

Organizational Social Context of Residential Care Settings and Youth's Psychopathology: The Role of Youth-Caregiver Relationship Quality

Introduction: Youth in residential care are a high-risk group for mental health problems, namely externalizing and internalizing problems, compared with those living with their families (e.g., Attar-Schwartz, 2008). This heightened vulnerability may be explained both by pre-care experiences (e.g., maltreatment) (e.g., Rodríguez, del Valle, & Arteaga, 2015) and by contextual factors of the residential care settings (e.g., multiple placements, repeated breakdowns, turnover of caregivers, other youth with mental health difficulties) (Lehmann, Havik, Havik, & Heiervang, 2013). Specifically, increasing attention is being given to the organizational social climate of residential care settings as a potential determinant of youth's mental health outcomes (Glisson & Green, 2011). Additionally, there is evidence that more supportive staff are associated with lower levels of adjustment problems among youth in RC (Pinchover & Attar-Schwartz, 2014). This calls for examining more complex relationships between those variables.

Objective: Grounded on an ecological approach (Bronfenbrenner, 1979) with multiple informants (i.e., youth and staff), the present study fills this gap by testing a mediation model exploring the role of the quality of relationships between caregivers and youth in associations between different features of the organizational social context of the institution and youth's psychopathology expression (i.e., internalizing and externalizing problems).

Method: Participants were 378 youth (163 boys), 12-25 years old, and 54 caregivers (mostly female), 24-57 years old, from 71 residential care settings in Portugal. Youth reported on the youth-caregiver relationship quality and caregivers reported on organizational social context and youth's internalizing and externalizing problems.

Results: Using multilevel modelling, results showed that higher levels of involvement, stress, and authority hierarchy were associated with higher levels of support the youth-caregiver relationship, which, in turn, was associated with lower levels of youth's externalizing problems. Results support the mediating role of youth-caregiver relationship quality in associations between different organizational social context dimensions and externalizing problems of youth in residential care settings.

Conclusion and practical implications: Findings suggest that improving the organizational social context of residential care settings (e.g., promoting caregiver's engagement, could be an effective facilitator of higher quality youth-caregiver relationships (e.g., affective, responsive, supportive), and therefore, contribute to

prevent mental health difficulties among youth in residential care. The development of high-quality residential youth care services should also include continuous training and supervision of caregivers, namely at the level of the quality of their relationships with the youth in care, contemplating its multiple dimensions, such as affection, reliable alliance, enhancement of worth, intimacy, instrumental help, companionship, and nurturance.

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