Effective Social Work

Soft skills are crucial for social workers to communicate, mediate conflicts, and provide compassionate care effectively. Key training areas include:

1) Conflict resolution and decision-making in social work (Klaipėda State College Training and Service Center).
2) Emotional intelligence development (Kolping College) helps social workers manage emotions and build strong professional relationships.
3) Stress management in challenging client interactions, focusing on de-escalation strategies and empathy-based communication techniques.

Strategic Framework for Social Service Training and Development

Lithuania's Action Plan for the Modernization and Development of Social Service Institutions' Infrastructure (approved in 2015) defines the key objectives, expected outcomes, and

implementation strategies for strengthening the social care workforce. This framework aims to ensure continuous learning and upskilling opportunities for social workers. Introduce modern digital tools to improve efficiency in service delivery. Implement mental health and burnout prevention strategies across all social service institutions.

By integrating structured training, digital tools, well-being programs, and sustainability practices, Lithuania is actively enhancing the competencies of social care workers and ensuring that they remain resilient, adaptable, and well-equipped to serve vulnerable populations effectively.

Caregivers Advancing Regulatory Environment and Skills Survey

The Caregivers Advancing Regulatory Environment and Skills survey was conducted between February and March 2025, gathering responses from 149 social care professionals in Lithuania. This survey aims to assess the demographics, work environment, job satisfaction, and key challenges caregivers face in the social care sector. Additionally, it seeks to understand skill development needs and identify areas for improvement in workplace conditions, mental health support, and professional training.

This study provides valuable insights into the daily realities of social care professionals, highlighting both the rewards and difficulties of their roles. By analyzing factors such as workload, emotional well-being, and professional development opportunities, the survey offers a foundation for future improvements in policy and practice.

Table 2 presents the distribution of respondents based on their role in the social care sector. The majority (73.2%) are social workers with a university degree, while smaller groups are social technicians, informal caregivers, or have other roles. The case manager appears the most in the “other” section, with three responses. This indicates it is the most common role in this list. The manager seems twice, showing that managerial roles are relatively common in the social care sector. All other roles appear only once, indicating a wide variety of specialized and leadership positions in the social care sector. Still, they are less common than general case manager and manager roles. For all the original answers, please see Appendix 1.

TABLE 2. THE ROLE IN THE SOCIAL CARE SECTOR, %

	What is your role in the social care sector?	%
1	Informal caregiver	0,7
2	Social worker (university degree)	73,2
3	Social technician (non-university degree)	10,1
4	Other	16,1

Most respondents are female (94.6%), with a small percentage identifying as male or other (more information Table 3).

TABLE 3. RESPONDENTS BY THE GENDER, %

	What is your gender?	%
1	Male	4,7
2	Female	94,6
3	Other	0,7

Table 4 categorizes respondents into different age groups. The most common age group is 36-45 years (32.2%), followed by 46-55 years (28.2%).

TABLE 4. RESPONDENTS BY THE AGE, %

	How old are you?	%
1	18-25	2,0
2	26-35	16,8
3	36-45	32,2
4	46-55	28,2
5	Over 55	20,8

Most (83.2%) of respondents work in the public social care sector, while a small percentage work in private organizations or provide informal care (table 5). In the section "other," social services center appears most frequently (7 mentions), indicating that many respondents work in this type of organization. Budgetary Institutions and Public Institutions follow with multiple mentions, signalling a significant representation from government-funded or public sector entities in the social care field.

TABLE 5. RESPONDENTS BY THE SOCIAL CARE SECTOR, %

	Do you work in …..? // What organization do you work for?	%
1	Public social care sector	83,2
2	Private social care sector (NGOs, companies etc.)	2,0
3	Informal social care services (family, without contract)	0,7
4	Other	14,1

Most respondents (67.8%) have over seven years of experience in social care, while only 6% have worked for less than a year (Table 6).

TABLE 6. LENGTH OF EMPLOYMENT IN THE SOCIAL CARE SECTOR, %

	How many years have you worked in the care sector?	%
1	Less than 1 year	6,0
2	1-3 years	8,7
3	4-7 years	17,4
4	More than 7 years	67,8

Most respondents (75.2%) have a BA or MA in social work or care work, while smaller groups have vocational education or other qualifications (table 7). In the "other" section, the bachelor's degree in social pedagogy appears most frequently (3 mentions), the most common educational background in this set of responses. The master's degree in health psychology and other responses (like social pedagogue and guardian Training) indicate specialized or further education relevant to the social care field but are less frequent.

TABLE 7. THE LEVEL OF EDUCATION, %

	What is your highest level of education related to social care work?	%
1	BA/MA in social work or care work	75,2
2	Other higher education	8,7
3	Vocational education in social care	7,4
4	No specific education in social care	2,7
5	Other	6,0

The majority (79.2%) earn between 1,001-2,000 EUR per month, while a small percentage earn less than 1,000 EUR or more than 2,000 EUR (see table 8).

TABLE 8. RESPONDENTS BY THE MONTHLY INCOME, %

	What is your monthly income level (after taxes/net income)?	%
1	Less 1000 EUR	2,7
2	Between 1001-2000 EUR	79,2
3	Over 2000 EUR	7,4
4	Prefer not to say	10,7

Most respondents (72.5%) are married or in a long-term relationship, with smaller percentages reporting other statuses (Table 9).

TABLE 9. RESPONDENTS BY THE RELATIONSHIP STATUS, %

	What is your current relationship status?	%
1	Married or in a long-term relationship	72,5
2	Single	5,4
3	Divorced/separated	11,4
4	Widow/widower	2,7
	Prefer not to say	8,1

Social care work is emotionally demanding, and the data reveals a mix of job satisfaction and burnout symptoms. Positive aspects of work in the burnout scale: 80.5% like their work, 79.8% feel they are the person they wanted to be at work, 78.6% are happy with their career choice, and 90% feel satisfied when helping others. Signs of emotional distress and burnout could be that 55.1% struggle with separating personal and professional life, 55.1% report losing sleep

over traumatic cases, 53.7% believe they experience secondary traumatic stress, 56.4% feel trapped in their job, 79.1% experience intrusive, frightening thoughts, 73.8% feel like they are personally experiencing the trauma of their clients. While many workers enjoy their profession, a high prevalence of emotional exhaustion and burnout suggests a need for mental health support and improved work-life balance strategies; see Table 10.

TABLE 10. BURNOUT SCALE,%

	When you offer people help, you interact directly with their lives. Your compassion can influence you both positively and negatively.	%		
		Never, rare	Sometimes	Very often, often
1	I am happy at work	8,7	36,2	55,1
2	I am preoccupied with more than one person I help in my professional role	2,6	2,0	95,4
3	I get satisfaction from being able to help people at work	1,9	8,1	90,0
4	I feel connected to others at work	2,7	11,4	85,9
5	I jump or am startled by unexpected sounds at work	73,8	18,8	7,4
6	I feel invigorated after working with those I help in my professional role	3,4	22,8	73,8
7	I find it difficult to separate my personal life from my professional life as a helper	55,0	30,9	14,1
8	I am not as productive at work because I am losing sleep over the traumatic experiences of a person, I help	55,1	34,9	10,0
9	I think that I might have been affected by the traumatic stress of those I help at work	53,7	30,2	16,1
10	I feel trapped by my job as a worker in social care sector	56,4	28,9	14,7
11	Because of my helping, I have felt -on edge- about various things	53,0	36,2	10,8
12	I like my work as a social care worker	5,4	14,1	80,5
13	I feel depressed because of the traumatic experiences of the people I help	48,3	42,3	9,4
14	I feel as though I am experiencing the trauma of someone, I have helped	73,8	20,8	5,4
15	I have beliefs that sustain me in my professional role	8,1	20,1	71,8
16	I am pleased with how I can keep up with helping techniques and protocols	3,3	14,8	81,9
17	I am the person I always wanted to be at work	6,8	13,4	79,8
18	My work makes me feel satisfied	5,3	22,1	72,6
19	I feel worn out because of my work as a helper	20,2	53,7	26,1
20	I have happy thoughts and feelings about those I help and how I could help them	5,4	22,1	72,5
21	I feel overwhelmed because my case workload seems endless	21,4	47,7	30,9
22	I believe I can make a difference through my work	8,0	30,2	61,8
23	I avoid certain activities or situations because they remind me of the frightening experiences of the people, I help	62,4	31,5	6,1
24	I am proud of what I can do to help	4,1	17,4	78,5

25	As a result of my helping, I have intrusive, frightening thoughts	79,1	14,8	6,1
26	I feel -bogged down- by the system	47,0	38,9	14,1
27	I have thought that I am a -success- as a social care worker	5,4	30,2	64,4
28	I can't recall important parts of my work with trauma victims	68,4	26,2	5,4
29	I am a very caring person	2,0	6,0	92,0
30	I am happy that I chose to do this work	4,0	17,4	78,6

Social care workers identified the most and least essential skills for their profession. Most critical skills defined by respondents are commitment to treating clients with dignity & respect (94.3%), problem-solving (92.9%), communication skills (92.8%), teamwork (90.0%), flexibility (90.8%), and empathy (89.3%). The least prioritized skills are green skills (34.3%), sustainable skills (45.0%), and digital skills (68.7%). Workers prioritize interpersonal, problem-solving, and emotional resilience over digital and sustainability-related skills. Training should emphasize these competencies; more information, see Table 11. In the section “other,” the responses highlight various essential skills that social workers need, which can be categorized into two segments. Firstly, the interpersonal skills. Empathy and active listening are fundamental for understanding clients' needs, and the collaboration and shared responsibilities with clients emphasize the need for teamwork and mutual respect. Furthermore, respect, trust, and dignity are core values that drive positive client relationships, as well as professionalism and knowledge. A strong foundation in legal expertise, as well as client and employee rights, is critical. Also, confidentiality, insight, and practical skills are required for handling sensitive information and making informed decisions. The emotional resilience and the ability to manage stress, psychological abuse, and other difficult situations are also highlighted by the respondents.

TABLE 11. THE SOCIAL CARE WORKERS' SKILLS NEEDS, %

	To what extent do the following skills are essential to improve your social care work?	%		
		Not at all, slightly	Moderately	Very much, extremely
1	Interpersonal skills to build rapport with clients or service users	4,4	12,1	83,5
2	Conflict management	4,2	17,1	78,7
3	Emotional resilience	4,3	14,3	81,4
4	Empathy	4,3	6,4	89,3
5	Communication skills	3,6	3,6	92,8
6	Capacity to work under pressure	2,8	17,1	80,1
7	Time management	5,0	13,6	81,4
8	Organisational skills	5,0	12,1	82,9
9	Digital skills	4,2	27,1	68,7
10	Green skills	15,7	50,0	34,3
11	Sustainable skills (skills for complex challenges of environmental, social, and economic sustainability)	15,0	40,0	45,0

12	Good observation	3,4	11,4	85,0
13	Analytical skills	4,3	21,4	74,3
14	Teamwork	1,4	8,6	90,0
15	Problem-solving	3,5	3,6	92,9
16	Flexibility	2,8	6,4	90,8
17	Non-judgement attitude	4,3	7,9	87,8
18	Commitment to treating those in your care with dignity and respect	2,1	3,6	94,3
19	Other (please specify):	46,0	11,5	42,5

The professional well-being challenges section identifies workplace stressors affecting social care workers. Top stressors are too many tasks (58.1%) and unclear tasks (46.4%). Changes in legal frameworks (46.3%), lack of support at work (42.7%), and insufficient payment (39.7%). Less impactful stressors are insufficient supervision services (18.4%), insufficient supervision services (18.4%), and insufficient skills for new challenges (30.9%). Excessive workload and unclear expectations are major contributors to stress. Addressing these concerns through workload management and clear communication can enhance well-being. In section other, respondents indicate many serious issues. Bureaucratic and administrative burdens, meaning that excessive documentation and paperwork are consistently mentioned as significant stressors. This includes unnecessary reports, unclear documentation requirements, and issues with outdated systems (e.g., the SPIS system). Frequent changes in laws and unclear legal frameworks lead to confusion and burnout as social workers struggle to keep up with new regulations and their practical implementation. Very important mentioned is heavy workloads and emotional stress. High expectations from clients' families and the constant pressure of handling complex cases cause stress. Also, lack of time and resources to adequately care for clients, particularly in difficult cases, is also a significant challenge. Physical and emotional well-being is highly expressed. Social workers experience psychological abuse, infectious diseases, and emotional stress from dealing with traumatic situations, including child removals or domestic violence cases. Monotonous, repetitive tasks add to the mental fatigue and emotional drain. Lack of support and recognition is also stressed out. Some workers report miscommunication and poor cooperation between institutions, leading to difficulties in carrying out their duties. High expectations and lack of appreciation from management or the public can lead to dissatisfaction and demotivation (Table 12).

TABLE 12. PROFESSIONAL WELL-BEING CHALLENGES, %

	To what extent do the following professional challenges contribute to your stress or burnout?	%		
		Not at all, slightly	Moderately	Very much, extremely
1	Too many tasks	16,9	25,0	58,1
2	Lack of support at work	27,9	29,4	42,7
3	Communication problems	34,5	26,5	39,0
4	Insufficient skills for new challenges	43,4	25,7	30,9
5	Insufficient payment	36,8	23,5	39,7

6	Insufficient supervision services at work	56,6	25,0	18,4
7	Changes in the legal framework	27,2	26,5	46,3
8	Unclear tasks	32,3	21,3	46,4
9	Other (please specify):	64,9	11,9	23,2

Respondents were asked to answer three open questions: what could improve their well-being and/or job satisfaction in the social care (sector)? also what digital or sustainable practices would they like to see introduced in their workplace, and last, if there are possible essential questions that were not mentioned in the questionnaire and could they share concerns and issues regarding their work, and provide suggestions for improvement. The respondents shared these concerns:

Work-life balance. A 4-day workweek and extended vacation time are repeatedly mentioned as ways to reduce stress and enhance work-life balance. Flexible working hours, remote work options, and ergonomic workspaces are also requested to support well-being.

“Adequacy of workload, clarity of positions, concreteness, flexibility in working hours, possibility to sometimes work from home, attention from supervisors, listening, support, and flexibility.”

“Social workers constantly face various challenges in their work. These include physical and psychological violence, infectious diseases, constant burnout, high physical load. Two days a week is too little to recover mentally. I believe that a four-day workweek and appropriate and dignified compensation for this work would solve this issue.”

More apparent structure and support. More precise work structures, training, and regular supervision are needed to provide guidance and support. Also, consistent cooperation between different institutions and more explicit role definitions will help reduce ambiguity and frustration.

“Reduction of bureaucratic documentation administration. We all have computers, and there are programs that don't function properly. There is no option to transfer documents from one institution to another through these programs; no access to the necessary information for work purposes. Due to data protection, interinstitutional cooperation has become even more difficult. The person waiting for help suffers.”

“Don’t impose other institutions' tasks on us. I don’t know why everyone thinks that because we visit people’s homes, we must handle everything—fire safety, social housing, writing for heating or other compensations.”

“Clarity is needed because laws are often changed. There are about three changes per year. It's exhausting because there's no time to focus on the work. You must constantly refresh your knowledge because the laws and regulations change again. Social workers are constantly blamed when something goes wrong.”

“Often, it’s not our fault—for example, with individual assistance needs assessment questionnaires. If a reassessment is needed, the social worker is immediately blamed, but in reality, something might have been wrong with the medical report (e.g., the doctor didn’t visit the person at home and wrote outdated information). But the social worker is the first one blamed in complaints. It’s frustrating. Also, work deadlines. For example, they give you 20 days to complete a task, but only 10 days are actually available.”

Fair compensation and recognition. Social workers call for higher salaries, bonuses for additional work, and fair compensation that aligns with the complexity and responsibility of the job. Appreciation and respect from supervisors, as well as positive attitudes towards social work, are seen as important to improve morale. Mental health support is also stated to be very much relevant to their job. Offering personal consultations with a psychologist and stress management strategies are proposed to help social workers cope with the emotional toll of the job. Supportive working environments that prioritize psychological well-being are crucial.

“Huge workload, excessive documentation, incorrect family distribution, it should be divided not by families but by the number of individuals because working with one child and six children in a family makes a huge difference. Remote work should be allocated at least one day a week, and vacation time should be extended, as there is often stress at work. There should also be a higher salary, as this job has many risks.”

Digital and sustainable practices in the workplace are also welcome. Many social workers express a need for digital tools to streamline their work processes. Requests for digital file systems, eliminating paperwork, and creating better interinstitutional communication systems are common. Some workers mention frustrations with outdated systems like SPIS and the need for more reliable technology to facilitate work.

“I would like the visit and consultation logs to be available on the phone or tablet. Information about the family could be systematized in tablets.”

“I would like the technology to be updated (computer—important for the screen quality, as most of my work is done at the computer, and its quality is very poor; phone—I still use a button phone, which barely works). Employees would also like rest areas, incentives, and the possibility to cycle to work, with more green spaces in the work environment.”

“We need proper programs for work and inter-institutional cooperation. Paper documents should no longer be used nowadays, but we still do. For example, one support requires filling out 2-3 paper pages for 6000 support recipients.”

Ergonomic and sustainable practices are also mentioned. The introduction of ergonomic furniture, good lighting, and updated computers is desired to improve comfort and efficiency. There are also calls for electric vehicles and more green spaces to foster a sustainable and positive work environment.

Overall Summary

Based on this analysis, the primary concerns and areas for improvement in the social care sector include heavy administrative burden and bureaucratic inefficiency, particularly excessive paperwork and rapidly changing regulations. Also, the high stress levels, emotional burnout, and the lack of recognition and support from supervisors and institutions. Respondents also share the need for better work-life balance through flexible hours, mental health support, and increased vacation days. Respondents address digital transformation to reduce manual work, streamline documentation, and improve cooperation between institutions. Moreover, higher compensation, respect, and a positive organizational culture to motivate social workers and acknowledge their difficult and essential work is highly needed.

Recommendations

1. Enhance mental health support and provide psychological counselling and resilience training to reduce burnout.
2. Clarify job roles; for example, improve task clarity to reduce confusion and stress.
3. Workload management: implement strategies to manage excessive work demands.
4. Skill development: prioritize problem-solving, communication, and emotional resilience training.
5. Improve support systems by strengthening workplace supervision and peer support programs.

Conclusion

While social care workers find their work fulfilling, burnout and challenges remain critical. Addressing these concerns with better mental health support, clear job expectations, and enhanced training would contribute to a healthier, more sustainable workforce.

Best practices

Introduction

Burnout among social workers is a growing concern worldwide, as the emotionally demanding nature of their work exposes them to chronic stress, compassion fatigue, and emotional exhaustion. Social workers often engage with vulnerable populations, including individuals with disabilities, addiction issues, and marginalized communities. Continuous exposure to distressing situations, high workloads, and limited resources contribute to professional burnout. If left unaddressed, burnout can lead to decreased job satisfaction, lower quality of service, and increased turnover rates among social workers.

Various training programs in Lithuania have emerged to mitigate these challenges, offering innovative solutions to help social workers manage stress, build resilience, and maintain their well-being. These best practices focus on multiple strategies, such as stress management

techniques, psychological supervision, flexible work arrangements, and Cognitive Behavioral Therapy (CBT) methods.

Key innovations from these programs include:

1) Holistic Training Approaches: Programs like the Vilnius City Social Services Center Burnout Prevention Program integrate theoretical and practical components, ensuring social workers understand burnout and acquire hands-on skills to manage it.
2) Psychological Supervision and Peer Support: Initiatives like the Manifestation of Professional Burnout in Social Work and Coping Strategies emphasize the role of supervision groups facilitated by experienced psychologists, where social workers can share experiences and receive professional guidance.
3) Interactive and Practical Learning: Programs such as Burnout Syndrome Prevention in Social Workers' Professional Activities incorporate practical exercises, group discussions, and psychoanalytic insights, ensuring participants actively engage in learning.
4) Flexible Work Policies: The Professional Burnout Syndrome in Social Work training highlights the implementation of flexible work schedules in certain institutions, allowing social workers to balance their personal and professional lives more effectively.
5) Evidence-Based Techniques: The Managing Emotional Load in Social Work training introduces Cognitive Behavioral Therapy (CBT) strategies, enabling social workers to develop practical coping mechanisms for emotional regulation.

These best practices demonstrate how targeted interventions can help address the burnout crisis in social work. These initiatives provide a replicable model for enhancing social worker well-being in various regions and professional contexts by integrating psychological support, skill development, and flexible work policies.

Name of the training	**Burnout Prevention Program**
Name of the training provider	Vilnius City Social Services Center
Website	https://www.spcentras.lt/
Country	Lithuania
Region	Vilnius County
Start Date	
Sector of activity concerned	Social workers
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The program includes regular lectures and practical sessions on psychological work and stress management. These training sessions include both theoretical knowledge and practical skills in recognizing early signs of burnout and prevention. Participants learn stress management techniques, practice breathing exercises, and engage in

	meditation to help relax the mind and reduce tension. This program encourages collaborative problem-solving, where social workers discuss real-life work challenges, share experiences, reflect on emotional reactions, and learn about professional boundaries to prevent burnout. Participants also have the opportunity to consult with psychologists. These training sessions are announced on their website. Training sessions are provided on a regular basis.
Course structure - Please describe how it is structured (modules, micro-credential), the number of hours	
Curricula – Please describe the topics of the training	These training sessions include theoretical knowledge and practical skills in recognizing early signs of burnout and prevention.
How this Good Practice could be used/ Transferred (500 words max)	The Burnout Prevention Program at Vilnius City Social Services Center could be effectively transferred to other regions and countries focusing on social worker well-being. The key elements of this program—lectures, stress management techniques, and psychological support—can be integrated into similar initiatives worldwide. The program's structured approach, combining theory and practice, could be adapted to suit the specific needs of social workers in different cultural contexts. Online modules can be developed to allow remote access, making training more accessible. Furthermore, collaboration with local mental health professionals could enhance the program's impact, ensuring that social workers receive tailored support and training in managing stress and preventing burnout.

Name of the training	**Manifestation of Professional Burnout in Social Work and Coping Strategies**
Name of the training provider	Panevėžys Qualification Improvement Center (PKTC)
Website	https://pktc.lt/mokymo-programos/socialiniu-darbuotoju-ir-kitu-specialistu-mokymai/profesinio-perdegimo-socialiniame-darbe-raiska-ir-iveikos-strategija
Country	Lithuania
Region	Panevėžys County
Start Date	2023-06-01
Sector of activity concerned	Social workers

Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The program offers training on 'Professional Burnout in Social Work: Expression and Coping Strategies'. The goal is to provide knowledge about professional burnout, its causes, symptoms, and coping strategies. In these trainings, social workers can participate in supervision groups, where they openly share their work-related experiences and challenges. Experienced psychologists facilitate these groups, who help analyze emotional difficulties and provide practical recommendations for stress management and burnout prevention. Supervisions are held periodically, offering social workers the psychological support they need.
Course structure - Please describe how it is structured (modules, micro-credential), the number of hours	Eight academic hours and four main themes discussed: Definition of professional burnout. Manifestations and symptoms of professional burnout. The importance of personal boundaries. Strategies for overcoming professional burnout.
Curricula – please describe the topics of the training	Definition of professional burnout. Manifestations and symptoms of professional burnout. The importance of personal boundaries. Strategies for overcoming professional burnout.
How this Good Practice could be used/ transferred (500 words max)	This program provides a comprehensive training module that can be easily adapted to various settings. The supervision groups, facilitated by experienced psychologists, offer an opportunity for social workers to share challenges and receive guidance. To transfer this practice, institutions in other countries can introduce similar peer support and supervision groups. These groups can be implemented in in-person and virtual formats, ensuring accessibility for professionals in remote or underserved areas. Additionally, integrating this program into university curricula for social work students could prepare future professionals with coping strategies from the outset of their careers.

Name of the training	**Burnout Syndrome Prevention in Social Workers' Professional Activities**
Name of the training provider	Social Innovation Studio
Website	https://www.sistudija.lt/mokymu-programos/degti-neperdegant/
Country	Lithuania
Region	
Start Date	2013
Sector of activity concerned	Social workers

Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	This program is designed for social workers providing general and specialized services, helping to recognize burnout symptoms and apply preventive measures. What is "Burnout Syndrome Prevention in Social Workers' Professional Activities" and why is it Important? Social work is closely related to psychology. Continuous interaction with vulnerable groups (people with disabilities, individuals with addictions, and socially marginalized persons) requires strong psychological preparedness, self-awareness, and resilience. Unfortunately, these essential components are often lacking. This program aims to familiarize social workers with the risks associated with their challenging profession and help them learn how to care for themselves while caring for others. This interactive approach ensures that social workers gain theoretical knowledge and hands-on skills to effectively manage emotional stress and prevent burnout in their professional activities. These training sessions are announced on their website. Sessions are paid for and happen frequently.
Course structure - Please describe how it is structured (modules, micro-credential), the number of hours	16 academic hours (8 hours of theory, 8 hours of practice)
Curricula – please describe the topics of the training	The course content: 1) Signs, causes, and consequences of burnout syndrome. 2) Key personality types based on psychoanalytic theory. 3) Characteristics and negative aspects of depressive personality traits. 4) The principles of active listening and its benefits in social work. Training Methodology: The program consists of theoretical and practical components. The training is structured around practical tasks that gradually uncover the learning objectives and key topics. Many tasks are addressed through discussions conducted in two formats: 1) Dialogues between participants and 2) Group discussions involving all seminar attendees.
How this Good Practice could be used/ transferred (500 words max)	This program's emphasis on recognizing burnout symptoms and providing preventive strategies makes it a strong candidate for transferability. The interactive nature of the training, which includes practical tasks and group discussions, can be implemented in various professional fields beyond social work, such as healthcare and education. This program can reach a broader audience by incorporating online discussion forums and e-learning modules. Moreover, partnerships with local governments and NGOs could help fund and promote similar programs, ensuring widespread adoption and sustainability.

Name of the training	**Professional Burnout Syndrome in Social Work**
Name of the training provider	Klaipėda State College Training and Service Center
Website	https://kvkmokymai.lt/socialiniu-paslaugu-teikejams/
Country	Lithuania
Region	Klaipėda County
Start Date	
Sector of activity concerned	Social workers
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	This program focuses on identifying the causes and factors of burnout syndrome and developing stress management skills to reduce burnout risk. Certain social institutions in Klaipėda, such as the Klaipėda Social Services Center, are implementing flexible work schedules for social workers to reduce work-related stress. This initiative allows employees to balance their work and personal lives, ensuring they do not experience emotional exhaustion. Workers also have the opportunity to choose their working hours based on their personal circumstances.
Course structure - Please describe how it is structured (modules, micro-credential), the number of hours	8 academic hours
Curricula – Please describe the topics of the training	Case Management, Teamwork, and Communication Skills Development in Social Work In today's society, one of the key features of a modern organization is teamwork. Social work is no exception. Teams are formed to achieve various goals, but their primary significance lies in evidence showing that teams achieve better results than individual employees. Professional Burnout Syndrome in Social Work For social service providers, it is crucial to properly assess stress-inducing situations and identify their strengths and weaknesses when working with various at-risk groups. The training program "Professional Burnout Syndrome in Social Work" helps address this by revealing the causes and factors of burnout, developing stress management skills that reduce the risk of professional burnout in social work. Coping Strategies for the Grieving Process in Supporting Bereaved Individuals In the face of loss, one side's process ends forever, while the other is left with emptiness, often described as grief. The training aims to ease the grieving process for those

	experiencing loss by individually assessing the situation of emptiness. The program covers various types of loss, including the death of a loved one, divorce, child removal from a family, separation from a close person, and the emigration of a loved one. Social Work in Palliative Care Understanding how to work with terminally ill individuals is essential for organizations and professionals providing social and healthcare services. Supporting a suffering individual requires specific knowledge and skills that need continuous improvement. Lecturers and practitioners from Klaipėda State College provide guidance on ensuring the best quality of life for individuals facing an incurable illness and their families. Stress Management in Challenging Client Interactions Social work is an emotionally demanding profession. Social workers regularly interact with a diverse range of people—calm, irritated, or even angry. This makes it crucial for professionals providing social assistance to improve their communication skills constantly. This is addressed in the training "Stress Management in Challenging Client Interactions". Conflict Resolution and Decision-Making in Social Work Conflict situations are an inevitable part of community life, affecting people of different ages, financial conditions, and social statuses. This training provides knowledge on the causes, signs, recognition methods, and management strategies for conflicts. Emotional Intelligence in Social Work By delving into the social context of a client's situation, social workers often navigate the unconscious dynamics of relationships. Therefore, continuous social and emotional education for professionals is essential. This process helps develop the knowledge, attitudes, and skills necessary to recognize and manage emotions effectively.
How this Good Practice could be used/ transferred (500 words max)	One of the unique aspects of this program is its holistic approach to burnout prevention, which includes flexible work schedules for social workers. This practice could be transferred to other regions where work-related stress is a major issue. Employers could introduce policies that allow social workers to tailor their work schedules according to their personal needs, reducing emotional exhaustion. Additionally,

	modules focusing on stress management, teamwork, conflict resolution, and emotional intelligence could be integrated into professional development programs in various social service settings.

Name of the training	**Managing Emotional Load in Social Work**
Name of the training provider	Kolping College
Website	https://www.kolpingokolegija.lt/artimiausi-mokymai/
Country	Lithuania
Region	
Start Date	
Sector of activity concerned	Social workers
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	Kolping College organizes sessions for social service providers, including burnout prevention topics. With constant fatigue, stress, and critical situations, over time, the body becomes less resilient, and such an employee is at risk of burnout syndrome sooner or later. Social workers experience significant emotional strain in their daily work, making the ability to manage negative emotions essential for every worker. During the seminar, social workers will be introduced to Cognitive Behavioral Therapy (CBT), a globally recognized approach, and will learn to apply therapeutic techniques that help manage emotional tension both at work and in daily life.
Course structure - Please describe how it is structured (modules, micro-credential), the number of hours	8 academic hours. Participants of the seminar will receive certificates of professional development.
Curricula – Please describe the topics of the training	During the seminar, social workers will become familiar with globally recognized cognitive-behavioral therapy and learn to apply therapeutic techniques that help manage emotional tension both at work and in everyday life.
How this Good Practice could be used/ Transferred (500 words max)	This program introduces Cognitive Behavioral Therapy (CBT) techniques to help social workers manage emotional stress. Given the global recognition of CBT, this approach can be easily transferred and adapted to different professional settings. Institutions can develop online courses and certification programs for professionals in high-stress jobs, equipping them with the necessary skills to handle emotional challenges. Additionally, workplace mental health initiatives can incorporate elements from this program, fostering a culture of well-being and resilience among employees.

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Appendix 1 Open questions

Skills needs (other):

Absence of Personal Bias
Shared Responsibilities with Clients
Collaboration
Friendliness, Support, Consideration for Each Individual and Their Needs
Ability to Build Interinstitutional Relationships and Share Experiences
Ability to Make Independent Decisions or Propose Problem-Solving Solutions
Listening and Hearing (What Is Actually Said, Not What I Want to Hear)
Horizontal Knowledge
Active Listening
Insight
Knowledge of Client and Employee Rights and Boundaries
Confidentiality
Creativity
Dignity
Respect
Responsibility
Trust
Practical skills
Establishing Connections
Honesty, Punctuality
Understanding
Empathy with the Client
Legal Knowledge
Personal Emotional Resilience, Positive Childhood Experiences, Emotional Security from Family in Childhood
Everything Listed
All Listed Competencies Cover a Wide Spectrum, I Have Nothing More to Add
Human Rights-Based Social Care

Professional well-being challenges. Other:

Unnecessary Reports
Bureaucratic Issues
Too Many Tasks
Frequently Changing Laws, Long Wait Times for Services, Other Institutions' Reluctance to "Confront" Issues to Help Individuals (e.g., Evicting a Person from an Unsuitable Social Care Home), Assignment of Tasks Beyond Our Competence (e.g., Fire Safety Briefings, Checking Whether Social Housing Tenants Have Paid Rent, Ensuring Smoke Detectors Are Installed at Home). These Tasks Cause Significant Stress and Tension.
Heavy Workloads, No Consideration for Handling Extremely Difficult Cases.
Unclear Documentation Requirements

High Expectations from Relatives of Those in Care (Expecting Miracles and Pressuring Us to Perform Them).
Unexpected Circumstances (Illness, Personal Problems)
Clients' Infectious Diseases, Psychological Abuse.
Lack of Time
Monotonous, Repetitive Tasks.
Unpredictability
Miscommunication
Unexpected Situations at Work
I Don't Know
I Don't Know
Tasks Not Related to the Job Position but Still Required to Be Done.
Excessive Changes in Legislation
Excessive Workload
Excessive Documentation Requirements, Infectious Diseases, Psychological and Physical Abuse
Excessive Documentation Requirements.
Excessive Paperwork
Psychological Abuse
Attitude of Social Partners
Founder's Negative Attitude Towards the Social Sector.
Interinstitutional Miscommunication, Unclear Distribution of Responsibilities Between Institutions. For Example, Social Workers Are Asked to Perform Police Duties, While Officers Claim They Cannot Take Action.
Devaluation of Social Work by Government Officials

In your opinion, what could improve your well-being and/or job satisfaction in the social care (sector)?

4-day workweek
Positive attitude from management towards social work, appropriate provision of work tools (transportation, communication, protective equipment)
Clearer structure of what to do and where to turn in problematic situations. Currently, when reaching out to other institutions, cooperation is often not received.
Clarity and consistency in laws, more regulated laws (e.g., how many service users one social worker can serve in the care sector, etc.)
I feel good at work. I believe that the optimal number of tasks, clear assignments, and fair compensation always improve my well-being; a great team.
Personal consultations with a psychologist.
Salary increase
Salary increase
Balance in workload distribution
Reduction of bureaucratic documentation administration. We all have computers, and there are programs that don't function properly. There is no option to transfer documents from one institution to another through these programs; no access to the necessary information for

work purposes. Due to data protection, interinstitutional cooperation has become even more difficult. The person waiting for help suffers.
Adequacy of workload, clarity of positions, concreteness, flexibility in working hours, possibility to sometimes work from home, attention from supervisors, listening, support, and flexibility
Workload regulation
Work conditions
Improvement of work conditions (no rest area, no air conditioning, etc.)
A workplace that meets ergonomic and safety requirements
Appeal of the employee's workplace (comfortable, modern, and attractive office, so that one can start the workday with satisfaction and not feel embarrassed to invite service users)
More supervision, peer interventions, and practical training
Dialogue with supervisors
Higher salary
Higher salary, more vacation days and rest days (hours), remote work. More consistent cooperation between different institutions. Non-judgmental public perception.
More attention to the institution from direct supervisors, introduction to future perspectives, sharing thoughts.
Ergonomic working environment, the opportunity to properly rest (vacation), when you are replaced by someone else, and the work is done, not accumulating.
I am satisfied with my work.
Ability to anticipate at least one step ahead. Good strategizing.
Good salary and a good work environment.
Better working conditions
DON'T NEED IMPROVEMENTS, I FEEL GOOD ENOUGH
Closer interinstitutional cooperation
Pre-training before changes
Talking things out
Appreciation, higher compensation

I feel good. I admire my job and meaningful activity. Overall, public education on an aging society, the need for social care services, and the importance of the work would help. Reducing the workload for employees (especially individual care workers) would also allow for a better quality of service.
As someone working in this field, I understand that I must find ways to reduce tension and stress on my own and apply all methods.
A four-day workweek, extended vacations.
Every job requires dedication, understanding. In social work, empathy, humanity, the ability to listen, and hear what "higher-ups" in ministries and other institutions are concerned with. What do ordinary workers face daily, who deal with challenges, imposed foolish directives, and decisions? Often, those who come to lead have no understanding of the field.
Team trips
Teamwork
Teamwork with healthcare institutions
Everything satisfies me there
Everything in my work satisfies me

My well-being at work is good, I have accumulated a great deal of knowledge.
Smaller workloads!
Smaller workload
Smaller workload, more involvement of supervisors in work/function-related issues.
Smaller workload, better communication with other institutions
Smaller workload, supervisor support, encouragement
Smaller workload
Less frequent changes in laws (clarity in them, leaving no room for interpretation)
Motivation, salary, incentives, supervisor understanding, real decisions, not just "on paper," being made from above
Don’t impose other institutions' tasks on us. I don’t know why everyone thinks that because we visit people’s homes, we need to handle everything—fire safety, social housing, writing for heating or other compensations. Clarity is needed because laws are often changed. There are about 3 changes per year. It's exhausting because there's no time to focus on the work. You constantly need to refresh your knowledge because the laws and regulations change again. Social workers are constantly blamed when something goes wrong. Often, it’s not our fault—for example, with individual assistance needs assessment questionnaires. If a reassessment is needed, the social worker is immediately blamed, but in reality, something might have been wrong with the medical report (e.g., the doctor didn’t visit the person at home and wrote outdated information). But the social worker is the first one blamed in complaints. It’s frustrating. Also, work deadlines. For example, they give you 20 days to complete a task, but only 10 days are actually available.
Do not impose responsibilities of other specialists and clients onto social workers
I don’t know
I have nothing to add
I don’t know
I wouldn’t change anything, I feel good.
Appreciation
Respect
Additional free days for health
Support, consultative assistance in solving emerging problems. Venting, talking it out, support, emotional release
Sharing good practices with foreign partners
Trust in me
Service users' behavior, motivation
Consistency. Constant changes that are often only theoretically useful and difficult to implement in practice affect emotionally.
Rest room
Positivity
Positive communication
Practical training in filling out documents
Bonuses for additional work, covering for colleagues
I feel great in my job
Systematic approach
Currently, my job satisfies me.
Encouragement
Reduce paperwork or allow remote work

Understanding that working with people has a different 100% result
Interinstitutional cooperation
Positive relationship with the supervisor, equal requirements for employees, appreciation
Stability of the legal framework, rather than constant changes.
Empathetic behavior of direct supervisors towards employees.
Clear assignment of duties for the position
Proper attitude and compensation
Shorter workday, e.g., 6 hours/day
Shorter workweek
Supervisor understanding

What digital or sustainable practices would you like to see introduced in your workplace?

Updated computers, ergonomic furniture
In my current activity, what is implemented is sufficient.
More work-from-home opportunities
NO NEED TO IMPLEMENT, EVERYTHING IS ALREADY IN PLACE
Electric car
Good lighting, ergonomic desks, chairs, the ability to take active breaks away from the computer
Software tools that are quickly and easily learned
Implementing various applications that simplify work functions, offering more opportunities, adapting information technologies for document management
Interactive whiteboard
Various tools that help complete tasks faster and more accurately
None
I wouldn't want anything.
We connect to various systems, so it would be great to have a unified login through the Government Gate, so there wouldn't be a need for multiple passwords.
Consultation and visit logs on the phone
I think we have everything we need right now.
Reduce paper usage since we are currently doing double work—documents are sent digitally, but paper copies are also made.
Meditation practice
Learning platforms, artificial intelligence solutions—help in creating individual social care plans.
New tablet
New desks, chairs, monitors
Haven't thought about that
I don't think there's anything missing. Primarily, it's important to fix the existing systems to make sure they work properly and smoothly, because often they get stuck, updates don't work, information is not visible, or data shared with other institutions is lost somewhere... It's important to properly fix what we already have.
No
I don't have an opinion
I don't have an answer

I have no ideas
I have no opinion
I have no suggestions
I don’t have any suggestions; I haven’t encountered this much.
I don’t know
I don’t know
Nothing
Nothing needed
Nothing is missing
I would like the visit and consultation logs to be available on the phone or tablet. Information about the family could be systematized in tables.
I would like the technology to be updated (computer—important for the screen quality, as most of my work is done at the computer, and its quality is very poor; phone—I still use a button phone, which barely works). Employees would also like rest areas, incentives, and the possibility to cycle to work, with more green spaces in the work environment.
Relaxation room
Sufficient
Signature on tablet
Rest room.
Rest room, “help a friend” service, exchange of difficult cases.
ELIMINATION OF PAPER DOCUMENTS
Protocoling.
We need proper programs for work and inter-institutional cooperation. Paper documents should no longer be used nowadays, but we still do. For example, one support requires filling out 2-3 paper pages for 6000 support recipients.
Fair distribution of workload and payment
New digital practices are currently being implemented.
We are implementing digital tools
Digital, non-paper, client files.
Digital documents
Digital filing of client files.
Digitalization will not help; we need to reduce the volume and number of documents, focusing more on the individual. The SPIS program is a complete misunderstanding, it just hinders work and in no way helps. It works when it wants, doesn’t work when it doesn’t, freezes, doesn’t load, disappears. A real “sad little thing.”
I want to throw out the SPIS system. It freezes, doesn’t work, etc.
Appropriate and necessary work tools
What we have is enough.
Everything is fine.
Everything is implemented
Everything is enough
Everything is sufficient
Labeling all individuals working with clients in the common system.

<u>It is possible that important questions were not mentioned in the questionnaire. Please share your concerns and issues regarding your work, and provide suggestions for improvement.</u>

Clarity in laws, constant changes in legal acts hinder work.
Changing laws leave a lot of room for interpretation. When consulting with other institutions, it is very obvious that most of us understand things differently. When trying to consult with lawmakers, we often receive different answers to the same question. They also answer theoretically on how it should be, but when asked how it should be applied in practice, they cannot explain it.
The procedure for filling out client files should be simplified, so we could spend more time with the client.
Improvement of working conditions
The system for employee compensation does not match the workload and the complexity of the work.
Too many documents that are excessive
Many inappropriate legal acts. Employees get confused, it's hard to follow the changes. Legal acts in Lithuania are created based on practices from other countries, sometimes completely unsuitable for our country or not adapted. It would be helpful to ask social workers in practice how to better implement them. Social workers do a lot of formal work "just for the sake of doing work." We fill out statistical reports that do not show the real situation in the country (if you don't ask, you don't get the answer; or if you ask correctly, you get the correct answer). We have programs that don't calculate the required statistics. Changing something in the programs or adapting them takes a very long time: a proposal must be submitted to the ministry, the ministry carries out public procurement; calculates costs; places an order. In reality, it took a year to program one function in the program. And many other abnormal and inappropriate things…
More attention to funding
Huge workload, excessive documentation, incorrect family distribution, it should be divided not by families but by the number of individuals, because working with one child in a family and with six children in a family makes a huge difference. Remote work should be allocated at least one day a week, and vacation time should be extended, as there is often stress at work. There should also be a higher salary, as there are many risks in this job.
It is difficult to work because society does not fully understand the significance of social work, the functions of social workers, and the low prestige of the profession.
I work with families who have minor children, and it is difficult when I have to observe the removal of a child from the family. That is the hardest part.
I am satisfied.
Interesting questionnaire.
The questions were very clear.
I think the main issues were mentioned.
I believe it was sufficiently mentioned, I have nothing to add.
Medical institution employees have greater responsibility for individuals with mental illnesses.
I believe the requirements for individual care workers are too low.
I don't want to
None
There is none
I don't have
I don't have

I don’t have an answer
I have no ideas
I have no comments. We will wait for the results of the study.
I don’t have problems
Many relevant issues were mentioned, but unfortunately, most of them will not change, as you would like. Decisions are made by the "heads" who don’t care whether the service recipient is easily accessible or whether they have to travel to see a doctor in another district, especially now that transportation services are available. And what can I say about wages? You are responsible for a person 24/7, but your salary barely exceeds a thousand. People are aging, social services are needed, so maybe we should open our eyes once and for all, that employees are not slaves, not servants who came to wash floors or bake cookies at everyone’s whim, etc. To work from the heart, sometimes you need motivation, and that can be a salary, not a paper one, but one that the employee actually receives in hand.
I don’t have any suggestions
I have no comments
Early retirement due to the job specifics, psychological stress in the work while interacting with clients, reduction of workload.
Lack of a psychologist for social workers at the institution itself.
There is a need for regulation of workloads in all areas of social work.
Training should be provided before introducing new social service innovations.
A vehicle and another position are needed.
At the moment, there are none.
Currently, there are no problems.
Social workers constantly face various challenges in their work. These include physical and psychological violence, infectious diseases, constant burnout, high physical load. Two days a week is too little to recover mentally. I believe that this issue would be solved by a four-day workweek and appropriate and dignified compensation for this work.
The SPIS system is a work hindrance.
Stress management in social work
Everything is perfect :)
Unified practices are necessary in every municipality, as the changes in these aspects make it difficult to meet all clients' needs properly.
We solve all problems within the team.
All methods are effective: meditation, letter writing, etc.
Everything was mentioned, I answered.
Everything was mentioned in detail.
Everything is great.

Center for Not-for-profit Law

PRIMĂRIA SECTORULUI 6
DIRECȚIA GENERALĂ DE ASISTENȚĂ SOCIALĂ ȘI PROTECȚIA COPILULUI

Cooperativa Sociale labor ONLUS

HÉTFA RESEARCH INSTITUTE

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