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Training, Recruitment, and Supervision of Personnel in Residential Care centres: An Exploratory Study

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ABSTRACT



Social care systems, residential care centers and directors are under pressure to provide the best service to children and youngsters. At the same time, there is also a concern for personnel well-being, and personal and professional development. This qualitative and exploratory study aimed to identify, with semi-structured interviews with directors of residential care centers, what are the most recent practices in terms of personnel recruitment, in-service training, supervision, and the promotion of caregivers' well-being. The results revealed that workers were perceived as the most important resource in an organization. Promoting personnel training and the concept of care for caregivers were, therefore, identified as strategies to preserve adequate workers' commitment to this demanding career, to avoid worker turnover. As workers are asked to apply their soft skills daily, training offered to these workers should focus more on knowledge about mental health and psychological and physical well-being, to assist them in providing adequate care. The results indicated that these subjects, and those specifically connected with at-risk children/youth, were identified as essential to the directors interviewed but were not yet broadly available as training offers. Implications drawn from the findings are presented for practice and for research.

KEYWORDS

Residential care; personnel; directors; training; recruitment

Implications for Practice

- In-service training should be focused on the specificities of residential care work.
- Supervision should increasingly be carried out by trained professionals from outside institutions, supported by evidence-based research.
- Strategies and resources to promote personnel well-being should be reinforced.
- Guidelines to support directors' decisions on recruitment, and on the assessment of professional expertise and required soft skills should be developed at national and international levels.
- Emotional support for workers through intervention programs should be strengthened.

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Introduction

According to the latest data provided by the CASA 2020 report, issued by the Portuguese National Social Security System, 6,706 children and youngsters were living in out-of-home care in Portugal (ISSIP, 2021). Residential care centers represent 97% of children and youngsters, with only 3% in family foster care. Of these 6,706, 5,787 (87%) were integrated in a generalist residential care center (RC), with males representing 52% and females 48% of the total. Most children in RC were youngsters over 12 years old (70,7%) and 13,3% were 5 years old or less. In the generalist residential care system are included the Children and Young People's Residences [Lar de Infância e Juventude] (LIJ), Temporary Residential Care [Centro de Acolhimento Temporário] (CAT), and Emergency Residential Care [Acolhimento de Emergência] (AE). In residential care centers, 24-hour care is provided by a group of workers, to children/youngsters, without any adult family members present (Little et al., 2005). The most common situation leading to protection measures was neglect (71%), mainly due to the lack of family supervision and monitoring (ISSIP, 2021). Of the 6,706 children and youngsters in residential care centers, 57% (3,792) had been left alone, or alone with siblings who were also children/youngsters, for long periods of time.

The present study focusses on personnel working in generalist residential care centers and does not include specific residential services connected with children and youngsters with disabilities, or intervention services for behaviors associated with addictions.

Although the decrease in the number of children and youngsters placed in Portuguese residential care centers has been a constant, comparing 2020 with 2011, with less than 28% of children and youth living in the centers, many challenges remain to this system, especially in terms of the personnel involved. Residential care centers continue to be the most used option in Portugal. Therefore, the increase in training for workers in this field is seen as very positive. In Spain and Greece, the number of children and youngsters in residential care centers is also high, but Portugal presents the highest percentage in Europe (Delgado & Gersão, 2018). This leads us to believe that the study of these care structures and of how workers are trained and selected to occupy these positions is relevant. The improvement in the training of the workers responsible for these children and youngsters occurred mainly after the decrease of the role of the Catholic church and the increase of the role of the State in this care. Although the results of the care in these centers tend to be positive, they are not always so (Oliveira et al., 2015), which increasingly raises questions concerning the procedures and actions in these contexts. This work requires agendas with shared tasks, open, and regular communication, for an efficient and effective intervention to promote the rights and protection of children and youngsters (Carvalho, 2013; Delgado & Gersão, 2018; Rodrigues, 2018).

To support this work, in 2005, the Portuguese Social Security Institute issued a manual (ISSIP, 2005), in which guidelines were recommended for personnel working in residential care centers, and for the organization of daily life in these centers. Nevertheless, at this moment, not much is known about the academic credentials and the in-service training of these workers, about how the director of a residential care center coordinates everyday tasks, and who supervises these tasks (McCall et al., 2013; Woodhouse et al., 2018). This type of manual directed at workers in this field has not been updated in recent times in Portugal. At present, little is known about the training of these workers and how their tasks are carried out and supervised. Furthermore, as far as we know, no studies have been undertaken using interviews with directors with the intention of gathering detailed information. Recently, Rodrigues (2018) studied the quality of residential care centers in Portugal, but used scales for the assessment of the system, and gathered information from directors, children and youngsters, and caregivers.

In this study, we intended to focus on workers, from the outlook of directors, in connection with the internal and external coordination of this work, in a global and systemic perspective.

As other employees in social work, these workers experience stressful situations (e.g., conflicts with youngsters and between workers; youngsters with addictive behaviors; residential care centers damaged by children/youngsters) that can lead to burnout (i.e., emotional exhaustion, depersonalization, and perceived lower personal accomplishment) (Del Valle et al., 2007; Santos et al., 2022). It is, therefore, crucial to identify the strategies used by directors to promote good working conditions and well-being among personnel. The broad definition of Danna and Griffin (1999) was used, in which well-being relates to mental, physical, and general health, and with the experiences of satisfaction at work and outside of work. If happy workers have a better performance (for reviews on the subject see Peiró et al., 2014), organizations and their leaders should contribute to personnel well-being, as this satisfaction would have an impact on adequate and positive support to children and youngsters. In residential care centers having stable teams, and reducing worker turnover, contribute to stable relationships between children/youngsters and their caregivers (Anglin, 2004; Baptista et al., 2014; C. Martins et al., 2013; Delfabbro et al., 2002; Holden et al., 2014; McCall et al., 2013; Rauktis et al., 2011; Soares et al., 2014; Stevens, 2008). This is especially relevant in residential care centers, as according to recent data, the largest number of children and youngsters have experienced neglect and have not received proper support and protection from parents/caregivers (ISSIP, 2021).

Portuguese Child Protection Law and Residential Care Centres

The Portuguese Constitution of 1976 recognizes children's rights, namely the right to be protected by society and by the State, to ensure their full

development (Carvalho, 2013). The United Nation Convention on the Rights of the Child, in article 20, states that a child who lives temporarily or permanently in a family, that does not promote their own best interest, is entitled to special protection and assistance provided by the State (1989). After Portugal ratified this Convention in 1990 several measures were introduced, namely the promulgation of a national law to protect children (*Convenção sobre os Direitos da Criança*). The Portuguese Law on the Protection of Children and Young People at Risk (LPCJP) (Law no. 147/1999, revised by Law no. 142/2015) regulates the State's intervention in the promotion of a child's rights in an at-risk situation/dangerous situation when the parents or legal representatives endanger the child's safety, education, health, and development. The Portuguese Law on the Protection of Children and Young People at Risk established two general services: foster care (family) and residential care centers. Foster care is provided in a family context, especially relevant for children up to 6 years old. In Portugal, the number of children in foster care is significantly lower than that of those placed in residential care centers (Delgado & Gersão, 2018). These centers can be public or private, and in the latter an agreement with the Portuguese State is signed (LPCJP, article 52). In Portugal, most of them are private (94.5% according to Cunha, 2012). Article 49 of LPCJP describes residential care centers as a social structure that removes children and youngsters from dangerous situations, by placing them in the care of an organization with adequate facilities and technical staff to meet the needs of children and youngsters, providing them with conditions that foster their education, well-being, and integral development. Recently, Law 164/2019 focused on residential care centers, reinforcing the need to promote qualified work and the quality of residential care services, with technical teams with adequate academic qualifications and educational teams able to provide the required care. Although in the literature residential care is considered as a last option, and foster care (family) is considered preferential (Del Valle & Bravo, 2013), in Portugal, the numbers show exactly the opposite (ISSIP, 2021). Delgado and Gersão (2018), comparing the Portuguese situation with other countries, indicated that there is no parallel in terms of the discrepancy between residential care centers and foster care (family). In countries such as Greece, Spain, and Germany the number of children/youngsters in residential care centers is also high but foster care (family) is also significant (Del Valle & Bravo, 2013). Delgado and Gersão (2018) pointed out several possible reasons for this phenomenon. The main one is connected with historical background, in which the responsibility for the care of the majority of at-risk children/youngsters was given to the Catholic Church and to the State, with a large network of residential care centers where children/youngsters could be placed in. According to Del Valle and Bravo (2013), the frequent use of residential care centers in countries in Southern and Central Europe, such as Portugal, should not be considered as

delayed development in childcare, especially because this residential care is now supported by professional programs, with highly qualified staff, with interventions designed by Psychologists, Educators, and Social Workers, working in multidisciplinary teams.

Personnel at Residential Care Centres

The Portuguese Law on the Protection of Children and Young People at Risk identified the human resources needed to provide optimal service at these centers. In terms of the number of children and youngsters placed in each center, the minimum is 12 and the maximum is 30, distributed in different units. Each unit can have a maximum of 15 children or youngsters (ISSIP, 2010). To work in these units, the LPCJP, article 54, states that the technical team has the responsibility and competencies to diagnose the situation and to define and implement the development and protection plan. This team should be multidisciplinary, integrating individuals from the areas of Psychology, Social Service, and Education (no. 2, art. 54, LPCJP) and can also include personnel with training in other areas (such as Medicine, Law, and Nursing), in accordance with the demands of the educational and social intervention that is required. As an example, the guidelines for workers recommended by Social Security services for a residential care center of up to 30 children or youngsters are the following: one Social Worker; one Psychologist; two Social Educators; 18 Educational Assistants; one Cook; three General Services Assistants (Martins, 2004). This Law and Law 164/2019 divides this team into two specific teams: the technical team and the educational team. The technical team is constituted by workers with higher education degrees (e.g., Psychologists, Social Workers, Social Educators) who are responsible for the management of the residential care center and the individual processes of each child/youngster, in close contact with schools, health services, Court services, community and family. From this group of workers, one could be selected as the director of the residential care center. The educational team is normally constituted by workers who did not attend higher education, who are responsible for daily routines, working closely and continuously with children and youngsters, in daily tasks (e.g., hygiene, meals, traveling to school or to other activities, such as the Scouts). Martins (2004) studied the work developed by personnel in Portuguese short-term residential care centers. The results indicated that most educational team personnel possessed an elementary level of schooling (9th grade). Mandatory schooling in Portugal currently comprises 12 years of schooling. The workers had been selected by directors based on common-sense knowledge of how to care for a child or previous parenting experience, which seems to indicate that no formal training is needed

for this type of function. Nevertheless, these educational teams, as they usually spend more time with children/youngsters than the personnel in the technical teams have a very important role (Jones et al., 2007). Although the legislation in place clearly states the academic qualifications to be possessed by the personnel in the technical team, this is not indicated for the personnel in the educational teams (Martins, 2004; Rodrigues, 2018). In residential care centers, only the personnel in the technical team must have higher education qualifications, preferably in the social area, such as Social Service, Psychology or Education. In Europe, a parallel can only be found in Greece. In other countries, the personnel in educational teams must also possess some type of specific training (Del Valle & Bravo, 2013; Silva & Gaspar, 2014). The lack of specific training can compromise the quality of the service provided (Del Valle et al., 2007), and reduce children and youngsters' satisfaction with residential care (Roskam et al., 2008; Yunes et al., 2004). In 2014, Silva and Gaspar studied educational teams. The data suggested that personnel in educational teams benefited from training in evidence-based interventions (e.g., Incredible Years program). Ferreiro (2007) also stated that staff are usually inadequately trained and poorly supervised. Simões (2011) argued that the recruitment of personnel to work in residential care centers should consider academic credentials and a specific psychological profile, and that work in this area should include consolidated in-service training and supervision. This psychological profile should include openness and tolerance, respect toward different values and cultural backgrounds, altruism, assertiveness, autonomy, responsibility, ability to solve conflicts, empathy and sociability, and flexibility.

Concerning the supervision of work in residential care centers, it can be internal (e.g., director) or external (e.g., Portuguese National Social Security System's employees from the district where the residential care center is located or other individuals with recognized competencies). Redondo et al. (1998) identified several tasks for supervisors, connected with technical supervision; team training; pedagogical support; communication and interaction; and the assessment of educational activities. López (2009), who studied 68 residential care centers in the north of Spain, indicated that the 49 directors contacted mentioned mechanisms in place to supervise the educational teams, by external supervisors (44.9%). Internal supervision was mainly carried out by the directors of residential care centers, and in fewer cases by workers in the technical team such as the Psychologist or Social Workers.

Taking into consideration the available studies, we intend this exploratory study to identify, from the perspective of the directors of residential care centers, what are the most recent practices in terms of personnel recruitment, academic credentials, the in-service training promoted to improve the work of personnel, as well as the supervision of the teams and the issue of workers' well-being.

Method

Study Design

A qualitative exploratory design was used in the present study, based on the consolidated criteria for reporting qualitative research guideline (COREQ) (Tong et al., 2007). The qualitative study was conducted in a selected sample of 10 residential care centers (10 private social solidarity centers, and of these, 9 were associated with the Catholic Church, through parishes or religious associations), according to Table 1.

Table 1. Residential care centers in the study.

| | N |
|----------------------------------------|---|
| Age range | |
| 0–12 years old | 1 |
| 1–18 years old | 1 |
| 2–18/25 years old | 1 |
| 3–18/21 years old | 1 |
| 6–18/25 years old | 2 |
| 12–18/25 years old | 4 |
| Sex of children/youngsters in centres | |
| For females | 5 |
| For males | 2 |
| Mixed | 3 |
| Typology | |
| Children and Young People's Residences | 5 |
| Temporary Residential Care | 5 |
| Location | |
| North | 5 |
| Centre | 5 |

Table 2. Directors' characterization.

| | N |
|----------------------------------------------------------------------|---|
| Work experience as director (years) | |
| <1 year | 1 |
| 5 to 11 years old | 4 |
| 11 to 20 years | 3 |
| >21 years | 2 |
| Academic Degree | |
| Social Service | 5 |
| Sociology | 2 |
| Social Education | 1 |
| Pre-school Education | 1 |
| Religious Sciences | 1 |
| Post-graduation | |
| Master's degree in Social Pedagogy | 1 |
| Specialization in the field of protection of children and youngsters | 2 |

Table 3. The number of children and youngsters; technical team members and educational team members, by center.

| Residential care centre | N_Children/Youngsters | N_Technical Team | N_Educational Team |
|-------------------------|-----------------------|------------------|--------------------|
| 1 | 20 | 2 | 7 |
| 2 | 19 | 4 | 7 |
| 3 | 35 | 4 | 10 |
| 4 | 42 | 5 | 7 |
| 5 | 20 | 4 | 10 |
| 6 | 13 | 4 | 7 |
| 7 | 30 | 5 | 12 |
| 8 | 24 | 5 | 8 |
| 9 | 15 | 4 | 7 |
| 10 | 20 | 4 | 6 |

Participants

The participants were 10 directors (technical directors of residential care centers or directors of the organization that include this type of center), all females, presented at Table 2. Work experience as directors varied between less than 1 year to 32 years.

Data Collection

A total of 10 directors were invited to participate in the present study via e-mail or phone contact. The centers were situated in the North and Center of Portugal. The directors in the North worked in residential care centers with traineeship partnership with the University, also located in the North. Snowball sampling was used for the directors in the Center of the country. The explanation about the purpose of the study and the informed consent procedure took place between mid-March to mid-May 2022. Researchers could be contacted to answer possible questions about the study.

The interviews were conducted by members of the research team. The interviewers trained each other via role-play, and a semi-structured questionnaire was used. All interviews took place individually in a quiet environment at the center or online via Zoom, with only the interviewer and the participant present. The interviews lasted an average of 47 minutes (ranging from 20 minutes to 71 minutes). All interviews were recorded with a voice recorder and notes were taken during the interviews. Interviewees were informed about the voluntary character of this study and gave their informed consent before the interviews.

As interviews were taking place, the members of the research team were discussing the main themes brought up by the directors and concluded that saturation had been reached, and data collection was discontinued.

Materials

A semi-structured interview guide was prepared before the interviews, concerning the following topics: director's academic credentials and experience in this function; number of personnel in the residential care centers and their academic credentials; recruitment of personnel; roles and responsibilities of the team; in-service training and supervision and the promotion of personnel well-being. These topics were addressed in a total of thirteen questions which allowed for the description of daily and general activities of personnel in residential care centers. The 10 directors were asked all the questions in the guide. The directors could answer freely, without interruption, and add information they considered relevant. Five main themes were included in these questions: 1) number of personnel in the technical team and in the educational team; 2) recruitment; 3) academic credentials of personnel; 4) in-service training; and 5) promotion of personnel well-being. The issue of supervision emerged as a theme, in the answers provided, in connection with themes 4 and 5.

Data Analysis

After being transcribed verbatim, the interviews were analyzed. Then, they were coded by two researchers separately (Hox & Boeije, 2005) through an inductive process. In the first step, called *open coding*, all interviews were read repeatedly by the researchers and all information was sorted and coded into different sentences and fragments (e.g., "(...) *there was once a time when we had 3 graduates, all in social education, in the education team.*" (e.g., Centre 6, p.4). In the second step, called *axial coding*, the fragments and their corresponding codes were sorted into the following categories: 1) number of personnel in the technical team and in the educational team; 2) recruitment; 3) academic credentials of personnel; 4) rules and responsibilities; 5) work strategies; 6) in-service training; 7) supervision; 8) promotion of personnel well-being. Relevant sections were translated into English for this text and specific codes were selected to be analyzed and interpreted according to the aims of the present study (categories 1, 2, 3, 6, 7 and 8).

Results

The results presented here, obtained from the 10 interviews, consider the main aims of the study. Quotations are included where thought relevant.

Number of Children/Youngsters per Worker

The ratio of personnel in the educational and in the technical teams and children/youngsters in residential care centers was discrepant especially when comparing Centre 4 and 6, according to data presented at Table 3. Both centers had similar numbers of personnel, but Center 4, for example, had double the number of youngsters.

Recruitment

Concerning the recruitment process, the interviewees identified two main issues, namely the criteria for personnel selection and the difficulties encountered in this process, emphasizing the obstacles faced in hiring workers for the educational team.

Criteria for Personnel Selection

The criteria emphasized when hiring workers were the knowledge of the area and training; previous experience in working with children and youngsters; personal traits and values; availability and flexibility of work schedule; experience working at the same center; age and area of residence. The most mentioned (8 in 10) was previous knowledge and training in the educational area, more specifically in the residential care system. Then, personal traits and values were also critical for the recruitment, with 7 directors highlighting empathy, autonomy and independence, emotional stability, flexibility in teamwork, assertiveness, communication skills, and the motivation to work in this area (e.g., director of Centre 2: *“It’s not easy either, it’s not, because there you are, you really have to have the profile. You must be an emotionally balanced person and why is that? Because you can’t let yourself be affected (...).”*). 5 directors also mentioned the relevance of previous experience in educational projects, inside the community, with children and youngsters, or previous work in similar centers. Furthermore, 4 directors mentioned that one criterion was the previous experience of workers in those centers, but in other positions, or after an internship. 6 directors also stressed the availability and flexibility of workers’ schedules, especially those of the educational team, as it involves shift work, evening hours and weekends.

Main Difficulties in Recruitment

When questioned about the main difficulties in recruitment, the directors emphasized the lack of educational team personnel in comparison to the technical team personnel. The number of graduates who took positions in technical teams was perceived as high, especially in Psychology, with less expression on Social Education or Social Service, particularly in the regions

furthest from urban centers, where the higher education institutions, providing this type of training, were concentrated.

Regarding the educational team, the greatest obstacle encountered by the directors (10 in 10) was the difficulty in finding workers with the emotional profile suitable to the demands of working with children and youngsters in residential care centers. This issue was associated with low salaries (6 out of 10 directors), night shifts and rotating shifts (6 out of 10 directors), as well as the location of the centers themselves, which required longer traveling periods for qualified workers (4 out of 10), which may not be feasible in the long-term. 4 directors mentioned the competition presented by other positions offered by corporations, for example, which are less emotionally demanding, and offer higher or similar salaries (e.g., director of Centre 6: “(. . .) *the salary is very low. And I see people working at supermarket checkouts and in shops, who earn as much as our employees (. . .). The question of, in the case of the education team, having to work in shifts.*”).

Academic Credentials

The academic credentials of personnel in residential care centers were one of the concerns presented by the directors, with two of the interviewees mentioning the DOM Plan (Plano DOM – Desafios, Oportunidades e Mudanças/DOM Plan – Challenges, Opportunities and Changes). The DOM plan was proposed by the Portuguese National Social Security between 2007–2009, with two main aims, namely providing human resources to residential care centers without a technical team and developing training courses for the directors of the centers and for the technical and educational teams. The residential care centers that participated in this plan were supported in these strategies, with the contracting of workers with higher education degrees in the areas of Education and Social Service, and the expansion of their technical teams.

Technical Teams

The technical teams were mainly constituted by graduates in social and human sciences. The most frequent degree was in Social Education (9 in 10 interviews), with most centers having at least one and some two Social Educators (Center 4; 6; 7; 8). This is a higher education degree and has a duration of 3 years. Due to behavioral issues or to the neglect experienced by some children, workers in the area of Psychology (e.g., Educational Psychology, Clinical and Health Psychology) were also very frequent (9 out of 10 centers have a Psychologist). To belong to the Professional Body of Psychologists in Portugal, an individual has to complete a 3-year degree, a Master's degree (2 years) and one year of professional traineeship. Directors also mentioned workers with a degree in Social Service (7 in 10), in Social Assistance (5 in

10), Sociology (1 in 10), Pre-school Education (1 in 10), Social Mediation (1 in 10), and Religious Sciences with a Master's degree in Pedagogy (1 in 10).

Educational Teams

The current minimum educational requirement for the educational teams is the 9th grade. With the increase in the number of years of compulsory education in Portugal in 2009, from the 9th grade to the 12th grade, the centers have the possibility of recruiting young workers with the 12th grade to carry out educational duties. In Portugal, vocational training (levels 2, 3, and 4), equivalent to the 12th grade, allows pupils to follow a more professional route, namely in the field of education, with training in cultural animation or educational assistance. Although the current minimum requirement is the 9th grade, our research found that in 9 of the 10 centers there was a worker or more with a higher education degree in the educational team. The degrees held by the workers varied widely, including areas such as Social Education, Marketing, Public Relations, Legal Medicine, Law, and Accounting (e.g., director of Centre 4: *"In the Education Team there are seven people, except for one, all the others are graduates."*). Another issue mentioned was the presence of immigrants in the educational teams. The workers of the educational teams coming from other countries are professionals mostly from other higher education backgrounds, thus requiring both linguistic and pedagogical specific training to work with children and youngsters. Furthermore, as they have other initial training, this could imply that they will leave the educational teams as soon as they find a specific job in their area.

In the opinion of the directors, there was a clear difference between the older workers, who have been working in these centers for 30 years or more, whose compulsory education level at entry was much lower (6th grade) and the more recent workers employed, who are more qualified in terms of higher education or have attended more specialized professional courses in vocational training. Despite this trend observed in our sample, this higher number of graduates seemed to be concentrated in centers near large urban centers, where a higher number of graduates can be found. In more rural centers further away from these centers (e.g., Centre 2; 5), most workers had only completed the 9th to the 12th grade.

In-service Training

The promotion of in-service training was presented by the directors under different formats, ranging from fortnightly/monthly meetings, in which teams share knowledge on relevant thematic areas, to training courses, with specific aims, suggested by the center itself or by the personnel and usually organized by external entities. About the latter, 5 subcategories were extracted, namely,

who proposed the training courses; who the instructors/entities were; difficulties faced in training; the thematic areas of training; and training duration.

Proposal of Training Courses

The research, proposal, or selection of training courses were mainly undertaken by three entities: the management of the broader organization, the technical director of the residential care center, or the personnel themselves. The organizations' management, due to the obligation to promote training to their employees in a total number of 40 hours per year (Law no. 93/2019), offered different training courses, to qualify the staff (e.g., director of Centre 7: *"The center always tries to promote and give the 35 hours of mandatory training to employees and, therefore, according to the needs of the center itself and each unit (. . .)"*). These training courses proposed by management involved all the personnel (some centers are part of broader organizations that include different types of social care), and were not directed to specific contexts (e.g., youngsters, elderly, residential care). These generic training sessions included subjects such as hygiene and safety at work or first aid. The directors of residential care centers also promoted the importance of participating in these sessions among personnel, reflecting about the need to motivate workers to attend training (e.g., Center 6). Directors also mentioned that they normally listened to workers' suggestions about the thematic areas or specific interests for the courses.

Trainers/Training Entities

Among the several entities that promoted training, either in more generic thematic areas or more specific areas of residential care, the interviewees mentioned the Institute of Employment and Professional Training (Center 4; 5; 7), Universities and Higher Education Institutes (Center 4; 8; 10), Social Security (Center 5; 7) or associations such as PAJE, a nonprofit association, which supports youngsters who lived in foster homes (Center 2; 5) or the Portuguese Association for Victim Support (APAV). 2 directors also mentioned that training could also be provided by specific workers from the municipality, namely Medical Doctors and Nurses from the Health centers, who can promote training in the health field, or the Commissions for the Protection of Children and Young People, in the field of care.

Difficulties in Training

One of the issues addressed by the directors was the difficulties encountered in the promotion and attendance of in-service training. Among the difficulties mentioned, the directors pointed out the lack of instructors to provide specific training for the target population. Although there were training courses with relevant themes, these were not directly aimed at residential care, a gap brought up by several directors (e.g., director of Centre 8: *"Regarding the*

training attended by workers, this is transversal, we have had some difficulty in training, particularly for this area of residential care.”).

Other difficulty encountered was the cost of the training courses, which some centres/personnel could not always afford, as mentioned by director of Centre 8: *“Some are very expensive, the training courses we look for and then at that time it is not possible to participate.”.*

Furthermore, comparing the in-service training of the personnel in the technical team and the personnel in the educational team, the directors expressed greater concern for the workers in the educational teams. In general, the directors mentioned that the technical teams sought training autonomously and were involved in this process. On the one hand, the rotating work shifts and the work carried out in the evenings and at the weekends made participation in training difficult (e.g., director of Centre 9: *“(. . .) because people aren’t always available. I’m thinking of the educational staff who work in shifts, they start at 5:30 in the afternoon. If we offer them a training course in the morning, it’s really taking all their time away (. . .)”.*). Several directors also mentioned that these workers did not seek this training autonomously (e.g., director of Centre 2: *“Not the educational team, because their schedules aren’t easy (. . .) But if I tell them they go and do, but not for themselves. The technical team does, if they see any training course that they think is interesting (. . .) they ask.”.*). Other directors also mentioned the difficulty in finding the most suitable training, considering the educational qualifications, age, and skills of the personnel in the educational teams.

Training Themes

Training themes ranged from the most generic, for example, in first aid (3 directors) and in hygiene and safety at work (2 directors) to the most specific within the area of residential care. Regarding residential care, the interviewees mentioned training courses on the caregiver of children and youngsters, the drafting of pedagogical intervention projects, the development of activity plans or on the organization and management of individual files. In addition to the training courses attended in the field of care, the vast majority mentioned courses on behavior and emotional development (e.g., director of Centre 1: *“Training courses in residential care, strategies of learning to deal with emotions (. . .)”.*). Some examples mentioned were: aggressive behaviors, sexual risks, drug use, emotional training, interpersonal relationships, communication, and mental health (e.g., director of Centre 3: *“The training courses are very important, in the area of human relations, conflict management, approaches to issues such as abuse, bullying, issues that our youngsters may suffer from today, they even have difficulty in expressing it (. . .)”.*).

Training Duration

Directors reported on the number of hours spent on training courses. It is not possible to indicate the average number of training hours employees completed in recent years, as training was affected by the COVID-19 pandemic. Some training courses were canceled, and others were offered online. The director of Centre 2 reported a training course with a total number of 50 hours, while the director of Centre 5 believed that, ideally, training courses should not exceed 25 hours, preferring to do 2 training courses per year, in order to not overload workers' time management. The director of Centre 8 mentioned that the workers in the technical team had recently attended a short training course, with the duration of 8 hours. A concern can be seen on the part of the directors to comply with the total number of mandatory hours of training prescribed per law, while respecting the complexity of the workers' schedules. The relevance of the themes is also valued so that the training results in effective professional development and work improvement.

Supervision

Workers' supervision was presented by the directors as a strategy to promote personnel training, optimizing work, intra and inter-team communication and to improve well-being, with specific moments to share experiences and to solve problems. A distinction was made between what constituted internal supervision and external supervision, identified as two subcategories.

Internal Supervision

Internal supervision was mainly carried out by the director of the residential care center, although in some situations (e.g., 2 and 7) other workers might perform these functions, namely the Psychologist, discussing certain cases and intervention models with colleagues, or Social Educators who are assigned to a certain group of children/youngsters (e.g., director of Centre 7: *"With the educational team, what we have implemented is every fortnight, the worker in charge of the technical team meets with them to work on more practical issues of the day-to-day dynamics of the house."*). In general, the directors meet technical teams and educational teams in different frequencies, namely fortnightly, monthly, or weekly (e.g., director of Center 3: *"The strategies in relation to teamwork are frequent meetings, team meetings with the technical and educational teams for supervision, this is a model that gives us the opportunity to share and discuss existing difficulties, and we can also work together."*). Besides the supervision done through meetings (10 in 10 directors mentioned this strategy), directors and other colleagues may also monitor the work done through the occurrence book, a document in which all the events that take place in a certain period are reported by the workers in charge (Center 8; 9).

External Supervision

External supervision by outside professionals was mentioned by 4 of the 10 directors. This supervision was undertaken by outside Psychologists or by University Professors (e.g., director of Centre 4: *“One of them is given monthly. In the pandemic, not so much as it is logical, but it is given by supervision, which is given to the center. We have a partnership with the University that accompanies us every month and gives some training according to the area that is most needed at that moment.”*). This supervision was described as occasional and not always specific to the work developed with children/youngsters. It should also be noted that one of the directors mentioned that the center would like to have external supervision, but that it was expensive and not always carried out by qualified instructors in the field of residential care centers. On the other hand, the director suggested that the Portuguese Social Security, due to the connection with the centers in terms of financing, for example, should have more workers undertaking supervision tasks.

Promotion of Personnel Well-being

Among the directors, there was a clear notion of the complexity of the roles and responsibilities of personnel working in residential care centers. 3 in 10 interviewees (Center 5, 6 and 7) spontaneously mentioned burnout, associating exhaustion to the need to promote well-being strategies within the centers. The quality of care provided in residential care centers can also be affected if workers do not feel valued. Directors also indicated that these strategies to promote personnel well-being depended on how general organizations' directions perceived employee's satisfaction with work. Interviewees also described a relation between personnel well-being and length of employment at the center.

Leisure Time Activities and Team Building Activities

All 10 interviewees mentioned the relevance of leisure activities, from coffee breaks to lunch gatherings, daily, to Christmas parties, dinners, or annual trips with all the team members. Yoga or expressive therapies that took place in the centers and promoted by volunteers or sport associations were also valued, as an opportunity to strengthen ties between workers (e.g., a paintball activity was mentioned by director of Centre 6).

Job Autonomy

Workers' well-being was associated with a democratic organization, where values such as autonomy were fostered. For 5 directors, workers had autonomy to solve punctual problems that occurred on a daily basis, to communicate their opinions with colleagues and with members of management, without feeling that their work was checked constantly in an oppressive or negative way (e.g., director of Centre 4: *“I think one of the fundamental things*

that we have, fortunately, is freedom. So, people have freedom, and no one is after it.”).

Symbolic Gifts

Symbolic gifts offered to workers on Easter, Christmas, Women’s Day or even on workers’ birthdays were considered as a way to keep the teams motivated and committed to the center, recognizing their work. Preparing a birthday cake or giving a gift card to workers were mentioned as small gestures, but very important to link the worker to the center as a family, fostering a positive institutional climate. Some residential care centers were part of larger organizations and receiving a personalized gift was seen as a recognition of individuality, with that singular worker contributing to the quality of the organization in general (e.g., director of Center 2: *“They always give us a gift at Easter, at Christmas, on Women’s Day which are small gestures, but we like them. On our birthday they give us a little card to congratulate us.”*).

SALARIES

The lack of financial resources was mentioned most often, especially for the educational team, which earned the lowest salaries. Often, the directors perceived difficulties in striking the balance between the salaries offered and the quality demanded of the educational team. Interviewees described different strategies to maximize the scarce financial resources, such as fostering personal development through in-service training or giving more time off (e.g., director of Centre 6: *“First of all, it would be very interesting to be able to improve the salaries of the teams and that would be a very important stimulus.”*).

Schedule Organisation/Work

One of the most stressful situations reported by directors was the unpredictability of daily life in a center, which could have a direct impact on the organization of workers’ schedules. The directors mentioned that they took on some functions so as not to overburden the workers in the educational team. In terms of shift work, directors tried to ensure that the days off occurred on consecutive days, so that the workers could have more time to rest (e.g., director of Centre 8: *“Regarding the teams’ days off, we always pay attention to continuity of days off. If they have Sunday off, and they have another day, we give them Monday (. . .) so that the person can come more reestablished in psychological terms”*). Some centers had decided to have a fixed schedule instead of always changing shifts. One director, since the center had several available rooms and numerous personnel from the technical team, such as Teachers, Psychologists, or Social Educational workers, decided to allocate spaces in the center itself for study periods or to hold activities such as therapies, to avoid travel to outside locations by the

educational team. This assisted the educational team in the logistics inherent to the several services provided to all the different children/youngsters in the center.

Equality in Teamwork and Emotional Support

Independently of the functions and responsibilities inside each team, directors reinforced the need for equality in teamwork, focused on the quality of the work developed and not on the differences between hierarchies or tasks. The contribution to the decisions taken in the center and the emotional support given were identified as crucial for the work satisfaction of workers (e.g., director of Center 5: *“We try to involve them as much as possible, so that they also feel fulfilled and satisfied and valued (...).”*). Formal meetings concerning different occurrences or informal calls were described as strategies to emotionally support workers.

Discussion

Personnel of residential care centers face increasing pressure to provide quality support to children and youngsters, in an unpredictable work context (Del Valle & Bravo, 2013; Santos et al., 2022). This study explored potential strengths and weaknesses, reported by directors, concerning personnel recruitment, academic credentials and in-service training, supervision, and well-being promotion of technical teams and educational teams, in 10 residential care centers. Overall, directors emphasized the strengths and difficulties faced in personnel coordination. Personnel were perceived as the most important resource in an organization. Promoting personnel training and the concept of care for caregivers were, therefore, identified as strategies to preserve an adequate commitment of the workers to this demanding position, to try to avoid workers' turnover. Interviewees stated that only a satisfied worker can provide optimal work, in line with previous research on the field (Nielsen et al., 2017; Peiró et al., 2021). On the other hand, they highlighted that less burned-out or frustrated staff contribute to higher child/youngster satisfaction in the residential care system (Bailey et al., 2019; Esaki et al., 2013).

Consequently, strategies to maintain or improve personnel' well-being were described by directors, which included leisure activities and meeting moments, where it is possible to positively interact with other team members. Nielsen et al. (2017) indicated that through these activities, directors try to avoid anxiety and emotional exhaustion and physiological outcomes of a negative work environment (e.g., high blood pressure; heart attacks). Directors also mentioned that supportive leaders can provide instrumental support in completing other tasks, enabling workers to complete their work goals, leading to job satisfaction (Demerouti et al., 2001). However, more

research is needed to explore which strategies and resources could be implemented to help organizations and leaders to promote satisfied and productive workers. Developing these strategies within organizations may be particularly critical as leaders are unable to offer higher salaries, especially to workers in the educational team.

Furthermore, a higher number of children and youngsters for a smaller number of workers was also associated to a bigger workload, to less quality in the service provided and to workers' turnover, in line with previous research (Eapen, 2009). In this sense, despite the higher expenses associated to human resources, centers and directors are committed to decrease the ratio of the number of children/youngsters-worker, also answering to recent law demands (Law 164/2019) and national reports' recommendations (P. C. Martins, 2004). Numbers are relatively uniform among the centers, with only one center with a lower number of personnel in the educational team, which could be explained by a higher number of older youngsters (e.g., young women living in apartments or in semi-independent spaces in the center).

Centres are also committed to provide sufficient opportunities for in-service training. In the present study, a discrepancy was noticed between the demand for training by workers in the technical teams and those in the educational teams. The technical teams, due to their own academic background, recognize the importance of and seek more training than those in the educational teams. In this sense, the directors know their role as promoters of in-service training, to empower workers to meet the constant demands of this specific target audience. The reduced number of training courses aimed at concrete situations experienced with children and youngsters in residential care is also a concern. Higher education institutions are expected to invest more in research-action processes that promote personnel qualification in organizations and contribute to theory and practice through evidence-based interventions. Due to this, Social Educators, Psychologists, Social Workers, and others are also called upon to become qualified instructors, contributing to share good practices among personnel in the educational teams. The need for specialized training in residential care goes hand in hand with the need to address issues in training of mental health and psychosocial skills, both in children and youngsters (Campos et al., 2019), and in the workers themselves (Baugerud et al., 2018; Molnar et al., 2017).

Supervision is presented as a tool for the improvement of the work undertaken by personnel (Myers et al., 2004; Rodrigues, 2018). In López's study (2009), approximately 45% was conducted by an external supervisor. In our sample, 40% mentioned that they were supported by external supervisors. However, when asked about their profile, there was no uniformity regarding the academic credentials, or the procedures used. Most supervisors were connected to the area of Psychology, but not specifically with residential care. Some organizations were supervised by professionals from higher

education institutions. Overall, this practice is not yet generalized to all centers, and, during the last two years, it was particularly affected by the COVID-19 pandemic. Therefore, despite the annual reports delivered to the Social Security by the directors and the collaborative work between directors of the different centers within each district of the Social Security Institute, the work carried out by the directors themselves is not systematically and externally supervised, through a continuous and structured procedure or guideline. The issue of supervision of these centers needs further study (Rodrigues, 2018), requiring direct cooperation with higher education institutions, social organizations, and communities, and governmental plans and programmes with guidelines, as already implemented in past years (e.g., DOM program; SERE+ program). Although workers recognized the importance of external supervision, there was also reference to the costs associated with this service, not always possible to afford due to the limited financial resources of the centers (Suh & Holmes, 2022). While external supervision is not implemented in all centers, internal supervision is carried out by all directors, namely through group meetings, either with the technical team or the educational team separately, or with both simultaneously. Relevance of supervision and teamwork are seen as crucial for positive work conditions and to avoid staff turnover (Mor Barak et al., 2006; Sprang et al., 2011). Currently, directors also make use of other forms of work supervision, through online communication strategies, such as mobile applications (e.g., WhatsApp), e-mails or even through the occurrence book, which allows for the recording of important information that can be checked either by the director or by the other workers.

Besides promoting the workers' well-being, contributing to their personal development through in-service training and supervision, directors might be involved in personnel recruitment. Our preliminary results point out that decision-makers aim to foster the employment of workers with more experience, academic credentials in Education and Social Sciences, and with a specific psychological profile (Simões, 2011). In the educational teams, holding academic qualifications at a higher education level in the fields of Education or Social Service has not yet been integrated into current legislation (Law 164/2019). Despite no legal requirements, we realized that there is a tendency among the organizations to recruit, for their educational team, personnel with higher education degrees, mostly from the areas of Education and Social Service. Directors also indicated the difficulties in recruiting personnel with both professional expertise and soft skills (Hower et al., 2019). Soft skills such as empathy, interpersonal abilities, communication skills were also not learnt through educational institutions, with the organizations trying to transmit these skills through their own culture or through the example of the director's leadership. Furthermore, in relation to professional experience, especially within the educational team, there is still a great diversity of profiles, not always oriented toward the specific work with children and youngsters. As

previously mentioned by P. C. Martins (2004), the workers in the educational team should no longer be selected only for occasional previous work with children/youngsters, or even for their experience as parents themselves. Criteria such as having previously worked in the center, or professional internships and voluntary work in similar organizations, the availability to work in shifts, were also pointed out as criteria to be considered when hiring, especially to avoid workers' turnover, among technical and educational teams. High workers' turnover has an overall impact in organizations, but especially in residential care due to the context of the children and youngsters.

Limitations and Conclusions

There are some limitations in this study. Firstly, only directors were interviewed, and therefore, other workers' differences in perspective could not be analyzed. However, questions related to recruitment, promotion of well-being by management or the organization of in-service training were the main questions of our study – information which must be gathered with directors. Secondly, the sample size and the convenience sampling procedure in the present study also compromise data generalization. Thirdly, some questions related to the residential care system often depend on individual definitions or contextual determinants, depending on the legislation itself or on institutional protocols, and have an impact on human resources. An example of this is monthly salaries, which are not decided by directors.

To conclude, reflecting on the categories identified and the perceptions of the workers involved in social and educational services, there is a great concern for the well-being of the child, and in the assistance in the construction of the life project. The workers are seen as key elements in the centers, without whom this demanding work, marked by emotional and structural challenges, and constant changes would not be possible. The State's initiatives continue to have an important weight, in the definition of the academic credentials of workers in the technical teams, the number of children/youngsters per center or in the definition of the life paths of these children/youngsters. As personnel are called to apply soft skills daily, more training should be provided on this area, and on mental health and psychological and physical well-being, without which they cannot have quality of life and provide adequate care. Centers should invest in how to care for their caregivers, although it seems a long way to go before this is achieved. The interviews undertaken led us to a deeper understanding of how centers organize daily activities in a complex network, which includes directors, personnel, and children, in different contexts.

The analysis of the data gathered led us to conclude that there still a lot of work to be done in training and recruitment. Working groups with an international perspective could bring more inputs in how work in residential care centers

should be carried out. At present, training, and recruitment, particularly in educational teams, is still very dependent on each center, which is functioning mainly by itself and is mainly guided by the decisions of its director.

Future research could investigate whether the identified categories are similar around the country and comparatively with the international context, where the number of children and youngsters in residential care is not as high. New research projects to implement in-service training and intervention programs to promote personnel well-being are needed, as well as quantitative data to validate the exploratory conclusions of this work.

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No potential conflict of interest was reported by the author(s).

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Data Availability Statement

The datasets generated and analyzed during the current study are available from the corresponding author upon request. The authors take responsibility for the data's integrity and the data analysis's accuracy.

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