Youth-caregiver relationship quality in residential youth care: Professionals' perceptions and experiences

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Abstract
This study aimed to explore the perceptions and experiences of professionals working in residential care (RC) settings (i.e., caregivers and directors) about youth-caregiver relationship quality (YCRQ). Method: A qualitative study was developed in Portugal including 15 caregivers (73.3% women, 23–50 years) and 15 directors (73.3% women, 34–45 years) working in 18 generalist RC units. Data were collected through six focus groups using a semi-structured interview script. Data were analyzed following a content analysis approach using NVIVO 12 software. Results: Our findings revealed that the concept of YCRQ in RC was mainly described in terms of good qualities, and the organizational determinants of YCRQ relationships were most mentioned both by caregivers and directors (i.e., organizational social context, intervention models and strategies). Individual characteristics of youth and staff were less described as determinants of YCRQ. These findings provide important insights for practice. Conclusions: efforts should be made to design interventions in RC that aim to improve its organizational social climate so as to provide caregivers with the necessary support and resources that enable them to enhance positive YCRQ.

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Introduction

Children and adolescents who enter residential care (RC) settings have been exposed to several challenges and difficulties. According to the literature, these young people tend to have an increased risk for the development of mental health difficulties, specifically emotional, behavioral and social problems (e.g., Attar-Schwartz, 2008; Campos et al., 2019; González-García et al., 2017). Their heightened vulnerability to develop such problems may be due to a set of cumulative risk factors, namely previous adverse and possibly traumatic experiences (Magalhães & Calheiros, 2017; Magalhães & Camilo, 2023), the removal from the familial context, and adaptation to the new circumstances of life in RC settings (Jansen, 2010; Mota & Matos, 2015). Indeed, entering in RC may be an impactful experience that may have a negative impact on youth. However, despite the risks inherent to this context, research also reveals that the transition to RC settings may create an opportunity to establish stable and positive relationships with professionals (Cahill et al., 2016; Ferreira et al., 2020; Kendrick, 2013; Magalhães et al., 2021; Mota et al., 2018) which may improve their ability to cope with previous adverse experiences (Bravo & Del Valle, 2003) and foster their adaptation and psychological adjustment (Assouline & Attar-Schwartz, 2020; Magalhães & Calheiros, 2017; Magalhães & Calheiros, 2020; Magalhães et al., 2017; Silva & Calheiros, 2022). Furthermore, youth's perception of meaningful social support in RC can be an enhancer of personal development (Calheiros et al., 2013; Ferreira et al., 2020). Developing quality relationships is identified as an essential factor for effective interventions in residential youth care (Cahill et al., 2016). For all these reasons, it is crucial to consider the role of professionals in providing quality relationships with young people in care. Thus, in this study, we aim to explore RC professionals' perspectives in the Portuguese context about youth-caregiver relationship quality (YCRQ), from an ecological perspective. Considering that positive work environments may be associated with higher work quality (Williams & Glisson, 2014), which in turn may foster the quality of relationships between staff and young people in care, we aim to provide evidence, not only on the individual determinants of these relationships, but also on the organizational factors that influence their quality.

Youth-relationship quality

Relationship-based practices involve engaging in the co-construction of relationships with youth in care while attending to the caregiving environment, which has been considered critical to RC interventions (Garfat et al., 2018; Steckley, 2020). The care provided by residential caregivers to those young people is the core service in residential youth care, as it is the main component of their job (Bastiaanssen et al., 2012; Cahill et al., 2016; Harder et al., 2013; Silva, Calheiros et al., 2022). Effective services in residential

youth care require professionals who can establish high-quality relationships with them, especially those with closer contact with youth in care (i.e., caregivers) (Cahill et al., 2016). Furman and Buhrmester (1985; 1992) conceptualized the quality of close relationships as encompassing both positive (i.e., affection, reliable alliance, intimacy, companionship, instrumental help, nurturance, and admiration) and negative features (e.g., conflict, antagonism, criticism, and punishment). As such, a high-quality relationship in this context involves providing emotional support, being available and responding appropriately to young peoples' specific needs (e.g., Izzo et al., 2020; Sellers et al., 2020), and engaging in relationships characterized by intimacy, trust, warmth, and supportive practices (e.g., Cahill et al., 2016; Magalhães et al., 2021; Moore et al., 2018; Schofield et al., 2017). The establishment of quality relationships positively impacts young people in RC settings. Specifically, research reveals that supportive and positive relationships between these professionals and youth are associated with youth's developmental outcomes in terms of behavioral and emotional functioning (Assouline & Attar-Schwartz, 2020; Ferreira et al., 2020; Pinchover & Attar-Schwartz, 2018; Silva, Calheiros, et al., 2022), resilience (Izzo et al., 2020; Mota et al., 2016; Pinheiro et al., 2022), which allows for a successful adaptation to the RC setting (Mota & Matos, 2015), and well-being (Costa et al., 2020). Moreover, youth's perception of supportive relationships with residential caregivers is associated with lower levels of psychological and behavioral problems (Ferreira et al., 2020; Magalhães & Calheiros, 2017).

Besides the effect of YCRQ on youth's adjustment and development, research has also demonstrated that the benefits of interventions aimed to improve the quality of caregivers' relationships with the young people in care depend on how the RC settings provide them with support, skills training, and supervision (Eenshuistra et al., 2019; Leipoldt et al., 2019; Sellers et al., 2020). Indeed, YCRQ is particularly vulnerable to the organizational social context of RC settings (Glisson et al., 2012; Silva, Calheiros, et al., 2022; Silva, Carvalho, et al., 2022). A small body of research in the field of child and youth welfare has revealed that the organizational social context of these organizations (i.e., professionals' perceptions regarding the quality of their work environment and its impact on their wellbeing; Glisson & Hemmelgarn, 1998; Glisson et al., 2012) predicts the quality of the services provided, particularly regarding the quality of the relationship between youth and their residential caregivers (Glisson et al., 2012; Green et al., 2014; Silva, Calheiros, et al., 2022; Silva, Carvalho, et al., 2022). Specifically, prior studies have indicated that an organizational climate high on caregivers' personal engagement in their work role, on role clarity and sense of fairness is associated with a higher ability of caregivers to establish and maintain high quality relationships with the youth in care (Colton & Roberts, 2007; Glisson & Hemmelgarn, 1998; Silva, Calheiros, et al., 2022; Silva, Carvalho, et al., 2022). In addition, prior research has also indicated that, given the nature of residential caregivers' main tasks (i.e., supervising the youth in care in their daily routines, providing them with socio-educational care), their job may benefit from an organizational structure that is more task-oriented (Schmid, 2006), with a clear hierarchy of authority (Silva, Calheiros et al., 2022, Silva, Carvalho 2022) and formalization of work roles. Such an organizational structure relieves these professionals from excessive decision-making, thus allowing them to focus on providing youth with the care they need and on ensuring

that the daily functioning of the RC setting runs smoothly (Goering, 2018; Jordan et al., 2009). Taken together, findings of this body of research indicate that an effective organizational social climate of the RC settings, involving organizational support and cooperation, high role clarity and low role conflict, as well as a clear organizational structure, may provide the conditions for caregivers to develop positive relationships with young people in RC (Bakker & Demerouti, 2017; Colton & Roberts, 2007).

The study's context

Despite recent Portuguese policy encouraging the deinstitutionalization of out-of-home care for adolescents and children (Law n. 26/2018, de 05/07), around 95% of out-of-home placements are in a RC setting (ISS, 2023). The study that we present here is part of a broader research project conducted in Portuguese residential youth care settings on the quality of relationships in this context. RC is an out-of-home service prescribed by the child protection system to safeguard youth who were maltreated, ensuring their safety, wellbeing, and positive development (Law n. 147/99). Each child has a case manager in the CPS agency who is responsible for ensuring that all resources available are mobilized to ensure the success of the intervention, including the cooperation and coordination with the RC settings. In Portugal, the out-of-home care system is supervised by the Ministry of Welfare and includes foster family care, generalist RC settings, specialized RC settings (i.e., emergency shelters and RC that address therapeutic or educational needs for children and youth with severe mental health problems as well as autonomy apartments, which aim at supporting youth's transition to adult and independent life; Law n. 26/2018, de 05/07). Most placements of young people in the Portuguese out-of-home care system were motivated by neglectful practices (69%), such as lack of supervision and neglect on educational and health needs (ISS, 2023).

This study was conducted in generalist RC settings, which have the highest incidence of out-of-home placements (around 85%). Most children and youth placed in these settings are between 12 and 20 years old (63%) (ISS, 2023). Two out of three children and young people in generalist RC settings are 12 and over years old, and only 13% are under 6 years old, with equal percentage of boys and girls. Concerning their psychological and physical needs, 24.1% show behavioral difficulties, 6.8% were clinically diagnosed with a mental disability, 4.1% were diagnosed with a physical illness, 3.8% were diagnosed with a mental disorder, 2.9% were clinically diagnosed with a physical disability and 1.1% show addictive behaviors with and without substances (ISS, 2023). Around 40% have regular psychological intervention, 26.7% have been medicated, and 25.2% have regular psychiatry intervention. The intervention plan for most of these children and young people is family reunification (43%) followed by the autonomy/independent life transition (34%) (ISS, 2023).

In the context of RC youth care, professionals must provide services to a vulnerable population with complex needs (Calheiros et al., 2011; Rodrigues et al., 2013) and at risk of a range of mental health problems (e.g., Campos et al., 2019; Magalhães & Calheiros, 2017). RC caregivers, as front-line staff, are responsible for establishing and supporting them in their daily life activities (Bastiaanssen et al., 2014; Moore et al., 2018; Sulimani-Aidan, 2016)

and providing daily socio-educational care (Jordan et al., 2009; Mota & Matos, 2015). To establish high-quality relationships, these professionals should be viewed by youth as available and responsive (Calheiros et al., 2013; Ferreira et al., 2020; Pinheiro al., 2022), and respond in a way that is timely and supportive of their specific needs (Moore et al., 2018; Sellers et al., 2020). While they must establish a high-quality relationship with the young people in care, which can be an emotionally and psychologically demanding task, these professionals also experience a constant need to deal with complex bureaucratic legal and organizational regulations that is often accompanied by low salary (Glisson & Hemmelgarn, 1998; Glisson & James, 2002).

Despite the highly stressful and challenging nature of this work (Barford & Whelton, 2010; Steinlin et al., 2017), professionals can still be effective and remain engaged in their jobs, especially if their work environment provides them with adequate conditions (e.g., social support and quality relationship among the staff; Bakker & Demerouti, 2017). Thus, a positive work environment (where caregivers receive the support and the resources they need to deliver an effective service) may improve the quality of their work (Williams & Glisson, 2014), which in turn may enhance the quality of relationships with young people in care. Furthermore, the organizational social context in RC should ensure supportive services so that professionals can adaptively deal with their job demands (Silva, Carvalho et al., 2022) and provide the conditions and support for caregivers to establish high-quality relationships with youth in care (Silva, Calheiros et al., 2022).

Portuguese RC settings include multidisciplinary teams, composed of a team director, case managers (usually including social workers and psychologists), and residential caregivers (Carvalho, 2013; Delgado, 2006; ISS, 2007). RC team directors are responsible for the coordination of the RC services (e.g., taking on the role of planning, implementing, and evaluating annual intervention plans, managing budgets, ensuring children safeguard and care quality, managing both children and staff concerns and complaints, and liaise with local authorities, local community organizations, health and other professionals working with children) but also the management of human resources (e.g., recruiting, training, and supporting staff) (Delgado, 2006). Case managers are responsible for identifying youth's needs and services suitable for meeting those needs, advocating for them, and defining the individual intervention plan, in strict collaboration with child protection agencies (Carvalho, 2013). Finally, residential caregivers, usually under the supervision of case managers, are the front-line staff who support the young people daily in care in rotating shifts (Jordan et al., 2009). Specifically, they are responsible for establishing and maintaining the residential daily life and provide socio, emotional and educational care (e.g., helping children and young people with their waking and sleeping routines, supporting them to deal with school issues such as homework; Delgado, 2006). This study is focused on the caregivers' perceptions as well as on the directors' perspectives; despite their different roles in RC, they have a critical role on how the RC practices and interventions are implemented.

In fact, existing evidence examining the determinants of YCRQ has mainly focused on youth's characteristics (e.g., age, gender; Cahill et al., 2016; Costa et al., 2020; Izzo et al., 2020; Quiroga & Hamilton-Giachritsis, 2016) and professionals' characteristics (e.g., individual attributes and skills; Harder et al., 2013; Moore et al., 2018; Sulimani-Aidan, 2016),

overlooking an ecological perspective of these relationships. From an ecological perspective, YCRQ might be facilitated or inhibited by individual factors (such as youth's and caregivers' characteristics), but also by the RC organizational social climate, the relationship between the RC setting and other developmental contexts (meso system levels, such as the birth family or school context, and other community resources), as well as by macro system levels (such as actions from the national government entities and welfare ministry, and legal regulations). Research exploring the organizational factors, such as the organizational social climate, as determinants of the quality of relationships between professionals and young people in RC, is scarce. To our knowledge, only a few qualitative studies addressed RC professionals and other key workers experiences and perspectives regarding the nature, quality and factors involved in the relationships developed with youth in this context (Cahill et al., 2016; Quiroga & Hamilton-Giachritsis, 2016; Roche et al., 2021). These studies revealed that young people's characteristics as well as staff's personality and their capacity to positively engage with youth might enable relationship-based practices in RC (Cahill et al., 2016). Moreover, while some of these studies suggest that caregivers play an important emotional role in the relationship with the children they work with (Quiroga & Hamilton-Giachritsis, 2016; Roche et al., 2021), none of them have considered the perspectives of RC directors. Knowing the professionals' perceptions and representations of YCRQ is of utmost importance given that these workers are considered the "key-element" of youth's recovery and hold common misconceptions about what constitutes an effective childcare practice, with consequences to the quality of their interactions with the youth living in care (e.g., Bosk et al., 2020; Nordoff & Madoc-Jones, 2014). Thus, understanding professionals' perspectives regarding YCRQ can provide valuable insights into how to improve the quality of care and support offered to the young residents. Specifically, gaining an understanding of the professionals' experiences can reveal both the strengths and weaknesses of the care environment. This knowledge will potentially inform targeted efforts to build on the strengths and address any challenges, ultimately creating a positive and supportive environment for everyone involved and leading to better outcomes for the youth in care.

Therefore, the present study aims to explore RC professionals' perceptions about the determinants at the individual, group, and organizational levels of the quality of their relationship with the young people in RC. Specifically, following a qualitative design we aim to explore: (a) how professionals define and describe YCRQ; (b) their perceptions about determinants of YCRQ at individual, group, and organizational levels; (c) their experiences about determinants of YCRQ, including strategies used to promote high-quality relationships and/or to manage relationship conflicts, and (d) their perceptions about the benefits of interventions focused on YCRQ for young people in care.

Materials and methods

Participants

Participants were 15 caregivers (73.3% women) aged between 23 and 50 years old ($M =$ 33.13; $SD = 8.35$), and 15 directors (73.3% women) aged between 34 and 45 years old ($M = 38.80$; $SD = 4.04$), who worked in 18 generalist RC settings in Portugal. Most

caregivers had a higher education degree (n = 8; 53.4%), six had a high school education level (n = 6; 40%) and one lower secondary education (n = 1; 6.7%). The majority of caregivers' professional experience in RC settings ranged between six months and two years (n = 6; 40%), while three (20%) had three to five years, four (26.7%) had six to 10 years, and two (13.3%) had 11–15 years of professional experience. All RC units' directors had a higher education degree (of which five had a master's degree) and their professional experience in RC settings ranged between three and 20 years. Specifically, forty percent had up to 10 years of professional experience in RC settings, thirty-three percent had between 11 and 15 years of professional experience, and around twenty-seven percent had between 16 and 20 years of professional experience in RC settings.

The 18 RC settings were spread across the country, located in ten different cities, representing all five regions of Portugal mainland and the two Portuguese autonomous regions. Four of the 18 participating RC settings belonged to the same broad organization, which encompasses six RC settings targeting different populations: one for children up to 12 years old, one for teenage mothers or future mothers, and four for children and adolescents. Most (77.8%) were mixed (i.e., for males and females), 16.7% were female-only, and only .06% (one) was male-only. The majority (66.7%) housed both children and adolescents, while 33.3% housed only adolescents (i.e., young people aged 12 or more years old).

Measures

Sociodemographic questionnaire. This questionnaire was used to collect data about the participants' personal (e.g., sex, age, academic degree) and professional characteristics (e.g., time of professional experience in the RC setting). Information regarding the characteristics of the RC settings (e.g., number of young people in care, number of caregivers, and youth-to-caregiver ratio) was also provided by the RC director. After the invited directors and residential caregivers communicated their agreement in participating in the study, an informed consent form was sent to them along with the sociodemographic questionnaire to be filled, signed and sent to us, in case they agreed with the terms of consent.

Semi-structured focus group interviews. The semi-structured focus group interviews script contained four thematic blocks aimed to (1) inform participants about the focus group (e.g., objectives, contents, estimated duration, and ethical considerations), (2) promote their participation (warm-up; e.g., "How would you describe the work of a caregiver in RC settings?"), (3) explore their perceptions about YCRQ, and (4) thank participants' collaboration. Concerning the third thematic block, the script included four main questions considering (1) the participants' definition of relationships quality in settings (e.g., "What do you think about the concept of YCRQ?"); (2) the explanatory factors of relationships quality (e.g., "In your opinion, which factors/barriers hinder the development and maintenance of quality relationships between youth and their caregivers?"); (3) the individual, group, and organizational intervention strategies used, their planning and effects on solving relationship conflicts or promoting good quality relationships (e.g.,

"Please, think about an episode of conflict between a caregiver and a young boy/girl. Usually, what strategies do you apply?"); and (4) professionals' perceptions about the benefits of an intervention centered on the quality of relationships for youth's development and well-being (e.g., "Which benefits for youth development and well-being do you think that the development of good quality relationships between youth in RC settings and their caregivers can have?"). These thematic blocks and questions were developed to be able to respond to the objectives set for this study. Each objective was operationalized in a specific thematic block. Given that the main objective of this study was to identify the determinants of YCRQ, the first block was focused on the concept of YCRQ, to enable us to frame the staff's perceptions about the determinants.

Procedures of data collection

This study is part of an ongoing broader research project, which aimed to explore the determinants of quality of relationships in RC to further inform policy and practices, and that was approved by the Ethics and Deontology Committee of the Faculty of Psychology, University of Lisbon. Following this approval, formal contacts, by e-mail and phone, with the RC units were made to request the data collection's necessary authorizations. The RC units were selected based on a convenience criterion but ensuring that all five regions of Portugal's mainland and the two Portuguese autonomous regions may be represented in this study. Professionals were invited to participate if they fulfilled the inclusion criteria, defined as (a) residential caregivers and directors whose length of service in the current RC unit was at least six months; (b) RC units where youth aged 12 years old or older were placed. All invitations were first made by an e-mail addressed to the RC setting directors inviting them to participate in the study and asking them to invite residential caregivers from that setting who might be interested in participating. Also, a snowball approach was adopted, where residential caregivers provide referrals to further participants required for a research study. Participants were informed about the study goals and ethical aspects, namely that their identity would not be disclosed when analyzing and reporting the data. After obtaining informed consent to record the sessions, the six focus groups - three of them with RC units' directors and the other three with caregivers - were conducted by two researchers who graduated in psychology, and with experience as interviewers, through an online platform to include professionals of different Portuguese geographical contexts. Both researchers participated in all six focus groups, one with the role of facilitator and the other with the role of observer and scribe. Only the audio recording was stored for focus groups' transcription. Each focus group had four to six participants and lasted between 95 and 120 minutes. Focus groups were selected as the strategy to collect data given that it enables collecting evidence closer to the "real" context as it arises from the interaction of our participants with each other. As such, unlike individual interviews, which are more prone to social desirability, focus groups allow us to identify evidence that results from the agreements and disagreements shared by the individuals (Greenbaum, 2000; Morgan, 1996).

Procedures of data analysis

The focus groups, conducted in the participants' language (i.e., Portuguese), were transcribed verbatim and analyzed using NVivo12, a software package used for qualitative data analysis. A qualitative content analysis was conducted, combining an inductive approach using a bottom-up procedure, with categories and subcategories based on the data semantic content (i.e., words or phrases in reference and relevant to a single theme), and a deductive approach using a top-down procedure, starting from categories derived from theory to coding data (Bardin, 2007; Berg & Lune, 2012; Massey, 2011). Following the guidelines on content data analysis (Schreier, 2012), we aimed to reduce data through a systematic way of qualitative analysis, building our coding frame by examining all the material collected. In fact, the selection of qualitative content analysis (instead of other approaches such as thematic analysis) derived from the study's objectives of comparing/contrasting the directors' perspectives with caregivers' viewpoints, which involved more quantification than other qualitative approaches. The research team developed a consensual coding system with the selected units of analysis, and the categories and subcategories which were subsequently cross-checked with theoretical concepts regarding youth-caregiver relationship quality (YCRQ), and the final version of the content map was achieved. Five researchers were involved in the data analysis and in creating the dictionary of categories. Three members of the research team participated in the whole process from the beginning, which was then discussed with the other two researchers who offered additional insight in the coding/analysis process. Reliability evidence was achieved through a co-coding process, which enabled us to achieve an inter-rater agreement score. As such, we randomly selected 985 units of analysis (around 35% of the units of analysis) that were subsequently coded by an independent judge based on the dictionary of categories. The coding system had good inter-rater agreement (*Cohen's Kappa* = .70) (Brennan & Silman, 1992). The whole data analysis was conducted in Portuguese, and only after concluding the coding process, the excerpts were translated into English. The units of analysis from the focus groups considered particularly representative were selected to illustrate each category/sub-category. These excerpts were labelled with the sociodemographic information that described the professional (role in the RC unit, i.e., caregiver (Cg) or director (Dir)). Results will be fully described in Tables S1 to S3 (supplementary material), but for parsimonious reasons, in the text, we will merely describe the most frequently mentioned categories and sub-categories (minimum frequency of 20%) by one or both groups of professionals (i.e., caregivers or directors).

Results

As shown in Tables S1, S2 and S3 (supplementary materials), the 2528 units of analysis ($N_{caregivers} = 1121$; $N_{directors} = 1407$) were organized into three sections consistent with our research questions and objectives: Concept of YCRQ in RC, Factors influencing YCRQ in RC and Perceived benefits of the interventions focused on YCRQ in RC.

Concept of youth-caregiver relationship quality in residential care

The Concept of YCRQ in RC ($N_{caregivers}$ = 310; 27.60%; $N_{directors}$ = 288; 20.47%), presented in Table S1, refers to professionals' conceptualization of relationship quality and includes two categories: *Characteristics of good-quality relationships* ($N_{caregivers}$ = 243; 78.39%; $N_{directors}$ = 235; 81.60%) and *Characteristics of poor-quality relationships* ($N_{caregivers}$ = 43; 13.87%; $N_{directors}$ = 35; 12.15%).

Characteristics of good-quality relationships. Results showed that some of the most mentioned characteristic of good quality-relationships common amongst caregivers and directors was *Emotional bonding* ($N_{caregivers}$ = 52; 21.40%; $N_{directors}$ = 52; 22.13%) which refers to the secured and affective connection between young people and caregivers (e.g., "the touch, the hug", Dir). From the caregivers' perspective, good-quality relationships involve a *Trust alliance* ($N_{caregivers}$ = 51; 20.99%; $N_{directors}$ = 25; 10.64%) which refers to developing a relationship where young people can rely on caregivers (e.g., "I also think that trust is one of the most important steps for us to develop a youth-caregiver relationship quality.", Cg).

Characteristics of poor-quality relationships. The sub-category more reported by caregivers and directors was *Conflict and Antagonism* ($N_{caregivers}$ = 10; 23.26%; $N_{directors}$ = 8; 22.86%) which refers to interactions marked by disagreement, quarrel, and getting mad and annoyed by each other's behavior (e.g., "Sometimes, young people speak aggressively with caregivers and do not respect rules", Cg). Moreover, mostly mentioned by directors was the sub-category *Criticism* ($N_{caregivers}$ = 2, 4.65%; $N_{directors}$ = 8; 22.86%), involving negative interactions marked by pointing out each other's faults, putting each other down, criticizing, and saying mean or harsh things to each other (e.g., "(….) a caregiver who did not forget the negative/inappropriate behaviors of some young people and was always holding that against them, creating a negative climate.", Cg).

From the caregivers' perspective, poor quality relationships involve a *Relationship of dependence* ($N_{caregivers}$ = 12; 27.91%) which refers to the over-reliant relationship between young people and caregivers (e.g., "(…) a toxic relationship, a relationship of dependency between a young person and a caregiver", Cg). Moreover, from the directors' perspective, poor-quality relationships mostly involved *Lack of empathy* ($N_{directors}$ = 8; 22.86%), which involves the lack of ability to recognize, understand, and sense another person's thoughts and feelings (e.g., "I think that above all is the lack of empathy that characterizes a poor-quality relationship (…)", Dir).

Factors influencing youth-caregiver relationship quality in residential care

Table S2 shows the Factors influencing YCRQ in RC ($N_{caregivers}$ = 734; 65.48%; $N_{directors}$ = 1081; 76.83%). This accounts for the individual, group, and organizational factors that RC professionals perceived as positively and negatively influencing the high-quality youth-caregiver relationships. It includes the following macro-categories: *Organizational*

structure and climate, Intervention models and strategies, Youth's characteristics, RC professionals' characteristics, and *Macrosystemic factors*.

Organizational social context. The macro-category *Organizational social context* ($N_{caregivers}$ = 235; 20.93%; $N_{directors}$ = 475; 43.94%) was the first explanatory factor of YCRQ most mentioned both by caregivers and directors. The first most mentioned category was *Organizational climate* ($N_{caregivers}$ = 71; 30.21%; $N_{directors}$ = 130; 27.37%) that concerns how professionals perceive the different characteristics and the quality of their work environment, their interactions with other members of the RC unit, the power relations, and organizational processes. *Cooperation* ($N_{caregivers}$ = 42; 59.15%; $N_{directors}$ = 49; 39.84%), was the most salient sub-category between caregivers and directors, and involves professionals' perception of cohesion, mutual help and cooperation between RC professionals in the scope of their duties, as well as team communication and sharing, and common intervention objectives (e.g., "If we have a cohesive, solid team, i.e., if we all work together in the same direction, then our work and our [positive] relationship with the children will be facilitated. ", Cg; "There are several factors that promote good-quality interpersonal relationships in RC units. Namely, what I feel and what I think is a very favorable factor for this is, above all, having a cohesive team, teamwork, and mutual help between all caregivers… because when this work environment is good it is easier to achieve a positive environment with young people and between young people in the RC unit." Dir).

The second most mentioned category was *Directors' role* ($N_{directors}$ = 108; 22.74%) that emerged exclusively from the focus groups with directors and refers to the directors' perceptions about what should be their role in the promotion of high-quality relationships in RC. The most frequently mentioned sub-category was *Mediation* ($N_{directors}$ = 41; 37.96%) of conflicts between youth and caregivers (e.g., "the director is also the facilitator or mediator of the relationship in this sense between the young people and the caregiver", Dir).

Intervention models and strategies. Considering the macro-category *Intervention models and strategies* ($N_{caregivers}$ = 286; 25.37%; $N_{directors}$ = 410; 29.14%) the most mentioned category was *Educative strategies* ($N_{caregivers}$ = 59; 20.63%; $N_{directors}$ = 69; 16.83%) which refers to intervention approaches focused on learning processes and development of youth's skills. These educational strategies include *Role modeling* ($N_{caregivers}$ = 13; 22.03%; $N_{directors}$ = 28; 40.58%) whereby the professionals play the role of a relationship model (e.g., "(…) we are examples, we are models (…)", Dir), *Promoting activities' diversification* ($N_{caregivers}$ = 11; 18.64%; $N_{directors}$ = 26; 37.68%), which refers to promoting leisure and extracurricular activities that meet young people's needs and preferences (e.g., "(…) help them experience positive moments, different experiences, involving them in different activities", Dir) and *Support autonomy* practices ($N_{caregivers}$ = 2; 3.39%; $N_{directors}$ = 15; 21.74%), which refers to interventions aimed at promoting autonomy training and skills. Finally, *Take care and educate* ($N_{caregivers}$ = 16; 27.12%) was only mentioned by the caregivers and includes teaching, caring, playing, advising, understanding, and being affective (e.g., "and the educator also has this role of teaching,

of providing them with moments for them to understand what is what, speaking, everything", Cg). Furthermore, concerning the category *Challenges and difficulties in RC interventions* ($N_{caregivers}$ = 12; 4.20%; $N_{directors}$ = 143; 34.88%), directors particularly highlighted the sub-category *Inefficient intervention strategies* ($N_{directors}$ = 45; 31.47) such as behavior management difficulties and the use of inefficient communication strategies.

Youth's characteristics. *Youth's characteristics* ($N_{caregivers}$ = 124; 16.89%; $N_{directors}$ = 71; 6.57%) mentioned by both caregivers and directors comprises *Individual characteristics* ($N_{caregivers}$ = 74; 59.68%; $N_{directors}$ = 28; 39.44%), such as those related with their global development, personality, and behavior (e.g., "(…) they are all different from each other, regardless of how they enter (…)", Cg) and *Life history* ($N_{caregivers}$ = 22; 17.74%; $N_{directors}$ = 18; 25.35%), which includes young people's previous family and relational experiences (e.g., "most of these young people, at least those who have passed through our home, have broken ties and relationships", Dir).

Residential care professionals' characteristics. Regarding *RC professionals' characteristics* ($N_{caregivers}$ = 72; 9.81%; $N_{directors}$ = 108; 9.99%), both caregivers and directors perceived *Individual characteristics* ($N_{caregivers}$ = 22; 30.56%; $N_{directors}$ = 35; 32.41%) such as their personality attributes and personal profile (e.g., "for the relationship to be positive and to have quality also has a lot to do with the profile of the caregivers, with the personal characteristics of each one (…)", Dir) and *Professional competencies* ($N_{caregivers}$ = 18; 25%; $N_{directors}$ = 22; 20.37%) such as soft and hard skills (e.g., "(…) it is very important to have people working in residential care who have the ability to create healthy, structured and happy relationships (…)", Cg) as having impact in YCRQ. Caregivers also highlighted the role of *professionals' psychological health and well-being* ($N_{caregivers}$ = 20; 27.78%; $N_{directors}$ = 18; 16.67%), which means that staff's state of well-being and psychological health or functioning were perceived as impacting YCRQ.

Macrosystemic factors. Concerning the *Macrosystemic factors* ($N_{caregivers}$ = 17; 2.32%; $N_{directors}$ = 17; 1.57%), both directors and caregivers frequently mentioned the impact of *Social images of youth in RC* ($N_{caregivers}$ = 7; 41.18%; $N_{directors}$ = 5; 29.41%) on YCRQ, which means that they perceive that social shared ideas about youth in RC have an effect on YCRQ. Only mentioned by caregivers was the impact of the *Pandemic* ($N_{directors}$ = 12; 70.59%), which means that the global pandemic of COVID-19 has impacted the YCRQ. Finally, mentioned only by directors was the *Child Protection Services' barriers* ($N_{caregivers}$ = 10; 58.82%) such as youth's families ($N_{caregivers}$ = 7; 70%) and judicial procedures ($N_{caregivers}$ = 2; 20%).

Perceived benefits of the interventions focused on the youth-caregiver relationship quality in residential care

Perceived benefits of the interventions focused on the YCRQ in RC ($N_{caregivers}$ = 77; 6.87%; $N_{directors}$ = 38; 2.70%), presented in Table S3, include the categories *Global*

development and Well-being ($N_{caregivers}$ = 31; 40.26%; $N_{directors}$ = 12; 31.58%), which refers to the positive impact of YCRQ on physical, cognitive, and psychological development, and youth's subjective well-being, namely in terms of life satisfaction, the development of subjective sense of personal worth or value, the development of young people's identity as the integration of the past experiences and the positioning of the self in the future as well as the development of ethical principles and social and moral values (e.g., "we want that our good relationship with them serves to enhance their development", Cg) and *Emotional Bonding* ($N_{caregivers}$ = 19; 24.68%; $N_{directors}$ = 24; 63.16%), including the acquisition of new and healthy relationship models and youth's sense of belonging and emotional bond to places and people (e.g. "experiencing positive relationships will then also allow them to reproduce those same experiences they had in a more positive way", Dir). Caregivers also frequently mentioned the category *Competencies* ($N_{caregivers}$ = 18; 23.38%; $N_{directors}$ = 2; 5.26%) such as youth's self-regulation and ability to express emotions and affection, and youth's ability to act and decide according to their own preferences, interests, and skills (e.g., "she can recognize and calm down more easily than when there was no well-established relationship", Cg).

Discussion

This study aimed to explore the perceptions about YCRQ from the directors' and caregivers' perspectives in RC, specifically considering the determinants of YCRQ at the individual, group, and organizational level, thus assuming an ecological perspective.

Concept of youth-caregiver relationship quality

Results revealed that participants conceptualized YCRQ using characteristics of both good-quality and poor-quality relationships between caregivers and young people in care. Results showed that both caregivers and directors conceptualized YCRQ mainly by the presence of positive relational characteristics, such as an emotional bond and trust alliance. Indeed, to establish high-quality relationships, RC professionals must be able to develop relationships involving intimacy and trust (e.g., Cahill et al., 2016; Magalhães et al., 2021; Moore et al., 2018; Schofield et al., 2017) and provide emotional support (e.g., Izzo et al., 2020; Sellers et al., 2020). On the contrary, results showed that poor-quality relationships were portrayed by professionals as involving conflict, antagonism and criticism. These findings are consistent with Furman and Buhrmester's (1985; 1992) conceptualization of the quality of close relationships, operationalized as comprising both positive and negative features. According to their model, positive relationship qualities reflect the satisfaction of the relevant social needs outlined in Weiss's (1974) theory (i.e., affection, reliable alliance, intimacy, companionship, instrumental help, nurturance, and admiration), while negative qualities, such as conflict, antagonism, criticism, and punishment, are indicative of negative interactions within the relationship.

Furthermore, some noteworthy differences were found between caregivers' and directors' perspectives: while caregivers highlighted the presence of a relationship of dependence between young people and caregivers as hindering the development of

positive relationships, directors perceived the lack of empathy as a characteristic of poor-quality relationships. These results can be explained by the nature of the roles developed by these professionals while in RC. Specifically, caregivers are the frontline staff responsible for establishing and supporting youth with daily routines and care (Bastiaanssen et al., 2014; Moore et al., 2018; Sulimani-Aidan, 2016). Thus, the dependency and autonomy developed in these relationships are particularly salient for these professionals. On the other hand, given that directors are less involved in the daily dyadic relationship with youth than the caregivers they might be more insightful in identifying professionals' abilities to manage their actions and reactions to youth's needs. This is in line with previous studies revealing that frontline professionals have less favorable attitudes regarding practices based on the understanding and empathy for children's challenging behavior (trauma-informed care attitudes) than management staff (Black et al., 2022).

Determinants of youth-caregiver relationship quality

Based on their professional experiences, caregivers and directors identified determinants at different levels (individual, group, and organizational factors) that can affect the establishment of YCRQ. Results revealed that organizational factors were the most frequently mentioned, specifically organizational climate and the directors' role. Concerning organizational climate, participants highlighted cooperation as an important component of RC organizations to promote high-quality relationships. Research acknowledges that, to provide caregivers with the optimal conditions to develop positive relationships with young people in RC, organizational climate should involve support and cooperation (Bakker & Demerouti, 2017; Colton & Roberts, 2007; Silva, Calheiros et al., 2022). Caregivers who perceive consistency in team interventions, team cooperation, and support between professionals (e.g., advice, emotional support), as well as caregivers who experience their job as rewarding and with opportunities for growth, present higher involvement (Barford & Whelton, 2010; Quiroga & Hamilton-Giachritsis, 2016; Steinlin et al., 2017; Swan et al., 2018) thus improving the quality of their work (Williams & Glisson, 2014) and, consequently, YCRQ.

In contrast with the other categories within the overarching construct of organizational social context, the directors' role in the development of YCRQ was only mentioned by the directors themselves. Specifically, directors perceived that their role as mediators of conflicts between youth and caregivers is crucial for the development of quality relationships between youth and caregivers. This is consistent with previous literature highlighting directors' pivotal role in promoting a positive environment within the RC setting, by serving as role models in coping with the challenges and fostering opportunities for skills development for both the staff and the young people in care (Hicks, 2008; Pinchover et al., 2015; Schmid, 2008). Indeed, research has emphasized that a significant part of the management of RC settings revolves around empowering the staff to meet the needs of the young people in care, by modelling good practices and offering effective alternatives for problem solving (Hicks, 2008). Surprisingly, in this study, caregivers did not mention the directors' role in mediating YCRQ, which can indicate that they perceive a low direct involvement of directors in the relationships between staff and

young people in the RC setting. Intervention models and strategies were also frequently mentioned by both caregivers and directors. Particularly, both groups of professionals referred to the use of educational practices focused on learning processes and development of youth's skills such as role modeling. From the directors' perspectives, educational strategies should also involve providing youth with diverse activities and autonomy support. Caregivers highlighted the use of educational strategies involving taking care and educating such as teaching, caring, playing, advising, understanding, and being affective. This is particularly important considering that directors also highlighted the challenges and difficulties in developing interventions in RC settings, derived from inefficient intervention strategies.

Individual factors were less identified by directors and caregivers, but the characteristics of young people and professionals were also highlighted. Caregivers and directors referred to the impact of youth's individual characteristics, such as global development, personality, behavior, and life history. These results are in line with previous research showing that caregivers perceive that they can experience different affective bonds with each young person based on their individual characteristics (Cahill et al., 2016; Quiroga & Hamilton-Giachritsis, 2016) and that youth's history of previous dysfunctional relationships may challenge the development of high-quality relationships (Cahill et al., 2016; Moore et al., 2018). Concerning professionals' characteristics, caregivers and directors also referred to the impact of professionals' individual characteristics such as personality, as well as professionals' skills to foster positive relationships. RC professionals who are committed, trustworthy, supportive, and can patiently and empathically listen, talk to youth about topics they are interested in, and help them solve problems (Moore et al., 2018; Mota et al., 2016; Sulimani-Aidan, 2016) are more able to develop positive relationships. Not only these professional skills (e.g., commitment, clarity, reliability, respect, positive feedback, limit setting) are associated with YCRQ (Harder et al., 2013; Moore et al., 2018; Sulimani-Aidan, 2016), but YCRQ was also identified as benefiting youth's developmental outcomes.

Finally, participants have also mentioned the influence of macrosystemic factors on YCRQ. Both caregivers and directors mentioned the influence of social images of youth in RC, consistently with a range of evidence highlighting the negative impact of social images on young people's adjustment (Calheiros et al., 2021; Silva & Calheiros, 2022). Caregivers referred to the barriers inherent to the child protection services (i.e., youth's families and judicial procedures), while directors mentioned the impact of the pandemic on YCRQ. In fact, evidence exists suggesting that the pandemic was particularly critical for vulnerable populations such as youth in out-of-home care, undermining the security of the relational environment of the care settings (Jones et al., 2020).

In sum, this study extends the existing literature by highlighting the crucial role of organizational factors and intervention models in RC, thus going beyond merely exploring individual characteristics of staff or young people as determinants of YCRQ. In fact, existing evidence examining the determinants of YCRQ has mainly focused on youth's or staff characteristics (e.g., Izzo et al., 2020; Moore et al., 2018; Sulimani-Aidan, 2016), overlooking an ecological perspective of these relationships. In addition, our findings strengthen the importance of exploring, contrasting, and integrating idiosyncratic

experiences of different professionals when exploring determinants of YCRQ. For instance, while directors perceived their mediating role as a particularly important determinant of YCRQ, this view was not shared by caregivers. On the other hand, only caregivers perceived behavior regulation strategies as important determinants of YCRQ. These results therefore revealed that different lenses might emerge according to what may be more salient for different staff in RC. This insight reinforces the need to involve different stakeholders and perspectives when exploring RC services and their quality, using a collaborative and participatory approach (Sacchetto et al., 2018).

Perceived benefits of the interventions focused on the youth-caregiver relationship quality in residential care

Participants merely identified benefits of the interventions focused on the YCRQ in RC for young people's outcomes (and not for the professionals' performance or the organizational climate). Specifically, professionals recognized the importance of YCRQ for youth's global development and well-being. These results are consistent with research indicating that YCRQ in RC is one of the most significant predictors of youth's development in terms of behavioral and emotional functioning (Assouline & Attar-Schwartz, 2020; Ferreira et al., 2020; Silva, Calheiros et al., 2022) and global well-being (Costa et al., 2020). Moreover, directors and caregivers also perceived that YCRQ impacts the development of emotional bonding, as young people acquire healthy relationship models and a sense of belonging and emotional bond to places and people. Permanence in RC may provide them with security and a sense of belonging (Schofield et al., 2017) that may facilitate the construction of a positive YCRQ. By engaging in continuous, appropriate, and predictable interactions with youth, professionals in RC help them integrate their previous and current experiences and provide them with positive and healthy relationship models (Izzo et al., 2020). Finally, caregivers also highlighted that high-quality relationships promote the improvement of youth's competencies such as behavioral and emotional self-regulation and personal decision-making. Surprisingly, the professionals participating in this study did not identify the benefits of intervening in YCRQ for themselves and for the organizational climate, as has been identified in the literature. Specifically, previous studies highlighted the importance of professionals having the appropriate knowledge and skills to increase job satisfaction, prevent staff turnover, and improve work environment (Eenshuistra et al., 2019). Considering that personal qualities, attributes, skills, and knowledge underpin interpersonal relationships (Trevithick, 2003), the identification of these components makes it possible to inform the training needs of professionals on how to improve youth-caregiver relationships. Moreover, the differences identified between directors and caregivers suggest that their representations about YCRQ are potentially influenced by the different professionals' roles in RC, emphasizing the importance of intervening using an organizational lens (i.e., teams).

Limitations and implications

The present study contributes to expand existing literature on the experiences and perspectives of RC professionals on YCRQ. This study further adds to previous work by considering an ecological perspective in exploring different levels of analysis, including the organizational factors that, according to the professionals' perspective, determine YCRQ. However, some limitations should be considered. While the reliance on multiple informants (i.e., directors and caregivers' reports) is an important methodological strength of this study, future research could also examine youth's perspectives about YCRQ to explore differences and similarities between all agents involved in RC. Doing so would providing additional valuable information to inform the design of interventions considering youth's and professionals' needs. Moreover, results of this study rely on the perspectives of a convenience sample of professionals from generalist RC settings only, not including therapeutic residential settings for young people with severe psychological needs, which are characterized by a relationship-based practice per se (Kor et al., 2022). Finally, a set of sociodemographic variables was not assessed in this study (e.g., race, gender identity, sexual orientation) but would be important to be considered in further studies.

Notwithstanding the limitations identified, a set of implications for practice could be stated. Overall, the findings of this study emphasize the relevance of caregivers' and directors' perceptions and experiences of the determinants of YCRQ to the development of strategies in RC dynamics. Even though participants did not identify benefits of the interventions focused on the YCRQ in RC for the professionals' performance or the organizational climate, they highlighted the role of these variables as determinants of YCRQ.

Moreover, this information can be used to inform intervention programs aimed at developing a therapeutic milieu focusing on YCRQ in this context. These programs should contribute to the training and skills development of RC professionals (especially caregivers in closer contact with youth) focused on the establishment of high-quality relationships in RC. To foster professionals' skills and improve YCRQ, residential staff should receive continuous supervision and training (Eenshuistra et al., 2019; Silva, Calheiros et al., 2022) focused on multiple elements such as emotional support (Costa et al., 2020; Silva, Carvalho et al., 2022) and trust in a way that is consistent with youth's specific needs and individual characteristics.

Furthermore, the findings of this study further inform the trauma-informed care models specifically applied to residential childcare, whose strategies are based on the quality of caregiving for youth's emotional recovery (Feldman, 2015). Given that youth in RC often endure highly adverse pre-care experiences, and professionals perceive the impact of their life history on YCRQ, professionals need to be prepared to deal with these youth's specific and complex needs (Colton & Roberts, 2007; Quiroga & Hamilton-Giachritsis, 2016; Izzo et al., 2020). Moreover, trauma-informed practices are embedded in the organizational climate and culture, and organizations should adopt a trauma-based framework in service delivery and workforce management (e.g., strategies to support workforce safety, effectiveness and resilience, given professionals' risk of experiencing secondary trauma;

Substance Abuse and Mental Health Services Administration, 2014). In line with this recommendation, the results of this study point to the influence of organizational factors, particularly organizational social climate, on YCRQ. Indeed, RC organizations should provide the necessary conditions for the construction of an organizational social climate that allows caregivers to establish high-quality relationships with young people in care (Silva, Calheiros et al., 2022). Thus, efforts should be made to design interventions aimed at improving the organizational social climate of RC settings, that provides caregivers with the necessary support and resources (Silva, Carvalho et al., 2022; Williams & Glisson, 2014).

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As part of IARR's encouragement of open research practices, the author(s) have provided the following information: This research was not pre-registered. The data used in the research cannot be shared with any person for reasons of privacy and protection of participants' data. The materials used in the research cannot be publicly shared but are available upon request. The materials can be obtained by emailing: maria.calheiros@psicologia.ulisboa.pt.

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Supplemental Material

Supplemental material for this article is available online.

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