Child & Youth Care Forum
https://doi.org/10.1007/s10566-026-09959-8

ORIGINAL PAPER

Mapping Contextual Facilitators and Barriers to the Development of Social-Emotional Competencies in Residential Care: Insights from Professionals' Perspectives

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Received: 24 January 2026 / Accepted: 1 June 2026

Abstract

Background The development of social-emotional competencies (SEC) constitutes a significant challenge for educators working with children and young people (CY) in residential care (RC) under state protection. Despite recognition of the importance of SEC, there is limited guidance on standardized practices and protocols to support their development.

Objective This study explored professionals' perspectives on facilitators and barriers influencing SEC in CY residing in RC.

Methods A qualitative, exploratory design was used, involving semi-structured interviews with 17 professionals (technical directors and members of technical teams with an average of 15 years of experience) in Portuguese institutions. Data were analyzed thematically following Braun and Clarke's (2006) six-step procedure within an ecological framework.

Results The findings identified facilitators and barriers across five interrelated contextual dimensions shaping SEC development: professionals' qualifications and training; intervention characteristics; social climate; team management and professionals' emotional well-being; and external support and activities. Relationship quality, time availability, team stability, and working conditions emerged as transversal factors influencing all dimensions. While strong relational practices, professional commitment, internal supervision, and interinstitutional collaboration were perceived as key facilitators, the absence of structured intervention protocols, shortages of qualified staff, limited specialized training, and high workload were identified as major barriers. Overall, the study highlights the central role of contextual and relational conditions in promoting SEC in RC and underscores the need for structured, sustainable, and relationship-centered intervention models. The findings also provide a foundation for the future development of assessment tools and practice-oriented guidelines to strengthen SEC promotion in RC settings.

Keywords Residential care · Social-emotional competencies · Children and youth · Contextual factors · Technical teams

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Published online: 12 June 2026

Introduction

The promotion of social-emotional competencies (SEC) is a significant challenge for educators of children and young people (CY), particularly in residential care (RC; e.g., Lee & McMillen, 2008; Leipoldt et al., 2022). These competencies are paramount in reducing the risk of behavioral problems and helping CY to achieve more satisfactory life projects in terms of empowerment, autonomy, and social inclusion outcomes (e.g., Carvalho et al., 2023; Woods, 2020). Moreover, children with social-emotional problems are more likely to have difficulties in physical and mental health, relationships, and academic success throughout their growth and development (Johnstone et al., 2022), depending on individual characteristics (such as age or sex/gender) and contextual factors such as the quality and stability of professional teams (e.g., Rodrigues et al., 2017; Touati et al., 2021). Campos et al. (2019). Thus, there is a need to understand under which contextual conditions SEC can be effectively promoted in RC.

Social-Emotional Competencies

The foundational definition of social-emotional learning (SEL) was first developed in 1994, marking the beginning of a structured approach to integrating these essential skills into educational settings (Elias et al., 1997). Thus, SEL represents a structured framework through which individuals progressively acquire, refine, and apply social-emotional and cognitive competencies essential for adaptive functioning across the lifespan (Denham, 2018). The ontogenetic development of SEC is grounded in social-emotional development, socio-cognitive, behavior change and learning, collaborative community-action, and ecological theories that conceptualize human growth as a dynamic interaction between individual maturation and environmental influences (Cavioni et al., 2023; Elias et al., 1997; Osher et al., 2016). These competencies are moderated by external environments, such as socioeconomic status, community norms, and family background (Cressey, 2019; Ulla & Poom-Valickis, 2023). To operationalize SEC, the Collaborative for Academic, Social, and Emotional Learning (CASEL-Guide, 2013) has emerged as the most influential and widely adopted model in educational research and practice (Eklund et al., 2018), proposing a five-factor model of interrelated areas of competence: (1) self-awareness, the ability to accurately recognize one's emotions and thoughts and their influence on behavior; (2) self-management, the ability to regulate emotions, thoughts, and behaviors effectively in different situations; (3) social awareness, the ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports; (4) relationship skills, the ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups; and (5) responsible decision making, the ability to make constructive and respectful choices about personal behavior and social interactions based on ethical standards, safety concerns, social norms, realistic evaluation of consequences, and the well-being of self and others. Although the conceptualization of SEC is well established, its development in RC settings remains particularly complex, as CY in care face heightened risks and contextual challenges that may both hinder and facilitate the development of these competencies.

Quality of Residential Care Services

Although several studies have examined the quality of RC services (e.g., Bertram et al., 2015; Del Valle et al., 2012; Fernández-Martínez et al., 2022; Huefner, 2018; Lee & McMillen, 2008; Rodrigues et al., 2013), they have not focused specifically on identifying contextual factors that act as facilitators or barriers to SEC development. Existing quality frameworks and assessment tools (e.g., EQUASS, 2018; EQUAR; NP_EN_ISO_9001:2008) were designed primarily for organizational certification and performance monitoring. As such, they tend to be generalist, process-oriented, and insufficiently sensitive to the relational, emotional, and educational dynamics that underpin socioemotional development. Moreover, these tools often require multi-informant data collection across organizational levels and extensive bureaucratic procedures, making them time-consuming and demanding in terms of specialized human resources. Consequently, despite their relevance for ensuring global quality standards, they offer limited insight into the specific contextual elements that shape SEC development in daily practice.

Complementing this gap, a recent systematic review (Pinheiro et al., 2022) identified several factors associated with relationship quality in RC—such as age, sex, staff characteristics and competencies, staff/CY ratios, staff turnover, administrative burden, shared time, and length of relationship. However, the review did not examine how these relational dynamics translate into opportunities or constraints for SEC development, despite their clear relevance. In the Portuguese context, Cancujo (2023) highlighted professionals' perceptions of gaps in training, the need for deeper work with families, and the importance of supporting autonomy during and after RC, further reinforcing the need to explore how these dimensions relate to socioemotional development. In practice, the primary objective of modern intervention is to facilitate a systemic transition from environments characterized by hyper-vigilance and threat-based management to affiliative environments that prioritize emotional safeness (Blumenthal, 2022; Santos et al., 2023).

Intervention Programs

There are some intervention programs that address directly or indirectly the SEC of CY in RC. The Therapeutic Residential Care (TRC: Castro et al., 2024; Harder & Knorth, 2015; Whittaker et al., 2016) involves the planning of a multi-dimensional living environment in collaboration with families, and other external resources, to provide treatment, education, socialization, support, and protection to children and youth with mental health or behavioral needs that are in out-of-home placement, and prepare them to return to life in the community. If it is well-designed and implemented, then it can produce positive results. However, little has been done to apply such knowledge in public policy work (Daly et al., 2018). Moreover, youth´s perspectives on service quality in TRC are commonly excluded or overshadowed by those of adults (Castro et al., 2024). Additionally, studies on the effectiveness of TRC are contradictory; some indicated that, compared to short-term effects, long-term effects are less convincing, and that there is limited evidence on how TRC achieves treatment goals (Costa et al., 2022). Nevertheless, other studies of TRC models suggest that CY present more favorable outcomes than others in general residential care in terms of mental health, general well-being, school attendance, family contact, and community participation (e.g., McPherson et al., 2019; Whittaker et al., 2015).

There are more evidence-based practice models (e.g., Adolescent Community Reinforcement Approach, Aggression Replacement Training, Dialectical Behavioral Therapy, Ecologically-Based Family Therapy, Eye Movement and Desensitization Therapy, Functional Family Therapy, Multimodal Substance Abuse Prevention, Residential Student Assistance Program, Solution-Focused Brief Therapy, and Trauma Intervention Program for Adjudicated and At-Risk Youth) that have shown positive outcomes (James et al., 2013). In particular, Boel-Studt (2015) presented four evidence-based practice models of Residential Group Care that can be useful in some contexts: Positive Peer Culture, that uses utilizes a strength-based approach that emphasizes social competence, responsibility, empowerment, and caring for others; The Sanctuary Model designed to create trauma-informed organizational systems guided by nonviolence, emotional intelligence, social-learning, democracy, open communication, social responsibility, and growth and change; Stop-Gap as a short-term intervention for CY aiming at interrupt patterns of disruptive behavior to prepare them to change to a community-based placement in a timely manner; and the Teaching Family Model that is based on providing a family-like environment to CY in care, i.e. it is used live-in house parents to help and support CY acquire life skills and to establish positive social relationships.

The evaluation of Children and Residential Experiences (CARE) in USA, an organization-wide program model for residential care designed to help agencies enhance the therapeutic milieu through targeted improvements to policies, structures, and practice norms throughout the organization, during three years, shows that the CARE model helped agencies begin to use a more relational approach to childcare, creating better conditions for promoting social-emotional development for children in care (Izzo et al., 2022). Like the CARE model, the Hungarian therapeutic residential care model, known as “Armchair”, uses a practical approach, including a Plan-Do-Check-Act cycle and a quality assurance system designed to meet the needs of children (Major, 2018). Despite calls to use evidence-based intervention models, in Sweden, the state does not prescribe any treatment method over another, and a myriad of treatment methods are prevalent (Pålsson et al., 2023). In Israel, family-oriented programs of community residential care and day residential care for children in out-of-home placement have shown that family collaborative care, when allowed and feasible, can be an effective way to meet the basic needs of children at risk (Elizur, 2012).

Other intervention projects or programs with positive results are applied; however, the models are applied on a case-by-case basis and, in most cases, lack the continuity and permanence necessary to be considered a means of promoting socio-emotional skills that are part of the routine of residential care. Examples of this are creative musical expression protocols (Bittman et al., 2009); Compassionate Mind Training program for Caregivers and Youth (Santos et al., 2023), including training in compassion towards others, receiving compassion from others, and self-compassion; or the Trust for Youth and Child Leadership (N’KaNa), a holistic mentorship program in India (Mathiyazhagan & Wang, 2021).

In this context, there are also models that help CY prepare for their autonomous life. However, there is no consistent and defined program that covers the fundamental areas for the training of life autonomy skills (cooking, hygiene, means of transportation, education, professional integrations, economic and financial management, leisure and cultural, self-image, self-esteem, identity and life skills), showing the need for a specific, structured and scientifically validated program that can effectively promote SEC as well as supports

the training of life autonomy for CY in care (Ribeiro, 2023). Some programs, such as UMBRELLA (Del Valle & Garcia-Quintanal, 2006), focus on developing skills for managing daily life and supporting career advancement or entry into the job market. Another existing program is called STEP UP (European Union's Rights, Equality and Citizenship Programme, 2014–2020 (https://ec.europa.eu/justice/grants1/programmes-2014-2020/rec/index_en.htm), which is a guide for professionals to intervene in the empowerment process with young people in residential care. This program covers eight areas of preparation for adult life: creating a group identity, planning, time management, social support network, responsible health behaviors, personal finance management, household chores, and employment. In summary, the studies show that many foster homes invest in preparing young people for independent living.

Ecological Approach

The call for improving the quality of services in residential care is a common claim among scholars and practitioners, defending that the residential context should offer a supportive and safe environment in their daily care routines, that helps children and youth recover from trauma, develop SEC, accomplish normative developmental tasks, and learn key life skills (e.g., Arteaga & del Valle, 2003; Pinheiro et al., 2022; Whittaker et al., 2016). As such, there is a need for ecological approaches to assess residential care environments in terms of service quality provided to children and youth (Brendtro, 2019).

Bronfenbrenner's Ecological Systems Theory (1979, 2004) offers a valuable framework for analyzing how contextual quality shapes individual development. This perspective, which integrates five interconnected ecological systems (microsystem, mesosystem, exosystem, macrosystem, and chronosystem; Bronfenbrenner, 2004), enables an analysis of how interactions between personal characteristics and socioeconomic and political conditions shape behaviors over time. The ecological–social model has been applied to the study of child maltreatment (e.g., Belsky, 1980; Delgado, 2009; Rodrigo & Palacios, 1998) and provides a solid basis for structuring levels of analysis. Furthermore, a recent review on contextual quality and SEC development among CY in RC (Carvalho et al., 2025) also drew on this perspective, identifying five complex constructs that organize contextual factors: (1) staff education, skills, training, and experience (e.g., Eenshuistra et al., 2021; Assouline & Attar-Schwartz, 2020); (2) characteristics of the intervention (e.g., Carvalho et al., 2023; Woods, 2020); (3) social climate (e.g., Leipoldt et al., 2022; van der Helm et al., 2024); (4) external supports and activities (e.g., Jörns-Presentati & Groen, 2023; Schwartz, 2017); and (5) staff overload (e.g., De Guzman et al., 2020; Steinlin et al., 2017). Although international literature has mentioned all these aspects, they are not presented together in a holistic model that explicitly identifies the main factors related to the quality of the context in residential care that jeopardize the technical efforts to promote SEC in CY in care.

The Portuguese Context

In Portugal, there are two distinct systems that intervene in situations involving children and young people: the Promotion and Protection System and the Educational Guardianship System, each with different purposes and foundations. The main objective of the Promotion and Protection System is to protect CY in situations of danger, that is, in situations where their

rights are not guaranteed or are threatened. This occurs in cases of neglect, abandonment, mistreatment or exposure to contexts of violence, but also because of self-endangerment behaviors. This system applies to children and young people up to 18 years of age and is regulated by the Law for the Protection of Children and Young People at Risk. Intervention can be carried out by Child and Youth Protection Commissions (CYPC), only with the consent given by families, or by family and juvenile courts, depending on the seriousness of the situation. The measures applied in this context are protective in nature and include, among others, support for parents, family or institutional foster care, and placement with a suitable person, always aiming to promote and protect the rights of the child or young person and to pursue their best interests. The Educational Guardianship System intervenes when a young person, aged between 12 and 16, commits an act classified as a crime under criminal law, aiming at education for the law, also with a dimension of accountability. This system is regulated by the Educational Guardianship Law and aims at the re-education of the young person, preventing recidivism. Decisions are made by the family and juvenile court and may involve measures such as warnings, community service, mandatory school attendance or, in the most serious cases, placement in an Educational Center.

The guiding principles for the State intervention emphasize the prioritization of the child's best interests, taking into account their rights, namely the preservation of the continuity of affectionate and psychological relationships, and a secure attachment to promote their healthy and balanced development; the respect for their privacy; an early and proportionate intervention by the authorized institutions, aiming to promote parental responsibility, reunification or foster adoption; the transparency of information to all the stakeholders involved; hearing the child or youth, and allowing their participation in decision-making about their lives; and assuring the principle of subsidiarity that implies a hierarchical intervention, starting with the entities responsible for the issues related to childhood and youth (e.g., local authorities, schools, hospitals, social security), followed by the CYPC, and, finally, the Courts. CYPC and the Courts can apply all the promotion and protection measures in a natural environment (support from parents or another family member, trust in a suitable person, support for independent living) or by placement (foster care or residential care).

The latest published Annual Characterization Report on the placement of children and youth in care (CASA, 2024) shows that there was a total of 6,349 children in care. In average of the last couple years, 12% of the decisions about more than 54 thousand cases lead to out-of-home measures, and 88% to a natural environment. These placements were distributed by residential care (5,988) and foster families (361), unlike what happens in most countries around the world, where family foster care is prioritized. Considering the distribution of children in more detailed, Portugal had 11,680 CY in state care: Foster Families (361), Support with another family member – kinship care (4,701), Trust in a suitable person (630), General Care Homes (5,152), Specialized Care Homes (143), Independent Living Apartments (310), and Other forms of alternative care (383: Life Support Center, Shelter Home, Support Home, Residential Home, Special Education School, Unit and Team Providing Integrated Continuous Mental Health Care, Hospitals, and Integration Community and Therapeutic Community).

The Law of Protection states that the technical team should be multidisciplinary, integrating, at least, Bachelors in the areas of Psychology and Social Work, being one of them the Technical Director. If needed, the Foster House can use external support, namely in the areas of law and health. The Technical Team is responsible for the residential care manage-

ment and the individual processes of each child/youth, in close contact with schools, health services, Court services, community, and family. They must prepare for each child or youth an individual intervention plan that contains information relating to the objectives to be achieved, actions to be developed, entities to be involved, and their respective duration, under the diagnosis of the situation. This individual plan should be always monitored and evaluated. To implement the planned activities, a residential care setting needs staff, that will be composed of social-educative professional caregivers, and general service collaborators, who do not need to have higher education or special training.

Compared with other countries, Portugal has one of the highest rates of children placed in residential care. This situation violates current Portuguese law and international child protection recommendations and has been described by experts as the "Portuguese Child Protection Anomaly" since the international child protection conference EUSARF 2018, held in Porto, Portugal. At the same time, unlike what is observed internationally, the placement of children "in custody" with carers with whom they have a family relationship (such as grandparents, uncles, or siblings) is not considered Kinship Care (KC) under current Portuguese legislation. Instead, such placements are named as "Support from Another Family Member". A similar situation arises with the protection measure called "Placement with a Suitable Person", in which children are placed with a trustworthy adult, such as a friend, godparent, or neighbor, with whom they have no family ties. Unlike in most other countries, since KC is not recognized as foster care, the state does not provide add to families and individuals who are given guardianship of CY. For this reason, these placements remain largely unknown and have been included in the annual national report on children in out-of-home care only in the past two years.

Study Objectives

This study highlights the specific work that must be done in RC to promote SEC, which are often hidden in existing research or only mentioned indirectly. Moreover, this study goes beyond previous studies by stressing the lack of protocols to promote SEC in the context of RC and providing an exhaustive survey of the conditions needed to promote SEC. Interviewing professionals in residential care until theoretical saturation reinforces the construction of the model of analysis, because it is their difficulties and limitations that really matter in understanding why, in practice, it is so hard to do a better job of improving SEC in CY in RC. It should be noted that this caregiver activity is a great responsibility for the state, since it is by order of the state that CY are removed from their families and legally placed in residential care homes.

Thus, guided by the ecological perspective, the present study focuses on identifying and analyzing contextual factors that may act as facilitators or barriers to the development of SEC in CY in RC, with particular attention to the microsystem (the immediate RC environment) and the mesosystem (connections with non-mandatory contexts, such as school). This study also uses the model proposed by Carvalho et al. (2025) as a conceptual anchor for identifying relevant contextual dimensions. Additionally, the study adopts a strengths-based perspective (e.g., Bertolino, 2015), which recognizes not only risks and constraints but also the resources, potentialities, and capacities present within the care environment. This approach values the role of professionals, relationships, and contextual conditions as drivers of socioemotional development, moving beyond deficit-focused perspectives. It thus

allows for understanding how factors identified in the literature are manifested in professionals' daily practice and supports the exploration of nuances, specificities, and additional elements that may be relevant to promoting SEC in RC.

This framework led to the following research question: What are the professionals' perceptions of potential facilitators and/or barriers related to contextual factors that promote the development of social–emotional competencies (SEC) in children and young people (CY) living in residential care (RC)? Beyond deepening the understanding of relevant contextual factors, the findings are expected to inform professional practice and support the future development of more specific assessment instruments capable of systematically monitoring contextual elements that influence SEC development in RC.

Methods

Research Design

An exploratory qualitative study was conducted, based on in-depth interviews that were subsequently submitted to thematic analysis. This research design was adopted due to the limited knowledge regarding the contextual factors that facilitate or hinder the development of SEC in CY in RC, particularly from the perspective of professionals working directly in these settings. The study followed the *Consolidated Criteria for Reporting Qualitative Research* (COREQ; Tong et al., 2007), ensuring transparency, methodological rigor, and comprehensive reporting of methods, study context, data analysis, and interpretation of findings. Adhering to the COREQ guidelines strengthened the credibility and transferability of the results while upholding ethical and scientific standards appropriate to qualitative research in sensitive contexts, such as RC.

Study Setting

The study was conducted in RC institutions located across seven cities in the Porto region. To ensure diversity in institutional characteristics (e.g., legal type, size, sex of CY served, and staffing structure), 23 institutions were contacted. Data collection followed a theoretical saturation logic, in which recruitment continued until no new codes or relevant conceptual insights emerged from successive interviews (e.g., Rahimi & Khatooni, 2024). Saturation was reached after conducting interviews in 17 institutions, at which point additional data no longer contributed new conceptual information (Table 1).

Among the remaining institutions, two had recently shifted their activities to operate as university residences, one had closed its RC services, and three declined to participate. Of the 17 participating institutions, 15 were generalists and two were specialized in supporting children with physical or mental disabilities. Importantly, both specialized institutions included children who could achieve autonomy in adult life (I08–33.33%; I09–25%). Overall, the sample includes 50% of the city's institutions that provide RC services during the year of data collection.

Table 1 Characteristics of the participant institutions

Institution code	Legal type	Sex of CY	No. of CY	Range of age	No. of technicians	No. of other collaborators	Ratio Carers/CY
I01	Cooperative	Male	40	12–17	9	21	0.75
I02	PSSI	Male	13	10–17	4	10	1.08
I03	R-PSSI	Both	21	10–17	3	22	1.19
I04	PSSI	Male	8 + 6[a]	14–21	6	11	1.21
I05	PSSI	Female	12	6–17	3	5	0.66
I06	Foundation	Female[b]	40	14–21	5	26	0.78
I07	R-PSSI	Both	22	6–17	4	17	0.95
I08	R-PSSI[c]	Male	20	6–17	5	17	1.10
I09	R-PSSI[c]	Both	18	12–17	8	12	1.11
I10	R-PSSI	Male	21	12–21	4	21	1.19
I11	PSSI	Female	18 + 5[a]	6–17	7	25	1.39
I12	Foundation	Male[d]	27	8–21	5	30	1.30
I13	PSSI	Female	35	10–17	5	18	0.66
I14	PSSI	Female	20	12–17	3	8	0.55
I15	HHM	Female	12	12–17	3	11	1.17
I16	HHM	Both	18	0–12	4	17	1.17
I17	PSSI	Male	30	6–17	5	20	0.83

PSSI Private Social Solidarity Institution, *R-PSSI* Religious-PSSI, *HHM* Holy House of Mercy

[a]The second number corresponds to young people who changed to autonomous facilities

[b]An individual transitioned from female to male

[c]Specialized facilities

[d]CY representing diverse gender identities

Participants

Participants were members of the Technical Teams (TT) of the participating RC institutions. Inclusion criteria required that professionals: (i) held a formal position within the TT; (ii) had direct involvement in educational, relational, or intervention processes with children and young people (CY); and (iii) had at least one year of experience in RC, ensuring sufficient familiarity with the institution's contextual dynamics.

The study involved 17 members of the Technical Teams (TT), including 12 women and 5 men. Fourteen were Technical Directors and three were additional TT members. Among the respondents, seven were psychologists, five were social workers, and five were social educators. Six participants reported prior management training, while 13 reported prior training related to the development of the SEC in children and youth (CY). The mean professional experience of the participants was 14.88 years ($SD = 9.04$). Table 2 summarizes the characteristics of the respondents.

Data Collection

To address the research question, we conducted interviews with professionals from the Technical Teams in Foster Houses for Children and Youth between February and March 2025. Interviews were conducted until theoretical saturation was reached. Semi-structured

Table 2 Characteristics of the respondents

Respondent code	Length of experience in RC settings (years)	Education	Training in Management	Specific training related to the development of SEC in CY
T01	14	Psychology	No	Yes
T02	28	Social Work	No	No
T03	19	Psychology	No	Yes
T04	16	Social Education	Yes	Yes
T05	2	Psychology	No	Yes
T06	30	Social Work	Yes	Yes
T07	20	Psychology	Yes	Yes
T08	26	Social Work	Yes	No
T09	10	Social Education	Yes	No
T10	3	Social Education	No	Yes
T11	11	Social Education	No	Yes
T12	16	Social Work	No	Yes
T13	22	Psychology	Yes	Yes
T14	10	Social Education	No	Yes
T15	5	Social Work	No	No
T16	1	Psychology	No	Yes
T17	20	Psychology	No	Yes

interviews were chosen to capture detailed insights into professionals' perceptions, experiences, and reflections regarding the effectiveness of their work with CY (e.g., Rutledge & Hogg, 2020). Interviews were scheduled via email and telephone, lasted 30–60 min, and were audio-recorded and transcribed verbatim.

The interview guide (Supplementary Material 1) was developed based on the literature review, namely the Carvalho et al.' (2025) model, following its five core constructs. It included questions related to professional experience, training, competencies, and educational background; intervention models; CY participation; organizational systems; relationships; living conditions; management issues; adjustment difficulties; staff-related challenges; professional burden; socialization; and the influence of families and other institutions. The interview script was reviewed and validated by an expert panel in the field to ensure its scope, clarity, and comprehensibility. Additionally, descriptive field notes were taken during the interviews to capture non-verbal responses.

Data Analysis

To guide the analysis, facilitators were defined as factors that promote the development of SEC in children and adolescents residing in residential care. In contrast, barriers were defined as factors that hinder this development (e.g., Rogers et al., 2021). A thematic analysis of the interviews was conducted using the six-step approach proposed by Braun and Clarke (2006), including data familiarization, initial coding, theme generation, theme searching, theme review, theme definition, and theme naming. The analysis was initially deductive, guided by the main themes of the Carvalho et al.' (2025) model, and subsequently inductive, to capture emergent themes arising from the data. The first two authors independently (WJ and KH) conducted the analysis using ATLAS.ti (version 25) software, consulting the third

author (SB) in cases of disagreement to reach consensus on data interpretation. All authors agreed upon the final set of themes and subthemes.

Ethical Issues

We followed the international ethical guidelines for conducting research, namely the Declaration of Helsinki (updated in Fortaleza, 2013), the European Code of Conduct for Research Integrity (2017), and the Portuguese Order of Psychologists Code. All participants were fully informed about the study objectives and provided written informed consent, with the option to withdraw at any time. Voluntary participation, anonymity and confidentiality were assured, and personal data were protected in accordance with Portuguese Laws 58/2019 and 59/2019. Participants were informed about the specifics of data collection, storage, processing, and sharing. All data were pseudonymized to prevent any possible linkage to individual identities (e.g., using codes to match dyadic data). Access to the data was restricted to authorized personnel, with strict controls to prevent unauthorized disclosure. Participants were assured that their information would be used solely for scientific research and that they could request the removal of their data at any stage. Furthermore, participants were informed about data retention (up to five years after article publication) and the secure procedures for data disposal once no longer needed. Throughout the research process, we ensured transparency and respect for participants' autonomy regarding their personal data.

Results

In this study, we were guided by the thematic framework proposed by Carvalho et al. (2025), which identifies five primary contextual factors that may directly or indirectly influence the development of SEC in CY in RC. An initial set of 87 codes was generated in ATLAS.ti and subsequently refined and organized. This process resulted in a final list of facilitators and barriers, grouped by themes, derived from the original model and further refined based on participants' accounts. These were organized into five central themes: (1) Professionals' qualifications; (2) Characteristics of the intervention; (3) Social climate; (4) Team Management and Professionals' Emotional Well-Being; and (5) External support and activities. The study highlights several contextual factors influencing these interventions, situated at both the microsystem and mesosystem levels of the RC environment. These factors extend well beyond formal schooling and must be systematically considered, assessed, and strengthened to achieve better socio-emotional development outcomes for youth under state guardianship (see Supplementary Material 2 for all relevant quotations). Figure 1 presents a thematic map that integrates themes and subthemes, identifying the respective barriers and facilitators.

Professionals' Qualifications

The professional qualifications of RC staff were widely recognized as a key facilitator in promoting SEC among CY. Consistently, professionals highlighted the importance of both initial training — including practical field experience prior to full integration into the labor market — and ongoing professional development throughout their careers. Although institutions invest in training, including through partnerships with training providers, this training

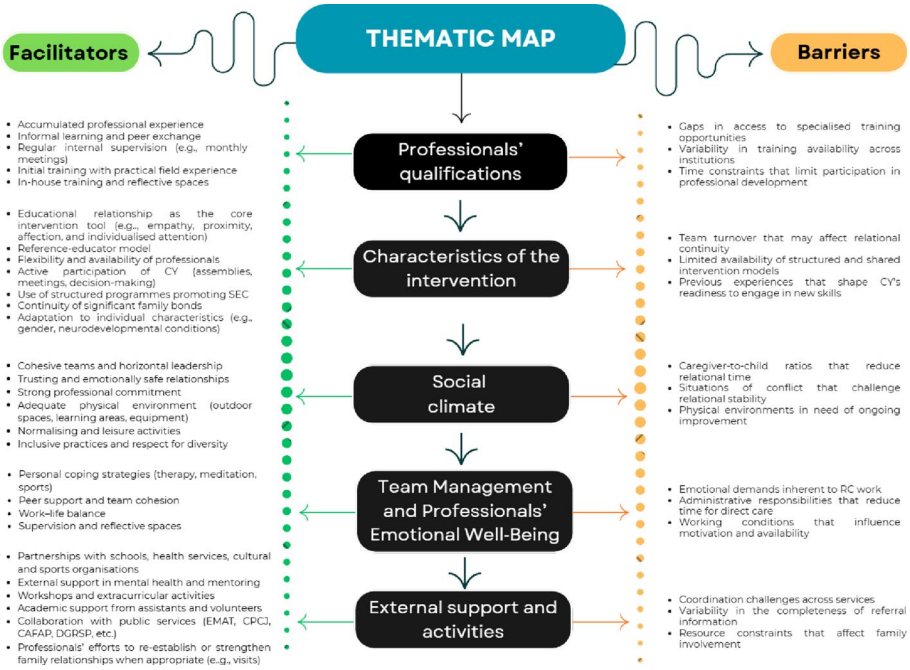

Fig. 1 Thematic map of professionals' perspectives on the development of SEC in residential care

is often described as generalist, insufficiently specific to SEC, and, in some cases, unevenly distributed across institutions. This was perceived as a barrier to adequately preparing staff at all levels (from operational assistants to technical team members). As one participant noted, "Basic training is not enough; I think it is essential to have training that enables us to decode these behaviors and understand how to meet the needs of young people" (T02).

Despite these limitations, many professionals emphasized that accumulated experience, informal learning, and internal supervision processes have significantly strengthened their ability to understand CY's needs and to build trusting, supportive relationships. Several participants described how on-the-job learning, exchanges with colleagues — including internal peer-review systems — and occasional in-house training initiatives enhanced their capacity to respond to complex situations and to intervene in transversal competencies, particularly when supported by structured reflective spaces such as monthly supervision meetings: "We hold a monthly supervision meeting… it is a space where the entire team… can discuss the issues they find most challenging" (T04).

Even so, participants expressed concern about the need for more consistent and specialized training plans, covering different domains of competence: technical competencies (such as trauma, addictive behaviors, disability, and digital challenges), relational and emotional competencies (including conflict management strategies and the promotion of emotional regulation), and organizational and leadership competencies (such as human resource management, particularly relevant for managerial roles). These needs were described as essential contextual conditions for promoting CY's socio-emotional development. Time constraints were frequently mentioned as a barrier to professional development, given the demanding nature of RC work: "I think it is mainly a matter of time, because we have a

large number of children, and the house operates 24 hours a day, 365 days a year… it doesn't allow us to have that specific training to strengthen the skills (…) of our staff" (T01).

Intervention Characteristics

When asked about the characteristics of the intervention model used in their institutions to develop SEC in CY, participants emphasized the centrality of relationships, the potential value of structured and evidence-based intervention programs, the influence of internal participation policies, and several child-specific factors—such as gender, health status, and the duration of the relationship—that shape the care provided. Within this context, the relational dimension was highlighted as the primary facilitator and working tool, reflecting a person-centered approach. Technical teams described relationships as the foundation for emotional regulation, trust-building, and behavioral transformation. As T05 stated, "The relationship is undoubtedly our best working instrument, serving as a facilitator of SEC development," and T11 reinforced that "an effective relationship of trust […] is the first step so that later we can reach the socio-emotional part." Empathy, proximity, affection, and individualized attention were described as essential components of this relational work, contributing to a sense of stability and safety: as T02 explained, "The relationships between the adults and the boys are very close and affectionate, marked by hugs, kisses, conversation, and sharing coffee while talking," and T01 added, "They usually create affection here, they create bonds; the feeling of safety is very important because many of them come from complicated places, and for many it is the first time they feel safe, or at least the first time in a long period."

According to participants, the establishment of close relationships and the continuity and consistency of socio-emotional intervention were further facilitated by the existence of a model in which each staff member acts as a reference educator for specific CY. This structure supports regular and personalized diagnostic assessments of needs and reduces children's exposure to vulnerability (e.g., *"it is not divided among everyone"* – T02). In addition, professionals highlighted their commitment and flexibility in responding to CY's needs, including adjusting schedules or providing support beyond working hours. Conversely, difficulties in maintaining stable teams—particularly in contexts with high staff turnover—and discrepancies between young people's expectations and staff availability were described as factors that undermine relational continuity and may perpetuate patterns of instability and perceived abandonment. As T03 noted, *"Given the high staff turnover […] where people need to build bonds of affection […] young people also want to know whether they really want to work here or whether they will end up doing like their parents, who abandoned them."*

Regarding the integration of formal programs to promote SEC, participants identified inconsistencies that may affect the quality of the intervention. Some approaches—although inconsistently applied—were widely regarded as valuable, such as Ubuntu (T02, T12) (Gonçalves et al., 2026), Aurora (T11) (https://inovacaosocial.portugal2020.pt/project/aurora-2/), Empathy House (T14) (https://par.org.pt/project/houses-of-empathy/), Umbrella (T05) (DelValle & Garcia-Quintanal, 2006), Patudos (T10) (https://wearedtc.com/projeto/patudos-douro/), and the Project D'AR-Te (T02) (Gameiro et al., 2025), which were perceived as effective when aligned with relational values. Some professionals also reported giving explicit attention to the SEC within individual intervention plans, as illustrated by T07: "Regarding socio-emotional skills, we always define a plan within each child's inter-

vention plan. Their individual intervention plan is also determined following the diagnostic assessment report." However, other teams reported limitations in accessing formalized, disseminated intervention models and inconsistent implementation due to insufficient staff preparation. As T15 stated, "… we do not have a specific intervention model. In my opinion, there has not been a focus on ongoing training of the home team on good practices for promoting socio-emotional skills." Some institutions have developed their own models, as described by T06: "We have designed and implemented a trauma-sensitive intervention and therapy model, which we have built and manualized." While these efforts demonstrate mobilization and commitment, they may also contribute to substantial heterogeneity in intervention practices across institutions.

CY's participation in decision-making processes within the home was also reinforced as a central aspect of the intervention, promoting responsibility and autonomy. Young people are often invited to contribute, although perceptions of the depth and effectiveness of this participation vary across institutions. Some professionals described weekly or biweekly meetings and youth assemblies—sometimes with minutes written by the CY themselves—as part of their intervention model, both to share information about house management and to give CY a "voice" in addressing daily challenges (e.g., food choices, staff changes, behavioral issues, or situations inside and outside the RC that affect daily functioning). As T01 noted, "The suggestions that the child makes help mainly in designing each child's life project," and T02 added, "We have a biweekly meeting with them, where issues related to the functioning of the house are addressed. Their opinions are heard, and many of the activities they propose do not go ahead without us first hearing them." Similarly, T09 explained, "They have an active voice. We have a weekly assembly for house matters, where young people can also bring issues for discussion."

Some teams also described CY's active involvement in their life projects as a facilitator of SEC development and as a factor influencing the intervention model itself. As T03 stated, "They can contribute, and they certainly do contribute, in our case, to better reflection and adjustment of the reference intervention model, that is, the educational model, which is the basis and the essence of the team's work." This involvement becomes particularly relevant in the pre-autonomy phase, as T06 described: "*In the pre-autonomy phase*, *they participate*, *make a critical analysis and clarifications*, *and make suggestions. They participate in the activity plan*, *making direct suggestions about different types of activities in various areas*, *and they position themselves critically."* This participatory vision aligns with national policies that promote children's active involvement in their intervention processes, including the creation of a national consultative council and a youth assembly for children in care. According to professionals, participation in these structures fosters responsibility, autonomy, and relational competencies.

Participants also emphasized the importance of valuing CY's opinions in formal decisions on promotion and protection measures, which are often reinforced by legal requirements. The continuity of significant family bonds was described as part of the intervention and as a direct facilitator of emotional development. When deemed in the child's best interest, teams reported assessing (e.g., through visits) and coordinating with the court the potential re-establishment of family contact (e.g., with grandparents), while ensuring that CY's safety remained the priority.

Professionals further suggested that effective SEC-focused intervention must be due to child-specific characteristics. Several potential barriers were identified, including (i) young

people's resistance to learning new skills, shaped by previous experiences; (ii) perceived gender differences—boys described as more impulsive but more practical in relationships, and girls as more sensitive and more challenged in conflict management, requiring differentiated approaches; and (iii) increasing challenges related to gender identity, which demand contextual sensitivity. As T11 noted, "In recent years, we have increasingly noticed young people with diverse identities and gender situations within our community. Therefore, we have had to manage these situations, which are complicated to regulate and manage in this context." In addition to these factors, professionals highlighted that health-related conditions—such as autism and other neurodevelopmental or clinical needs—require significant adaptation of the intervention. These cases often demand more individualized approaches, additional time, and specialized strategies. Teams described the need for flexibility and tailored responses to ensure that CY with specific health conditions can meaningfully engage in SEC-related work. Finally, professionals highlighted the specific challenges faced by children entering emergency units, who, due to their short stay, may show greater difficulties in adaptation and fewer opportunities to develop SEC consistently.

Social Climate

According to the Carvalho et al.' model (2025), the social climate in RC is shaped by factors such as the stability of relationships between peers and caregivers, the physical conditions of the residential setting that support self-regulation and interaction, and inclusive practices that respect diversity. In this context, the relationship with the team was generally described as cohesive, adopting a horizontal approach that promotes safety and trust, which, in the professionals' view, is essential for the development of socio-emotional competencies. This is illustrated in the following statement: "The relationship between the technical team and the children and young people is a facilitator of their socio-emotional development. […] We have a very experienced team. Often, they see us as reference figures, more than authority figures, as good examples. We have a team of men in their 40s who know how to resolve situations without any physical restraint" [T01].

However, professionals also noted that the emotional connection established with young people can make it more difficult to set limits, a factor that must be recognized to maintain a climate conducive to SEC development. Effective relationships within teams and a shared leadership approach—where the management involves all team members in exchanging experiences and decision-making—were also described as facilitating factors.

Commitment to the work, reflected in a strong dedication to meeting CY's needs, also appears to contribute to a more positive social climate. As T02 explained, *"We are fortunate to have a team that is very committed and involved in the intervention goals*, *because how many times do they answer phone calls from young people on the weekend and in the evening*, *when they are off work*, *when they are on vacation*, *and they would not have to do that."* This level of involvement fosters trust, emotional consistency, and affective availability—elements considered fundamental for SEC development. Despite this, the high caregiver-to-child ratio, which reduces the time each child spends with their reference educator, was mentioned as a factor affecting relational closeness and the overall climate.

In addition, some professionals report occasional episodes of conflict, aggression, and runaway behaviors, which can compromise the stability of the home and the relational climate. Examples include: "Currently, there are one or two violent episodes per month and

three escapes per year. There are one or two cases of children who know how to live on the streets and have difficulty integrating into an institution, following rules, and maintaining substance use" (T01); and "Eight to ten cases of violence per month… emotional escalation… conflict and insults… difficult to overcome. […] We have about 20 to 30 escapes per year… Many times, young people run away without family support, but they return after just two days" (T10). These behaviors reflect adjustment difficulties and challenge the institution's capacity to maintain a safe and predictable relational environment, which is essential for socio-emotional development.

Legislative changes promoting mixed-gender homes were also identified as a concern. Although not immediately perceived as a barrier, they require adjustments to the home's structure and to relational management, particularly given the gender-specific characteristics previously described.

Another resource identified as crucial for ensuring a good and stable social climate—and, consequently, better conditions for SEC development—was the physical environment, including outdoor spaces and the support resources available to CY in RC. Most participants expressed satisfaction with the material living conditions, recognizing them as facilitators of the social climate and SEC development. For example: "We have a classroom, a courtyard, a playing field, a trampoline… spaces suitable for the age groups and interests of young people… access to educational materials and technological support" (T10); "In terms of the building structure, I think we have excellent conditions" (T04); "We have several spaces here, which were created specifically for play and education. The spaces are suitable for the age groups and interests of young people" (T11). All Houses provided CY with educational and technological resources. However, some interviewees expressed a desire for improved facilities, with some institutions undergoing renovation: "The spaces are better now than they were five years ago, but there is still room for improvement" (T01); "We can improve the recreational area, sports, and routines… The house is relatively small… it is undergoing a requalification process" (T03, T05).

Across accounts, professionals emphasized that the home should not only serve as an extension of school; rather, SEC development is facilitated through relational activities that "create positive reference models" (T01), such as sports, cooking, and other recreational activities. Some professionals even take the initiative to lead leisure activities that promote normalization (e.g., a director acting as a rugby coach).

Team Management and Professionals' Emotional Well-Being

Teams working in RC settings are themselves contextual elements that, according to professionals' accounts, have a transversal impact on opportunities for SEC development. Beyond the importance of their professional qualifications, which are already integrated into the model, the qualitative data show that aspects related to working conditions (e.g., salaries that may affect motivation for care), team stability, and professionals' emotional well-being function as facilitators and/or barriers to intervention and to the social climate itself. In this context, complemented by an inductive perspective, several factors associated with team management dynamics were identified and grouped under this theme, reinforcing the importance of assessing professionals' emotional well-being, as proposed by Carvalho et al. (2025).

Overall, professionals reported emotional strain and risk of overload, underscoring the need for support to ensure better care provision. Maintaining a stable balance between professional and personal life emerged as essential and, from the professionals' perspective, a facilitator of greater availability for effective intervention. Some professionals described coping strategies to manage the demands of daily work routines, including peer support, engagement in sports and leisure activities, meditation, and therapeutic interventions that promote self-regulation and, consequently, greater availability for intervention. For example: *"I do a lot of meditation. I practice alternative therapies*, *run*, *and play sports. And I talk a lot with my team*, *because we are all in the same boat. They understand perfectly*, *and we support each other a lot"* (T10).

Outside this context, I do therapy. As a psychologist and as a patient, I play both roles. I do activities that have nothing to do with this. Currently, I spend less time on sports, but I still look for distractions because I spent several years in a phase when I was completely absorbed by work. And this work is never finished. There are always things to do. Now, I invest more in my personal life (T05).

On the other hand, from a management-related perspective, some professionals mentioned aspects of bureaucratic workload as barriers that limit time, increase overload, and affect the attention given to socio-emotional competencies. As T16 noted, *"It is difficult to balance the time between bureaucratic issues and the attention that we need to give to CY."* Participants also reinforced the importance of integrating internal mechanisms for stress management and the prevention of emotional fatigue into the organizational model itself.

External Support and Activities

Within the theme of external support and activities, several facilitators and barriers were identified regarding coordination among services—schools/training entities, mental health services, and the family network itself—that were key contributors to competence development. Participants highlighted the establishment of partnerships with external institutions to deliver workshops and other activities for CY, thereby expanding training and skills development opportunities. In some contexts, CY are also supported by assistants and volunteers in study-related activities, which contributes to their academic success, a factor some professionals view as the starting point for broader structural changes. As T07 noted, "When they start to succeed at school, that influences other dimensions of their lives, such as self-esteem or self-concept."

All interviewees also reported benefiting from external support in areas such as physical and mental health, culture, sports, mentoring, and specialized therapies. Partnerships include public institutions (EMAT, CPCJ, CAFAP, DGRSP, Courts, PIAC, CRI, Social Security) and community organizations. Although the diversity of resources was seen as a facilitator, participants identified difficulties in coordination between services (e.g., courts, schools, families, CAFAP), which weakened the continuity and effectiveness of interventions. Even so, several children continued to receive external psychological support in direct coordination with the RC. Despite this, barriers related to the quality and reliability of diagnostic assessments and referral information were reported. Several participants noted that some clinical data are incomplete or inaccurate, compromising the adequacy of responses and CY's preparation for placement. As T09 stated, *"95% of RC requests do not correspond*

to what really exists with the young person." The lack of preparation and communication between services contributes to insecurity and loss of trust among CY (T07; T14; T11).

Family involvement—considered essential for reintegration and competence development, as previously discussed—was widely valued by participants. However, many reported that work with families is negatively affected, either due to resource constraints or difficulties in immediate coordination with State services. As T05 explained, *"If the life project is family reunification and we only work with the girls without intervening with the family, we will always be in difficulty."* Even so, professionals' efforts to visit families and liaise with the courts to resume contact were recognized as facilitators of this process.

Discussion and Final Remarks

The present study aimed to analyze facilitators and barriers to the promotion of social and emotional competencies (SEC) in children and young people (CY) living in residential care (RC), drawing on an ecological perspective centered on micro- and mesosystem factors. The findings confirm the usefulness of the model proposed by the Carvalho et al. (2025) as a robust analytical lens for organizing and interpreting the multiplicity of contextual elements involved in socioemotional intervention in RC. In addition to the dimensions anticipated in the model, several transversal factors emerged—namely the quality and continuity of relationships between professionals and CY, the time available for intervention, and working conditions—which cut across different system levels and decisively shape the quality of socioemotional work.

Consistent with strengths-based approaches (e.g., Bertolino, 2015), professionals emphasized resources, capacities, and relational practices that support SEC development, while also acknowledging structural and situational constraints. Initial and ongoing training emerged as a central element, reflecting concerns widely documented in the literature regarding the insufficient preparation of teams to address complex emotional and behavioral challenges (Andersson, 2020; Konstantopoulou & Mantziou, 2020). As highlighted in previous studies (Bastiaanssen et al., 2014; Blumenthal, 2022; Pålsson, 2016, 2020; Pålsson et al., 2023), participants stressed the need for specialized training; however, accumulated experience, internal supervision, and team stability—when present—were identified as essential resources for effective intervention, in line with Corrêa and Cavalcante (2013).

Professionals strongly valued informal learning, peer support, and collaborative practices as sources of competence development, recognizing the collective capacity of teams to respond to the complexity of RC contexts. The multiplicity of roles that caregivers perform (Harrington & Honda, 1986), combined with limited time, underscores the importance of dedicated spaces for relational work, joint reflection, and mutual support, as advocated by Vaskinn et al. (2023). Thus, competencies, training, and experience emerge not only as individual attributes but also as structural and organizational conditions that shape teams' capacity to consistently and sustainably promote SEC.

Despite the existence of formal models, the educational relationship emerged as the primary tool of intervention, aligning with the literature, which identifies relational work as the core of socioemotional practice (Woods, 2020). The diversity of practices reported—from structured programs to informal approaches—reflects the plurality of models described in the literature (Brown, 1978; Blaustein & Kinniburgh, 2010; Eichsteller & Holthoff, 2012;

Ross & Tolan, 2018; Júlio, 2021). However, many professionals noted that implemented practices are predominantly informal or dependent on external projects, which aligns with concerns about the lack of specificity and continuity in RC interventions (Bittman et al., 2009; Ribeiro, 2023). The absence of structured protocols thus emerges as a factor that may compromise emotional regulation and the development of secure relationships (Costa et al., 2020, 2022).

Even so, the described practices largely align with the CASEL model's (2013) dimensions: self-management, social awareness, relationship skills, and responsible decision-making. Participants demonstrated a strong commitment to care management and emotional availability as facilitators of socioemotional development, consistent with evidence highlighting the importance of relational time for empowerment and autonomy (Fernández-Simo et al., 2023). Reported gender differences reinforce the need for individualised and sensitive approaches, in line with studies identifying distinct needs among boys and girls (Baines & Alder, 1996; Lanctôt et al., 2012).

Regarding participation, professionals described practices that suggest progress compared with international literature, where young people's voices are often marginalized (Brummelaar et al., 2018; Delgado et al., 2023). CY involvement in defining their life projects and in the daily management of the homes was identified as a facilitator of competencies such as responsibility and decision-making, reinforcing the importance of policies and practices that promote participatory, bottom-up approaches within the protection system.

The social climate of the homes emerged as a key factor for intervention quality, consistent with ecological models (Bronfenbrenner, 2004) and evidence linking organizational climate to intervention outcomes (Lanctôt et al., 2016; Santos et al., 2023; Remmery et al., 2023; Strijbosch et al., 2019). Descriptions of cohesive teams, horizontal leadership, and emotionally safe environments align with recent studies (Magalhães et al., 2024) and with conceptualizations of social climate as a context integrating rules, safety, dignity, empowerment, and developmental opportunities (Moos, 2003; Leipoldt et al., 2019; van der Helm et al., 2024). Even in the face of conflict or aggression, professionals tended to frame these episodes as relational and contextual challenges, reinforcing the protective role of a positive social climate (Kind et al., 2020).

Team emotional well-being emerged as a transversal element, functioning in interdependence with the social climate within the RC microsystem and directly influencing the availability and quality of interventions. Professionals reported stress and emotional fatigue, particularly among the most experienced, consistent with studies demonstrating the impact of caregiver mental health on CY development (e.g., Parry et al., 2021; Smith et al., 2019). Although coping strategies were mentioned, the literature highlights the need for specific training in stress management, self-care, and burnout prevention (Santos et al., 2024), as well as the role of psychologists in preventing psychosocial risks in work contexts (OP, 2024).

Finally, mesosystem factors—namely collaboration with schools, health services, courts, and families—proved essential for intervention continuity and effectiveness, confirming the relevance of interinstitutional interactions within the ecological model (Bronfenbrenner, 2004). Despite examples of effective collaboration, professionals also identified weaknesses in coordination and information sharing, hindering consistent diagnoses and intervention plans (Gaskell, 2010; Shaw, 2012). Family participation, recognized as a key factor (Grisi,

2011; Elizur, 2012), was described as irregular, often due to systemic constraints rather than lack of professional commitment.

Despite the relevance of the findings, some limitations must be acknowledged. The qualitative nature of the study limits statistical generalization, as it relies on the perceptions of a small number of professionals within a specific institutional context. Moreover, the legal, organizational, and cultural characteristics of the Portuguese RC system may not be fully transferable to other national contexts with different protection models. It is also important to note that data reflect only professionals' perspectives and do not directly include CY's voices, which may have constrained understanding of certain relational and participatory processes. Although strategies were adopted to minimize bias—such as the use of familiar concepts, data collection until theoretical saturation, and investigator triangulation during coding—social desirability cannot be entirely excluded. Finally, while the diversity of professional profiles, roles, and experiences enriches, it may have contributed to heterogeneity in perceptions, limiting systematic comparisons across institutional contexts. Nevertheless, these limitations do not compromise the interpretative validity of the study, as the data offer an in-depth understanding of the processes, dynamics, and contextual conditions shaping SEC promotion in RC.

In sum, this study demonstrates that contextual factors—professional training and experience, intervention characteristics, social climate, team management, and external collaboration—are crucial for promoting SEC in CY in RC. The absence of structured protocols, reliance on short-term projects, and the shortage of qualified professionals are central barriers. However, the findings also reveal a robust set of resources—professional commitment, consistent relational practices, internal supervision, youth participation, and interprofessional collaboration—that should be recognized, systematized, and strengthened. These contributions reinforce the need to invest in contextualized, sustainable, and relationship-centered intervention models that support the socioemotional development and autonomy of CY in residential care.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10566-026-09959-8.

Acknowledgements We would like to acknowledge all the members of the technical teams from residential care settings who helped us during the data collection.

Author Contributions JMSC: revision, preparation, research, data curation, data analysis, text draft, final manuscript.AB: data analysis, revision, figures preparation, final manuscript.AMA: revision, final manuscript.

Funding Open access funding provided by FCT|FCCN (b-on). This article was supported by National Funds through FCT – Fundação para a Ciência e a Tecnologia, I.P., within RISE-Health, R&D Unit (reference UID/06397/2023).

Data Availability No datasets were generated or analysed during the current study.

Declarations

Conflict of interests The authors declared no potential conflicts of interest.

Ethical Approval When study participants are adults from populations that are not vulnerable with respect to the subjects being studied, our Ethics Committee requires only that informed consent be obtained and that

the study be carried out in accordance with the Declaration of Helsinki and applicable local guidelines and regulations, as it was.

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