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Rethinking Well-being in Residential Child Care: A Critical Synthesis of Risk, Protection, and Relational Ecologies

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Abstract:
Children and adolescents living in residential child care often experience heightened developmental vulnerability arising not only from pre-placement adversity, but also from the relational and institutional conditions that shape everyday care (Barone et al., 2016; Beinum, 2008; Engel de Abreu et al., 2023). Although a substantial body of literature has examined risk and protective factors associated with psychological well-being in residential settings, this evidence remains fragmented across individual, relational, and contextual domains, with limited attention to how these dimensions interact (Giraldi et al., 2022). This paper offers a critical synthesis of the literature on well-being in residential child care, with the aim of rethinking prevailing variable-based approaches and advancing a more relational and ecologically grounded understanding of children's developmental trajectories. Adopting a systematised narrative review design, the paper draws on studies published between 2000 and 2025 that address the psychological well-being of children and adolescents in residential care. The review examines key intrapersonal factors, including resilience, self-esteem, self-efficacy, emotional intelligence, coping, and cognitive functioning (Luthar et al., 2000; Cha & Nock, 2009; Bandura, 1997; Goleman, 1995), alongside contextual and relational dimensions such as caregiver-child attachment, peer relationships, sibling co-placement, family contact, placement duration, and the organisational quality of care settings (Costa et al., 2020; Perry & Price, 2018; McWey et al., 2010). Rather than treating these as discrete predictors, the paper analyses how they operate dynamically within systems of care, support, and institutional constraint. The review argues that well-being in residential child care cannot be adequately understood through isolated risk/protection frameworks alone. Instead, developmental outcomes are shaped by the interaction between children's internal resources and the quality of the relational and ecological environments in which they live (Bronfenbrenner, 1994). In particular, stable and emotionally attuned relationships with caregivers, positive peer climates, and care environments informed by trauma-sensitive and developmentally responsive practices emerge as central protective conditions (Bath & Seita, 2018; Brunzell et al., 2019). At the same time, the review highlights major limitations in the field, including conceptual inconsistency, methodological heterogeneity, weak longitudinal evidence, and insufficient cross-cultural analysis (Ainsworth & Thoburn, 2014). The paper contributes to the literature by advancing a relational-ecological framework for understanding well-being in residential child care and by identifying priorities for future research, policy, and practice. It argues for a shift from deficit-oriented and static models towards a more integrated understanding of care as a developmental, relational, and ethically significant environment.

Keywords: trauma-informed care, residential care, children protection, development

INTRODUCTION

The right of every child to grow up in a safe, stable, and nurturing family environment is widely recognised as essential to their psychological, emotional, and cognitive development. When families cannot provide such conditions due to neglect, abuse, or other risks, public authorities may intervene by placing children in alternative care arrangements. Within this continuum, residential child care remains one of the most complex and debated forms of intervention. While it is often necessary to ensure children's immediate safety, it simultaneously disrupts established attachment relationships and may expose children to new forms of vulnerability within institutional contexts (Barone et al., 2016; Beinum, 2008).

International frameworks, including the United Nations Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children (UN General Assembly, 2009), emphasise that residential care should be used only when necessary and should approximate family-like environments. However, despite these principles, the lived realities of residential care vary significantly across contexts, reflecting differences in policy, resources, and professional practice. As a result, children's developmental trajectories cannot be understood solely in terms of pre-placement adversity, but must also be analysed in relation to the relational and structural conditions of care environments.

A substantial body of research has documented elevated risks among children in residential care, including socio-emotional difficulties, behavioural problems, and long-term psychosocial vulnerability (Johnson & Gunnar, 2011). At the same time, increasing attention has been given to protective factors that support resilience and positive development, including intrapersonal resources such as self-esteem and emotional regulation, as well as contextual dimensions such as caregiver relationships and peer support (Costa et al., 2020; Lou et al., 2018). However, this literature remains fragmented, often treating risk and protective factors as discrete variables rather than as interdependent processes embedded within complex systems of care (Giraldi et al., 2022).

This fragmentation reflects a broader limitation in the field: the dominance of variable-based approaches that prioritise identifying predictors over understanding developmental processes. Such approaches tend to isolate individual traits from their relational and ecological contexts, obscuring how well-being is co-constructed through interactions between children and their environments. Furthermore, constructs such as resilience and self-efficacy are frequently mobilised in ways that risk individualising responsibility for adaptation, without sufficient attention to the relational and structural conditions that enable these capacities (Luthar et al., 2000).

The international evidence base is further complicated by conceptual inconsistency and methodological heterogeneity. Variations in terminology, such as "institution," "children's home," and "group care", limit comparability across contexts (Ainsworth & Thoburn, 2014), while the predominance of cross-sectional studies restricts the ability to capture developmental change over time (Goemans et al., 2015). Moreover, insufficient attention has been paid to how socio-cultural and policy contexts shape both the organisation of residential care and children's lived experiences.

In response to these limitations, this paper offers a critical synthesis of the literature on risk and protective factors in residential child care. Drawing on an integrated theoretical framework that

combines Attachment Theory (Bowlby, 1978), Ecological Systems Theory (Bronfenbrenner, 1994), and Trauma-Informed Care (Bath & Seita, 2018), the paper reconceptualises well-being as emerging from the dynamic interaction among individual capacities, relational processes, and structural conditions.

THEORETICAL FRAMEWORK

Understanding well-being in residential child care requires moving beyond isolated accounts of individual traits or environmental factors to analyse how developmental processes are shaped within relational and institutional contexts. To address this complexity, the present study adopts an integrated theoretical framework that combines Attachment Theory, Ecological Systems Theory, and Trauma-Informed Care. Instead of viewing these as separate descriptive perspectives, this framework is used analytically to explore how care environments organise relationships, allocate support, and influence children's capacities for adaptation and well-being.

Attachment Theory provides a core perspective for understanding how relationships affect development, emphasising how early caregiving experiences shape internal working models of the self and others (Bowlby, 1978). For children in residential care, the disruption of primary attachment bonds is not simply a background context but a crucial part of their developmental journey. Empirical studies regularly link caregiver deprivation and institutionalisation with negative socio-emotional and relational outcomes (Barone et al., 2016). However, the significance of attachment theory in this context extends beyond merely identifying risks. It also offers a framework for examining how conditions, especially those involving consistent, emotionally responsive caregivers, can facilitate the reorganisation of internal working models and promote developmental recovery. Thus, attachment is not a fixed trait but a dynamic, situational process shaped by the relational opportunities available within care environments.

Ecological Systems Theory further elaborates this analysis by situating these relational processes within a broader system of interactions across multiple environmental levels (Bronfenbrenner, 1994). From this viewpoint, individual traits such as resilience, emotional regulation, and self-efficacy are not seen as isolated features but as the outcomes of continuous exchanges between the individual and their environment. The microsystem, which includes caregiver-child relationships and peer interactions, plays a crucial role in shaping daily care experiences, while the mesosystem connects residential settings to children's original families. At the same time, exosystem-level factors, such as organisational policies, staffing arrangements, and care models, significantly influence the quality and stability of these relational experiences. This ecological perspective shifts the emphasis from individual adaptation to the organisation of environments, highlighting how institutional structures impact developmental outcomes.

The integration of Trauma-Informed Care (TIC) further improves this framework by emphasising the impact of early adversity and the duty of care systems to respond in ways that promote safety, trust, and empowerment. Children in residential care often have histories of maltreatment, neglect, and instability, which are associated with difficulties in emotional regulation, cognitive function, and relational trust (Johnson & Gunnar, 2011; Cirillo, 2021). Trauma-informed approaches challenge deficit-focused interpretations of behaviour by viewing these challenges as adaptive responses to adverse experiences. Frameworks such as those proposed by Bath and Seita (2018) highlight the importance of safety, connection, and coping as core elements of therapeutic environments, while later research stresses the importance of actively fostering well-being and psychological growth, rather than solely aiming to reduce trauma (Brunzell et al., 2019).

From an analytical standpoint, TIC allows for a critical evaluation of how institutional practices, such as inflexible routines, limited relational continuity, or hierarchical staff-child dynamics, may either reinforce or minimise the effects of trauma.

Taken together, these theoretical perspectives advocate a transition from a variable-centric view of well-being to a relational-ecological framework. In this framework, individual qualities such as resilience, self-esteem, and emotional intelligence are not seen as separate protective factors but as relationally mediated processes that develop through interactions within specific ecological contexts (Luthar et al., 2000). This approach also allows for a critical examination of dominant discourses in the field, especially the tendency to individualise responsibility for adaptation while overlooking the structural and relational conditions that influence or limit developmental outcomes.

By integrating these frameworks, the present study conceptualises residential child care not merely as a setting where risk and protective factors operate, but as a dynamic relational ecology in which well-being is continuously co-constructed. This analytical stance provides the foundation for reorganising the literature that follows, enabling a more nuanced and process-oriented understanding of how developmental trajectories are shaped within residential care environments.

LITERATURE REVIEW

Relational Processes: The Centrality of Care, Attachment, and Belonging

Across the literature, relational processes emerge as the most influential factor shaping well-being in residential child care. Instead of acting as separate variables, relationships with caregivers, peers, and family members form the main context through which children interpret their experiences, regulate emotions, and rebuild a sense of self (Barone et al., 2016; Costa et al., 2020). This relational focus aligns with attachment-based theories, which emphasise the importance of emotionally meaningful connections in supporting developmental recovery after early adversity (Bowlby, 1978).

Caregiver–Child Relationships as Sites of Repair

A consistent finding across studies is the central role of caregiver–child relationships as a key protective factor within residential settings. However, beyond recognising their importance, it is essential to examine the conditions under which these relationships work effectively. Residential caregivers operate within organisational contexts often characterised by staff turnover, shift work, and institutional routines, which can limit relational continuity (Ainsworth & Thoburn, 2014; Beinum, 2008). These structural constraints create a tension between the relational demands of caregiving and the organisational realities of residential care.

Empirical evidence indicates that when caregivers can provide consistent, emotionally attuned, and responsive interactions, they support the reorganisation of children's internal working models, fostering trust, emotional regulation, and relational security (Barone et al., 2016; Costa et al., 2020).

Conversely, when interactions are fragmented or mainly task-oriented, opportunities for attachment repair are greatly diminished. This shows that relational quality is not only determined by individual caregiver competence but is also influenced by broader institutional conditions that enable or hinder meaningful engagement.

Peer Relationships: Between Support and Risk

Peer relationships form another key relational aspect within residential care. Shared living environments foster opportunities for mutual understanding, social learning, and the development of a sense of belonging, which can positively influence resilience and emotional regulation (Lou et al., 2018). At the same time, peer dynamics can also reinforce maladaptive behaviours through processes like peer contagion, especially in contexts where supervision is limited or group composition is unstable (Giraldi et al., 2022).

This dual role highlights the importance of moving beyond simple classifications of peer relationships as either protective or risky. Instead, peer interactions should be viewed as relational processes influenced by the organisational and social context of care settings. Well-designed interventions that foster prosocial behaviour, conflict resolution, and group cohesion can strengthen the protective aspects of peer relationships while reducing their potential risks.

Sibling Relationships and Family Continuity

Sibling relationships and ongoing family contact add further complexity to the relational landscape of residential care. Co-placement of siblings can offer emotional continuity, familiarity, and support, especially in the context of disrupted family environments (McWey et al., 2010). However, these relationships may also reproduce pre-existing conflicts or introduce role strain, including forms of parentification.

Similarly, contact with the family of origin can support identity continuity and emotional stability, but may also cause ambivalence or distress when relationships are unstable or conflictual. The literature suggests that the impact of both sibling presence and family contact depends less on their existence and more on the quality and structure of these relationships (McWey et al., 2010). This emphasises the importance of relationally sensitive approaches in placement planning and care provision.

Intrapersonal Mediators: Developing Capacities within Relational Contexts

Although individual traits like resilience, self-esteem, and emotional intelligence are often seen as protective factors, their true importance lies in understanding how these skills are cultivated within relational and ecological settings.

Resilience as a Relationally Mediated Process

Resilience is often described as the ability to adapt positively when faced with adversity (Luthar et al., 2000). However, recent research highlights that resilience is not an innate characteristic but a dynamic process influenced by access to supportive relationships and environments. In residential care, resilience is built through stable and predictable interactions that foster emotional security and a sense of belonging (Costa et al., 2020). This relational conceptualisation challenges individualised interpretations of resilience and instead places it within broader ecological systems. It emphasises that the ability to cope with adversity depends on the availability of relational resources, rather than being solely located within the individual.

Self-Esteem and Self-Efficacy: Constructing Agency

Self-esteem and self-efficacy are similarly shaped through relational experiences. Self-efficacy, understood as an individual's belief in their capacity to act effectively (Bandura, 1997), develops through experiences of recognition, participation, and successful engagement with the environment. In residential settings, opportunities for meaningful participation and decision-

making can strengthen these capacities, while environments characterised by control and limited autonomy may undermine them.

Research also shows that self-esteem is closely connected to relational feedback and social positioning within care environments (Cha & Nock, 2009). This implies that agency is not just an individual trait but is relationally shaped through interactions with caregivers, peers, and institutional systems.

Emotional Intelligence and Coping

Emotional intelligence and coping strategies are crucial in shaping children's responses to stress and adversity. These abilities are strongly connected to relational experiences, especially those involving emotionally attuned caregivers who demonstrate and support emotional regulation (Goleman, 1995).

Trauma-informed frameworks emphasise the significance of safe and predictable environments in promoting emotional awareness and adaptive coping (Bath & Seita, 2018; Brunzell et al., 2019). Children who receive consistent emotional support are more likely to develop effective coping strategies, whereas those subjected to instability may find it challenging to regulate their emotions and adjust behaviour.

Cognitive Functioning: Beyond Deficit Narratives

Cognitive functioning in children in residential care is often discussed in relation to deficits linked to early adversity, such as difficulties in executive functioning and learning (Johnson & Gunnar, 2011). While these challenges are well documented, focusing solely on deficits risks overlooking the potential for cognitive recovery and development. Emerging research emphasizes the importance of enriched and responsive environments in fostering cognitive development, including enhancements in problem-solving, attention, and learning ability (Cirillo, 2021). This indicates that cognitive functioning should be viewed not only as a result of early adversity but also as a domain that continues to be influenced by relational and environmental factors.

Structural and Contextual Conditions: The Organisation of Care Environments

Relational and intrapersonal processes are embedded within wider structural and contextual conditions that shape the organisation of residential care. These conditions impact not only resource availability but also the quality and consistency of relational experiences.

Duration of Stay and Developmental Trajectories

The role of placement duration in shaping developmental outcomes remains debated. Some studies suggest that longer placements in stable environments can promote relationship consolidation and developmental progress, while others highlight the risks associated with prolonged exposure to institutional settings (Goemans et al., 2015). Research also indicates that children's behavioural and emotional outcomes are influenced not only by prior experiences but also by the interaction between individual histories and contextual conditions within care environments (Perry & Price, 2018). This implies that duration itself is not definitive; instead, its impact is mediated by the quality of care, relational continuity, and organisational stability.

Organisational Quality and Care Structures

Differences in residential care models have significant implications for children's experiences and outcomes. Smaller, family-like environments with lower child-to-staff ratios and greater

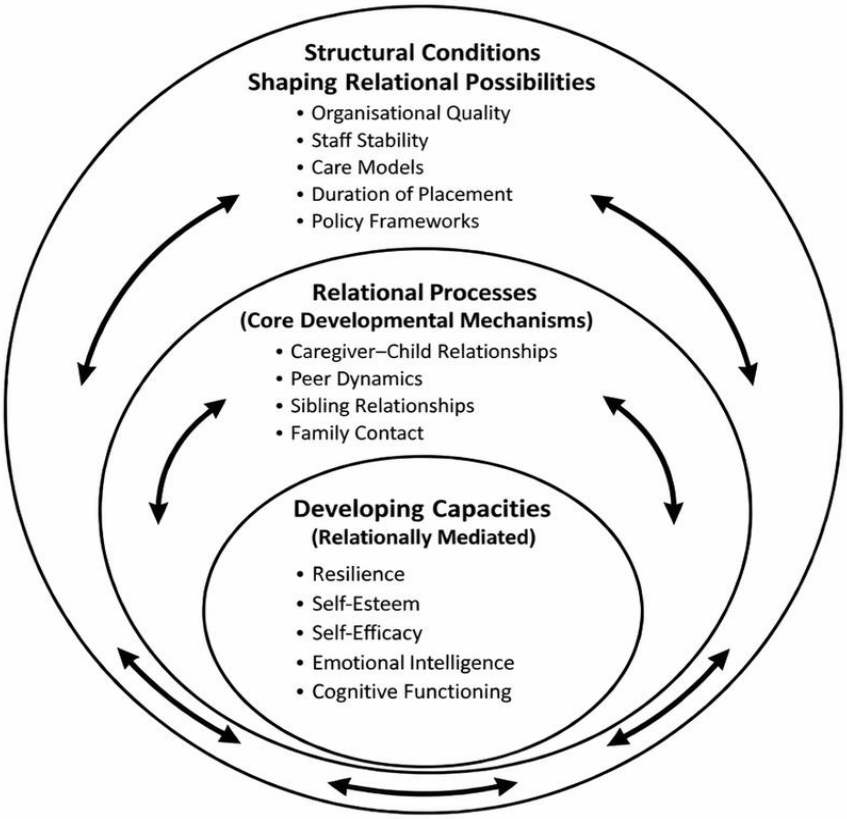
relational continuity are generally linked to more positive outcomes (Ainsworth & Thoburn, 2014). Conversely, larger and more institutionalised settings may restrict opportunities for personalised attention and stable relationships.

Organisational quality, including staff training, stability, and reflective practice, emerges as a key factor in care effectiveness (Beinum, 2008). These findings emphasise the importance of viewing well-being not only as an individual or relational outcome but as a consequence of how care systems are designed and resourced.

Family Contact and Systemic Interactions

Family contact is a vital mesosystemic process connecting residential care to wider relational networks. While maintaining contact can support identity formation and emotional stability, it may also cause instability if relationships are conflict-ridden or lack adequate support (McWey et al., 2010). The effectiveness of family contact relies on how it is organised, mediated, and incorporated into the care process. This emphasises the importance of coordinated approaches that consider the interaction between multiple systems of care. Overall, the literature shows that well-being in residential child care does not stem from isolated risk or protective factors but from the interaction of relational processes, intrapersonal capacities, and structural conditions. This relational-ecological view challenges reductionist models and endorses a more integrated understanding of care as a dynamic system where children's development is continuously shaped through interactions across multiple levels (Bronfenbrenner, 1994).

Figure 1. A Relational-Ecological Model of Well-being in Residential Child Care



Well-being emerges through dynamic interactions between intrapersonal capacities, relational processes, and structural conditions within residential care environments.

METHODOLOGY

Research Design: A Systematised Narrative Review

This study employs a systemic narrative review approach to investigate the risk and protective factors influencing the psychological well-being of children and adolescents in residential child care. This method was chosen to ensure methodological transparency while maintaining the interpretative flexibility needed to synthesise a body of literature characterised by conceptual diversity, varied methodological approaches, and notable cross-national differences in the organisation and terminology of residential care (Ainsworth & Thoburn, 2014; Giraldi et al., 2022). In this field, the evidence base comprises cross-sectional, longitudinal, qualitative, and policy-oriented studies, making a purely aggregative review design less suitable given the complexity of the subject.

Unlike a full systematic review, which generally aims for exhaustive retrieval and narrowly standardised comparison, a systematised narrative review facilitates a structured and reproducible search process while maintaining analytical depth. This was especially important for the present study because the goal was not merely to catalogue variables linked to positive or negative outcomes, but to explore how these variables have been conceptualised and how they interact within broader relational and ecological processes. In this way, the review design supports the paper's theoretical contribution by enabling a shift from descriptive synthesis towards a relational-ecological reinterpretation of well-being in residential care.

Search Strategy

A structured literature search was performed across four major academic databases: Scopus, Web of Science, PubMed, and Google Scholar. The search strategy was designed to reflect the multidimensional focus of the review and was organised around four conceptual domains: care context, risk and protection, psychological processes, and population. Search terms included "residential care," "children's homes," "group care," and "institutional care"; "risk factors" and "protective factors"; "resilience," "self-esteem," "self-efficacy," "emotional intelligence," "cognitive functioning," and "coping"; and the population terms "children" and "adolescents."

These terms were combined using Boolean operators (AND, OR) and adapted across databases to accommodate differences in indexing systems and subject headings. Reference chaining was also used to identify additional relevant studies. This comprehensive approach was necessary because the international literature on residential care is characterised by significant inconsistency in terminology, with overlapping and context-specific use of terms such as *institution*, *children's home*, and *group care* (Ainsworth & Thoburn, 2014). The search process was therefore designed not only to maximise retrieval but also to remain sensitive to conceptual variation within the field.

Inclusion and Exclusion Criteria

To ensure both relevance and analytical coherence, a set of inclusion and exclusion criteria guided the study selection process. Studies were included if they consisted of empirical research or systematic reviews published between 2000 and 2025, focused on children and adolescents aged 0 to 18 years living in residential care settings, and were available in English or Italian. Eligible publications comprised peer-reviewed journal articles, academic theses, and official research reports.

Studies were excluded if they focused solely on adult populations or relied on retrospective adult accounts that were not clearly connected to childhood experiences in residential care. Research centred on foster care, adoption, or institutional settings unrelated to residential child care, such as psychiatric hospitals or correctional institutions, was also excluded. Non-empirical publications, including opinion pieces, editorials, and blogs, were omitted.

Given the variability of international terminology and care arrangements, a broad operational definition of residential care was adopted, covering settings ranging from small group homes to larger residential facilities (Ainsworth & Thoburn, 2014; Giraldi et al., 2022). This decision reflected both the heterogeneity of the field and the review's conceptual interest in comparing how different institutional forms influence developmental and relational experiences.

Study Selection and Data Extraction

The initial search generated 95 records. After removing duplicates, 76 studies were screened based on their title and abstract. Following the application of the inclusion and exclusion criteria, 58 studies were retained for full review.

Data extraction concentrated not only on descriptive study features, such as sample, design, and country, but also on three key substantive dimensions: (1) conceptualisations of risk and protective factors; (2) relational and contextual elements of care; and (3) mechanisms connecting these factors to well-being outcomes. This broader extraction approach reflected the primary aim of the review: to go beyond merely identifying isolated variables and to explore how studies implicitly or explicitly conceptualised the interplay between intrapersonal capacities, relationships, and care environments. In doing so, the review addresses a recognised limitation in the field, specifically the tendency for existing studies to examine single factors in isolation rather than their interdependence (Giraldi et al., 2022).

Quality Appraisal

The methodological quality of the included studies was evaluated using the Mixed Methods Appraisal Tool (MMAT, 2018). Studies were categorised as high, moderate, or low quality. Quality ratings were not used as exclusion criteria, as the review aimed to be both interpretive and evaluative. However, they guided the weighting of evidence in the synthesis, with greater emphasis on studies showing stronger methodological rigour and conceptual clarity.

This decision was especially significant in a field where much of the evidence remains methodologically inconsistent. As highlighted in previous reviews, the residential care literature is often limited by cross-sectional designs, conceptual inconsistencies, and a lack of longitudinal and cross-cultural analysis (Giraldi et al., 2022; Lou et al., 2018). Therefore, quality appraisal served not only as a procedural step but also as a way to differentiate between stronger and weaker foundations for theoretical interpretation.

Analytical Strategy

A thematic and interpretive synthesis was conducted in three stages. First, relevant segments of text were coded inductively, considering both individual and contextual aspects of well-being. Second, these codes were organised into broader thematic categories that reflected relational processes, intrapersonal mediators, and structural conditions. Third, the themes were interpreted using the integrated theoretical framework developed in the paper, specifically

Attachment Theory, Ecological Systems Theory, and Trauma-Informed Care (Bowlby, 1978; Bronfenbrenner, 1994; Bath & Seita, 2018; Brunzell et al., 2019).

This final interpretive stage was central to the theoretical contribution of the review. Rather than considering resilience, self-esteem, peer support, or caregiver attachment as separate protective factors, the analysis aimed to understand how such constructs operate within a broader relational ecology of care. In other words, the analytical approach was designed not just to summarise the literature, but to reframe it. This enabled the identification of patterns, tensions, and gaps in the field, and to promote a more integrated understanding of well-being as an emergent process shaped by interactions among children, relationships, and institutional environments.

This review underscores the need to rethink how well-being in residential child care is conceptualised, studied, and supported. While existing research has generated important insights into risk and protective factors, the tendency to treat these as discrete and additive variables limits the explanatory capacity of the field (Giraldi et al., 2022). The present synthesis suggests that well-being cannot be adequately understood through such fragmentation; rather, it emerges from the dynamic interaction between relational processes, individual capacities, and the organisational conditions of care environments (Bronfenbrenner, 1994).

DISCUSSION

A key contribution of this review is shifting the focus from individual predictors to relational and ecological processes. Constructs such as resilience, self-esteem, and emotional intelligence are often seen as personal traits that help buffer against adversity. However, the literature shows that these abilities are not fixed traits but dynamic processes shaped through interactions with supportive environments (Luthar et al., 2000; Cha & Nock, 2009). In residential care, stable and emotionally responsive relationships with caregivers, positive peer interactions, and environments characterised by predictability and safety are vital for developing these capacities (Costa et al., 2020; Bath & Seita, 2018).

This reframing challenges implicit assumptions in the literature that place primary responsibility for adaptation on children themselves. Instead, it emphasises how well-being is co-constructed through ongoing interactions between children and their relational and institutional environments. In doing so, it aligns with critiques of deficit-oriented perspectives in child welfare, which tend to individualise vulnerability while underexamining the structural and relational conditions that shape developmental outcomes.

The Relational Core of Residential Care

Across the studies reviewed, the quality of relationships, particularly between children and caregivers, emerges as the most consistent and influential factor shaping developmental trajectories (Barone et al., 2016; Costa et al., 2020). However, this finding requires careful qualification. It is not merely the presence of relationships that matters, but their quality, continuity, and emotional attunement. Importantly, these relational characteristics are not solely determined by individual caregiver competence but are deeply embedded within organisational structures and conditions.

Institutional factors such as staff turnover, shift-based work, and limited opportunities for sustained one-to-one interaction can hinder the development of secure and meaningful relationships (Ainsworth & Thoburn, 2014; Beinum, 2008). Conversely, care environments that

prioritise relational continuity, professional development, and reflective practice create the conditions necessary for attachment repair and emotional growth (Cameron & Moss, 2011). This highlights a key implication: improving outcomes in residential care requires not only enhancing individual caregiving skills but also transforming organisational structures that shape relational possibilities.

Peer Dynamics and the Ambivalence of Group Care

The review also emphasises the ambivalent role of peer relationships in residential settings. Shared experiences can foster belonging, mutual support, and identity reconstruction, contributing positively to resilience and emotional well-being (Lou et al., 2018; Haddow et al., 2021). At the same time, peer environments may reinforce maladaptive behaviours through processes such as peer contagion (Dishion & Tipsord, 2011).

This duality indicates that peer relationships should not be viewed as inherently protective or risky, but rather as emergent qualities of group contexts influenced by supervision, group composition, and institutional culture. Interventions that deliberately shape peer interactions—such as group activities, conflict resolution approaches, and the encouragement of prosocial norms—can boost their protective qualities while reducing related risks.

Rethinking "Protection": Beyond Individualised Constructs

The idea of protective factors itself deserves careful reconsideration. While recognising factors linked to positive outcomes is useful, the term "protection" might mask the relational and environmental conditions that make such outcomes possible. For instance, framing resilience or self-efficacy as protective factors risks suggesting that these qualities exist only within the individual, rather than being supported by relational and contextual processes (Luthar et al., 2000; Bandura, 1997).

This indicates the need for a conceptual shift from "protective factors" to protective processes, emphasising how well-being arises through interaction rather than static traits. Such a change has significant implications for both research and practice, encouraging a focus on how care environments can be organised to maintain these processes over time.

Structural Conditions and the Organisation of Care

The findings also emphasise the importance of structural and contextual factors, including placement duration, organisational quality, and family contact. Importantly, these elements do not function independently but interact with relational processes to influence developmental outcomes. For example, the effect of placement duration remains inconsistent across studies, with some evidence indicating stabilisation over time and others showing no direct impact (McWey et al., 2010; Goemans et al., 2015). This implies that duration alone is not determinative but is mediated by relational stability and quality of care. Similarly, family contact can serve as either a protective or destabilising factor depending on the quality of relationships and how contact is organised (McWey et al., 2010). These findings emphasise the need for a systemic perspective that recognises the interaction between micro-level relationships and macro-level organisational and policy conditions.

Implications for Policy and Practice

The findings have several implications for policy and practice. First, they emphasise the importance of investing in the relational capacity of residential care systems. This includes not

only training caregivers in attachment-informed and trauma-informed approaches (Bath & Seita, 2018; Brunzell et al., 2019), but also ensuring organisational conditions that support relational continuity and emotional attunement.

Second, the findings highlight the importance of creating care environments that actively foster positive peer interactions and meaningful participation. Supporting children's agency and involvement in decision-making processes has been shown to boost self-efficacy and psychological well-being (Courtney, 2009).

Third, the review emphasises the importance of integrating cognitive and developmental support within residential care. Cognitive difficulties linked to early adversity can significantly impact learning and adaptation (Bos et al., 2009; Cirillo, 2021), but these can be alleviated through enriched and responsive care environments.

Limitations and Future Directions

Despite its contributions, this review has several limitations. Limiting the search to studies published in English and Italian may have excluded relevant research from other linguistic backgrounds. The heterogeneity of study designs and conceptual frameworks also hampers comparability. Moreover, the dominance of cross-sectional research restricts the ability to infer causality regarding developmental processes (Giraldi et al., 2022).

Future research should focus on longitudinal and cross-cultural studies that explore the evolving and context-specific aspects of well-being in residential care. There is also a need for more theoretically informed research that specifically investigates relational and ecological processes, rather than depending solely on variable-based models.

Ultimately, this review advocates for a fundamental reconceptualisation of residential child care. Instead of viewing it as a setting where risk and protective factors operate, it should be understood as a relational ecology in which children's well-being is constantly shaped through interactions between individuals, relationships, and institutional structures.

CONCLUSION

This paper argues that well-being in residential child care cannot be fully understood through broken-down accounts of risk and protective factors. Although existing research has highlighted important variables linked to development outcomes, such approaches are limited by their tendency to isolate individual traits from the relational and structural contexts in which they are formed and enacted (Giraldi et al., 2022). In contrast, this review promotes a relational-ecological perspective that sees well-being as an emergent and active process, co-created through interactions among children, caregivers, peers, and institutional settings (Bronfenbrenner, 1994).

Drawing on Attachment Theory, Ecological Systems Theory, and Trauma-Informed Care, the paper demonstrates that developmental trajectories in residential settings are influenced not only by children's previous experiences but also by the quality, continuity, and organisation of relationships within care environments (Bowlby, 1978; Bath & Seita, 2018). Specifically, emotionally attuned caregiver-child relationships, supportive peer dynamics, and environments characterised by predictability and participation emerge as essential for promoting well-being (Costa et al., 2020; Lou et al., 2018). Simultaneously, institutional constraints, such as relational

discontinuity, organisational instability, and limited opportunities for agency, can undermine these processes (Ainsworth & Thoburn, 2014).

A key contribution of this paper is the redefinition of "protective factors" as protective processes, shifting the analytical focus from individual traits to the relational and ecological conditions that facilitate adaptation (Luthar et al., 2000). This reconceptualisation has important implications for both research and practice, advocating for a move away from deficit-focused and individualised models towards approaches that recognise the ethical and systemic responsibilities of care environments.

From a policy perspective, the findings highlight the importance of prioritising relational quality as a key aspect of care. This involves investing in workforce development, establishing organisational structures that support continuity and attunement, and creating environments that foster belonging, participation, and emotional safety. Additionally, integrating cognitive and developmental support within residential care is crucial for supporting long-term well-being trajectories (Bos et al., 2009).

Future research should expand this relational-ecological perspective through longitudinal and cross-cultural studies, and develop clearer conceptual and theoretical frameworks for understanding well-being in residential care.

In conclusion, residential child care should not be viewed merely as a site of intervention in response to risk, but as a relational and institutional ecology in which children's well-being is actively shaped. Recognising this shifts the focus from managing vulnerability to creating environments that support development, belonging, and human dignity.

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