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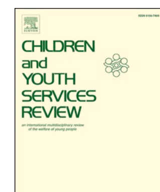

Context quality and social-emotional competencies for children and youth in residential care – A scoping review

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ABSTRACT

Context quality is a major factor in the development of social-emotional competencies in children and youth in residential care. However, the literature shows many problems around the environmental conditions for an adjusted and effective intervention by professionals. Moreover, the literature does not present an easy assessment tool to help professionals diagnose and enhance the ecological variables that influence the development of the needed skills. As such, we performed a scoping review to identify those main variables in the eco-system of residential care. We found that professionals' qualifications, intervention characteristics, social climate, external support and activities, and professional burden are essential to creating the right conditions for professionals' success in residential care. This study might lead to practical research among professionals to create a new tool to measure and help the professionals with their crucial work with children and youth in residential care.

1. Introduction

Studies indicate that children and young people (CY) in residential care (RC) are at higher risk of experiencing emotional and behavioral problems (e.g., Clark, 2021; Lee & McMillen, 2008; Leipoldt et al., 2022a; van IJzendoorn et al., 2015). In this context, there is a growing concern about the need to ensure an environment that fosters the holistic development of these CY. Promoting social and emotional competencies (SEC) has consistently been reported as a protective factor against disruptive developmental trajectories and is associated with positive outcomes in academics, empowerment, autonomy, and social inclusion (e.g., Carvalho et al., 2023; Woods, 2020). This raises the question of whether the services provided in RC settings are aligned with such developmental goals and whether their quality effectively supports these outcomes.

In this context, Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979) offers a comprehensive framework for understanding the development of CY in RC and serves as the foundation for this review. This theory posits that human development results from ongoing interactions between individuals and multiple layers of their environment, ranging from immediate, direct relationships to broader, more distal social structures. Unlike approaches that study development in isolation or controlled settings, Bronfenbrenner emphasizes the importance of real-life contexts and their meaningful relationships (Hayes et al., 2017; Tudge & Rosa, 2013). This is particularly relevant in RC, where young people's life trajectories are often marked by contextual changes — relocations, new attachment figures, and varying educational and social environments — that shape their developmental pathways. Among the ecological model's levels (microsystem, mesosystem, exosystem, and macrosystem; Bronfenbrenner, 1979), the microsystem – encompassing contexts of direct and frequent interaction, such as relationships with caregivers, staff, and peers – is especially important. Within this level, emotional bonds are formed, emotions are regulated, and trust, belonging, and autonomy are developed. The quality and stability of these interactions can thus function as protective or risk factors for developing relational and emotional competencies. The mesosystem refers to the interconnections between different microsystems. In residential care, this translates, for example, to the coordination between the institution and families, or between the institution and other external entities (e.g., health, education). When these connections operate smoothly and coherently, they reinforce young people's sense of continuity and emotional security; when fragmented, they tend to increase feelings of vulnerability and instability. Therefore, this review focused primarily on these two closest ecological levels, representing the contexts where CY in RC experience frequent and potentially meaningful interactions. Analyzing the quality of these

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interactions, relationships, and institutional linkages is essential to understanding how care environments may promote or hinder the development of critical competencies for young people's adaptation and well-being, shifting the focus from the child as an isolated unit to an analysis of the quality of the surrounding environment (e.g., Palareti & Berti, 2009).

To operationalize social and emotional competencies, this review adopts the framework developed by the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2013), which is widely recognized as a leading reference in social-emotional development (Ross & Tolan, 2018). This model identifies five key domains essential for the holistic development of young people: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Using this framework, the review seeks to explicitly or implicitly identify how contextual factors influence the development of these competencies within residential care settings.

Understanding these ecological contexts and the key domains of social and emotional development highlights the importance of implementing well-designed, evidence-based interventions within residential care settings. However, translating theory into practice requires addressing significant challenges related to planning, staff training, and institutional organization. Daly et al. (2018) argued that well-designed programmed activities should be evidence-based and implemented by trained and supervised staff to produce measured positive results with youth and families. A residential care setting must have strategic planning and organization that put its mission, vision, values, and intervention supports into practice (Del Valle & Fuertes, 2000). However, the conditions of the institutions have been negatively evaluated by the youth due to common problems of planning and organization, such as a lack of staff, overcrowding, a rigid schedule, and insufficient space for autonomy and personal freedom (e.g., Batista, 2013). Marshall et al. (2020) listed the problems around effective and efficient RC measures, namely child abuse allegations with lifelong negative impacts on youth's self-confidence and self-esteem, the absence of an agreement regarding the objectives of RC, debates about the qualifications required by staff, a concern that mixing CY with different types of needs may add to their distress and trauma rather than to nurture a positive sense of self, the costs of RC, and the lack of research identifying the interventions that secure positive identity formation for CY. Additionally, RC for CY has been associated with a negative social image among the population (Calheiros et al., 2015). These authors asserted that CY are seen as sad, rebellious, deprived, and lonely, while RC institutions are described as cozy, secure, affectionate, and comfortable. Despite those challenges, several authors argued that RC staff can help CY acquire a positive sense of identity based on self-confidence, self-esteem, and self-respect (e.g., Brown et al., 2018; Henderson, 2023a, 2023b; James et al., 2017).

There are some international tools for quality certification in the social area, like the European certification – Quality Assurance in Social Services that certifies social services under 10 quality principles: leadership, collaborators, rights, ethics, partners, participation, person-centered approach, scope, results-oriented, and continuous improvement (EQUASS, 2018); or the NP_EN_ISO_9001:2008 standard – Quality Management Systems – Requirements and the Excellence Model of the European Foundation for Quality Management. However, the EQUASS system is complex, particularly regarding documentation, whereas the ISO 9001:2008 system is a generic framework that can be adapted to any field of activity (Lucas et al., 2013). These models may contribute to adding value to organizations. Still, their similar approach to management systems does not consider directly what is important for developing social-emotional competencies in CY in RC. Thus, it is necessary to use more accessible and focused assessment tools for the contextual variables that may affect the development of children's social-emotional skills in residential care. The activities that promote the development of social-emotional and psychological well-being are still under-researched, as this type of care is not considered a positive choice for the youth, namely because of allegations of historical abuse experienced by the CY in care (Marshall et al., 2020). Moreover, there is still limited evidence for how residential children and youth care achieves treatment goals (Leipoldt et al., 2019). For example, Farmer et al. (2017) found that restraint and seclusion were inversely related to good outcomes. On the other hand, lower rates of restraint and seclusion are associated with good communication and openness among caregivers, who use alternative interventions when they have the time and training needed to meet the needs of individual children (Roy et al., 2020). Thus, it is essential to assess the number of incidents, such as restraint, runaway, physical aggression, or similar events, as part of the quality evaluation of residential care settings, because they are indicative of training, supervision, or implementation difficulties.

Residential care has also been questioned regarding its effectiveness in ensuring the rights of CY in family and community contexts. It is considered an inferior type of care, a last resort that could cause psychological damage to CY (Henderson, 2023a). This idea is reinforced by the existence and public disclosure of abuse situations, placement breakdowns, poor outcome measures, and alleged bad cost-effectiveness (Woods, 2020). Somehow, many authors (e.g., Clark, 2021; van IJzendoorn et al., 2015) confirm that care institutions lack a good quality of life in terms of intimate social relationships and cognitive stimulation, leading to negative effects on the physical, cognitive, neurobiological, and social development of CY, as well as the existence of stigmatization and even violence on part of caregivers towards CY. Henderson (2023a, 2023b) challenged this negative assumption concerning RC through a careful and critical analysis of the available empirical research. Families are not always ideal, and RC is not always bad; one should research both environments further. When the interventions with CY are well-designed and executed, positive results happen during the care period. They are defended by former homecare individuals, namely those who had experienced multiple failed family placements (Henderson, 2023b). The quality of care is related to providing resources and stability to meet CY needs and a challenging and supportive social climate fostering intellectual development, curiosity, resilience, and autonomy (Henderson, 2023c). As such, an ecological perspective on high-quality RC is needed to ensure a secure attachment to stable and well-trained caregivers (Brendtro, 2019). This approach includes good educational support, relationships with family members and peers, and individualized plans for their life projects. Indeed, CY in care identify the caregivers as crucial sources of support with whom they may share their problems (Bravo & Del Valle, 2003). A quality relationship includes a close, affective, warm, supportive, and trustworthy relationship between CY and the caregivers (Harder et al., 2013; Magalhães et al., 2024; Silva et al., 2022), predicting youth's adaptive outcomes, resilience, and psychological functioning (e.g., Costa et al., 2020; Pinheiro et al., 2022a; Silva et al., 2022). Silva et al. (2022) argued that the quality of relationships in RC may depend on the individual characteristics of professionals (e.g., supportive, sensitive, available, and responsive) and organizational factors (e.g., climate, culture, and work attitudes).

Assessing youth welfare services is vital because they promote family reunification (Teixeira et al., 2022) and develop the social-emotional competencies necessary for youth to become autonomous adults. The call for improving the quality of services in RC is a common claim among scholars and practitioners (e.g., Boel-Studt, 2015), defending that the residential context should offer a supportive and safe environment in their daily care routines that helps CY recover from trauma, develop socio-emotional competencies, accomplish normative developmental tasks, and learn critical life skills (e.g., Arteaga & del Valle, 2003; Pinheiro et al., 2022b; Whittaker et al., 2016).

It is well established that quality services are associated with better outcomes in RC (e.g., Farmer et al., 2017; Whittaker et al., 2016). Several researchers have proposed establishing quality standards for RC for CY (e.g., Boel-Studt & Tobia, 2016; Farmer et al., 2017; Lee & McMillen, 2008). Internationally, standards and definitions of what constitutes a practical RC setting have been developed (c.f., Fernández-Sánchez et al., 2023), with the competence and personal traits of staff

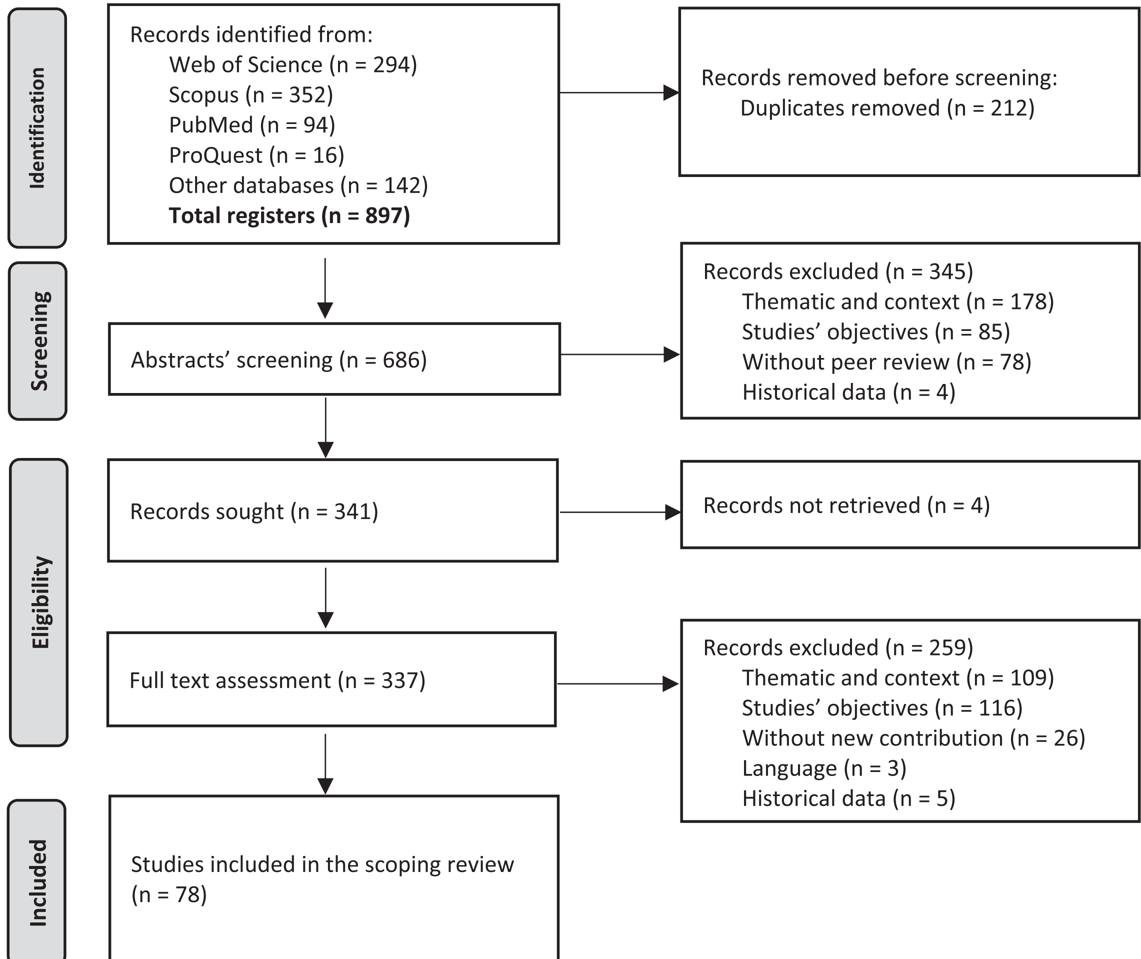

Fig. 1. Flow diagram of scoping review.

being considered crucial (Whittaker et al., 2016). Castro et al. (2024) review of the literature on youth beliefs and experiences regarding residential care led to corroborate Farmer et al.' (2017) taxonomy, with four main domains for quality assessment: (1) setting; (2) staffing (professional skills and access to specialized support); (3) treatment approach; and (4) safety (staff and structure stability). However, their study revealed a fifth domain related to the milieu, which they considered encompassing trusting relationships, family involvement, and relationship continuity. For us, it appears that the milieu is related to other factors, such as athe tangible and intangible conditions necessary to provide quality services to the youth in care, and these assumptions would be integrated into the treatment approach dimension. Giraldi et al. (2022) also systematically reviewed the literature and concluded that insufficient evidence exists for unsuitable RC claims. These authors presented the variables identified by many researchers that can contribute to evaluating the service quality in RC homes, asserting that there are research gaps related to RC quality and the factors that could impact the suitability of RC for different CY.

Boel-Studt et al. (2019) defined quality standards as the specific and operational conditions that guide the provision of quality care. For Rodrigues et al. (2017), the concept of quality in RC is related to the adequacy of the characteristics of the settings to the needs of the CY, including their psychological adjustment, well-being, and satisfaction with life. However, Rodrigues (2018) found that the CY in RC exhibited more signs of maladjustment, lower self-esteem, less life satisfaction, and poorer personal well-being than the normative population. Jacobsen et al. (2024) recently argued that assessing and identifying CY needs and their impact on caregivers' behaviors are critical for socio-emotional development. Moreover, they claimed that there is a scarcity of valid observation-based tools to guide their work, and we add this claim to the institutional context quality evaluation related to the socio-emotional development of youth in care. In this context, this study aims to identify and analyze the most immediate contextual factors, as part of the microsystem and mesosystem of RC, that may influence the development of SEC of CY, from the perspectives of frontline professionals. To address this objective, we conducted a scoping review of the literature to answer the research question: What is known from the existing literature about the contextual quality factors that may affect socio-emotional competencies in CY in RC?

2. Methods

A scoping review was conducted as the most appropriate approach to map, interpret, and synthesize international research on the contextual factors that support the development of socio-emotional competencies (SEC) in children and youth (CY) within residential care (RC) settings (Peters et al., 2015). Unlike systematic reviews, this methodology is particularly effective for exploring broader research questions and various study designs, offering a more comprehensive understanding of the research landscape (Arksey & O'Malley, 2005; Munn et al., 2018). To clarify concepts and identify research gaps, the literature on this topic was extensively reviewed, following Arksey and O'Malley's methodological framework (2005), employing a 6-stages approach: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarizing, and reporting results and (6) consultation exercise. Additionally, the

Table 1
Thematic analysis.

Themes	Sub-themes	References
Professionals' qualifications	Education	Blumenthal (2022), Pålsson et al. (2016, 2020, 2023), Bastiaanssen et al. (2014)
	Competencies	Andersson (2020a), Santos et al. (2023, 2024), Harrington and Honda (1986), Stevens (2008), Pinheiro et al. (2022b), Barone et al. (2016), Riemersma et al. (2023)
	Training	Andersson (2020a), Gudžinskienė and Raudeliūnaitė (2016), Carvalhais and Formosinho (2023), Stevens (2008), Cancujo (2023), van Gink et al. (2018), Bastiaanssen et al. (2014)
	Experience	Corrêa and Cavalcante (2013), Andersson (2020a), Lanctôt et al. (2012)
Characteristics of the intervention	Models of intervention	Júlio (2021), Rodríguez (2014), Gharabaghi (2024), Marshall et al. (2020), Fernández-Simo et al. (2023), Teixeira et al. (2022), Grisi (2011), Elizur (2012), Walter and Petr (2008), van Gink et al. (2018), Howe and Fearnley (2003), Flores et al. (2016), Magalhães et al. (2024), Vermeer et al. (2016), Ribeiro (2023), Gairal-Casadó et al. (2019), Carver (2019), Pascuzzo et al. (2021), Warner et al. (2017), Carvalho et al. (2023), Howe and Fearnley (2003), Costa et al. (2022), Barone et al. (2016), Quiroga and Hamilton-Giachritsis (2017), Mota et al. (2024), Pedrazza et al. (2018), Ornelas (2016), Cahill et al. (2016), Leipoldt et al. (2019), Brown et al., (2018), Harder et al. (2017), Mota and Oliveira (2017), Strijbosch et al. (2019)
	CY participation	Brummelaar et al. (2018), Cancujo (2023), Vis and Fossum (2015), Bolin (2015)
	Organizational system	Vaskinn et al. (2023), Cancujo (2023), Magalhães et al. (2024), Silva et al. (2022), Pedrazza et al. (2018)
	Moderating variables (age, gender, health status, length of relationship)	Lanctôt et al. (2012), Aussems et al. (2020), Pinheiro et al. (2022b), Júlio (2021), Ornelas (2016), Vaskinn et al. (2023)
Social climate	Stable relationships among peers and caregivers	Brown et al., (2018), Warner et al. (2017), Teixeira et al. (2022), Leipoldt et al. (2022b), Strijbosch et al. (2019), Prentky et al. (2014), Kind et al. (2020a), Bastiaanssen et al. (2014), Attar-Schwartz (2013), Silva et al. (2022)

principles of PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews; Tricco et al., 2018) were followed to ensure transparency and rigor in reporting the review process.

2.1. Eligibility criteria

The eligibility criteria were based on four factors: (i) research focus; (ii) publication type, (iii) publication year, and (iv) language. To be included in the review, studies needed to assess indicators of the quality of RC contexts, as well as their association with the development of SEC in CY (defined based on the CASEL's Framework for Systemic Social and Emotional Learning; CASEL, 2013), from the perspective of the technical team and other caregivers. Only peer-reviewed journal articles published until June 2024 and written in English were considered in this study. Papers were excluded if they did not fit within the conceptual framework of the study, focused on other types of out-of-home care, such as kinship or foster care, or examined non-out-of-home care settings, such as inpatient psychiatric units, medical settings, schools, legal settings, or court arrangements. Articles exclusively focused on parents and/or care activities involving children and youth were excluded, as were studies presenting only a historical perspective on residential care. Conference abstracts, books, and dissertations were also excluded.

2.2. Search strategy

To identify potentially relevant studies, the following electronic databases were searched in June 2024: Web of Science, Scopus, PubMed, and ProQuest (Fig. 1). These databases were chosen for their extensive coverage of relevant psychology, social work, and law journals. To further enhance the search, we used a national platform provided by the State that grants access to additional databases and publishers, including Academic Search Complete, Elsevier, Medline, Psychology & Behavioral Science, Sage, Springer, Taylor & Francis, and Wiley. This expanded search strategy enabled the identification of a broader range of relevant scientific texts. Keywords included terms such as 'adolescent', 'youth', 'teenager', 'child*', 'professional', 'technic*', 'carer*', 'context', 'climate', 'quality', 'standards', 'residential care', 'residential house', 'residential home', and 'institutional care'. OR and AND functions were used to combine the above terms. Specific filters related to language and/or document type restrictions were applied.

2.3. Data screening

The selection process for the studies is documented in the PRISMA-ScR diagram (see Fig. 1). First, the titles and abstracts of studies obtained from the electronic searches were downloaded and screened after duplicates were removed using the automation tool Ryyan. The full texts of studies that potentially met the eligibility criteria were then extracted and assessed. The reference lists and citations of the included studies were also analyzed to identify additional articles. Any disagreements between the reviewers at each stage of the selection process were resolved through discussion.

2.4. Data extraction and analysis

The included studies were synthesized using a pre-defined data extraction form, which captured key information such as authors, year of publication, country, sample, data collection method, and main findings (see supplementary material). For the qualitative analysis, thematic analysis was conducted to identify and group emerging themes. This process followed the steps proposed by Braun and Clarke (2006), namely: (a) familiarization with the data, (b) generation of initial codes, (c) searching for themes, (d) reviewing themes, and (e) defining and naming themes.

A combined deductive and inductive approach was used to explore

Table 1 (*continued*)

Themes	Sub-themes	References
	Incidence of adjustment difficulties, violence, and runaway behaviours	Prentky et al. (2014), Eltink et al. (2018), Santos et al. (2023), Blumenthal (2022), Aversa and Filistrucchi (2023), Kind et al. (2020a), van Gink et al. (2018), Attar-Schwartz (2013), Silva et al. (2022), Pinchover and Attar-Schwartz (2014)
	Living group conditions (physical, social, health status, safety, rules, and freedom balance)	Sonderman et al. (2021), Leipoldt et al. (2019, 2022a, 2022b), Lanctôt et al. (2016), Strijbosch et al. (2019), Vermeer et al. (2016), Harder et al. (2017)
	Organizational and management issues	Levrouw et al. (2020), Leipoldt et al. (2022a), Barone et al. (2016), Silva et al. (2022), van Gink et al. (2018), Pedrazza et al. (2018)
	Moderating variables (age, gender, health status, number of technical staff, staff turnover, staff ratio for child)	Pinheiro et al. (2022b), Cancujo (2023), Barone et al. (2016), Riemersma et al. (2023), Steinlin et al. (2017), Sonderman et al. (2021), Eltink et al. (2018), Schaub et al. (2023)
External support and activities	Other institutions or professionals	Carvalhais and Formosinho (2023), Gairal-Casadó et al. (2019), Fernández-Simo et al. (2023), Schwartz (2017)
	Families	Grisi (2011), Elizur (2012), Walter and Petr (2008), Cancujo (2023), Strijbosch et al. (2019), Leipoldt et al. (2022a)
	Socialisation	Schwartz (2017), Kind et al. (2020a)
Professionals' burden	Stress, burnout, anxiety, and depression	Santos et al. (2024), Pinheiro et al. (2022b), Andersson (2020a), Steinlin et al. (2017), Almeida (2023), van Gink et al. (2018), Pedrazza et al. (2018)
	Resilience and emotional management	Kind et al. (2020b), Andersson (2020a), Steinlin et al. (2017), van Gink et al. (2018)
Challenges of evaluating care quality		Lee & McMillen (2008), Stevens (2008), Fernández-Martínez et al. (2022a, 2022b), Bastiaanssen et al. (2014), Huefner (2018), Rodrigues (2018), Cancujo (2023), Magalhães et al. (2024), Rodrigues et al. (2014), Vis and Fossum (2015), Pålsson (2016, 2020)

Source: the authors.

the main themes in depth. Initially, the first author read all included studies and conducted the primary coding, recording interpretative notes to support the contextual understanding of the material. In the deductive phase, an a priori list of themes, developed by the research team based on the study's theoretical framework, was used to guide coding and help structure the data. To ensure analytical credibility and consistency, a second researcher independently coded 20 % of the studies (e.g., Nowell et al., 2017). Both coders had prior experience with thematic analysis. The codes and themes generated were compared and discussed between the researchers until a consensus was reached. In cases of disagreement, the third author was consulted. Subsequently, a detailed inductive analysis was conducted to provide a richer, data-driven interpretation. In this phase, codes were assigned to paragraphs or relevant text segments linked to the research question. These codes were then grouped into themes and subthemes, organizing all relevant data. This inductive process was also conducted by two authors, following the same procedure used in the deductive phase. Agreements and disagreements were documented, and the third author was again consulted when necessary. The final themes were reviewed and validated by the entire research team.

2.5. Selection of sources of evidence

After screening titles and abstracts and eliminating duplicates (n = 212), the study selection process removed 345 texts that did not meet the eligibility criteria. This included articles that addressed different themes or contexts (e.g., nursing homes), focused on other objectives (e.g., mental illnesses), provided historical data, or were not peer-reviewed. Four of the 341 eligible articles were not retrievable, and the complete assessment of the remaining studies led to the exclusion of an additional 259 articles that did not fulfill the eligibility criteria or did not contribute to the conceptual variability in the thematic analysis, repeating the same constructs and arguments. Consequently, 78 articles were included in the scoping review.

3. Findings

3.1. Characteristics of sources of evidence

The 78 studies included were published between 1986 and 2024. Only one study from the 80′s of the 20th century was included, and none from the 90th. Most studies are from the last 14 years: 44 from the second decade of this century (2011–2020) and 29 from 2021 to the middle of 2024. There are also four studies from the first decade. This topic is on the agenda of current research. The countries with more studies in this scoping review are Portugal (19), the Netherlands (10), Sweden (5), Spain (5), Norway (5), the UK (5), the USA (4), Canada (4), and Israel (3). Italy, Ireland, Germany, and Switzerland had two studies, and Austria, Ukraine, Brazil, France, Lithuania, Denmark, Russia, South Africa, Belgium, and Chile had one study each. Thirty-five studies used a qualitative method based on interviews and/or focus groups (22), case studies (2), ethnographic approach (2), structured observation (1), historical narrative (2), and theoretical approach (6). Thirty-one studies used a quantitative method based on cross-sectional descriptive, inferential, and regression approaches (22), secondary data (2), longitudinal approach (4), and quasi-experimental approach (3). There were also six literature reviews, one *meta*-analysis, and five mixed-methods studies. For detailed information on the characteristics of each study, see the Supplementary File.

3.2. Thematic analysis

Table 1 summarizes the findings of the thematic analysis performed on the 78 articles in the scoping review. Six emergent themes were categorized into five primary themes focusing on key contextual elements—professionals' qualifications, intervention characteristics, social climate, external support and activities, and professionals' burden— and a sixth theme specifically addressing the challenges of evaluating care quality. While the first five themes directly relate to factors influencing the socio-emotional development of children and youth, the theme of evaluation challenges highlights the complexities involved in measuring and monitoring these factors effectively. This distinction underscores assessment processes' crucial and complementary role in understanding and improving residential care environments. The interconnections among these themes illustrate the critical role various elements of the residential care setting play in either fostering or hindering the socio-

emotional development of young individuals.

3.2.1. Professionals' qualifications

Quality of relations within residential care settings and staff's social support to youth are often described as fundamental to the success of the intervention (Eenshuistra et al., 2021; Assouline & Attar-Schwartz, 2020), and there is a need for increasing training on these domains (Harder et al., 2013). A recent study (Blumenthal, 2022) showed in Austria that 70 percent of staff members lack a university degree, 30 percent have never been offered education within the organization, and the majority do not feel competent in performing their daily work in care institutions, detention centers, and prison settings. Pålsson et al. (2023) claimed that there is limited research and knowledge about the staff working in residential care, showing that in Sweden, CY residential care staff have a low level of education and are mainly female professionals. Internationally, one finds a similar situation, with the lack of qualified staff being one of the significant problems in residential care (e.g., Boel-Studt & Tobia, 2016; Del Valle & Bravo, 2013). Education and training deficiencies may be the source of lousy care practices (e.g., Konstantopoulou & Mantziou, 2020).

Andersson (2020a) underlined that a secure unit, like a residential care setting, needs to acknowledge the importance of training and supervision for emotional management, which could be helped by supporting teams, both before and during the period of staff intervention. These supporting teams could enable staff to reflect on their emotions and feelings, increasing their stress resilience to cope with the challenging RC environment. Gudžinskienė and Raudeliūnaitė (2016) studied social workers who work in residential care and found that they need and want continuous qualification improvement, to share professional experience with other professionals, and hope to have the support of the administration of institutions to improve their qualifications. This qualification should be related to developing youth's personal and social competencies, preparing them for an independent life, and solving children's behavioral and psychological problems.

Harrington and Honda (1986) pointed out the roles of the direct care worker with youth in care, who carry out many tasks, like therapeutic counselors, managers, teachers, and relationship builders. This generalist role activity is critical, like the roles played by the social worker or the psychologist. Another study by Bastiaanssen et al. (2014) concluded that pedagogical interventions should be part of the caregivers' education, training, and supervision. Carvalhais and Formosinho (2023) concluded that caregiver training preserves commitment and decreases turnover. The training should focus on care to improve the youth's mental health, as well as their psychological and physical well-being. They also proposed emotional support for caregivers, staff supervision by trained professionals from outside institutions, and the creation of guidelines to support directors' decisions on professionals' recruitment and assessment. Corrêa and Cavalcante (2013) showed that when the caregiver has experience and knowledge as a mother, father, and educator, there is a positive impact on the quality of the interactions and care offered to children and youth, promoting their development. The study of Stevens (2008) in Scotland showed that youth considered staff attitudes, as demonstrated by listening, expressing care, and spending time with them, positive experiences. Still, they also do not feel safe and doubt staff training and the effectiveness of the complaint procedures.

Staff often learn their roles and tasks "on-the-job" (Andersson, 2020a; Smith et al., 2019). In this context, it is worth thinking about the role of formal inspections made by the State, as happens in Sweden. However, Pålsson (2016) argued that inspections have mainly focused on the standards related to routine activities, risk management, and the involvement of the youth in care. This inspection approach may imply that what matters is compliance with regulatory standards instead of other elements, like the effectiveness of the individual intervention with the youth, the requirements on the educational level of the staff, or the opportunity for professional judgment in each case. Inspectors seem to privilege securing a basic level instead of asking for outstanding care (Pålsson, 2020).

As such, the technical team and staff need to be prepared for the huge challenge of caring for and developing children and youth in care. For this purpose, it is crucial to have appropriate education and training to acquire the needed skills for developing social-emotional competencies in children and adolescents in residential care.

3.2.2. Characteristics of the intervention

Interventions in residential care aim to modify children's and youth's behavior, and the techniques used were carefully researched in the United States and Canada more than forty years ago (Brown, 1978). There have been some particular interventions, namely related to the use of creative musical expression (e.g., Bittman et al., 2009), or drumming (e.g., Flores et al., 2016) as a medium to promote the emotional and social functioning of children in residential care, being a catalyst for nonverbal and verbal disclosure that led to improvements in quality of life, school/work performance, depression, anhedonia, self-evaluation, and anger. However, the most effective type of intervention to promote SEC is based on the relationships between CY and the caregivers, technical professionals, or staff in general. The absence of enduring relationships among actors within a residential care setting negatively affects the children's social, psychological, and symbolic status, leading to a relational alienation with the loss of relational life and personhood experienced by CY in RC (Woods, 2020).

Nevertheless, Costa et al. (2022) stated that little is known about the importance of the relationship quality between CY and their caregivers in residential care. Moreover, there is a lack of effective protocols to cope with CY, who are often angry, detached, frustrated, and in direct conflict with their peers (Bittman et al., 2009). Despite that, the study of Júlio (2021) showed that the systemic, ecological, psychosocial, and therapeutic models, as well as the models focusing on the development of skills for life autonomy, are the models most referenced by professionals. However, this study also found that most professionals consider youth unprepared for transition, leaving the residential setting without the skills necessary to integrate into society. Some reasons for this situation could be the youth's advanced age when they are placed in residential care, with a short period for intervention, as well as their profile, which makes this preparation process very difficult.

Emotional/relational support and satisfaction with professionals' social support can contribute to explaining the psychosocial adjustment (anger control problems) and the psychological well-being (evaluation of life and interpersonal relationships; autonomy and future perspective) of youth in residential care, moderated by gender, age, ethnic group, the length of stay in the current care institution and the years living on residential care context (Assouline & Attar-Schwartz, 2020; Ornelas, 2016). The relationships between care staff and CY do not hold continuous emotional bonds such as a parent–child relationship (Munro, 2002). However, the residential staff could positively influence CY in care through the type of relationships they form (Cahill et al., 2016). These relationships lead to an attachment experienced and act as a crucial foundation for social competencies, emotional development, resilience, and general well-being (Houston, 2010). In Ireland, for example, the best practice is to provide individualized care for each child or young person by a keyworker, who develops and maintains trusting relationships with them (Cahill et al., 2016). Many other studies in out-of-home care settings found that the relationship between youth and caregivers improves engagement, treatment outcomes, and youth's lives (e.g., Farmer et al., 2017; Leipoldt et al., 2019). However, there are factors with a negative impact on those relationships, including a previous negative history of the child's relationships, the lack of trust towards adults, placement instability with several home changes, and staff turnover (Gaskell, 2010). Other studies (e.g., Renold & Barter, 2005; Shaw, 2012) pointed out conflict, violence, and offending behavior harming staff-youth relationships. Brown et al., (2018) argued that relationship-based practice is impaired by a culture of fear that exists in the Irish residential childcare system, which can be related to the low

status of residential care workers, the impact of media reports, the perception that a professional practice should be objective and emotionally detached to be efficient and effective, and a context shaped by risk aversion (Cahill et al., 2016).

Recently, Pascuzzo et al. (2021) still focused on the importance of the relationship between the professional carer and the CY in RC, considering that very little is known about the processes at stake, namely between professionals' insecure attachment and adolescents' behavioral and emotional adaptation. These authors showed that adolescents should have internalizing and externalizing behavior problems when the carer has a lower anxious attachment and greater reflective functioning (interest and curiosity in the mental states of adolescents). Thus, professional caregivers' reflective functioning is crucial for ensuring more sensitive responses, best adjusted to each situation, and overcoming their possible feelings of rejection (Pascuzzo et al., 2021). As such, professional training could be critical for developing and enhancing caregivers' ability to show interest and curiosity in their daily interactions with youth, increasing their skills to assess their own mental processes, and reflect on and understand youth' affective experiences, providing them with strategies and support adapted to their needs. The quality of interaction between the stability of caregivers and children and youth in care is of primary importance to children's development and attachment behaviors (Warner et al., 2017). In this context, attachment theory is one of the most used theories by professionals working with youth in residential care, asserting the central role of professionals in creating an emotional environment for youth psychosocial adaptation and development (Carvalho et al., 2023). There are other perspectives for the intervention of psychology professionals that were classified by Rodríguez (2014) in three dominant models. First, the psychopathological perspective, supported by psychiatry and clinical psychology, uses circular reasoning that defines mental disorders based on behaviors and explains the behaviors based on the presence of the mental disorder. There is an alternative to this model that defines the behaviors as they are in a context, belong to the person, and have a meaning. Second, the trauma perspective, because the youth were victims of some abuse. Third, the attachment model has become the reference for many professionals who treat abused children, because it provides a more positive vision of the development of human beings. Stovall and Dozier (1998) asserted that the successful development of a child requires an environment with a high level of specialized, trained, and sensitive professionals to their unique attachment needs. This approach started with Bowlby's (1969) theory of attachment, which states that an early separation and maltreatment of a child may affect their ability to rely on a foster parent. Attachment theory postulates that children use reference adults as behavioral reference models, which are chosen based on the need for emotional security and protection. In this context, the type of abuse, neglect, and rejection suffered in preplacement and the reactions and interventions of the adoptive parents or residential caregivers determine each pathway and attachment pattern (Howe & Fearnley, 2003). CY in RC are more likely to feel insecure and report disorganized attachments, which implies emotion regulation difficulties, compromising their interpersonal relationship quality (Costa et al., 2020, 2022). Youth want the caregivers to be empathetic and supportive, showing authority and balance between rules and freedom (Harder et al., 2017; Moore et al., 2018). Thus, it is expected that the caregivers could be prepared to help youth regulate their distressed feelings and achieve a secure socio-emotional development based on consistent, sensitive, and responsive caregiving from significant figures and a secure attachment style (Bowlby, 1988). All children have the right to develop a positive attachment relationship that may promote the way they perceive themselves and their expectations and interpretations of others' behaviors; it is about whether an individual feels that deserve the love and support of others, or that others are available and reliable, which impacts the quality of children's social-emotional development (Barone et al., 2016). However, a positive, stable, and continuing attachment within institutional contexts could be difficult if there is no opportunity for its achievement with a caregiver. As such, Barone et al. (2016) concluded in their study that Ukrainian children's attachment and cognitive development are compromised in residential care.

Quiroga and Hamilton-Giachritsis (2017) showed that better emotional caregiving and lower child-caregiver ratios were associated with higher rates of secure attachment. Moreover, the caregivers' affection, engagement, and sensitivity impact the quality of the children's attachment, and good-quality structural factors can facilitate this relationship. Recently, Mota et al. (2024) found that the level of avoiding attachment to parental figures negatively predicts the importance of life aspirations, mediated negatively by emotional regulation difficulties. This study also showed that male youth attribute greater importance to extrinsic life aspirations (image, financial success, and popularity) than females; and that there is a negative association between the length of institutionalization and age of entrance with those extrinsic life aspirations, developing more the intrinsic ones (self-acceptance, health, and affiliation), which are more related to secure attachment relationships constructions, allowing to develop better social-emotional competencies (Cavalcante & Magalhães, 2012).

Magalhães et al. (2024) found that residential care settings' directors and caregivers assert the use of educational practices for developing youth's skills focused on learning processes like role modeling, diverse activities, and autonomy support. Caregivers also highlighted in their intervention activities like teaching, caring, playing, advising, understanding, and being affectionate. For directors and caregivers, youth characteristics are crucial to defining an intervention method and its outcomes (Boel-Studt, 2015). Vermeer et al. (2016) defended that the core elements universally recognized for children's social-emotional growth and positive development are safe and healthy care settings, appropriate stimulation, learning opportunities, and positive relationships with adults and peers.

Nevertheless, some caring professionals have other types of education and use other approaches to promote the development of competencies in CY. For instance, Pålsson et al. (2023) stated that research is missing clear evidence of the effectiveness of intervention methods, namely the social pedagogical approach (e.g., Cameron & Das, 2019; Timonen-Kallio & Hämäläinen, 2019). Furthermore, recent research in the Portuguese context still claimed that professionals want to prepare youth for their autonomy before transition. Still, it lacks a consistent and defined program that covers the areas for the training of life autonomy skills, like cooking, hygiene, means of transportation, education, professional integrations, economic and financial management, leisure and culture, self-image, self-esteem, identity, and life skills (Ribeiro, 2023). Gharabaghi (2024) argued that the approaches to service quality assessment in residential care can be helpful, but they are not easily translated into everyday practice. This author presented four core principles to accomplish the task: kindness, healing, wisdom, and autonomy. These principles are intertwined and mutually reinforce one another, related to the relational context of direct care practice. Kindness includes love, caring, and humility; healing is mainly related to trauma-informed practices; wisdom informs evidence-based practices; and autonomy is at the core of the social pedagogy approach, the most used theoretical orientation for residential care and treatment in Europe. Another approach was presented by Marshall et al. (2020), based on the theory of recognition (Honneth, 1995) regarding the formation of human identity as a condition for developing psycho-emotional autonomy and self-realization. This theory could be applied in the context of youth residential care, connecting the psychosocial development of youth to the context, including relationships, words, actions, all the actors involved, and care structures surrounding their daily life experiences.

The literature shows that when a child or youth without a family relationship has a supportive relationship with an adult (e.g., teacher, coach, professional), that is good for their development and it is a protective factor for those who experienced risky situations (Greeson et al.,

2010). This type of relationship is relevant with youth in RC, as it is with the normative population (Bastiaanssen et al., 2012; Cahill et al., 2016; Harder et al., 2013). Some authors stated that social support exists when an individual demonstrates their trust, concern, appreciation, approval, and love for others (Dunbar et al., 1998; Mota & Oliveira, 2017), presenting a positive association with life goals, mediated by personality (Mota & Oliveira, 2017). Thus, the negative impacts of RC on youth development could be related to unstable staffing patterns, lack of physical resources, and inadequate caregiver-youth interactions (e.g., van IJzendoorn et al., 2011).

A particular aspect of caregivers' intervention is related to the gender of the children and youth in out-of-home care. Many authors have presented arguments that explain the preference of male practitioners for boys in a restrictive setting (e.g., Baines & Alder, 1996; Lanctôt et al., 2012), namely when they only have experience with boys. However, there exists a perception that working with girls is more difficult than with boys, which implies the need for training and supervision of practitioners about this issue (Lanctôt et al., 2012). As the study of Aussems et al. (2020) showed, in the context of girls who are commercially and sexually exploited in the Netherlands, they want to be called by their name and not by their situation as victims, and they complain about the professionalism of caregivers and their arbitrariness regarding rules of behavior.

Another type of intervention related to the educational profile of youth in care could be the provision of learning extra time out of school, leading to an increase in youngsters' knowledge, changing their educational aspirations, scientific vocations, and vision of the future (Gairal-Casadó et al., 2019). Youth empowerment in care depends on the quality of protective action related to time spent with them and the community relationships during and after leaving the residential settings (Fernández-Simo et al., 2023). These authors analyzed the strategies used by the professional teams in adapting intervention times to individual needs and the scenarios of interaction with the community to provide youth with the skills needed for their emancipation. They concluded that the caregivers used diverse strategies to minimize the insufficient accompaniment times and the difficulties of having community activities in the context of the residential care system and outside the walls. The workload and the precariousness of the means jeopardize the efforts of the professional team. They spend several hours daily doing paperwork and resource management, leaving insufficient time for individualized intervention with the youth (Fernández-Simo et al., 2023; Montserrat et al., 2021). For example, shared doing includes activities that caregivers and youth do together, such as doing domestic tasks, watching TV, or going for a walk, which provides an opportunity to spend time together and to communicate (Carver, 2019).

The systematic review of Pinheiro et al. (2022b) identified the factors that might be associated with quality relationships in residential homes, mainly the youth's age and sex, professionals' characteristics, behaviors, and skills, ratios of professionals per child, staff turnover, administrative burden, and time spent together or the length of the relationship. Teixeira et al. (2022) discovered that children, their families, and primarily the child welfare system are the main factors influencing family reunification trajectories from the point of view of youth protection professionals. In this context, it is most relevant to the quality of youth–professional relationships, intervention guidelines (child's best interest, families' capacity to change, life project, and supervision), multisystemic assessment and intervention, and coordination of caregivers' teams.

Grisi (2011) presented plural parenthood guidance, where parents are invited to participate in encounters in the residential setting to collaborate on intervention with their children with the support of a professional team, including an educator, a social worker, and a psychiatrist. Elizur (2012), in his article, presented Israeli experiences with family-oriented residential care as a way to maintain parental involvement in residential care, improving their relationships with the youth, their parenting skills and responsibilities, and the probability of reunification. Notwithstanding, he alerts us that the domain of out-of-home care is complex, and one needs different and complementary approaches to successfully promote the best interests and well-being of the youth. Walter and Petr (2008) already defended family-oriented residential care, proposing detailed strategies to maintain more regular contact between the child and her family, to facilitate the involvement and support of families in the treatment, and to provide continuous support and aftercare once the child returns home.

Another important aspect of the development of the SEC is the opportunity to enhance CY participation in decision-making related to their lives. However, many studies and literature reviews have shown that CY are hardly heard, and when it happens, their opinion is rarely included or followed in final decisions (e.g., Authors, 2023; Brummelaar et al., 2018; Delgado et al., 2023). Thus, the relationship between professional carers and CY has a significant role because the carers can change their approach, empowering CY by listening to them and considering their opinions. Moreover, youth in residential care tend to be less satisfied than youth in foster care concerning quality of care arrangements and participation opportunities (Vis & Fossum, 2015). These authors found that social workers in RC seem more reluctant about youth participation than social workers planning for foster care. In this context, Bolin (2015) argued that previous research has shown that youth in care perceive they lack power and influence in adult-child relationships, namely because there are many different professionals involved in providing support. However, her study in Sweden showed that in an interprofessional collaborative situation, youth express their agency (the right to make choices and decisions) when "they weed out professionals whom they don't think can help them, and they choose particular professionals whom they trust and believe in" (p.63). Youth prefer professionals who can communicate and listen to them (Leeson 2007; Munro 2002), and they choose what they think would be better for them by choosing some particular professionals.

Finally, Vaskinn et al. (2023) studied the organizational barriers and factors allowing better professional work. They concluded that it is important to have dedicated time to work on the intervention with CY, the organizational system, the resources, and the support from colleagues. On the contrary, barriers would be demanding tasks, some aspects of the structure, and problems with the staff, like negative attitudes, temporary staff, and shift work. Moreover, Van Schie et al. (2023) showed that professionals working in small-scale facilities experience a safer and more positive group climate, supporting a more positive therapeutic relationship with the youth. In the Portuguese context, a recent survey in all RC homes for CY (Cancujo, 2023) showed that professionals still considered that there exist gaps in terms of their training, in-depth work with families, the way they promote CY autonomy, relationships with the community, and support for young people after leaving residential care. This study found that the range of children/youth per institution was from 6 to 80, with an average of 30. Thus, many residential care settings do not comply with Portuguese law (Decree-Law no.164/2019), which targets 15 children/youth per institution. Cancujo (2023) verified that the smaller the residential care, the more frequent and effective the coordination and technical teams were, with more decision-making power and participation of CY in their daily lives. Furthermore, the study by Magalhães et al. (2024) showed that caregivers and directors of RC settings in Portugal perceived youth-caregiver relationship quality as having good emotional bonding and organizational social context. Nevertheless, they concluded that RC homes must improve their organizational social climate and provide caregivers with indispensable support and resources to enhance their youth-caregiver relationship quality.

3.2.3. Social climate

Social climate is related to permanent events containing collective elements of the environmental demands (e.g., house rules) shared among individuals in the same environment (Moos, 2003). A positive or open social climate implies high levels of support and autonomy, low

levels of repression and anger, and a clean, safe, and structured environment (Leipoldt et al., 2019; Moos, 2003; Van der Helm et al., 2024). In the literature also appears the concept of living group climate as the quality of the social and physical environment in terms of the provision of sufficient and necessary conditions for physical and mental health, well-being, contact, and personal growth of the residents, with respect for their human dignity and human rights, as well as (if not restricted by judicial measures) their autonomy, aimed at recovery and successful participation in society (Stams & Van der Helm, 2017, p. 4 as cited in Sonderman et al., 2021).

A living group climate may provide an environment where the youth respect each other and feel safe, with the support of the caregivers, or, on the other hand, it may be harmful and repressive, without mutual respect and safety among youth and caregivers. Moreover, the social climate has been conceptualized as relational climate, group climate, open climate, psychosocial environment, social atmosphere, ward atmosphere, emotional climate, and support and autonomy (e.g., Leipoldt et al., 2019; van der Helm et al., 2024). As such, social and living group climate can be seen as the same concept for our study.

There are several approaches to assessing the social climate in residential care. For instance, the three dimensions of Mathys et al. (2013): (1) relationships with peers; (2) relationships with caregivers; and (3) perceptions of practices in the care setting. While Eltink (2020) identified seven dimensions: "(1) supportive and responsive behavior by staff; (2) opportunities for growth and learning; (3) a structured environment with clear rules and regulations; (4) safety of clients against physical and psychological harm; (5) justice and fairness; (6) social interactions between clients; and (7) repression exercised by staff members". Recently, van der Helm et al. (2024) developed the reviewed version of the Group Climate Instrument, which includes a five-factor model: (1) support, (2) growth, (3) physical environment, (4) peer interactions, and (5) repression. They demonstrated that this measurement tool is parsimonious, valid, and reliable for assessing youth group climate perceptions.

Some scholars argued that more than researching the results of treatment intervention, one needs to investigate how those results are achieved, knowing that social climate is one of the factors associated with this change process in RC (Harder & Knorth, 2015; Leipoldt at al., 2019). Thus, one needs to change professional practice in conjunction with the organizational and structural context, where all the actors of residential care relate to each other. A favorable social climate reduces previous negative experiences and improves the quality of life of different youth groups in care (Leipoldt et al., 2022b). However, little is known about the association between social climate and other contextual factors, like the type of setting, structure, size, staff, or daily routines (Leipoldt et al., 2022a). Social climate was considered unrelated to treatment content, but it can set the conditions for successful treatment outcomes (e.g., Lanctôt et al., 2016). Thus, a residential care setting is characterized by its social climate, which differentiates its environment from others and influences youth and caregivers' behaviors (Bastiaanssen et al., 2012; Lanctôt et al., 2016). For example, Strijbosch et al. (2019) presented several basic principles that enhance a favorable climate to promote children's and youth's growth and autonomy. These principles include providing CY with physical security and emotional support, values and norms, a sense of autonomy, social skills, and support interactions between the children and their parents.

There are gender issues related to the out-of-home placement of youth. Sonderman et al. (2021) found that girls experienced living group climate most positively in non-correctional facilities, and girls in correctional facilities perceived that experience more negatively than girls and boys in non-correctional facilities, leading to the need for an adjusted gender-responsive approach in residential care settings. This need has already been noted because there are differences in the psychological development of boys and girls and their exposure to risk factors, pathways to crime, and needs (e.g., Granski et al., 2020; Lanctôt, 2018).

Prentky et al.'s (2014) study showed that placement instability was associated with sexually inappropriate behavior, sexual aggression, and persistent offense. However, the study by Eltink et al. (2018), testing the degree to which individual and contextual factors predict aggression, showed that there is limited support for the effect of contextual factors except when the caregivers are repressive, which tends to predict direct aggression. Adolescents placed in mixed-gender or boys-only groups showed higher levels of relational aggression than girls alone. The level of security of the institution did not predict differences in aggression. Nevertheless, much research shows that a favorable living group climate is crucial to youth recovery, growth, and development (e.g., Costa et al., 2020; Leipoldt et al., 2019; Strijbosch et al., 2019).

Social and other contextual factors, such as climate in RC homes, are protective and induce better outcomes in youth subjected to maltreatment or victims of sexual violence (Santos et al., 2023). Several studies in Austria, Germany, and Sweden demonstrated the existence of violence in RC against CY (c.f., Andersson, 2020b; Blumenthal, 2022). The *meta*-analysis from Mazzone et al. (2018) provides a current update of international research on different forms of violence, highlighting the problem of bullying and fear among CY, but also violence against professionals (e.g., Alink et al., 2014; Smith et al., 2017). Aversa & Filistrucchi (2023) advised professionals concerning maltreatment perpetrated against youth in care, prolonging what they have already suffered with their families. Additionally, when the youths have a different sexual orientation or gender identity (lesbian, gay, bisexual, transgender, queer, and plus: LGBTQ +) in out-of-home care, they can face physical health, mental health, and well-being inequalities compared with their non-LGBTQ + peers (Schaub et al., 2023). Inclusive policies and services are needed, including competency-based training, reflexive supervisory practice, and listening to the voices of LGBTQ + youth.

The study by Kind et al. (2020a) showed that youths are less aggressive when they feel greater quality of life improvements regarding their relationships with peers, managing school requirements, greater reductions in substance use, suicide ideation, fewer experiences of placement disruption, and perceived self-efficacy. When the social climate in the RC setting is rather complicated, the staff are subject to tough emotional jobs and feelings and need to learn how to manage them (Andersson, 2020a). One must develop communication strategies for staff to deal with violence and emotional work with the youth (Andersson, 2020a; Warming, 2019). In this scope, van Gink et al. (2018) evaluated the effectiveness of non-violent resistance as a method for professionals to cope with the aggressive behavior of CY in RC. Their analysis showed limited effects on work and living group climate in RC, probably due to how the method was implemented and the possible influence of contextual factors.

The development of CY's citizenship in RC is crucial for their live projects. It relies on a favorable social climate, reinforcing the interpersonal relationships between professionals and youngsters (Remmery et al., 2023). Children in out-of-home care are at higher risk of having problems with their mental health and future competencies as citizens, depending on their placement age, sex, the quality of the residential care staff, and placement instability (e.g., Rodrigues et al., 2017; Touati et al., 2021). However, in many situations, caregivers face poor and challenging work conditions, too many children, and a lack of knowledge about how to care for traumatized children, resulting in emotionally distant caregiving (Barone et al., 2016). Moreover, youth in RC who have had a high number of previous placements usually have had traumatic events, most of the time associated with mental health problems (Riemersma et al., 2023). In their literature review, these authors identified several factors associated with placement instability in residential care: youth characteristics, poor parenting skills, low staff competence, and turnover of professionals. In RC, it is common to have too many youths, a great frequency of changing peer groups, and frequent shifts and instability of caregivers (van IJzendoorn et al., 2011).

A hostile group climate can seriously restrict RC intervention quality

(van der Helm et al., 2024). The excessive workload for staff, because the groups have gradually grown and are more complex and diverse, the feelings of unsafety, emotional burden, the shortage of personnel, and suffering from stress and burnout, led to more absenteeism and fatigue, and staff turnover, with negative consequences for the youth (Johnson et al., 2018). Changing the youth from place to place also affects the continuity of care, stability in relationships, and contact with the families, disrupting the youth's life cycle (Bastiaanssen et al., 2014). As such, smaller group sizes may provide a better opportunity for professionals to engage in a close attachment relationship with the youth (Smith et al., 2015).

Using a social-ecological perspective, Pinchover and Attar-Schwartz (2014) found a negative association between the youth's perceived social climate and overall adjustment difficulties, with the mediation of peer physical victimization experiences in RC. Moreover, a favorable perceived social climate is supportive, structured, respectful, and empowering (van der Helm et al., 2011), and associated with less runaway behavior (Attar-Schwartz, 2013), less externalizing problems (Gross et al., 2015), less aggression (Ros et al., 2013; Van den Tillaart et al., 2018), fewer adjustment problems (Eltink et al., 2018; Pinchover & Attar-Schwartz, 2014), and increased empathy development of youths (Heynen et al., 2017). The runaway events seem to happen more often when the youth are older or have long institutionalized periods, adjustment difficulties, physical violence with peers and staff, or consider the staff as too rigorous and unsupportive (Attar-Schwartz, 2013). Thus, there is a need for developing interventions designed to reduce that risk based on an ecological perspective that addresses the trigger factors for runaway behavior.

Leipoldt et al. (2022a) interviewed youth and caregivers, showing that larger treatment RC and family-style therapeutic RC settings did not present many differences in social climate; they only differed in youth activities and staff shifts type, with the family-style settings having more cohabitation and unorganized activities outside the home. Thus, caregivers must acknowledge the characteristics of youth because of the differences in their perception of social climate. Moreover, Silva et al. (2022) found that when the caregivers perceive that the organizational social contexts are characterized by higher levels of engagement, stress, and centralization, then they were associated with lower levels of youth's externalizing problems (e.g., aggressive behavior and delinquency) because exists better youth–caregiver relationship quality, perceived by the youth in care. However, Levrouw et al. (2020) obtained controversial answers about the necessary aspects for establishing a favorable living group climate because the professionals considered it difficult to assert precisely those aspects. It also seems that organizational and management issues (e.g., labor law, bureaucratic tasks), as well as government policies, complicate the development of a favorable living climate through a more professional team intervention.

3.2.4. External support and activities

An epidemiologic survey to assess the level of professional psychopharmacological and psychotherapeutic treatment of 689 CY living in 20 RC institutions in Germany showed that there is a significant risk (57.1 %) of mental disorders among this group (Nützel et al., 2005). Thus, they defended the idea that cooperation between the CY welfare providers and external psychiatry services should be intensified. Norwegian professionals in RC also argued that their own and other external professionals' knowledge should collaborate within an environment that privileges problems' perception, commitment, trust, and readiness to act flexibly (Willumsen & Hallberg, 2009). For example, there is a collaboration between several professionals working in different and separate institutional contexts, like social pedagogues in RC, teachers at school, and social workers from the public care system (Schwartz, 2017). As asserted by Jörns-Presentati and Groen (2023), interprofessional collaboration quality is key in the success and effectiveness of integrative care for youth in out-of-home placement.

Beyond external support from different professionals, mainly about health and educational issues, youth in out-of-home care can benefit from the opportunities to socialize with other youth in the community. However, they cannot easily participate with other children in extracurricular or leisure-time activities because care is distributed between several professionals and institutions (Schwartz, 2017). Thus, interprofessional cooperation should be more child-focused to encourage and support youth's initiatives and engagement in activities with other children (Willumsen & Hallberg, 2009).

As such, we conclude that external support for intervention with CY in out-of-home care is necessary, as happens with children in the general population. Still, particular aspects relate to the fact that those CY are institutionalized. So, in this case, there is a state responsibility for developing these CY, who, in many countries, are also delegated to private institutions. In this particular context, developing the youth's social-emotional competencies through activities with other children in the community is also essential.

3.2.5. Professionals' burden

Rau et al. (2017) asserted a lack of research on the mental strain of professionals in RC for CY. They found in their study that the younger ones presented higher stress levels without any effect of gender or the duration of their employment. The context is decisive for the results that CY in RC may demonstrate, and the psychologist should contribute to preventing psychosocial risks (e.g., burnout, job dissatisfaction, work-life balance) in their work contexts (OP, 2024). This reality impacts not only the productivity, well-being, and psychological health of all professionals but also CY's emotional, cognitive, and behavioral development (Parry et al., 2021). As such, psychologists assess these risks and develop a prevention and intervention plan, generating measures to promote health, well-being, and safety at work (OP, 2024). Whittaker et al. (2016) proposed ensuring workers' safety as the first recommendation for an effective and quality intervention.

Working in RC is associated with great exigencies and high stress, which can lead to burnout of the professionals, resulting in absence from work, work dissatisfaction, employee turnover, and an adverse effect on the quality of RC (Smith et al., 2019; Steinlin et al., 2017). Moreover, the professionals' workload is demanding because they could be caring for too many youths, within a system of work shifts, with insufficient resources, low salaries, and lack of career opportunities, training, and support from colleagues and managers beyond the impact in their own family (Del Valle et al., 2007; Hermon & Chahla, 2019; Smith et al., 2019). The study of Almeida (2023) showed that most caregivers recognized exposure to professional psychosocial risks, namely occupational stress and emotional work related to the context, shift work, cognitive and emotional demands, and commitment to the workplace.

Several studies showed that resilience is related to lower burnout symptoms in RC professionals (e.g., Bürgin et al., 2020; Kind et al., 2020b). This means that a higher sense of coherence (e.g., life perception as being comprehensible, manageable, and meaningful), self-efficacy (e.g., subjective belief in the ability to execute the actions required to manage situations), and self-care behavior (e.g., team supervision, sharing responsibilities, work-life balance, feeling supported, physical health) contribute to avoiding professionals' turnover, perception of burden and burnout and increase their well-being (Del-Pino-Casado et al., 2019; Kind et al., 2020b; Steinlin et al., 2017). Furthermore, the *meta*-analysis of Shoji et al. (2016) concluded that self-efficacy has a significant inverse correlation with burnout across countries and professions. Positive factors to promote professionals' resilience to secondary traumatic stress symptoms are support from directors and the team, communication and participation, transparency, enjoyment of work, feeling safe, and having clear and adjusted organizational structures, procedures, and resources (Steinlin et al., 2017). Moreover, burnout symptoms may lead to reduced staff functioning and increased aggression (Ros et al., 2013). In this context, the psychological well-being of residential staff is crucial for the intervention's success (van Gink et al., 2018). In their cluster randomized trial study, Santos et al.

(2023) showed that the Compassionate Mind Training program for caregivers is effective in compassion towards others, self-compassion, soothing, and safer residential care home emotional climate. Moreover, this program helped professionals reduce burnout, anxiety, and depression (Santos et al., 2024). As such, it is recommended that the RC management should provide training and guidance on coping with stressful and traumatic life events, including behavior, aggressive situations, self-care behavior, risk of posttraumatic stress, work-life balance, risk of burnout or secondary traumatic stress, and team conflicts.

The attachment style, the length of service, and the importance of relational issues are antecedents of work-related self-efficacy, job satisfaction, fulfillment, and well-being at work, which are negatively correlated with psychosocial risk (Pedrazza et al., 2018). Thus, increasing and assessing professionals' job satisfaction and self-efficacy can be a crucial means to prevent the consequences of psychosocial risk and support the high-quality performance of caregivers. However, these results depend on the presence of structures and other resources the organization provides (Pedrazza et al., 2018).

3.2.6. Challenges of evaluating care quality

Quality was specified by Donabedian (1988) as a function of structure, process, and outcome. In an RC setting, the structure is the care environment related to the condition of facilities, initial and ongoing training, and staff retention. Process factors are the content of care related to how well the actual services are provided and reflect evidence-based practices. Outcomes are the results of care related to the ability to achieve the desired goals as defined by the stakeholders (Lee & McMillen, 2008). Based on Donabedian's parsimonious model, Megivern et al., (2007) proposed a more sophisticated one, to measure quality in residential care, with 14 constructs, including the macro-system engagement, advocacy, resources provided outside the sector, family and consumer engagement, organizational capacity for quality, and provision of care that is technologically proficient and sensitively delivered, as well as stakeholder feedback loops throughout the model. Other authors used a more straightforward approach, considering a scale with only three statements about user participation, user satisfaction, and quality of service statements (e.g., Vis & Fossum, 2015).

Lee and McMillen (2008) presented more complex models, like the Quality Assurance Model, the Child Welfare League of America Quality Indicators for Residential Treatment, the Girls and Boys Town Performance Standards for Residential Care, and the Child Welfare League of America Standards of Excellence. These models do not guide institutions' focus on quality improvement activities to promote and develop SEC in CY in RC. They miss psychometric evaluation, are not organization-centered, have little content related to social climate or organizational functioning, are more like a manual to help institutions obtain their accreditation, or are so detailed that they do not match the real-world conditions faced by most programs. These accreditation processes lead professionals, workers, and volunteers to spend too much time complying with all the recommendations and rules. So, institutions and regulators cannot afford such time-consuming assessments each time they need to evaluate quality performance in RC. On the same line, the Scottish National Care Standards describe what each CY can expect from the service provider (Stevens, 2008). However, it does not guarantee an easy assessment of each standard, including all the processes related to the RC service as a type of checklist for good practices.

Fernández-Martínez et al. (2022a, 2022b) developed a scale with 50 items for evaluating the quality of RC for CY based on the professionals' opinion. This scale covers the professional quality and individualization, the processes related to the entrance and permanence of CY in RC, the resources needed, the normative adequacy, and the future perspectives on the legislation of the RC. Thus, this scale is too broad and vague, and not focused on the factors and barriers to developing SEC in CY in RC. Also, Bastiaanssen et al. (2012) created a tool to measure the quality of staff-caring interventions for youth in the Netherlands. The self-administered questionnaire for staff seeks to know the type of behaviors regarding control, warmth/support, and autonomy granting. However, they do not consider the caregivers' characteristics, which can influence how they interpret the youth's behavior, and the link between interventions and treatment goals.

Huefner (2018) analyzed the quality standards for residential care from seven organizations or government agencies, identifying sixty-five indicators within eight areas, with a common agreement of 72.5 %. These areas include (1) organizational planning and management, (2) safety (abuse-free), (3) maintenance of favorable group climate, (4) family and culture, (5) least restrictive environment, (6) intervention programming elements, (7) education, skills, and outcomes, and (8) aftercare. Comparing Huefner's approach with the Spanish EQUAR (estándares de calidad en acogimiento residencial quality standards; Del Valle et al., 2012), one confirms their similarity, based on the standards, directives, regulations, programs, and manuals originating from many countries, like England, Ireland, Scotland, Wales, Norway, Sweden, Italy, France, Germany, Spain, Canada, USA and Australia, but also from international organizations such as the United Nations and European Union, showing a broad consensus in the scientific community about this subject (Rodrigues, 2018). However, many of these documents and regulations have been updated, which implies that EQUAR needs to be revised in some of its standards, which include (1) Resources – Location, physical structure and equipment (std01), Human resources (std02); (2) Basic processes – Referral and reception-admission (std03), Needs assessment (std04), Individualized intervention project (std05), Discharge and preparation of departure (std06), Working with families (std07); (3) Needs and well-being – Safety and security (std08), Respect for rights (std09), Basic material needs (std10), Studies and training (std11), Health and lifestyles (std12), Standardization and integration (std13), Development and autonomy (std14), Participation (std15), Use of educational consequences (std16); and (4) Management and organization – Program management (std17), Leadership and social climate (std18), Work organization (std19), and Coordination between professionals (std20). As one can see, this scale does not cover, directly the context quality related to the promotion of SEC in CY in RC despite including some of the important variables in this context. Our approach is more specific and focused on the factors and barriers that effectively help or hinder success in this type of intervention aimed at the autonomy and empowerment of young people after RC.

In Portugal, several steps have been taken to assess the quality of the residential context and its services (Batista, 2013). Since 2007, the Social Security Institute has been publishing Social Response Quality Management Manuals concerning RC and similar organizations to promote a safe environment for CY's healthy physical and psychological growth, with a substantial investment in the qualification of social responses, with the introduction of practices and models of organization and quality management. However, these manuals do not present proper quality standards based on research data and even sometimes contradict international standards (Rodrigues, 2018). Furthermore, these rules seem to have little impact on the quality of the services in residential care, as found in several studies (e.g., Cancujo, 2023; Magalhães, 2024; Rodrigues, 2018).

Rodrigues et al. (2014) used an adapted version of the EQUAR evaluation system – the ARQUA-P (Portuguese Comprehensive Evaluation System for Residential Care; Rodrigues et al., 2013) that includes a demographic and information gathering questionnaire; an observation grid; document analysis; interviews with CY, direct caregivers, the technical director, a manager of the institution, teachers, and interview with the articulation agent in Welfare Services; and hetero- and self-report questionnaires that assess psychological adjustment (indicators of children's psychological adjustment, self-esteem, satisfaction with life, subjective happiness, and personal well-being). Furthermore, ARQUA-P incorporates complementary parameters related to the Technical Recommendations for Social Facilities, Quality Management Manuals for CY residential settings, and other technical and practical guidelines for social equipment from the Social Security Institute

(available at https://www.seg-social.pt/publicacoes). Another approach is the Group Care Quality Standards Assessment (GCQSW, 2015), which is based on the model of influences on quality social services (Megivern et al., 2007), on implementation science (e.g., Bertram et al., 2015; Fixsen et al., 2009; Ghate, 2016), and outlines a set of 59 quality practice standards in the exact domains already presented by Huefner (2018). This model is also a complex and multi-informant assessment with four forms: three self-report questionnaires completed by youth, technical directors, and caregivers, and contract agency staff; the public regulator completes the fourth form through document reviews, site observations, and youth and staff interviews. Most of these approaches to assessing service quality present the same difficulties related to their use and purpose, namely being time-consuming, not specific to the SEC, and more concerned with the whole social support system, aiming for a kind of certification, than a real, effective, and focused evaluation of the contextual factors of promoting and developing SEC in CY in RC.

In summary, it lacks in the literature a specific measure of quality service focusing on the promotion and development of SEC in CY in RC, based on the current practices of professionals, easy to apply and helpful in transforming activities in RC, promoting the development of citizens who are more capable of dealing with the social environment in which they live.

4. Discussion and final remarks

This scoping review examined 78 articles exploring the contextual factors related to professionals' interventions aimed at promoting the socio-emotional competencies (SEC) of children and youth (CY) in residential care (RC). The results reveal a complex network of contextual influences, where the quality of interactions and bonds plays a central role, aligned with the ecological perspective of human development (Bronfenbrenner, 1979). In contrast to approaches exclusively centered on individual characteristics or institutional norms, the studies highlight the importance of experiences lived in the closest contexts to young people (e.g., Bittman et al., 2009; Cahill et al., 2016; Costa et al., 2022; Farmer et al., 2017; Júlio, 2021; Leipoldt et al., 2019) — the microsystems, such as relationships with caregivers and peers — and the interconnections between these contexts (e.g., Jörns-Presentati & Groen, 2023; Schwartz, 2017; Willumsen & Hallberg, 2009) — the mesosystem, which includes, for example, the coordination between the institution, family, school and health services.

The emotional consistency of reference adults, the stability of technical teams, and the predictability of routines emerge as fundamental factors in promoting competencies such as self-management, responsible decision-making, and relational skills (e.g., Costa et al., 2020, 2022; Gaskell, 2010; Howe & Fearnley, 2003; van IJzendoorn et al., 2011; Warner et al., 2017). The literature points to the need for environments that ensure not only physical safety but also affective security, a condition essential for developing bonds of trust, autonomy, and belonging (e.g., Leipoldt et al., 2019; van der Helm et al., 2024). At the same time, the effective functioning of the mesosystem — exemplified by the coordination between RC, school, and health services — is crucial to ensure continuity of experiences and the construction of coherent identity narratives (e.g., Schwartz, 2017; Sonderman et al., 2021). Fragmentation of these institutional linkages often translates into trajectories marked by emotional discontinuity, instability, and difficulty forming bonds, compromising competencies such as social awareness and self-regulation.

However, despite growing attention to the development of SEC, few studies operationalize them explicitly and systematically. Most use generic categories such as adjustment, empowerment, development, autonomization, or well-being, making it challenging to identify which specific domains, such as the five proposed by the CASEL framework (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making), are influenced by life contexts. This methodological gap limits the precision of interventions and impact assessment. Adopting integrative frameworks like CASEL would allow for more rigorous mapping of the effects of institutional and environmental practices on young people's emotional and social development.

It is also important to highlight the contradictions found. Some studies show clear associations between positive organizational climates and better socio-emotional outcomes (e.g., Leipoldt et al., 2019), while others do not report significant effects (e.g., Eltink et al., 2018). These divergences may arise from methodological limitations, such as the predominant use of self-reports and the scarcity of longitudinal data, but also reflect the cultural heterogeneity of the contexts studied, raising important challenges for comparability.

Cultural disparities represent a critical dimension for interpreting the results of this review. Substantial differences are observed in three main areas: (i) care policies, with countries like Portugal offering structured, state-supported models, while in other regions residential services rely heavily on private or religious institutions, affecting coherence and quality; (ii) social attitudes towards institutional care, which vary between viewing RC as a temporary solution or as a prolonged model of protection and education; and (iii) professional training, which differs widely, conditioning teams' capacity to create emotionally responsive and stable environments. This cultural diversity shapes not only the content and institutional practices but also expectations, quality criteria, and concepts of well-being and development. These factors highlight the need for more rigorous, systematic operationalization of socio-emotional competencies and culturally sensitive methodologies in future research.

At the organizational level, recurrent barriers to promoting SEC are highlighted, such as staff turnover, team overload, lack of specialized training, and weaknesses in intersectoral coordination (e.g., Carvalhais & Formosinho, 2023; Gaskell, 2010; van Gink et al., 2018). These structural conditions directly compromise the microsystem's stability and the mesosystem's effectiveness, hindering the creation of coherent, predictable, and emotionally safe contexts. Conversely, participatory practices focused on relationships and active listening to young people show potential to counteract these trends, strengthening the sense of belonging and young people's ability to manage emotions, build positive relationships, and make responsible decisions (e.g., Brummelaar et al., 2018); Cancujo, 2023; Vis and Fossum, 2015).

Despite the contributions of commonly used institutional assessment models — such as EQUAR (Del Valle et al., 2012) and ARQUA-P (Rodrigues et al., 2013) — these still present limitations in capturing the direct influence of relational practices on socio-emotional development. Favoring normative, structural, and procedural indicators, these instruments are often disconnected from young people's daily experiences and rarely integrate robust theoretical frameworks like ecological theory or the CASEL model, limiting their usefulness for institutional monitoring and transformation.

In addition to the limitations identified in the reviewed studies and assessment tools, it is important to acknowledge the methodological constraints inherent to the scoping review approach. As a mapping method, it does not include a formal quality appraisal of the included evidence, which may affect the robustness of conclusions. Selection bias may also have occurred due to database choice, inclusion/exclusion criteria, or language restrictions. Nevertheless, a critical lens was applied throughout the discussion to mitigate these risks and ensure a balanced interpretation.

In light of these limitations, this review underscores the urgent need to develop integrative assessment models that articulate three core dimensions: (1) the ecological contexts closest to young people (microsystem and mesosystem); (2) the relational processes within these contexts; and (3) the outcomes in SEC development, as operationalized by the CASEL framework. Such a model would allow a more nuanced reading of institutional quality, focused not only on normative compliance but on the effective capacity of practices to promote meaningful emotional experiences and positive developmental trajectories.

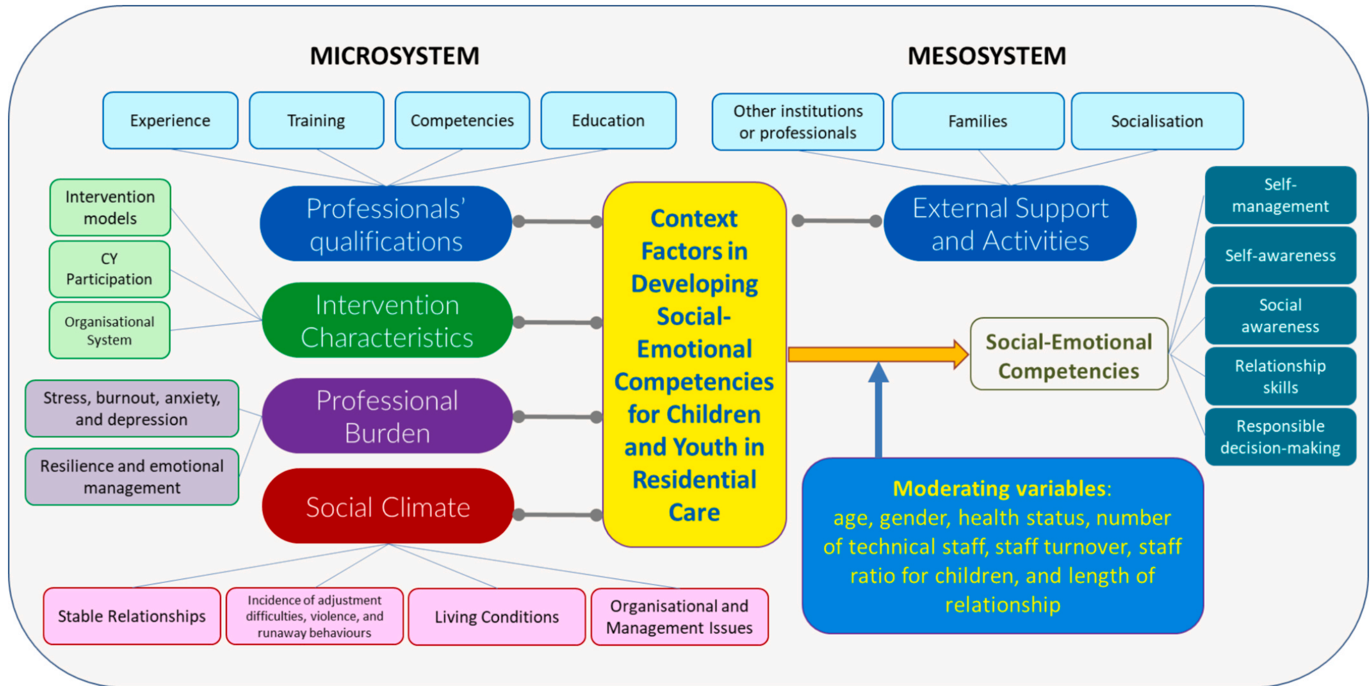

Fig. 2. Assessment model of contextual factors for the development of SEC in CY in RC.

In response to these needs, we propose an integrative model (Fig. 2) that brings together the main factors identified in this review, organized along the following axes: (i) ecological proximity levels (microsystem and mesosystem); (ii) critical contextual factors (themes and subthemes) and moderated variables; and (iii) domains of socio-emotional competencies according to the CASEL framework.

The critical contextual factors are based on the propositions that summarize and are the corollary of each section of the findings:

P1: Professionals' education, competencies, training, and experience are contextual factors for developing socio-emotional competencies in children and youth in residential care.

P2: The characteristics of caregivers' intervention, such as the intervention models used, the CY participation, and the organizational system, are contextual factors for developing socio-emotional competencies in children and youth in residential care.

P3. The relationship between the intervention characteristics and SEC development in CY in RC is moderated by age, gender, health status, and the length of the relationship.

P4: The quality of the social climate, concerning the aspects related to stable relationships among peers and caregivers, incidence of adjustment difficulties, violence, and runaway behaviors, living group conditions, and organizational and management issues, is one contextual factor for developing socio-emotional competencies in children and youth in residential care.

P5: The relationship between social climate and SEC development in CY in RC is moderated by age, gender, health status, number of technical staff, staff turnover, and staff/child ratio.

P6: The quality of the links to external support and activities, considering other institutions and professionals, families, and the socialization process, are contextual factors for developing socio-emotional competencies in children and youth in residential care.

P7: Professional burden, including stress, burnout, anxiety, depression, resilience, and emotional management, is a contextual factor for developing socio-emotional competencies in children and youth in residential care.

This model will serve as the basis for future empirical research and for developing an applied assessment grid capable of complementing existing instruments while capturing the processes that effectively contribute to young people's empowerment, autonomy, and full integration as active citizens.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2025.108480.

Data availability

Data are provided in the supplementary file

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