Organizational social context of residential care settings and youth’s psychopathology: The role of youth-caregiver relationship quality

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Youth in residential care

- Higher vulnerability for the development of mental health difficulties
  - Pre-care experiences (e.g., child maltreatment)
  - Residential care experiences (e.g., caregiver turnover)
Predictors of mental health difficulties in youth in residential care

- Individual factors:
  - Age
  - Gender
  - Family history
  - Cause for placement

- Contextual factors of the residential units
  - Organizational social context
Organizational social context

Organizational climate
- Engagement
- Functionality
- Stress

Organizational Structure
- Formalization
- Centralization

Work attitudes
- Job Satisfaction
- Commitment
Organizational social context

- Quality of services delivered
- Children’s and youth’s outcomes
Organizational social context and mental health outcomes of youth in residential care

• Evidence in different types of residential youth care:
  
  • Several dimensions of services’ organizational social context significantly impact youth’s mental health outcomes

(Goering, 2018)
Organizational climate and youth's mental health outcomes

More positive climate (globally) \rightarrow Better mental health outcomes

Mixed findings:
- Better outcomes
- Mixed or no effects
- Worse outcomes

Engagement
Functionality
Stress
Organizational structure and youth’s mental health outcomes

- Lower rigidity (i.e., centralization)
  - Better outcomes (Schoenwad et al., 2008)
  - Worse outcomes (Silver Wolf et al., 2014)
Work attitudes and youth’s mental health outcomes

- Higher job satisfaction, work motivation, commitment
- Better quality services
- Better mental health outcomes in youth
Organizational social context and youth-caregiver relationship quality in residential care

- Effectiveness of residential youth care core service depends on how well the service’s organizational social context supports the goals and implementation of the organization’s core service.
  (e.g., Hemmelgarn et al., 2006; Glisson et al., 2012; Green et al., 2014)
Organizational climate and quality of youth-caregiver relationship

Poor organizational climate (e.g., high role conflict; low role clarity and sense of fairness)

Lower caregiver ability to respond to establish supportive relationships with youth

(Grisson et al., 2006)

Stress: good or bad?

- Higher emotional exhaustion and role overload
- Mirror caregivers’ involvement and commitment

Mirror caregivers’ involvement and commitment
Organizational culture and quality of youth-caregiver relationship

Professionals higher autonomy and participation in decisions → Better service

(Glisson & Hemmelgarn, 1998; Schmid & Bar-Nir, 2001)

but also:

Higher formalization and centralization → Better service

(e.g., Schmid & Bar-Nir, 2001)
Work attitudes and quality of youth-caregiver relationship:

- Lower job satisfaction
- Lower commitment

Resulting in:

- Lower warmth, empathy, and support from caregivers
Youth-caregiver relationship quality and youth’s mental health outcomes

One of the most important predictors of a successful adaptation to the residential care setting and developmental progress

(Assouline & Attar-Schwartz, 2020; Cahill et al., 2016; Harder et al., 2013; Sellers et al., 2020)
Quality of youth-caregiver relationships and youth’s mental health outcomes

Higher quality
- Support
- Sensibility
- Availability
- Lower strictness

Better outcomes
- Less psychological and behavioral problems

(Assouline & Attar-Schwartz, 2020; Harder et al., 2013; Izzo et al., 2020; Mota & Matos, 2015; Pinchover & Attar-Schwartz, 2014; Sekol, 2016; Sellers et al., 2020)
In sum

Lack of research on associations between features of organizational social context and youth’s outcomes in the context of residential care.

Disorganized evidence establishing which features of OSC associate with which outcomes.

Little knowledge about the processes explaining those associations.

Lack of evidence on the role of youth-caregiver relationship quality as a potential explaining mechanism.
Research objective

- Organizational social context
- Youth-caregiver relationship quality
- Youth’s psychopathology
Method - Participants

- 378 youth (59.9% ♂)
  - 12 - 25 years old ($M_{age} = 16.2$)
  - Length of placement in residential setting: 2 months - 20 years

- 54 residential caregivers (75.9% ♀)
  - 24 - 57 years old ($M_{age} = 39.85$)
  - Professional experience in residential care: 6 months – 28 years
Method - Instruments

• Caregivers
  • Organizational Social Context (OSC) measurement system (Garrido et al., 2012; Glisson et al., 2008)
  • Child Behavior Checklist (CBCL; Achenbach et al., 2014)

• Youth
  • Network of Relationship Inventory (Furman & Buhrmester, 1985)
Results

- Length of stay in residential care
  - Engagement (+)
  - Stress (+)
  - Centralization (+)
  - Caregivers’ age (-)

- Youth-caregiver relationship quality
  - (+)
  - (-)

- Externalizing problems
  - (-)

- Internalizing problems
  - (+)
Discussion

• The role of caregivers’ engagement

  • More engaged caregivers perceive that they have a higher ability to deliver a worthwhile service and remain personally involved in their work and concerned about their clients (e.g., Glisson & Hemmelgarn, 1998; Glisson et al., 2012).

  • Thus, they are more likely to form high-quality relationships with youth in care, thereby preventing youth’s externalizing problems.
Discussion

• The role of stress perceived by caregivers
  
  • Somewhat surprising, but in line with existing evidence (Williams & Glisson, 2014; Wolf et al., 2014)
    
    • Stress might reflect caregivers’ higher involvement, commitment, and concern with the goals of their job and their awareness of the importance of providing high quality service to the youth in care.

    • Residential care settings are inherently stressful workplaces.

    • Residential caregivers face difficult dilemmas (Whittington & Burns, 2005).

    • If work environment is supportive and resourceful, caregivers can be effective despite stress.
      (Williams & Glisson, 2014; Baker et al., 2014; Demerouti et al., 2019)
Discussion

- The role of centralization (i.e., authority hierarchy) perceived by caregivers
  - Also in line with existing evidence (e.g., Jordan et al., 2009)
    - high centralization, may be beneficial in some circumstances:
      - services with higher levels of coordination may be more effective and that youth with externalizing behavioral problems may benefit more from a highly structured environment (Leipoldt, et al. 2019, Timko et al., 2000)
      - Higher levels of centralization and formalizations may free residential caregivers from complex decision-making processes, allowing them to be more available and responsive to youth’s needs
Practice recommendations

To foster high-quality youth-caregiver relationships, and, thereby, better mental health outcomes in youth:

• Improve organizational structure of residential care settings

• Stimulate caregivers’ engagement in their core service

• Support caregivers in facing work stress

• Training and supervision of residential caregivers should focus on the quality of their relationship with the youth in care
Thank you for your attention

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